



FY 2021 Annual Progress and Services Report June 2020

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C1. COLLABORATION AND VISION

STATE AGENCY ADMINISTERING IV-B PROGRAMS

The District of Columbia (DC) Child and Family Services Agency (CFSA or Agency) has the unique function of providing both local and “state” child welfare functions for the jurisdiction. CFSA is also the public child welfare agency charged with the legal authority and responsibility to administer programs under Titles IV-B and IV-E of the Social Security Act. Comprising six administrations and 764 employees, CFSA provides both in-home and out-of-home services to enhance the safety and well-being of abused, neglected, and at-risk children and their families (see attached Agency Organizational Chart).¹

Children and families are stable and thriving within their communities: CFSA has long held this vision as a cornerstone of practice. To effectuate these values, all CFSA administrations dovetail their individual practice areas within the Agency’s Four Pillar Strategic Framework (see Vision Statement following). Established in 2012, the framework serves as the foundation for the development and implementation of the 2020-2024 Child and Family Services Plan (CFSP). Also essential for CFSP’s development is the engagement and participation of CFSA’s stakeholders, each of whom is invested in the success of this long-term strategic plan.

Informing the Annual Progress and Services Review Updates

To inform the development of the CFSP and the updates to the Annual Progress and Services Report, CFSA utilizes multiple methods to obtain information and feedback from a variety of stakeholders, including feedback from committees, advisory boards, focus groups, surveys and other forums. All updates are in red font to differentiate from the FY 2020 submission.

As a part of continuous quality improvement and resource planning, the annual Needs Assessment examines the quality and effectiveness of services and supports and assesses the extent to which these resources are facilitating the implementation of the values-based Four Pillars Strategic Framework. The Needs Assessment also provides a detailed look at data to assist Agency decision-makers when developing those resources and services that are essential to improving the safety, permanency, and well-being of DC children and families.

In addition to data analysis, the 2019 Needs Assessment considers the collective voices of youth, teen parents, birth mothers and fathers, as well as traditional, adoptive, and kinship

¹ For purposes of this document, the terms “child” and “children” are inclusive of birth through age 20.

caregivers,² all of whom are key stakeholders in the decisions surrounding the future of the District's child welfare system, and hence in the development of the CFSP. Through ongoing focus groups, interviews and surveys, these stakeholder groups will continue to be active participants in the monitoring of the Agency's progress over the course of the coming five years. Resource parents continue to be a prominent voice in the identification of needed resources for children and families achieving permanency.

Regarding data collection, CFSA's Office of Policy, Planning and Program Support (OPPPS) collaborates with the Agency's Child Welfare Information Administration (CISA) to gather and analyze data from the Agency's child welfare information system, known locally as FACES.NET. As a web-based system, FACES.NET functions as the central repository for all client-level information in the District. It operates uniformly throughout the District and encompasses all geographical and political subdivisions. The child-specific information therein includes child status, demographic characteristics, location, and goals for placement for every child in foster care. All data is readily retrievable by CFSA and CFSA-contracted private agency staff, irrespective of the geographic location of the FACES.NET user.

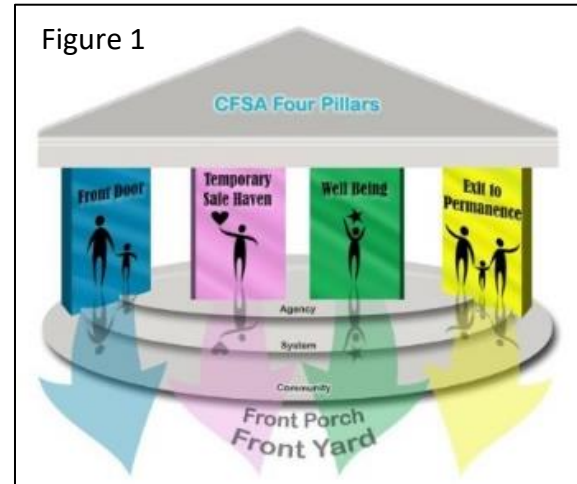
In addition to the above, under the purview of OPPPS, the Performance Accountability and Quality Improvement Administration (PAQIA) provides data analyses in partnership with data analysts from CFSA's programmatic areas. Cooperatively, OPPPS, CISA, and PAQIA are equally invested in the use of data to inform shared goals and activities, and the assessment of outcomes for children and families in the District's child welfare system.

² The terms "resource parent" and "resource provider" are often inclusive of traditional resource parents, kinship caregivers, and pre-adoptive or adoptive parents.

VISION STATEMENT

Children and families are stable and thriving within their communities.

CFSA's mission is to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families. To achieve this mission, the 2020-2024 CFSP has outlined the goals, objectives and measures of progress that emerged out of the Four Pillar Strategic Framework. Each pillar represents a distinct area along the child welfare continuum and features a values-based foundation, a set of evidence-based strategies, and a series of specific outcome targets. Aligned to support a coordinated service-delivery system, the following key values undergird each pillar:



- ▶ **Front Door:** The goal is to narrow the Front Door. Children deserve to grow up with their families and should be removed only as the last resort. When CFSA must remove a child for safety, the Agency seeks to place with relatives first.
- ▶ **Temporary Safe Haven:** Foster care is a good interim place for children to live while CFSA works to get them back to a permanent home as quickly as possible. Planning for a safe exit begins as soon as a child enters the system.
- ▶ **Well-Being:** Every child has a right to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement. Children should leave foster care better than when they entered.
- ▶ **Exit to Permanence:** 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 they need to succeed as adults.

As noted in Figure 1, CFSA's Four Pillars Strategic Framework includes the Front Yard, Front Porch, and Front Door as a continuum of service interventions designed to meet families' needs and prevent child abuse and neglect across the child welfare system.

- ▶ **Front Yard:** Families in CFSA's Front Yard are not involved with CFSA but may demonstrate potential risk factors for involvement. Primary prevention efforts are designed to ensure children and families in the CFSA's Front Yard are supported in their communities.

- ▶ **Front Porch:** Families at CFSA's Front Porch may have engaged with CFSA, but have been able to safely remain, or reunify with their families, and receive community-based prevention services offered by CFSA's partnership with DC's Healthy Families/Thriving Communities Collaboratives partners (Collaboratives).
- ▶ **Front Door:** Families engaged at CFSA's Front Door have an open case with CFSA. Whenever possible, CFSA prioritizes keeping families together and working with parents and children in their communities.

PREVENTION

CFSA continues its multi-faceted, 20-year plus partnership with the Collaboratives, which involves various activities within the prevention and intervention continua. The five Collaboratives are strategically located in District neighborhoods that have high representation of families in contact with the child welfare system. The Collaboratives provide an array of essential core services, including case management, information resource, referrals and linkage, as well as specialized services (such as parent education and support programming) to meet the needs of both CFSA-involved and all children, youth and families.

Putting Families First in DC (Title IV-E Prevention Program Five-Year Plan)

For the past decade, CFSA has been on a journey of transformation, moving purposefully away from a system primarily focused on foster care to an agency that supports and strengthens families. Back in fiscal year (FY) 2010, children in foster care numbered 2,092 while today, the Agency has fewer than 900 children in foster care, even though the city's population has grown by 100,000 within the same time frame. CFSA believes that its investments in community-based prevention and its partnerships with sister health and human services agencies significantly contributed to this 60 percent reduction in foster care cases.

With CFSA's understanding of its populations, the Agency has been able to effectively tailor services to needs, and to identify additional resources needed to prevent child abuse and neglect. Demographics and family histories are crucial to CFSA's recognition of family needs. For example, the median family receiving prevention services has three children. Almost half (45 percent) of the caregivers are between the ages of 31-40, followed closely by 21-30-year-old caregivers (30 percent). Additionally, results from CFSA's recent 2019 Needs Assessment indicated three dominant historical or generational risk factors for families receiving prevention services: 1) the family is often at risk of homelessness, 2) the family is connected to and receiving supports from the District's Department of Disability Services or, 3) the parents were former pregnant or parenting youth in foster care.

CFSA maximized its efforts to address these and other risk factors by tailoring prevention strategies with funding from the Agency's successful bid for the time-limited Title IV-E Waiver demonstration project. More recently, the enactment of the Family First Prevention Services Act (Family First) has provided an opportunity to bridge the end of the Waiver with a holistic District prevention strategy – but only if coupled with a broader primary prevention plan. When CFSA launched its Family First Prevention Work Group in June 2018 with a cross-sector of government and community members, the charge was clear: develop a citywide strategy to strengthen and stabilize families. The plan was not to be driven by Family First, but rather to leverage new opportunities provided by Family First as part of a comprehensive approach to family and child well-being.

The proposed plan to the Children's Bureau represents CFSA's five-year prevention plan in accordance with Family First. The plan also describes the broader context of the District's new citywide Families First DC initiative, building on the substantial progress made over the past decade. The plan further reinforces the successes garnered through the implementation of CFSA's Waiver and capitalizes on the critical lessons learned to better meet the needs of DC's children, youth, and families. CFSA submitted its plan in April 2019 and is currently awaiting approval from the Children's Bureau for putting the District's Family First Prevention Plan into effect.

FY 2021 APSR Update

The District is continuing its trajectory of reducing the number of children in care. As of March 31, 2020, there were 731 children in foster care while 1,483 children remained at home and received in-home services. This 2020 number of children in foster care is a decrease from a year ago whereby on March 31, 2019 when there were 867 children in foster care. There has been a slight increase (n=62) from 2019 when 1,421 children were receiving in-home services.

In October 2019, the District became the first jurisdiction in the nation with a federally approved Title IV-E Prevention Plan, allowing the Agency to smoothly transition from the end of the Title IV-E Waiver Demonstration Project to federal claiming for eligible evidence-based prevention services under the Family First Prevention Services Act (Family First). The District will continue to lead the nation, modifying its plan as appropriate and advocating for the expansion of this work. CFSA implemented its Family First plan on October 1, 2019. Additional information on Family First implementation is discussed in the *Service Coordination* section in this report.

Families First DC: District of Columbia Mayor Muriel Bowser's Primary Prevention Community Investments

Families First DC focuses solely on upstream primary prevention for DC residents who reside in vulnerable communities. Supported by local dollars, Mayor Muriel Bowser's vision builds upon work derived from the Family First Prevention Plan but with the intent to provide families with what they need in their communities to avoid ever having to reach CFSA for a formal intervention.

This initiative is a neighborhood-based, whole-family approach for serving vulnerable families. The design intentionally disrupts the way services are delivered in 10 neighborhoods where barriers to well-being, economic opportunity, and achievement are most acute.

Families First DC has the following goals:

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

FY 2021 APSR Update

In the fall of 2019, there was a DC Families First grant application process for community-based organizations to compete for the 10 Family Success Center grants. On December 16, 2019, the grantees were announced. CFSA identified neighborhood-based center locations based upon the child abuse and neglect data, as well as the healthy outcomes along with crime and violence prevention. A qualitative and quantitative analysis of disparities across the District and the impact on Wards 7 and 8 were also completed.

The planning phase for grantees and CFSA has been scheduled to occur from January to September 2020. During the planning phase, a community-driven Community

Advisory Council will be established that will determine the community's needs and how the centers will respond to those needs. During this initial planning phase, CFSA is utilizing existing data, incorporating community input and feedback, and conducting several needs assessments, gap analyses, and community resource mappings.

Additional information on Families First DC is discussed in the *Service Coordination* section in this report.

COLLABORATION

Central to the Agency's ability to maintain and build upon its successes to-date are the strong cross-system collaborations with CFSA's sister agencies and community-based partners. Collectively, CFSA and stakeholders' mutual focus on prevention and long-term vision for the District's health and human services agencies will provide a strong foundation for effective implementation of the CFSP. The District is fortunate to have within its borders a number of child welfare organizations and advocacy groups locally focused on improving the child welfare system. While these groups vary in areas of concentration (e.g., some focus on specific areas of practice or service while others maintain interest in the entire child welfare spectrum), all have played a key role in the development of the Agency's CFSP.

The goals, objectives and measures of progress for the 2020-2024 CFSP emerged out of CFSA's Four Pillar Strategic Framework. As noted, the Four Pillars align with the CFSP's overarching themes of safety, permanency, and well-being. Agency performance under each pillar can be assessed through quantifiable measures that are informed by the DC National Performance Data Profile, the District's Statewide Assessment, the Agency's 2016 Child and Family Services Review (CFSR) Program Improvement Plan (PIP), the Four Pillars Scorecard, and CFSA's 2019 Needs Assessment.

Key Collaborators in the Development and Implementation of the CFSP

Ongoing and routine stakeholder involvement is integral to CFSA's ability to develop strategies, policies, and practices for achieving the District's child welfare goals. To balance the exchange of feedback, CFSA continues to provide data, and policy and practice change ideas to stakeholders for their perspectives and insights into practice changes and improvements. Conversely, internal and external stakeholders often participate in forums, work groups or standing committees to share system issues, concerns, or recommendations for practice changes with CFSA leadership and, when appropriate, with the CFSA ombudsman.

These activities to engage stakeholders in the CFSP development are a few of the various methods used for CFSA and its stakeholders to communicate about overall barriers and

solutions. Much of the CFSP feedback is consistent with feedback received through other forums which CFSA considers and adopts as appropriate.

1. CFSP Development Sessions with Stakeholders

In developing the 2020-2024 CFSP, CFSA invited ongoing stakeholder feedback on the assessment of Agency performance, specifically regarding the practice domains of safety, permanency and well-being. CFSA convened a facilitated series of stakeholder forums to discuss the goals, their alignment with Agency and community priorities, and how the goals interface with the Agency’s strengths and areas in need of improvement. CFSA also integrated stakeholder feedback on the CFSP systemic factors.

Held at CFSA headquarters, the stakeholder convenings occurred over three individual sessions, one each in February, March and April 2019. Each session had dedicated focal areas of the CFSP goals, objectives and measures. CFSA staff from the offices of Entry Services, Program Operations, and Well-Being joined external stakeholders from the following entities: Children’s Law Center, Family Court: Court Improvement Project, Citizens Review Panel, Center for the Study of Social Policy, Collaboratives, DC127, Domestic Violence Coalition, Parent Watch, the Children’s Trust, Office of the Attorney General, Office of the State Superintendent (OSSE), and OSSE’s Head Start/Early Childhood Development. CFSA also integrated the assessment of practice based on focus group and survey feedback from resource parents, youth and birth parents. Stakeholders provided feedback and recommendations.

| CFSP Stakeholder Workgroup Invitee Listing | |
|---|--|
| Organization/Affiliation | |
| District of Columbia Public Schools (DCPS) | Department of Human Services (DHS) |
| Center for Social Policy (CSSP) | Department of Youth Rehabilitation Services (DYRS) |
| Children’s Law Center (CLC) | District of Columbia Family Court |
| Citizen Review Panel (CRP) | Domestic Violence Coalition |
| Collaborative-Collaborative Solutions for Communities | Foster Adoptive Parent Association (FAPAC) |
| Collaborative-East River | Martha's Table |
| Collaborative-Edgewood-Brookland | Mary's Center |
| Collaborative-Far Southeast | Mayor’s Advisory Committee on Child Abuse and Neglect (MACCAN) |
| Collaborative-Georgia Avenue | Metropolitan Police Department (MPD) |
| DC Children's Trust Fund | Office of the Attorney General (OAG) |

CFSP Stakeholder Workgroup Invitee Listing

| Organization/Affiliation | |
|---|---|
| DC Metropolitan Foster and Adoptive Parent Association (DMFAPA) | Office of the State Superintendent for Education (OSSE) |
| DC127 | Parent Watch |
| Department of Behavioral Health (DBH) | Public Charter School Board |
| Department of Health (DOH) | Sasha Bruce Youth Work |
| Department of Health Care Finance (DHCF) | |

Each work group session included reference documents and practice worksheets that provided structure and information for the participants’ discussion. These tools included a CFSA practice interventions dictionary, goal sheet handouts, performance data, and completion of an interventions and strategies matrix. Stakeholders completed the tools to rate their perceptions on practice and service area effectiveness. Feedback from the three sessions included the following highlights:

- ▶ The five protective factors should be reflected in CFSA’s goals, and therefore the CFSP objectives and measures.
- ▶ CFSP needs more objectives related to in-home youth and families.
- ▶ The Agency needs to more adequately address emotional well-being.
- ▶ Questions arose regarding how the Agency is measuring whether services are aiding in the outcomes desired.
- ▶ Consider offering aftercare for teens entering guardianship.
- ▶ In general, CFSA needs “aging-out advocacy” long before the youth’s 21st birthday.
- ▶ The Agency needs more placements for infants and any objectives related to infants need to have carefully constructed language to make the objectives discrete from objectives that address the rest of the foster care population.
- ▶ Add an objective related to community collaboration and resources, e.g., “Communities have the tools and resources...” or “Children are connected to tools and resources in the community...”
- ▶ The system can be difficult for birth parents, and often they do not feel heard or the Agency is literally not listening – CFSA needs to listen to the birth parent as well as the birth parent advocate.

CFSA adapted and incorporated all of the above feedback into the development of the objectives and measures of progress for the next five years.

FY 2021 APSR Update

Stakeholder Forums and Convenings

Since the development of the 2020-2025 CFSP, CFSA has continued to engage and collaborate with stakeholders through standing committees and ad hoc forums and meetings.

Public Town Halls and Listening Sessions. In 2020, CFSA kicked-off a series of events to engage stakeholders and provide an opportunity for meaningful information exchange. The events included a Public Stakeholder Town Hall in January and two Birth and Foster Parent Listening Sessions in March. There were approximately 70 session attendees, including birth parents, foster parents, parent advocates, Collaborative representatives, and other community partners. During these sessions, the Agency provided updates on performance data, the new CFSA Data Dashboard,³ the Office of the Ombudsman, the Parent Engagement Education Resource (PEER) unit,⁴ and practice and policy changes. The Agency asked for input on services and supports for birth parents and resource parents, and answered questions involving the evaluation of teaming strategies, plans to improve teaming, and supports available to resource parents with older teens.

CFSA heard from some of stakeholders that the first session meeting time created challenges with childcare and other logistics. In response, CFSA added multiple sessions at different days and times, and also offered sessions via a virtual format.

The following examples of questions and responses were included in the Town Hall and Listening sessions:

Teaming Question: How is the Agency evaluating teaming? What is the Agency doing to improve teaming?

Response: Teaming is a critical practice infused throughout the work. If there is a scheduling challenge, CFSA advises case managers to hold conference calls to ensure full team participation. Social workers also work to ensure the assigned roles of various team members are clear and effectively communicated to the rest of the team. Social workers strive to

³ CFSA's public facing dashboard <https://cfsadashboard.dc.gov/>

⁴ PEERS are CFSA employees who have had past experience as birth parents with the District's child welfare system. PEERS function as mentors and advocates for mothers and fathers currently involved with CFSA. PEER specialists support reunification efforts for individual cases through one-on-one support for the birth parent. PEER specialists also work with birth parents to draw on family strengths and resources, and to promote positive interactions with child welfare system team members.

communicate changes in real time. Teaming is also evaluated during supervision and quality service reviews.

Ombudsmen Question: Does the Ombudsman conduct any outreach to further educate the community on available supports?

Response: The Ombudsman attends the Parent Advisory Committee (PAC) monthly meetings to hear and address concerns, provides information for the Foster and Adoptive Parent Advocacy Center (FAPAC) newsletter, and is currently working on an information pamphlet.

The following examples of recommendations came out of the Town Hall and Listening Sessions:

- ▶ Consider having the ombudsman attend resource parent trainings to present information about the functions and supports available through the ombudsman's office. The ombudsman's attendance at training would allow an opportunity for resource parents to raise issues in the comfort of a group resource parent dynamic. It would also be helpful to include this information in resource parent binders.
- ▶ Create opportunities for resource parents to get together with providers, such as Families First Centers, to show birth parents that resource parents are a link and not an adversary.
- ▶ Develop a method of tracking anecdotal data on natural components of the process, such as how resource parents are working with birth parents who may be afraid to disclose certain information for fear of having their children removed or receiving other forms of retribution. Also, leverage community groups and organizations as sources better positioned to obtain this type of information.
- ▶ Provide guidance to advocates from family run organizations on how to share ground-level information in a way that is useful for the Agency (e.g., location of children who may have run away to stay with their birth families).
- ▶ Provide materials to help resource parents support older teens in navigating such tasks as filling out forms necessary for education, employment, and benefits.
- ▶ To supplement the Explainer videos that introduce youth and families to the foster care experience, consider providing a repository of books and other information sources.
- ▶ Explore ways in which the birth parent resources (PEERS) can support resource parents, e.g., coaching PEERS on how to approach specific birth parents, and what to focus on during an initial introductory Icebreaker session with the birth parent.

- ▶ Provide foster parents with feedback on issues they have elevated within the Agency, especially when it is necessary to close the loop on matters in which they were originally misinformed.
- ▶ Enhance supports to resource parents during times of crisis, such as when an older youth's behavior is escalated. Beyond instructing resource parents to contact the police, send someone to the home to provide direct support.

Budget Engagement Forum. In May 2020, CFSA conducted a community stakeholder briefing to present the Agency's FY 2021 proposed budget. The virtual meeting, which was attended by 113 stakeholders, included CFSA's approach to strategies and changes resulting from the COVID-19 pandemic. Additionally, the Children's Law Center annually coordinates the stakeholder questions that the Agency responds to at the forum. These questions included areas such as foster home licensing, the foster care placement array, kinship care, behavioral health, prevention services, in-home services, adoption and guardianship subsidies, clinical practice, older youth transitional services, and youth trafficking. CFSA provides responses to the questions during the forum.

Family First Prevention Workgroup. Beginning in late FY 2018 and continuing throughout the entire FY 2019 reporting period, CFSA took the national lead as an early adopter of the Family First Prevention Services Act. CFSA engaged stakeholders citywide to design and draft the District's Title IV-E five-year Prevention Services Plan. The Agency also created and charged the Family First Prevention Work Group with making key recommendations for inclusion in CFSA's Prevention Plan. The two key focus areas were (1) identify the target populations for services (i.e., "candidates" for foster care) and (2) recommend the best evidence-based services to meet these families' needs. Workgroup participants included directors of partnering human service organizations and representatives from the Executive Office of the Mayor, the DC Council's Health and Human Services Committee, Parent Watch DC,⁵ and the Healthy Families/Thriving Community Collaboratives. Additional participants included members from community advocacy organizations, community-based agencies, the Citizen's Review Panel, the Mayor's Advisory Committee on Abuse and Neglect (MACCAN), the Family Court, and DC Council. This stakeholder group continues with a change in focus to continuous quality improvement.

Committees

Parent Advisory Committee (PAC). The PAC focuses on how to improve the experience and support of resource and birth parents. Committee members include staff from the Foster and Adoptive Parent Advocacy Center, DC Metropolitan Foster and Adoptive Parent Association, the

⁵ Parent Watch, Inc. is a privately held, family-driven advocacy group focusing on delinquency prevention.

Resource Parent Support Unit, the Child Welfare Training Academy, the Program Operations administration (foster care) and the Office of the Ombudsman. These PAC meetings provide all participants with an opportunity to exchange information and data on the implementation process and to hear and address any concerns brought to the resource parent advocacy and support organizations. Prior to the meeting, CFSA requests invitees to forward items for inclusion on the agenda. During the meetings, participants discuss data and performance measures, strategy ideas, policy and practice changes, strategies for obtaining feedback, and participant insights.

CFSA provided the following information to the PAC to get their feedback on changing policies, procedures, tools and practices:

- ▶ Resource Parent Appreciation. CFSA looks for effective ways to recognize and celebrate its valued resource parent community. CFSA organizes activities with resource parent input during foster parent month and throughout the year. This past year several PAC resource parent members developed a survey and sent it to all resource parents. The survey asked how resource parents feel supported and what kind appreciation events CFSA should host.
- ▶ Resource Parent Support Model. CFSA heard from the resource parent community that the current contracted crisis intervention and support services were not adequate. As a result, CFSA plans to train the foster parent support workers in crisis intervention programs to provide the function.
- ▶ The BOND Program. Providing consistent, meaningful support for resource parents is a top priority for CFSA. Resource parents indicated an inconsistency in how support was provided through the family clusters and Mockingbird homes. As a result, CFSA discontinued the individual Mockingbird and Family Connections programs as of March 31, 2020 and merged the programs' individual strengths into one equitable and sustainable parent support program called the BOND program (Bridge, Organize, Nurture and Develop) as explained in further in the APSR.
- ▶ Placement Stability. While disruption staffings and statistical analyses can provide important information to promote placement stability, PAC members provide valuable context when they share their own experiences and recommendations. In FY 2019, PAC feedback largely emphasized the need for effective information exchange and resource parent support. The Agency has either developed or revised the following tools, policies, and strategies as a result of PAC feedback:
 - Creation of a crisis support tip sheet for resource parents

- Development of the Resource Parent Introduction Tool which provides an opportunity for the resource parent to introduce themselves to new foster children by providing information about their family, house rules and expectations
 - Revision of the Placement Passport⁶ to provide a more comprehensive and detailed picture of a child's needs (PAC members frequently emphasized that children were being placed in their homes without paperwork so the committee provided examples of what type of information would be helpful and a list of documents was built based on that)
 - Establishment of a referral system for grief and loss counseling, which can support resource parents and their families when children in foster care are removed from their homes
 - Expansion of the role of the resource parent support workers (RPSWs), who now
 - facilitate disruption staffings to ensure resource parents' concerns are addressed (RPSWs also promote a resource parent's capacity for caring for children across the spectrum of physical, behavioral, and emotional needs)
 - Establishment of the Placement Transition Protocol which outlines a systematic approach to thoughtful and planned placement transitions with a goal of reducing trauma experienced by foster children, promoting shared parenting amongst their caregivers, and outlining the responsibilities and communication expectations of the social worker, resource parent support worker, and resource parent during placement transitions
- ▶ **Resource Parent Training.** CFSA changed the model used for resource parent pre-service training from the Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting (TIPPS-MAPP) model to the New Generation PRIDE Model.⁷ CFSA also changed its training model and received input on the development and implementation of the tiered approach to resource parent training to accommodate resource parents with different experience levels and skill sets. This tiered approach to training was developed in response to new resource parents expressing the need for training that provided a clear step-by-step process of what to expect as a new CFSA resource parent. Veteran resource parents expressed concern for

⁶ Resource parents receive a Placement Passport packet when CFSA places a child in their home. The packets include relevant and necessary information on the child, such as Social Security cards, information related to any medications, school records, etc.

⁷ Historically, CWTA had provided TIPPS-MAPP training (Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting) for the foster parent population. In addition, for decades the Child Welfare League of America provided the PRIDE (Parent Resources for Information, Development, and Education) Model of Practice. The New Generation PRIDE Model includes more dynamic, interactive resources and tools for resource parent training.

not being clear on which training would best support their role. Collectively, resource parents and CWTA set out to develop a clear process for training which included a means to build on current knowledge and support continual development. Prior to its launch, the tiered approach document was presented to the PAC and community partners (FAPAC) to obtain the resource parent's reactions and feedback.

- ▶ Policy Development and Revisions. PAC members serve as members of policy workgroups when CFSA is developing new or revising existing program policies and administrative issuances. PAC involvement with policy development ensures that the parent voice is incorporated into policy decisions that affect them. In the past year, PAC members have participated in workgroups related to the youth personal allowance policy.

Strategic Partnerships

CFSA works with key partners to support policy and practice progress across the *Four Pillars Strategic Framework* from prevention through permanency. Several of the Agency's current partnerships are described below:

Healthy Families/Thriving Communities Collaboratives. CFSA continues its multi-faceted, 20-year plus partnership with the Collaboratives, which involves various activities within the prevention and intervention continuum. As community-based social service organizations, the five Collaboratives are strategically located in District neighborhoods that have high representation of families in contact with the child welfare system. In addition, CFSA has several in-home social workers co-located at each of the five Collaborative sites, increasing direct accessibility of services and referrals from social workers partnering with Collaborative family support workers. Further, CFSA contracts with the Collaboratives to provide a range of services that fall within over-arching service categories: family support services, evidenced-based practices, and community capacity building. As part of these contractual agreements, the Collaboratives must engage in (and report on) activities that encompass a wide range of efforts to strengthen and expand the neighborhood resources available to community residents.

- ▶ Community capacity-building is intended to foster and improve collaboration among neighborhood service providers as well as improving the ability of communities to respond to residents' needs. Collaborative staff works with neighborhood programs, organizations, and agencies to increase the range of quality supports for families. This approach makes Collaborative information and referral services more effective for neighborhood residents in need of services such as housing and utility assistance, employment assistance, mental health services, and emergency food and clothing. Services also include enrichment programs.

- ▶ A major component of the Collaboratives’ work includes community engagement, i.e., special events, community forums and trainings, community networking meetings, and daily outreach. To foster awareness of abuse and neglect issues, the Collaboratives coordinate and promote ongoing engagement activities within their respective communities, bringing together residents, merchants, community groups, and other stakeholders around topics such as family preservation and support.
- ▶ The Collaboratives sponsor training and support groups, using many evidence-based practices. Examples of the parenting training and support groups include the Parent Empowerment Program,⁸ the ACT against Violence program,⁹ Chicago Parenting Program,¹⁰ Nurturing Parenting Program,¹¹ and the Effective Black Parenting Program.¹² Each of the preceding programs addresses particular issues within the child welfare continuum. On a routine basis, data are shared between CFSA and the Collaboratives. Data are specific to referrals, linkages, and service delivery outputs and outcomes for clients. The Collaboratives have also been an integral partner in the Family First prevention services prevention planning workgroup.

The DC Children’s Trust Fund (DCCTF). CFSA is the designated lead agency for the Community-Based Child Abuse and Prevention (CBCAP) grant in the District of Columbia. CBCAP funding supports the strengthening and expansion of the District’s network of coordinated child abuse prevention resources and activities, particularly in partnership with the DC Children’s Trust Fund (DCCTF). DCCTF is a 501(c) 3 nonprofit, established in September 1993 as a result of legislation passed by the Council of the District of Columbia and authorized by the Mayor. The role of DCCTF is to strengthen families and protect children from abuse and neglect through public education and parent support programs. Specifically, DCCTF is responsible for the following activities:

⁸ The Parent Empowerment Program increases support to parents through the Common Sense Parenting Curriculum, which includes such topics as preventive teaching, corrective teaching, effective praise, self-control, problem solving, goal setting, family traditions, and family meetings.

⁹ The ACT Raising Safe Kids Program, developed by the American Psychological Association’s Violence Prevention Office, teaches positive parenting skills to parents and caregivers of children from birth to age 10.

¹⁰ The Chicago Parent Program (CPP) strengthens parenting confidence and skills and reduces behavior problems in children 2-5 years old. Designed in collaboration with an advisory board of African American and Latino parents raising young children in low-income neighborhoods, CPP addresses a gap in the availability of evidence-based parenting programs that specifically address the needs of this population of families.

¹¹ The Nurturing Parenting Program for Parents and their Infants, Toddlers and Preschoolers is a family-centered program designed for the prevention and treatment of child abuse and neglect. Both parents and their children birth to five years participate in home-based, group-based, or combination group-based and home-based program models. Lessons are competency-based ensuring parental learning and mastery of skills.

¹² Effective Black Parenting Program (EBPP) is a parenting skill-building program created specifically for parents of African American children. It was originally designed as a 15-session program to be used with small groups of parents. A one-day seminar version of the program for large numbers of parents has been created.

- ▶ Develops public education materials that promote the primary prevention of child maltreatment
- ▶ Develops messages that emphasize and promote ways to strengthen families and develop healthy children
- ▶ Develops monetary, programmatic and in-kind resources to support primary prevention efforts by leveraging funds and resources
- ▶ Builds the capacity of local groups to implement child abuse prevention programs through training and technical assistance

DCCTF also works closely with CFSA as a participating member of MACCAN and was a participant of the citywide Family First Prevention Workgroup. DCCTF is a strong partner in supporting the District’s prevention provider network and ensuring stakeholder engagement in prevention planning through the facilitation of focus groups, interviews, surveys, and other training and leadership development activities with parents. The following activities are included in some of the parent leadership activities that DCCTF offers:

- ▶ Hosting a Parent Leadership Series for parents
- ▶ Developing and implementing activities to recognize exemplary parents during National Parent Leadership Month (February), including a Parent Leadership Awards Luncheon to recognize local parent leaders who, after graduation, will serve as mentors for other parents
- ▶ Sponsoring financial literacy seminars and health and wellness seminars for leaders and parents
- ▶ Providing training sessions to enhance parents’ knowledge on how the political and social systems operate, the DC laws on child abuse and neglect, and how to be more effective advocates for the needs of their children and themselves

DCCTF is also an accredited Evidenced-Based Parents Anonymous® provider for the District of Columbia with an ongoing priority to expand accessible parent support and concurrent children's groups throughout the District. Parents Anonymous is a prevention program that works to strengthen families and build resilience. DCCTF staff and consultants also provide training and technical assistance for the establishment and implementation of Parent Anonymous® groups.

DC Superior Court. The Family Court Operations Division (Family Court) works with CFSA to discuss ideas and data, and to share issues that need resolution. Representatives from CFSA’s Office of the General Counsel, Office of the Director, Office of Program Operations, and the DC

Office of the Attorney General meet with the Family Court on a quarterly basis to review Agency practice. The same representatives also address and strategize for the improvement of permanency outcomes, including reunifications, adoptions, subsidized guardianships, and re-entries. The following topic areas are examples of policy and practice discussions:

- ▶ Data on placement stability and updates on the Placement Matching tool regarding implementation and a description of what characteristics of the children and families will be matched, and discussion about the Mobile Stabilization Services
- ▶ Family First Prevention Services Act implementation implications
- ▶ Education Resources and Support Update
- ▶ Timely Permanency Reports
- ▶ HOPE Court and the Implications¹³
- ▶ Resources for Commercial Sexual Exploitation of Children (CSEC) community-based services

Through the Court Improvement Program (CIP) CFSA participates in data-sharing activities with the Court and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes. These include the following joint projects:

Court-Related Barriers. CFSA and the Family Court are focusing their partnership on addressing mutual barriers to permanency, as identified in the Child and Family Services Review, Quality Services Reviews, and Agency performance analyses. For example, CFSA and the CIP conduct focus groups with judges (n=4) , as well as separate focus groups with attorneys (n=7) . These focus groups facilitate conversation about court-related barriers such as goal changes, trial delays and scheduling issues. The focus group facilitation further utilizes data from stakeholder interviews, using the findings as a touch point to launch deeper dialogues.

The Urgency to Permanency Forum. The Urgency to Permanency Forum occurred in October 2019 within the community of legal and judicial practitioners. The forum focused on three key questions: What are the top five barriers to permanency? What is the role of the parent’s attorney? What are the presenting challenges around timely disposition of TPRs. The forum identified the following barriers related to permanency themes:

- Quality behavioral health services for parents and children
- Delays in issuing findings
- Rulings from the Court of Appeals
- Lack of appropriate specific services

¹³ HOPE Court is described in the *Collaborations with Youth-Serving Programs* section with details on page 127.

- Adoption reports
- Ta.L. appeals delaying adoption
- Lack of parental involvement
- Scheduling
- Competing petitions
- Judge changes
- Subsidy negotiations
- Social worker turnover

In response to the barriers, CIP participants identified the following strategies:

1. Have stronger post-reunification services through the Collaboratives to assist with reintegrating such services in the community. Collaboratives to report plans in FACES. NET to share information.
2. Develop a tracking report that looks at the timeliness of filing to identify and address barriers.
3. Enhance the review of the adoption report to ensure legal requirements are met.
4. Have TPR and Ta.L. hearings heard together at the permanency hearing.
5. Have more judges to address scheduling issues.
6. Consider using the voucher program to cap how many cases CCAN attorneys are annually assigned.
7. Recruit more attorneys who are willing to take adoption cases.
8. Have the Family Court order conduct earlier mediations.
9. Support better communication with the Family Court.
10. Improve case plan format.
11. Improve assessments to ensure referral to appropriate services.

CFSA and the Family Court, CIP continue to team together on PIP implementation activities inclusive of the permanency mediation program where the objective was to develop, implement and evaluate a permanency mediation program to operate within the Court's Multi-door Child Protection Mediation Program. The mediation program is progressing into the evaluation stage.

Secondly, PIP implementation includes follow-up on the October 2019 Urgency to Permanency Forum. Members of the CIP, CCAN, OAG and CFSA comprise the Permanency Forum planning team. Follow-up forums for scheduled for September 2020, with four 90-minute virtual sessions. The theme for the forum is parental engagement. Each virtual session includes a cross-section of participants to include the following groups: Family Court judges, CCAN GAL, CLC GAL, AAG, two social workers (in-home, permanency, investigations). Participants will work in designated teams to addresses specific parental engagement

questions. A report synthesizing the themes, strategies and action items on improving permanency outcomes between the Courts and CFSA will be provided for outlining further collaborative work.

Case Reviews. Since the fall of 2018, CFSA and the Family Court have collaborated in a CIP data subcommittee to review cases and analyze issues related to a child's length of time in care and length of time with a given permanency goal. The second and most recent round of analyses included a review of 10 adoption, 10 guardianship and 10 reunification cases that were filed between January 1, 2017 and June 30, 2018. Randomized stratification was used to determine the sample from the total population. The objective of the reviews was to examine court-related practice barriers that impact the timeliness of trials, establishment of goals, and case scheduling (relative to moving cases expeditiously to permanency). Both rounds of reviews produced similar findings for the interrelated impact of certain family, clinical, systemic, and court-related factors and longer permanency timelines. In particular, cases with longer permanency timelines typically included evidence of one or more of the following factors: parental behavioral health issues, parental substance use, multiple foster care placement disruptions, multiple social worker transfers, unmet clinical service needs for the child or family, late permanency goal changes, and permanency goal extensions. With each round of reviews, the analyses are becoming more qualitative, as the committee members look to complement their observations of correlating factors with a deeper understanding of causation and impact for each individual factor. Additionally, committee members look to evaluate the efficacy of more recent clinical and legal practice changes by comparing newly obtained data with previous reviews.

Children's Law Center (CLC). CLC is a District-based, non-profit organization that provides legal services and policy advocacy for children and birth parents. In addition to the case-specific teaming that arises from frequent representation of CFSA clients, CLC provides input for the development, implementation, and review of policies, practices, and initiatives. During quarterly meetings, representatives from CLC, CFSA and the Office of the Attorney General exchange updates on policies, programs and initiatives. The representatives clarify their respective practices and discuss sample cases in order to ensure optimal communication and teaming. Most recent discussions have involved Agency and Court practice changes during the COVID-19 pandemic.

Foster and Adoptive Parent Advocacy Center (FAPAC). FAPAC is a community-based organization that provides training, support, and advocacy for resource parents. FAPAC also partners with CFSA, participates in the monthly PAC meetings, shares feedback from the resource parent community, and develops strategies to promote continuous system-wide

improvements in resource parent engagement, support, and performance. Additionally, FAPAC participates in discussions regarding CFSA practices, policies, and special projects.

DC Metropolitan Foster and Adoptive Parent Association (DCMFAPA) is another community-based organization that provides training and supportive services to resource parents. DCMFAPA participates in the monthly PAC meetings and was a valuable contributor to discussions involving the Temporary Safe Haven Redesign, the Resource Parent Handbook, the Foster Parent Statement of Rights and Responsibilities, and incorporation of the Reasonable and Prudent Parenting language into existing policies and administrative issuances.

Standing Commissions, Councils and Task Forces

CFSA collaborates with the following public and private partners across the District. Staff serves on multidisciplinary teams that meet regularly to discuss and develop strategies to strengthen child welfare practice and positively impact the lives of the District's children and families.

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) was established to advise the mayor on aspects of the District of Columbia's continuum of child welfare services, including prevention, early intervention, treatment, and sources of permanency (i.e., reunification, guardianship, kinship care, and adoption). The District's mayor and City Council appoint MACCAN's 22 governmental and non-governmental members, according to their demonstrated expertise in working on behalf of children and families, along with their dedication and commitment to service. CFSA occupies one seat on this board and provides resources to ensure MACCAN's effective operation. MACCAN meets four times annually to stay abreast of the state of child welfare across the District and receives regular updates from CFSA staff and the Agency director regarding CFSA's work. MACCAN's work includes the following highlights:

Community Meetings. In September 2019, MACCAN held a meeting in the community to provide easier access for community members and community partners to attend. During the meeting the committee shared its goals with participants. CFSA leadership provided a comprehensive overview on the District's progress toward implementation of the Family First Services Prevention Act and Families First DC. Participants also heard a presentation from DC Hungers Solutions which is a non-profit agency with a mission to end hunger in the District of Columbia.

Child Abuse Prevention Month. MACCAN collaborates with CFSA's Office of Public Information to promote National Child Abuse Prevention Month activities each April across the District. Every April, since 2015, MACCAN has promoted activities to raise awareness

during Child Abuse Prevention Month. Such activities have included *Wear Blue Day*, receipt of the *Mayoral Proclamation of Child Abuse Prevention Month*, the *Think before You Spank* campaign, mandated reporter training, *Eat Well to Live Well* parent summit, and a parenting empowerment conference.

Due to the Public Health Emergency (PHE) of COVID-19, MACCAN cancelled the Child Abuse Prevention Month meeting in the community. However, MACCAN did proceed in securing a proclamation from the Mayor's Office declaring April 2020, Child Abuse Prevention Month in the District of Columbia. In lieu of the community meeting on the scheduled meeting date, MACCAN held a virtual meeting to discuss CFSA's response to the PHE and its impact on children and families in the District. CFSA's director and principal deputy director participated in this meeting providing an overview of the Agency's response.

CFSA Annual Public Report. Each year MACCAN reviews and offers comments to CFSA's Annual Public Report (APR) which CFSA submits to the mayor and DC City Council. The APR describes ongoing and specific actions the Agency has taken to implement the federal *Adoption and Safe Families Amendment Act of 2000* (DC Law 13-136; 47 DCR 2850). Each report provides a full statistical analysis of cases, an analysis of difficulties encountered by CFSA to reach the goal for reducing the number of children in foster care, an evaluation of services, an evaluation of the Agency's performance, and recommendations for any additional legislation or services needed to fulfill the requirements set forth by the Act. MACCAN reviewed and provided comment for the FY 2019 Annual Public Report. From the most recent APR, MACCAN highlighted the following areas of interest:

- ▶ "Exit to Permanence Roadmap". MACCAN encourages ongoing efforts to ensure quality control and fidelity for these tools for maximum effectiveness. MACCAN also encouraged CFSA to build companion tools for families, resource parents, and partnering organizations (e.g., Collaboratives) to collaboratively focus on family strengths and family supports.
- ▶ Permanency Family Team Meetings (FTM). MACCAN encourages ongoing review of the new FTM approach to ensure that the most effective and time sensitive methods will benefit team processes to achieve permanency.
- ▶ Parent Engagement, Education, and Resource (PEER) support team. MACCAN supports efforts to evaluate PEERs to increase the voluntary participation of the program and resources needed for its expansion.
- ▶ Alternative Planned Permanent Living Arrangement (APPLA). MACCAN identified APPLA as an area where additional information on plans for progress review and improvement are beneficial.

- ▶ Mental Health Redesign. CFSA has leveraged in-house operations for substance use and behavioral health programs to meet the immediate needs of its populations. MACCAN recommends that the Agency collect data on those who are not part of the redesign and already receiving behavioral health services. This population is also of interest for expansion and quality control and improvement for behavioral health and substance abuse treatment.
- ▶ The Family Treatment Court (FTC). The FTC program meets the needs of those with substance abuse issues with most participants who complete treatment. Given the rate of relapse for substance abuse treatment, MACCAN believes that FTC may need to consider supports for prevention and treatment of relapse of substance abuse among parents and child abuse and neglect. They also encourage resources for relapse prevention and models for family strengthening to sustain mental health and substance treatment goals, emphasizing that therapists have important roles in the family strengthening and transition to permanency.
- ▶ Neglect and Termination of Rights (TPR) cases. MACCAN encourages clarification of the role of therapists and other community supports in neglect and TPR hearings.
- ▶ Data requests. MACCAN would like additional data on education and special education in future years. The committee would also like to view data on housing.

CFSA reviewed the committee's comments on the APR and provided a response in February 2020.

CFSA's director's attendance at regular meetings with MACCAN will continue to serve as a vehicle for keeping members abreast and up-to-date on both data, progress, and Agency practice. As MACCAN moves to broaden its outreach and engagement with the community, the regular participation of CFSA's director allows committee members to provide greater feedback and to consider how members can assist with efforts to support and strengthen the District's services to children and families. Recently, the director has updated MACCAN members and responded to their questions on such topics as the Family First Prevention Services Act, Families First DC, and CFSA's strategies in response to the COVID-19 pandemic.

Children's Justice Act (CJA) Task Force is a multi-disciplinary, stand-alone body that works to enhance investigative, administrative, prosecutorial, and judicial processes for child victims of abuse and neglect. The Task Force focuses on child fatalities related to abuse and neglect, commercial sexual exploitation of children (CSEC), and the assessment and investigation of abuse and neglect cases involving children with disabilities or serious health-related problems. The Task Force also makes recommendations for child maltreatment training and legislations

for submission to the City Council, the Mayor, organizations, offices or entities within the community.

CFSA coordinates and monitors the CJA grant with one CFSA staff member assigned to serve on the Task Force within the category of child protection agencies. The Task Force also has legal representation from CIP and the Family Court. The Task Force identifies goals for the three subcommittees (training, child welfare/criminal justice, and legislation). CFSA has presented the Task Force with findings from the CFSR, along with progress on the Agency's PIP and APSR.

Every three years, the CJA Task Force undertakes a comprehensive review and evaluation of how the District responds to child maltreatment and makes recommendations for improvements in the three funding categories of (1) investigative, administrative, and judicial handling of cases of child abuse and neglect, (2) model programs to improve trauma in children due to abuse, neglect or sexual trafficking and (3) reform of state laws, policies and procedures.

The three-year assessment in 2019 resulted in the Task Force taking on additional projects. CJA is currently working on 11 projects, four of which began in FY 2019. All following projects are either in planning, implementation or evaluation phases and thus considered ongoing:

- ▶ Modifying and evaluating the guidance pamphlets entitled Child Protective Services Investigations: A Guide for Parents (English and Spanish). This guide outlines policies and procedures given to families during the investigation process.
- ▶ Increasing understanding of the "Handle with Care" model and how it intersects with the Mayor's DC Families First Initiative in order to provide a system of care that is trauma-informed from DCPS to the Metropolitan Police Department (MPD) to child welfare.¹⁴
- ▶ Supporting the implementation of HOPE Court, through the provision of funding to help meet the therapeutic needs of CSEC victims.¹⁵
- ▶ Modifying the online and in-person mandated reporter training; improving the District's Expungement Law relative to residents being placed on the Child Protection Registry.¹⁶

¹⁴ Handle with Care is a trauma-informed approach aimed at ensuring that children who are exposed to violence receive appropriate interventions so they can succeed in school to the best of their abilities.

¹⁵ HOPE (Here Opportunities Prepare you for Excellence) Court is a treatment court established to address the multiple needs of court-involved youth who are victims of commercial sexual exploitation.

¹⁶ The District's Child Protection Register is a confidential index of cases of children who have been determined to be abused or neglected following the completion of a Child Protective Services investigation, and of the individuals listed due to investigative findings that the abuse and neglect of the child was substantiated or inconclusive. A person has the right to appeal the Agency's determination by filing a request with CFSA's Office of Fair Hearings and Appeals. When the final decision of a Program Administrator's Review or a Fair Hearing is to overturn the Agency's decision, the person's name is expunged from the Child Protection Register within 18 days.

- ▶ Amending the expungement provision of the District’s Child Protection Register (CPR) law to create a two-tiered system where an individual’s name can be expunged after three or five years for certain findings.
- ▶ Providing CSEC training for public and private agency social workers, resource parents, Collaborative workers, MPD, attorneys, mandated reporters and interested community partners.
- ▶ Working with District-wide partners to update the CSEC resource guide that details all resources and services available for victims of human sex trafficking.
- ▶ Providing training and certification support for a handler of a therapy dog that would support HOPE Court and social workers in Entry Services (CPS Investigations Unit) who are experiencing secondary trauma.
- ▶ Developing an educational campaign on the impact of marijuana usage on pregnant, breastfeeding and parenting mothers and caregivers.
- ▶ Revising and re-launching a Safe Sleep Campaign to address fatalities related to safe sleeping practices.
- ▶ Expand the offering of a District-wide domestic violence training.

Over the next three years, the Task Force will continue to work on these projects, in addition to financially supporting any training or therapeutic activities related to improving the three aforementioned funded categories. The Task Force submitted its application and work plan for proposed activities over the next three years (2020-2022) on May 29, 2020 to the Children’s Bureau.

The Citizen Review Panel (CRP) is a locally¹⁷ and federally mandated, voluntary group of DC residents who serve as an external, independent oversight body for the District's child welfare system. CRP examines the policies, practices, and procedures of CFSA and any other District government agency or community-based provider that provides services to children who are at risk of abuse and neglect, or who are already victims of abuse and neglect and currently in foster care. The mayor appoints eight of CRP’s 15 members, while DC Council appoints the remaining seven members. CRP currently has two working group committees. One addresses services provided to children in their homes (in contrast to services provided in foster care). The other addresses services to youth who are aging out of foster care. At quarterly meetings, the CRP often hears from outside speakers and invites them to share recommendations, which the CRP itself may endorse. CRP’s major responsibility is preparation of an annual report that compiles recommendations to improve services to children and older youth. The report has

¹⁷ DC Code - <https://code.dccouncil.us/dc/council/code/titles/4/chapters/13/subchapters/I/parts/B/>

three major sections: an introduction and overview of CRP's functions and responsibilities, in-home services, and a section on youth aging out of foster care. A conclusion offers final recommendations alongside forward-looking thoughts. CFSA is legally required to reply to the recommendations, which the Agency includes in the APSR submission. CFSA also attends the CRP quarterly meetings to hear feedback directly from CRP members and to provide information about how CFSA has already addressed or plans to address areas of need.

Internal Stakeholders

The Office of the Ombudsman is an internal CFSA office that ensures the public a point of contact for communicating concerns directly to the Agency. The ombudsman also serves as CFSA's impartial liaison for constituents (i.e., children, older youth, birth parents, resource parents, kinship caregivers, guardians, adoptive parents, mandated reporters, concerned citizens, and contractors). The ombudsman receives calls from any constituent seeking resolutions to issues related to promotion of child safety and well-being. The ombudsman will review all constituents' concerns and will also record the receipt and outcomes of all reported concerns. Finally, the ombudsman identifies trends and systemic issues, brings them to the attention of CFSA management and staff, and recommends internal procedures to accomplish program goals. Click [here](#) to see the *Office of the Ombudsman 2019 Annual Report* submitted to DC Council's Health and Human Services Committee in early 2020.

The CFSA Internal Child Fatality Review (CFR) Committee comprises representation from CFSA leadership, the CFR Unit, the Office of the General Counsel, the Center for the Study of Social Policy (CSSP), and the Office of the Chief Medical Examiner (OCME). At each monthly meeting, CFR Unit staff presents the committee with details of individual fatality cases for any child known to the Agency within five years of the child's death. Presentations emphasize practice issues and any identified themes related to the family's service needs during any involvement with CFSA. The CFR Unit also tracks data on all fatalities for inclusion in the CFSA Annual CFR Report. In-depth committee discussions among membership may result in recommendations for practice changes. CFSA leadership reviews and vets these recommendations according to the assigned administration. If leadership accepts the recommendations as viable and achievable, the assigned administration provides the CFR Unit with details on next-step activities and time frames. The CFR Unit also tracks these recommendations for follow-up and inclusion in the Annual CFR Report. As of January 2020, the updates to the Child Fatality Review Policy define, within the larger statutory requirements, the child-specific criteria that would warrant a CFSA fatality review. The policy also clarifies the actual review process, specifically addressing the framework through which the review committee arrives at recommendations for policy and practice improvements, and standards for ongoing progress reporting on the Agency's action steps. The CFR Committee reviewed the Child Fatality Review Policy in FY 2020

prior to the Policy Unit incorporating the committee's feedback and recommendations for finalization of the document.

2. Surveys and Focus Groups

CFSA gathered stakeholder perceptions from input and feedback through focus groups, interviews and on-line surveys with internal and external stakeholders. Findings were used to inform the 2019 Needs Assessment,¹⁸ the 2015-2019 Annual Progress and Services Report (APSR), and the development of the 2020-2024 Child and Family Services Plan. CFSA also held three stakeholder meetings (as described above) and facilitated discussions on the Agency's practice, service needs, and barriers to supports and services.

Regarding the Needs Assessment surveys, via CFSA's Office of Public Information, OPPPS distributed two self-administered online surveys: one survey captured the voices of youth, birth parents and resource parents while a second survey captured the voices of child welfare professionals, both within and outside of CFSA. A total of 271 respondents accessed the survey. Of those, 135 respondents fully completed the survey and 136 partially completed the survey.

A total of 22 youth, birth parents and resource parents participated in focus groups. For birth parents and youth only, CFSA provided incentive gift cards for participation in focus groups, although they had the option to complete a survey if that was their preference. To further encourage youth participation, the Office of Youth Empowerment (OYE) sent text messages as reminders to youth. To encourage birth parent participation, each birth parent's assigned PEER¹⁹ supported completion of a survey, either in person or over the phone.

Although the count of birth parent participants slightly exceeded last year's count, OPPPS still scheduled an extra focus group to garner additional feedback, collaborating with a birth parent advocacy organization, Parent Watch DC. This organization co-facilitated the session and helped to encourage birth fathers and birth mothers to participate so that CFSA could integrate ongoing and continuous feedback from these crucial stakeholders. While overall the surveys and focus groups provide valuable insight, they are not a representative sample and the information cannot be generalized across the population.

¹⁸ CFSA's annual *Needs Assessment* provides an analysis of data inform the *Agency's Resource Development Plan*, the Agency's "road map" for service development priorities.

¹⁹ The parent engagement education resource specialists (PEERS) are CFSA employees who themselves have had past experience as birth parents with the District's child welfare system. PEERS function as mentors and advocates for mothers and fathers currently involved with CFSA.

Survey Respondents

| Type of Survey Respondent | # of Participants who Accessed the Survey | # and % of Participants who Completed the Survey |
|---|---|--|
| Youth, Birth Parent and Resource Parent | 72 | 39 (54%) |
| Child Welfare Professional | 199 | 96 (48%) |
| Total Survey Respondents | 271 | 135 (50%) |

Source: 2019 Needs Assessment Survey

OPPPS sent the child welfare professional survey through CFSA and external partner listservs to persons with the affiliations listed below.

Survey Respondent Agencies/Affiliations

| Agencies/Affiliations |
|---|
| 1. DC Child and Family Services Agency (CFSA) |
| 2. Private Foster Care Agency (i.e., NCCF, LSS or LAYC) ²⁰ |
| 3. Group Home (e.g., Independent Living, Residential Facility) |
| 4. DC Government Agency |
| 5. Community-Based Organization |
| 6. DC Superior Court |
| 7. Advisory Committee (e.g., MACCAN, Citizen Review Panel) |
| 8. DC Government Agency |
| 9. Other Stakeholders ²¹ |

Source: Office of Planning, Policy and Program Support

²⁰ NCCF (National Center for Children and Families), LSS (Lutheran Social Services), and LAYC (Latin American Youth Center) are CFSA's three contracted child placing agencies. NCCF serves all children placed in Maryland while LSS serves unaccompanied refugee minors and LAYC serves the Spanish-speaking families.

²¹ Faith-based organizations, advocacy organization, direct child-serving facilities, childcare facilities, Children's Law Center, DC Kincare Alliance, Children's National Health Center, Center for the Study of Social Policy

The following survey responses resulted from the total 199 child welfare professionals who accessed the survey:

- 61 percent (n=121) were CFSA employees
- 16 percent were “Other” employees (n=32)
 - Faith-based organization
 - Advocacy organization
 - Direct child-serving or childcare facility
 - Children’s Law Center
 - DC Kincare Alliance
 - Children’s National Health Center
 - Center for the Study of Social Policy
- 6 percent were DC Government agency employees (n=12)
- 5 percent were community-based organization employees (n=10)
- 4 percent were respectively from both private foster care agencies (n=8) and group home or residential providers (n=8)
- 2 percent were respectively from both DC Superior Court (n=4) and advisory committees (n=4)

OPPPS staff developed and conducted the focus group protocols intended for use by 8-12 stakeholders at a time. Although OPPPS tailored the questions to each group, the general content of the questions remained similar. Facilitators received listservs from internal and external points of contact for youth, birth parents, and resource parents and then sent Evites to all emails and phone numbers. OPPPS permitted focus group participation by conference call and allowed survey responses via telephone call. OPPPS did conduct a birth parent focus group but the PEERS also requested to facilitate the completion of surveys to ensure a certain comfort level for birth parents to respond as honestly as possible.

FY 2021 APSR Update

Surveys and Focus Groups

CFSA gathered internal and external stakeholder input and feedback through focus groups and on-line surveys. CFSA used these findings to inform the 2020 Needs Assessment²² and this year’s APSR.

²² CFSA’s annual *Needs Assessment* provides an analysis of data inform the *Agency’s Resource Development Plan*, the Agency’s “road map” for service development priorities.

Via CFSA’s Office of Public Information, OPPPS distributed two self-administered online surveys. One survey captured the voices of youth, birth parents and resource parents while a second survey captured the voices of child welfare professionals, both within and outside of CFSA. The process and survey questions were similar to last year’s questions for the purpose of tracking feedback and monitoring progress across the same variables over time. A combined total of 384 respondents accessed the survey. Of those, 196 (51 percent) respondents fully completed the survey and 188 partially completed the survey.

A total of 18 youth (n=7) and resource parents (n=11) participated in virtual focus groups. The birth parent focus groups were unable to be held in time for this year’s APSR submission, but the groups are scheduled to occur virtually during the summer. For birth parents and youth only, CFSA provides incentive gift cards for participation in focus groups. To further encourage youth participation, the Office of Youth Empowerment (OYE) sent text messages as reminders to youth. To encourage birth parent participation, each birth parent’s assigned PEER²³ supported completion of a survey, either in person or over the phone.

While overall the surveys and focus groups provide valuable insight, they are not a representative sample and the information cannot be generalized across the population. Nevertheless, the surveys and focus groups provide themes that the Agency can track year to year and explore more deeply with stakeholders and staff during listening sessions, town halls, and focus groups.

Survey Respondents

| Type of Survey Respondent | # of Participants who Accessed the Survey | # and % of Participants who Completed the Survey |
|---|---|--|
| Youth, Birth Parent and Resource Parent | 110 | 57 (52%) |
| Child Welfare Professional | 274 | 139 (48%) |
| Total Survey Respondents | 384 | 196 (51%) |

Source: 2020 Needs Assessment Survey

²³ The parent engagement education resource specialists (PEERS) are CFSA employees who themselves have had past experience as birth parents with the District’s child welfare system. PEERS function as mentors and advocates for mothers and fathers currently involved with CFSA.

OPPPS sent the child welfare professional survey through CFSA and external partner listservs to persons with the affiliations listed below.

Survey Respondent Agencies/Affiliations

| Agencies/Affiliations |
|--|
| 1. DC Child and Family Services Agency (CFSA) |
| 2. Private Foster Care Agency (i.e., NCCF, LSS, LAYC or Children’s Choice) ²⁴ |
| 3. Group Home (e.g., Independent Living, Residential Facility) |
| 4. DC Government Agency |
| 5. Community-Based Organization |
| 6. DC Superior Court |
| 7. Advisory Committee (e.g., MACCAN, Citizen Review Panel) |
| 8. DC Government Agency |
| 9. Other Stakeholders ²⁵ |

Source: Office of Planning, Policy and Program Support

The following survey responses resulted from the total 274 child welfare professionals who accessed the survey:

- 49.3 percent (n=135) were CFSA employees.
- 17.5 percent were Community-based organization employees (n=48).
- 15.3 percent identified their employer type as “Other” (n=42).
 - Educational Institution (e.g., OSSE, DC Prep, DC International School, Education Forward DC)
 - Advocacy organization (e.g., Parent Watch, Foster Parent Alliance)
 - CASA DC
 - Children’s Law Center
 - Sex Trafficking Organization (e.g., Fair Girls, Courtney House)

²⁴ NCCF (National Center for Children and Families), LSS (Lutheran Social Services), and LAYC (Latin American Youth Center) and Children’s Choice are CFSA’s four contracted child placing agencies. NCCF serves all children placed in Maryland while LSS serves unaccompanied refugee minors and LAYC serves the Spanish-speaking families. Children’s Choice, a recent placement array addition, serves youth with more intensive needs.

²⁵ Faith-based organizations, advocacy organization, direct child-serving facilities, childcare facilities, Children’s Law Center, DC Kincare Alliance, Children’s National Health Center, Center for the Study of Social Policy

- Children’s National Medical Center
- DC Hospital
- Center for the Study of Social Policy (CSSP)
- Private Practice (e.g. legal, health)
- Office of the Attorney General (OAG)
- Collaboratives
- Mayor’s Services Liaison Office
- Housing organization (e.g., House of Ruth, District Alliance for Safe Housing)
- 6.2 percent were DC Government Agency employees (n=17).
- 4.7 percent were Group Home/Residential Providers (n=13).
- 3.3 percent were DC Superior Court (n=9).
- 2.6 percent were Advisory Committees (n=7).
- 1.1 percent were Private Foster Care Agencies (n=3).

Summary Findings: Focus Groups with Youth

Among the feedback received, youth indicated challenges with mixing therapeutic and traditional youth in the same placements, and not having onsite mental health services, conflict resolution services, or onsite psychiatric services. Youth also felt that CFSA missed opportunities to identify a youth’s kin when the youth already had a connection with that relative, even if a birth parent did not provide the name of the relative. Youth felt that kin needed more financial resources to be providers. Youth also shared that residential placements can feel “like jail,” i.e., the youth feel “imprisoned” for acts that are not necessarily criminal. In some instances, youth felt that placements were not good matches and resource parents did not have the training or skill sets to handle or help a youth with their challenges, history, trauma, or behaviors. Youth expressed challenges with being in a Maryland placement without easy access to local transportation or without a personal vehicle to access a DC service.

With regard to useful services, youth and resource parents found tutoring to be a positive support. Youth also mentioned that having a mentor and CASA were useful supports.

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Focus Groups with Youth

Seven youth participating in a focus group provided feedback. The following group demographics were included among the seven youth:

- ▶ Mix of youth in family-based care and congregate care

- ▶ Case management from CFSA and Mary Elizabeth House, Inc²⁶.
- ▶ Two males, five females
- ▶ Three pregnant and parenting youth (all female)
- ▶ Two youth indicated being in college, one had full-time employment
- ▶ Range of youth ages during focus group: 18 to 21 years old
- ▶ Range of ages as of youth during last foster care episode: 10 to 17 years old
- ▶ As of the last foster care episode, youth have been in care between 3 and 9 years, average being 5 years
- ▶ All youth experienced a re-placement; at least three were re-entries after finalization of reunification or guardianship

Youth indicated the need to maintain an array of placements, including homes in urban environments with transportation access as well as independent living and congregate care settings. At least six of the seven youth felt that the Agency sufficiently tried to connect them with kin throughout their case. However, the youth also felt that their birth parents could have benefited from additional supports to help with parenting (e.g., teaming with parents and financial support). Youth mentioned that some of them fared better in congregate care versus a foster home while acknowledging that other youth may not have that same need. Youth felt that sometimes the Agency moves too quickly to placement or permanency. Youth suggested meeting their resource parents prior to being placed with them as part of the placement matching process. Regarding permanency, one youth recommended that there be a one-year trial period with a prospective adoptive or guardian prior to finalization.

Regarding useful services, youth found tutoring and mentoring to be an essential service and effective when the provider caters to the need of the youth identified. Resources needed but not always provided included parenting classes for youth with children and life skills courses. All youth pressed the importance of advocating for themselves and quality social workers and resource parents as support systems for the youth to be successful through foster care.

Summary Findings: Focus Groups with Birth Parents

The table below highlights common threads identified by birth parents receiving in-home services and foster care services. Gray cells indicate that the respondents did not have a comment on that particular question.

²⁶ The Mary Elizabeth House, Inc. supports the positive development of young, single mothers through life-skills training, education and workforce guidance, counseling and housing.

| In Home Birth Parents | | | Foster Care Birth Parents | |
|---|---|--|---|---|
| Services Received | Services Needed | Common Needs | Services Received | Services Needed |
| Food Stamps/Vouchers | Additional food assistance | Additional food assistance | Food Stamps/Vouchers | Additional food assistance |
| Furniture vouchers | Gift Cards | Financial support for general home/life needs (furniture, clothing, food, etc.) | Day care for child in care | Furniture vouchers and appliances |
| Community Connection and Supports (e.g., church, Food Banks, relatives) | Mental Health services including therapy (parent and child) | Therapy (parent and child) | Mental Health services including therapy (parent and child) | Mental Health services including therapy (parent and child) |
| Job Support (depending on worker or program) | Employment | Employment | Job Support (depending on worker or program) | Employment |
| | Housing | Housing | Public/Rapid Housing | Housing |
| | Youth Programs (Big Brother Big Sister, Summer Camps) | Youth Programs (Big Brother Big Sister, Summer Camps) | Parenting Classes | Youth Programs (Big Brother Big Sister, Summer Camps) |
| | | | TANF | Transportation |
| | | | | Clothing vouchers (when child is returning home or coming for overnight visits) |

Birth parents also indicated the following key entities for providing useful services: Wendt Center for Loss and Healing (for therapy); A Wider Circle (for employment assistance and donation closet, churches, food pantries); MBI Health Services (for therapy); Bread for the City (food, clothing, medical care, and legal and social services); Martha’s Table (education programs, healthy food, and family supports); PSI Family Services Inc. (child care), Hillcrest

(behavioral health services); Far Southeast Collaborative (family support services); and Project Empowerment (employment).

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Focus Groups with Birth Parents

Due to the COVID-19 pandemic, advocates of birth parents requested the focus group timeframe to be extended. OPPPS considered the time and well-being of the birth parents being served and made the decision to work more closely with the PEERs to recruit birth parents for the focus group and to plan for the group to occur between July and August. OPPPS will report the outcome of themes from the birth parent focus group in next year's APSR. The group will include birth parents with the goal of reunification. Another group will occur in the fall with a more diverse cohort of birth parents led by the District of Columbia family advocacy group, Parent Watch.

Summary Findings: Focus Groups with Resource Parents

Most resource parents' experiences varied by case management agency as well as by needs of the child in their care. For the beginning of the fostering journey, resource parents recommended that the Agency's Child Welfare Training Academy focus more on trauma instead of the actual process (e.g., services and supports, visitation, meetings, people on the child's team, and hands-on preparation, etc.). In different forums, resource parents wanted more information about the day-to-day processes. Resource parents added positive feedback regarding tabletop trainings. These trainings addressed specific needs of children in the home with the resource parent. Resource parents also found some of the initial key practices and processes to be helpful (when consistent), e.g., icebreakers to prepare for shared parenting.²⁷ Resource parents also asked to receive birth parent schedules in advance to set up ice breakers.

When discussing the placement process, resource parents were unclear as to how the process worked with regard to planned placements and unplanned placements. Resource parents generally felt unprepared and unqualified. These feelings were due to a lack of information or vague details provided about the child or youth during the transfer into the home. One resource parent recommended that social workers explain the placement process step-by-step, including how the Agency matches children to foster placements.

²⁷ The shared parenting model provides an "ice breaker" opportunity for birth parents and resource parents to meet in a comfortable environment, share information about the child in foster care, and get to know one another in hopes of establishing rapport. Once rapport is established, the two parents can align their communication styles, approaches to discipline, etc. for consistency and well-being of the child they both parent.

Participants' awareness of services varied as well. On occasion a few resource parents had knowledge of resources that others needed but did not know existed (e.g., tutoring). One resource parent had utilized expressive therapy,²⁸ mentoring, and case management. The parent noted that all of them were effective. In general, childcare, respite, and transportation were considered useful and essential services for these resource parents.

One resource parent mentioned that CFSA's contracted agency, Adoptions Together, provided a grief and loss support group that was helpful to address grief after a child achieved permanency and left the resource home. This service was especially helpful when a child had been living in the same resource home over an extended period of time, and the resource parent had bonded.

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Focus Groups with Resource Parents

Eleven resource parents participated in a focus group. Although their experiences varied by case management agency as well as by needs of the child in their care, there were three consistent themes: (1) the need for more trauma-informed resources (e.g., mentors, tutors, dependable crisis management, etc.), (2) improvement of case planning communications with the resource parent and (3) improved publicizing of available resources, including resources that can be shared across placement agencies (e.g., database of resources). Resource parents continue to feel slightly unprepared and unqualified, especially when there is a lack of information or inaccurate information provided at the onset of placement. Requested trainings included transracial training, medication management, sex trafficking (more details from experts and what the landscape is in the District), de-escalation techniques, managing school and IEPs, how to have conversations about youth sexuality and managing digital safety.

Summary Findings: Surveys

Findings addressed Agency performance across key practice domains of safety, permanency and well-being, as well critical functions such as placement, case planning and the overall Agency responsiveness to the CFSA client community. Respondents included a broad array of the child welfare professionals, in addition to CFSA staff who completed the survey. Of the 121 surveys accessed by CFSA staff, the following 115 respondents represented CFSA's various program areas:

- ▶ 37 percent Entry Services (23 percent In-Home and 14 percent Hotline and CPS staff)
- ▶ 20 percent Permanency staff

²⁸ Expressive therapies may include writing, movement, art, music, and animal-assisted therapy.

- ▶ 9 percent Office of Well Being staff
- ▶ 8 percent for both OYE and OPPPS staff
- ▶ 4 percent for both Placement and Administration staff
- ▶ 3 percent for both Resource Parent Support and CISA staff
- ▶ 2 percent for Kinship staff
- ▶ <1 percent for Community Partnerships, PEERs and Post-Permanency staff

Thirteen percent of survey respondents were supervisory staff, 26 percent were direct service staff, and the remaining respondents were part of the child welfare team or in support functions on a case but not providing “direct case practice.” Seventy-one percent (n=74) of respondents did not have a caseload versus 29 percent (n=30) of respondents [out of 104 respondents]. Of the 30 caseworker respondents, they worked with the following top five populations:

- ▶ Biological parents
- ▶ Youth with developmental challenges, learning, or intellectual disabilities
- ▶ Youth who self-identified as lesbian, gay, bisexual, transgender, or questioning (LGBTQ)
- ▶ Incarcerated parents
- ▶ Kinship caregivers

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Summary Findings: Surveys

Survey findings addressed Agency performance across the key practice domains of safety, permanency and well-being. Findings also addressed critical functions such as placement, case planning and the Agency’s overall responsiveness to the CFSA client community. Respondents included a broad array of the child welfare professionals, in addition to CFSA staff who completed the survey. Of the 135 surveys accessed by CFSA staff, the following 130 respondents represented CFSA’s various program areas:

- ▶ 23.9 percent Entry Services CPS and Hotline staff
- ▶ 18.5 percent for OWB staff
- ▶ 15.4 percent for Permanency staff
- ▶ 10.8 percent for OPPPS staff
- ▶ 9.2 percent for Entry Services In-Home staff
- ▶ 4.6 percent for Placement staff
- ▶ 3.9 percent for Resource Parent Support

- ▶ 2.3 percent for Community Partnerships, Kinship, and Office of Youth Empowerment
- ▶ 1.5 percent for the Office of the Director
- ▶ <1 percent for Administration, CISA, Fiscal, OGC, OPI, PEERS, and Post-Permanency staff

Of all respondents, about 28 percent included either a case worker or a supervisory case worker with a caseload. The remaining respondents were a part of the child welfare team in support functions on a case but not providing “direct case practice.” Examples include judges, advocates, investigators, legal advisors, health care professionals (including therapists and counselors), educators, Collaborative employees, mentors, tutors, program evaluators, quality assurance staff, resource development specialists, program directors and managers, and benefit specialists.

Safety

Overall, respondents felt that social workers frequently assessed and addressed risk and safety concerns, if present (in about 80 percent of cases). Identified concerns could be categorized in two domains: lack of resources and inadequate practice. For example, CFSA may have been aware of risk and safety issues but did not address the issues. Reasons may have related to a lack of placement options, or case decisions were made based on a lack of resources. Another example concerned safety assessments. The information should be included in a child’s Passport package,²⁹ but the resource parent never received the Passport package. Respondents also shared that social workers did not accurately address risk and safety in matters of substance abuse. Children may have been left at risk after exposure to or use of substances but without appropriate referrals provided and long-term follow-up. Lastly, more timely interventions could avoid or reduce risk and safety concerns.

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Safety

Similar to last year’s findings, child welfare professionals felt that social workers frequently (80 percent) assessed and addressed risk and safety concerns, if present. All respondents’ experiences were that assessments were conducted slightly more frequently than addressing the safety and risk issues discovered. Forty-one out of 53 youth who took the youth survey indicated that social workers assessed for safety and risk between once and twice per month. The same for the 17 participants who took the birth parent survey and the 28 out of 40 participants who took the resource parent survey.

²⁹ CFSA provides a “Passport” packet for each child in foster care. Packets include vital information regarding the child: a photo, medical provider contact information, clothing voucher, Social Security card, etc.

Although social workers are assessing and addressing risk and safety in most cases, there were some areas for improvement across respondent groups. These areas could be categorized into three domains: (1) lack of engagement or teaming, (2) lack of resources and (3) inadequate practice. For example, respondents felt that the Agency and its partners are not teaming well enough with school systems since some schools remain unclear on how the Agency assesses and addresses risk. Moreover, stakeholders were concerned about a lack of engagement with community-based resources to prevent domestic violence (DV) and a lack of resources to appropriately address safety for DV victims and offenders. Respondents also expressed concern about misguided assessments, meaning social workers becoming focused on addressing risk and safety concerns that other team members are not identifying. There was concern for a lack of prioritization for the actual safety and risk issues all team members agree upon. Lastly, respondents expressed concerns about feeling a rush towards permanency, resulting in youth returning to foster care. Assessments are then more of a “checkoff” rather than a real assessment.

Well-Being

The survey results outlined service provision through a host of well-being domains, including mental and behavioral health services, alternate and expressive therapies, medication management services, anger management services, and substance abuse services. Forty percent of respondents indicated that expressive therapies were effective for youth who received the service, whereas 13.3 percent indicated the service was rarely effective. With regard to services under the domain of the mental and behavioral health, 25 percent of respondents found the services to be always effective, while 11.5 percent indicated the services were not effective. Regarding anger management services, 50 percent of respondents found the services sometimes effective while 13.3 percent were unsure about the effectiveness of the services. For substance abuse services, 47 percent of the respondents found the services to be “sometimes-to-often” effective. A summary of responses for well-being services included the following recommendations:

- ▶ Increase availability and access to alternative therapies (art, music, pets, dance, horses, etc.), in-home family therapy, grief and loss therapy, trauma-informed mental health services, and treatment for substance abuse.
- ▶ Make transportation readily available to take youth to appointments that are located at a distance, especially when public transportation is not readily available.
- ▶ Add community drop-in centers to prevent stigma for youth having to participate in certain services.

- ▶ Provide in-patient, partial hospitalization, and intensive outpatient (e.g., day treatment programs) behavioral health services.
- ▶ Locate residential facilities in DC.
- ▶ Provide general group homes (and homes for substance users).
- ▶ Provide specialized services for unaccompanied refugee minors.
- ▶ Provide in-school mental health supports so youth are not removed from school to attend therapy outside of school.
- ▶ Improve services for clients experiencing domestic violence (DV); there is concern that CFSA's DV specialist does not go into community like social workers.³⁰
- ▶ Train or contract with providers with expertise in sex trafficking, sexual abuse, post-traumatic stress disorder, and attachment disorders.
- ▶ Develop a respite program for resource parents who care for children with challenging behaviors.

Respondents also highlighted the existence of barriers to service provision across the following areas: physical, cultural, language, skills and training, client resources, financial, psychological, geographical and programmatic resources. Respondents indicated a need to improve the availability and coordination of services. At present, the service referral process takes too long, and is filled with gaps and delays in service delivery. Additional feedback on well-being services included service needs in the following life skill areas for parents and youth: paying rent, finding housing, cooking basics, cleaning basics, budgeting, healthy relationships, scheduling and parenting, dealing with legal system, self-advocacy and self-esteem.

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Well-Being

Respondents were asked to respond to the effectiveness of services within a behavioral or mental health domain. For each domain, there were a few respondents who indicated feeling unsure about effectiveness of services. Those percentages are not captured here. Respondents revealed that services are provided by a network of providers and not just the core placement agency. For example, behavioral and mental health services were offered by CFSA, DBH, the Collaboratives, the Family Court, schools, community-based organizations and child advocates.

³⁰ This recommendation reflects a communication within the Agency. The CFSA DV specialist position is available for supporting and coaching social workers on how to handle situations where DV is an issue. The specialist position was not created as an in-home service.

Services in this domain included alternate and expressive therapies, traditional therapy, medication management services, anger management services, and substance abuse services. There were no services identified as wholly ineffective. Forty-six percent of respondents indicated that expressive therapies were “sometimes-to-usually” effective for youth who received the service. Regarding traditional therapy for youth and birth parents, 32 percent of respondents found the services to be “usually-to-always” effective; 48 percent said the service was “sometimes-to-often” effective while 9 percent indicated the services were rarely effective. Thirty-six percent of the respondents indicated that medication management services for youth and birth parents were “usually-to-always” effective; 48 percent stated services were “sometimes-to-often” effective and 4 percent thought medication management services were “rarely-to-never” effective.

Regarding anger management services for youth and birth parents, 23 percent of respondents found the services “usually-to-always” effective; 57 percent said services were “sometimes-to-often” effective and 17 percent said the services were “rarely-to-never” effective. For substance abuse services, 24 percent of respondents found the service to be “usually-to-always” effective; 51 percent stated “sometimes-to-often” effective and 12 percent “rarely-to-never”. Although there are slight improvements in effectiveness, the patterns of effectiveness for services along the behavioral or mental health domain mirror those of last year’s results.

A summary of needs and recommendations for well-being services within the behavioral and mental health domain fell within two sub-domains: additional services and case practice improvements.

- ▶ Need culturally competent therapy (e.g., for African American, Spanish-speaking and African immigrant communities)
- ▶ Need bilingual resource parents or peer coaches
- ▶ Need individual and group anger management
- ▶ Need fatherhood services and home visitation for male caregivers
- ▶ More effective and higher quality behavioral health services for youth after they exit foster care
- ▶ Improved services for DV clients including batterer intervention programs (as well as therapy) to address the perpetrator’s behaviors
- ▶ Need to offer more grief and loss counseling
- ▶ Need to include spiritual counseling
- ▶ Need mentors with clinical training
- ▶ Need intensive community-based intervention and wraparound services

- ▶ Improve therapy array and include alternative therapy options licensed with CFSA so that no additional funding or coverage is needed to connect the youth with the services
- ▶ Increase availability and access to alternative therapies (e.g., art, music, dance, pets, horses and other animals)
- ▶ Need more consistent trauma therapists
- ▶ Need in-home family therapy
- ▶ Need one-to-one parenting classes (e.g., parenting classes that focus on teens, children whose trauma results in defiant behaviors, and youth with drug addictions)
- ▶ Expand telehealth services beyond the pandemic
- ▶ Need providers with expertise in sex trafficking, sexual abuse, PTSD and attachment disorders
- ▶ Need school-based behavioral health counselors
- ▶ Need more substance abuse services that are trauma-informed
- ▶ Tokens for transportation to get to appointments
- ▶ Need more trauma-informed behavioral health services (e.g., including therapeutic mentoring)
- ▶ In-Home Administration social workers should have access to the CFSA in-house therapists
- ▶ Improve availability and coordination of services, especially between CFSA clinicians and school behavioral health staff
- ▶ Processes too long, many gaps and delays in services
- ▶ Racial equity lens is needed for many behavioral and wellness services, including the service provider's approach, skill set and background in racial equity

Similar to last year, respondents also highlighted the existence of barriers to service provision across the following areas: physical, cultural, language, skills and training, client resources, financial, psychological, geographical and programmatic resources. Behavioral and mental health services presented more programmatic barriers across stakeholders than other barriers. Such issues include lack of available services, poor quality of services, waitlists and limited hours of operation. Respondents continue to indicate a need to improve the availability and coordination of services. Additional feedback on well-being services included needing additional life skills services (e.g., social skills building, parenting, financial literacy, etiquette, self-awareness, medication management, preparation for aging out of care). In addition, feedback requested childcare options for resource parents with long work hours, and inexpensive curricular or after school programs for youth.

Permanency

Assessment of permanency practice objectives and placement matching was a key survey domain. Respondents felt that CFSA and its partner agencies were able to “maintain placement stability,” “achieve permanency,” and “maintain permanency” at least 40 percent of the time. Respondents also felt that CFSA and its contracted agencies performed lowest with maintaining placement stability but better with maintaining permanency. Some of the challenges included children being returning to foster care due to a lack of familial supports. Respondents recommended a higher standard and quality of resource parent with training to promote parent-youth lifelong connections. Chronic issues included employment, education and housing. Additionally, respondents highlighted families continuing to come back to the attention of the Agency for underlying reasons associated with mental health and substance use.

Another critical permanency issue related to case planning. Respondents felt that CFSA and its partner agencies included youth, birth parents and resource parents in case planning 80 percent of the time. More youth are involved than birth parents and resource parents. Resource parents were the least involved. Some barriers to participation included unwilling birth parents or social workers unable to locate a birth parent; children in foster care who are too young or not prepared to give input or not unwilling to provide input to the case planning process; resource parents are not always invited or able to attend court hearings; and older youth are not attending meetings or meetings are hard to get scheduled; and children and youth are not sure what can be shared with resource parents.

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Permanency

CFSA observed improvements around permanency from the survey data as respondents reflected on their experiences over the past year. Respondents felt that CFSA and its partner agencies were able to “maintain placement stability,” “achieve permanency,” and “maintain permanency” 60 percent of the time, which is an improvement from 40 percent of the time indicated last year. Respondents have not waived in the view that CFSA and its contracted agencies performed better with achieving and maintaining permanency than with maintaining placement stability. Respondents approved of recent additions to the placement array such as Children’s Choice.

Some of the identified challenges were related to the resource parent pool, diversifying the placement array and the availability of consistent services that support stability. Respondents commented that although the maintenance of permanency improved, post-permanency

services to maintain a child at home should be considered while achieving permanency. Although respondents were pleased with some additions to the placement array to address intensive needs of children, respondents still expressed concerns that some placements are too far away from providers (e.g., over an hour), placements need more diversity in language and race, and the Agency needs more homes that are LGBTQ-affirming. Matching for initial and replacements needs to be strengthened and include the input of youth. Lastly, respondents suggested that the quality of fostering be improved by requiring and ensuring the ability of resource parents to be well educated in trauma-informed care and proper management of children with complex needs.

In regard to case planning, there were no significant changes in data. Respondents still felt that CFSA and its partner agencies included youth, birth parents and resource parents in case planning 80 percent of the time. More youth and birth parents were involved than resource parents. Some barriers to participation included unwilling youth or birth parents, lack of proper notification and consideration of schedule conflicts (e.g., work, school, appointments), lack of notification for resource parents to attend meetings or resource parents being discouraged from attending court hearings, and birth parents not understanding their rights.

Conclusion

Development of the 2020-2024 CFSP integrated concrete feedback and insight through stakeholder forums, interviews, focus groups and surveys. This feedback helped CFSA to incorporate a comprehensive approach to the CFSP, including identification of priorities for moving forward over the next five years. CFSA has already started to address many of these priorities, e.g., the timely delivery of mental health services through the Agency's Mental Health Redesign. Children and youth are now able to immediately receive emergency services upon entry into foster care.

CFSA continues its commitment to stakeholder engagement for ongoing feedback and practice improvement. Such engagement includes input from an expansive provider network, and the examination of survey findings and focus groups (specifically around issues of risk and safety, placement and the case planning). In sum, achievement of the Agency goals for the 2020-2024 CFSP will remain connected to the values based Four Pillars Strategic Framework, while development of objectives and measures of progress will be embedded into CFSA's holistic vision for serving the needs of the District's children and families.

C2. UPDATE TO THE ASSESSMENT OF PERFORMANCE

CFSP Assessment of Performance – Moving Forward the Next Five Years

The 2016 Child and Family Services Review (CFSR) assessed the District of Columbia’s baseline performance on Round 3 - Safety, Permanency and Well-Being Outcomes. In response, CFSA developed its performance improvement plan (PIP) to address challenges and strengthen areas of practice. In formulating many of the Child and Family Services Plan (CFSP) measures of progress, CFSA integrated PIP activities and incorporated core metrics from the District’s Four Pillars Scorecard, which serves as the Agency’s primary benchmarking document (in alignment with the Four Pillars Strategic Framework). As noted, the Agency included stakeholder feedback during the collaborative CFSP development process (see Vision and Collaboration).

The following sections highlight the 2016 CFSR results for each outcome and its associated indicators. Outcome sections also include the Agency’s plan for moving forward within the next five years under the 2020-2024 CFSP.

SAFETY OUTCOMES 1 AND 2 – ROUND 3 INDICATORS

- Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.
- Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

The CFSR identified concerns in the areas of CFSA’s timely response to reports of abuse or neglect, the provision of safety services, and the assessment of safety and risk to children in cases where the previous two concerns applied. The CFSR also identified a lack of comprehensive assessments for all case types. In addition, initial formal and informal safety and risk assessments, although often completed, were not always comprehensive. Ongoing assessments were not consistently completed, and neither were assessments at case closure. When safety concerns were present, CFSA was not regularly developing safety plans nor regularly monitoring the plans.

Safety Outcomes: Practice Moving Forward

For Safety Outcome 1, CFSA’s performance review includes the following CFSP measures of progress:

- Reduce new entries into foster care.
- Reduce re-entries into foster care.
- Reduce recurrence of maltreatment.

As of the first quarter (Q1) of fiscal year (FY) 2019, the number of new entries into foster care was 93. For FY 2019-Q1, re-entries are an annual measure with a benchmark of 8 percent, mirroring the national performance target. For the recurrence of maltreatment, CFSA performed at 15 percent (January 2019 data profile/FY 2016B/17A), above the national performance target of 9.5 percent.

APSR FY 2021 Updates

As of FY 2020-Q1, the number of new entries into foster care was 51, with a yearly benchmark of 330. For FY 2019-Q1, re-entries have an annual measure with a benchmark of 8 percent. Data profile performance as of February 2020 (data as of 17AB) reported a 9.7 percent for the District of Columbia. National performance is 8.1 percent.



STRATEGY 1.1 – ENGAGE CHILDREN AND FAMILIES TOGETHER IN THEIR HOMES

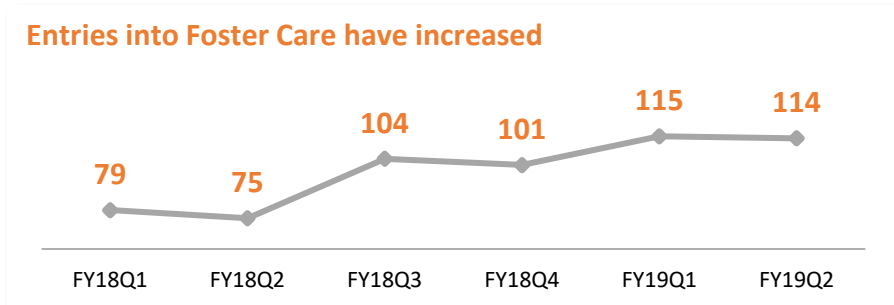
| Measure of Progress | Benchmark | FY20-Q1 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 |
|-------------------------------------|--------------------|------------------------------|--------------|------|------|------|------|------|
| Reduce new entries into foster care | 330 | 51 ³¹ | 307 | | | | | |
| Reduce re-entries into foster care | 8% | Annual Measure | 78 | | | | | |
| Reduce recurrence of maltreatment | 9.5% ³² | Annual ³³ Measure | Not reported | | | | | |

Source: Four Pillars Scorecard, FY 2020 Q1

³¹ FY 2019-Q1 n=93 represents entries into foster care. FY 2019-Q1 n=115 represents entries and re-entries

³² District of Columbia Data Profile (January 2019) Reporting FY 2016B17A

³³ Performance discussed in the update below



CFSA relies upon several sources to analyze performance data and to make practice-related decisions for performance improvement. As noted throughout the CFSP, the Agency examines data sources for development of the annual Needs Assessment which helps to inform the associated Resource Development Plan (RDP). For the most recent RDP and Needs Assessment, CFSA conducted an analysis of recent trends in foster care entries. As shown in the graph for entries between FY 2018-Q1 through Q2 as compared to FY 2019 Q1-Q2, there has been a 48 percent increase in entries. The number of the youngest children entering foster care is staying steady. Though still a lower number, older youth represent the fastest growing population entering foster care. In June of 2019, CFSA also conducted an analysis into the 212 children and youth with recurrence of maltreatment for FY 2018. These children and youth had substantiated referrals opened in FY 2017 with a subsequent referral opened within 12 months of the initial substantiated referral. Key findings included over a third of the children with a repeat maltreatment occurrence within three months; 46 percent of the children were between the ages of 6-12 and 50 percent of parents or caregivers were between the ages of 31-40. The top three allegations for both the first and second substantiated referrals was inadequate supervision, exposure to domestic violence and educational neglect. CFSA will utilize this information to develop or enhance strategies to decrease the recurrence of maltreatment rate.

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In 2019, PAQIA conducted a quantitative analysis to determine the rate of repeat maltreatment during FY 2018. The sample included families whose first substantiated referral was opened during FY 2017 and whose second substantiated referral was opened within 12 months of the initial substantiated referral (n=212).

The rate increased from 11.8 percent in FY 2017 to 16 percent in FY 2018. When looking at the 212 children from the sample above, after the first substantiation (S1), 13 percent of the children continued to receive the same in-home services they had prior to the first referral in 2017. The Agency opened a new in-home services case for 55 percent of those children

following the initial referral. Two percent of children had a foster care case that was already open at the time of the initial referral, while the Agency opened a new foster care case for 5 percent of the children. Twenty-five percent had no case opened after the first substantiation in FY 2017. After the second substantiation, 53 percent of the children already had an in-home case open, while the Agency opened a new in-home services case for 11 percent. Six percent of the children already had an open foster care case, while CFSA opened a new foster care for 12 percent of the children after the second referral. For the second referral, there were no open cases for 18 percent of the children. In summary, 92 percent of all repeat maltreatment cases will result in an in-home case after the first occurrence of maltreatment during this time period while 77 percent will remain with an in-home case after a subsequent investigation in the following 12 months.

Regarding the specific allegations, four out of the top five allegations were the same in both the first and second substantiations: inadequate supervision, exposure to domestic violence, educational neglect, and caregiver incapacity. Medical neglect was the last allegation in the top five for the first substantiation but not in the top five for the second substantiation. Physical abuse was not in the top five for the first substantiation, but it was in the top five for the second substantiation.

PAQIA completed a qualitative review on the 12 cases where the second substantiation occurred after the children were placed in foster care. The review examined the circumstances of the substantiations while the children were in foster care. The first and second substantiated allegations were different in 10 out of 12 cases (83 percent). The most-prevalent substantiations for S1 were physical abuse (n=4; 33 percent) and caregiver discontinues/seeks to discontinue care (n=4; 33 percent). The most-prevalent substantiation for S2 was sexual exploitation/sex trafficking by a non-caregiver (n=4; 33 percent). For half of the cases (6 out of 12), the maltreater identified in the first substantiation was also identified as a maltreater in the second substantiation.

In 8 of the 12 cases (66 percent), the second substantiation occurred while the child was in care; however, there were differences based on the child's age. For example, the second substantiation for all children ages 0-5 occurred while the child was in care (n=3; 100 percent). The maltreater in all cases was a birth parent. In 2 of the 3 cases, the second substantiation occurred while the child was on an unsupervised visit. For children ages 6-12, the second substantiation occurred while the child was in care for 1 of the 5 cases (20 percent). The second substantiation was for sexual exploitation/sex trafficking. For youth ages 13-17, the second substantiation occurred while the child was in care for all cases (n=4; 100 percent). In 3 of the 4 cases, the second substantiation was for sexual exploitation/sex trafficking.

In 9 of the 12 cases (75 percent), an adult (e.g., birth parent or caregiver, social worker or police officer) called in the allegations for the second substantiation. Again, PAQIA noted differences based on the child's age. For all children ages 0-5 and all youth ages 13-17, an adult made the S2 allegations (n=7). For children ages 6-12, an adult made the S2 allegations in 2 of the 5 cases

(40 percent). In the other 3 cases, the victim child reported prior abuse or neglect to their foster parent.

PAQIA will continue future evaluations of repeat maltreatment and examine to examine trends in substantiations, maltreaters, and allegation reporting by age group (0-5 years, 6-12 years, 13+ years) to account for trending differences between age groups.

Finally, data profile performance as of February 2020 (17B18A AFCARS period) reported a recurrence of maltreatment percentage of 16.4 for the District of Columbia, a 1.4 percent increase from the prior AFCARS reporting period. National performance is 9.5 percent. Discussion of the analysis can be found in the Quality Assurance Review Systemic Factor section.

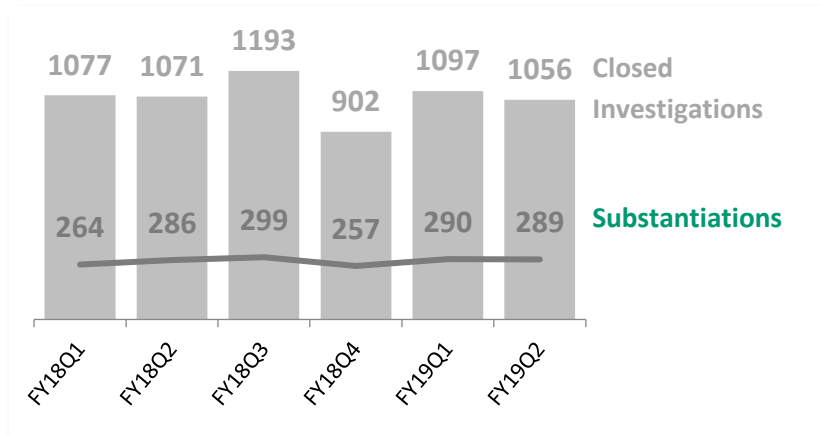
For Safety Outcome 2, CFSA’s performance review includes the following CFSP measures of progress:

- Increase timely initiation of investigations.

 **STRATEGY 1.1 - ENGAGE CHILDREN AND FAMILIES TOGETHER IN THEIR HOMES**

| Measure of Progress | Benchmark | FY20-Q1 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 |
|--|-----------|---------|------|------|------|------|------|------|
| Increase timely initiation of investigations | 95% | 95% | 91% | | | | | |

Source: Four Pillars Scorecard, FY 2020 Q1



Regarding substantiated allegations between FY 2018-Q1 and FY 2019-Q2, the 2019 Needs Assessment data revealed that substantiations increased, despite no change in the number of closed investigations. This increase might be attributed to the elimination of the Family Assessment Pathway.

Data for closed investigations are portrayed in the same graph. The number of closed investigations reflects the seasonal variation in the number of Hotline calls accepted for Child Protective Services (CPS) investigations during the year. Comparing Q1 and Q2 for each fiscal year shows no increase in the number of closed referrals (2,148 in FY 2018 and 2,153 in FY 2019). There was, however, a slight increase (5 percent) in the number of substantiated referrals during the same time frame (550 in FY 2018 as compared to 579 in FY 2019). Additionally, there was an increase in the number of investigations closed as “incomplete” (17 percent), while those that were unfounded decreased (-4 percent).

FY 2021 APSR Update

- ▶ As FY 2020, the benchmark for timely initiation of investigations was 95 percent; CFSA performance met the benchmark, reporting 95 percent for FY 2020-Q1, with 1,355 out of 1,423 investigations being initiated timely

The CFSR Safety Outcomes 1 and 2 (Round 3) align with the District’s CFSP Goal 1 – Children have the opportunity to grow up with their families and are removed from their families only when necessary to keep them safe. CFSA expanded the CFSP measures of progress for the outcomes to include client connection, and engagement and utilization of community-based resources (based on feedback from the CFSP development work groups). To this end, the following measures of progress were derived and folded into the CFSP metrics for the next five-year period:

- ▶ Increase families who accept community-based services following case closure.

- ▶ Increase children who remain with family after engagement with the Collaboratives.

As of FY 2019-Q1, the Agency will need to benchmark the newest metric increase, families who accept community-based services following case closure. For the metric, children who remain with family after engagement with the Collaboratives, the benchmark is 90 percent. This measure is annual.

FY 2021 APSR Updates

As of FY 2020, the benchmark was 95 percent for increasing the number of children who remain with family after engagement with the Collaboratives. Performance as of FY 2019 was 99 percent. This measure is an annual measure with no quarterly report out for FY 2020-Q1.

| Measure | Benchmark | FY20-Q1 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 |
|---|-----------|----------------|------|------|------|------|------|------|
| Increase families who accept community-based services following case closure | TBD | 55% | 59% | | | | | |
| Increase children who remain with family after engagement with the Collaboratives | 90% | Annual Measure | 99% | | | | | |

Source: Four Pillars Scorecard, FY 2020 Q1

Moving Forward: Performance Improvement Plan (PIP) Integration

To address Safety Outcomes 1 and 2, the District integrated activities outlined in the PIP into the CFSP to help improve practice performance, particularly as it relates to investigation quality and compliance. Elements of quality and compliance include the initial referral response time, interviews with core contacts (victim child, alleged maltreater, the reporting source, the non-offending caregiver, and collaterals), non-victim children, medical and mental health evaluations, risk assessment, safety planning and disposition (substantiated, unfounded, inconclusive).

To examine the quality and compliance elements of investigations, CFSA completes the Acceptable Investigations Review, which is a joint review among CFSA’s Quality Assurance Unit, the Center for the Study of Social Policy, and the CPS administration. Program managers and supervisors also function as reviewers, discuss results, and determine what to incorporate into

supervision practice. CFSA's second representative sample of the Acceptable Investigations Review performance was 73 percent in March 2019, up from 66 percent in the prior review, and 7 points below the target of 80 percent. Program leadership and staff members review the results and target strategies for improvements based on the areas identified for improvement.

FY 2021 APSR Update

For the review of 2019 Acceptable Investigations, PAQIA examined a statistically significant randomized sample of 196 referrals at a confidence level of 95 percent with ± 5 percent margin of error for closed CPS investigations. The review included the quality of practice during essential CPS investigatory actions. Results of the review indicated that 84 percent of the referrals were deemed as acceptable, which is an 11 percentage-point improvement from the last review in spring 2019.

PAQIA reviewed 20 of 30 applicable cases for the PIP Baseline Year performance between March 2018 and February 2019 (Safety Outcome – Item 1: Timeliness of Initiating Investigations of Report of Child Maltreatment). Results of the review indicated CFSA practice was a strength (66.7 percent). For Safety Outcome 2 – Item 2: Services to Families to Protect (Children) in the home and Prevent Removal or Re-Entry to Foster Care, the review included 14 of 30 applicable cases. Again, CFSA practice was a strength (46.7 percent). For Item 3: Risk and Safety Assessment and Management, the review included 39 of 76 applicable cases with CFSA practice again rated as a strength (51.3 percent).

Permanency Outcomes 1 and 2 – Round 3 Indicators

- ▶ Permanency Outcome 1: Children have permanency and stability in their living situations.
- ▶ Permanency Outcome 2: Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

CFSR results from 2016 found that achieving permanency was a challenge for a significant number of CFSA's cases. For some cases, there was a delay in an appropriate change in the child's permanency goal. For other cases, the Agency did not provide the services (e.g., housing) necessary to achieve the goal. As well, the CFSR identified practice barriers, e.g., the Family Court's practice of extending the time for parents to reunify or declining a motion to terminate parental rights (TPR). The District's Statewide Assessment also identified the TPR process as a challenge and barrier to achieving timely permanency, e.g., timely filing of TPR petitions was not consistent. In many cases CFSA did not file TPR motions according to guidelines (15 out of

22 months) but waited until the child’s goal was changed to adoption and an adoptive family was identified.



STRATEGY 4.2 – ADDRESS PROCESS BARRIERS TO TIMELY PERMANENCY

| Measure(s) of Progress | Benchmark | FY20-Q1 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 |
|------------------------------|-----------|---------|------|------|------|------|------|------|
| Reduce time to reunification | 13 | 12 | 14 | | | | | |
| Reduce time to guardianship | 34 | 48 | 36 | | | | | |
| Reduce time to adoption | 32 | 30 | 38 | | | | | |

Source: Four Pillars Scorecard, FY 2020 Q1

As of FY 2019-Q2, and 27 percent of children are in kinship placements. The average number of months to reunification during this period was 16 months (benchmark: 14 months). The average number of months to guardianship during the same period has been 35 months (benchmark: 34 months) and the average time to adoption was 31 months (benchmark: 32 months). While the Agency is missing each benchmark, performance is very close. CFSA will continue to examine areas to close the gap.

APSR FY 2020 Update

As of FY 2020-Q1, 28 percent of children were in kinship placements. The average number of months to reunification was 12 months (benchmark: 13 months). The average number of months to guardianship during the same period was 36 months (benchmark: 34 months). The average time to adoption was 30 months (benchmark: 32 months).

Permanency data profile performance as of February 2020 (data as of 17A17B AFCARS period) revealed 26.9 percent of cases achieved permanency within 12 months. The national performance is 47.2 percent. Permanency outcome performance in 12-23 months reported 45.9 percent (19A19B AFCARS period), nearly a 2 percent increase from the 2018 reported data. The national performance is 45.9 percent. Permanency outcome performance for 24+ months revealed 34.6 percent (19A19B AFCARS period), which is a 3 percent increase from 2018 reported data. The national performance is 31.8 percent.

In FY 2019, PAQIA partnered with Program Operations’ supervisors, program managers, and administrators over the course of monthly meetings to help the administration expand its data-driven management and practice while still maintaining a focus on family-centered child welfare practice. Discussions included barriers to meeting benchmarks and generating solutions to those barriers. Also discussed were trends around entries and exits, engagement of clients, medical and dental appointments, and case planning.

As noted throughout the APSR, FY 2019 continued to see a decrease in the number of children in foster care, including a 5 percent decrease from September 30, 2018 to September 30, 2019. In addition, the percentage of children exiting to positive permanency (reunification, adoption or guardianship) increased from 84 percent in FY 2018 to 87 percent in FY 2019. More than one in four children (aged 18+) exited to positive permanency in the fiscal year.



STRATEGY 2.1 – PLACE CHILDREN AND YOUTH WITH KIN FIRST WHENEVER POSSIBLE

| Measure of Progress | Benchmark | FY20-Q1 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 |
|------------------------------|-----------|---------|------|------|------|------|------|------|
| Increase placements with kin | 35% | 28% | 28% | | | | | |

Source: Four Pillars Scorecard, FY2020 Q1

With regard to placement stability, the CFSR noted that many children were living in stable placements. The Agency’s Resource Parent Support Unit helped to support placement stability, including kinship placements which were frequently stable.



STRATEGY 2.2 - EXPAND THE SPECIALIZED PLACEMENT ARRAY FOR BETTER PLACEMENT MATCHING

The benchmark for placement stability is 55 percent. As of FY 2019-Q1, performance was 50 percent. Based on the 2019 Needs Assessment (as of April 2019), current performance around placement stability indicates that 49 percent fewer children have experienced a placement disruption since October 2018. Thus far in FY 2019, nearly 3 out of 4 (72 percent) children experienced no disruptions in placement. Additionally, current analysis has found that for children with a placement change, their initial placement move was likely to occur in the first three months of care.

FY 2021 APSR Update

The benchmark for placement stability for FY 2020 is 50 percent, with performance as of FY 2020-Q1 reporting 47 percent. Data profile performance on placement stability reported 6.50 moves per 1,000 days for the in-care population (19A19B AFCARS reporting period). The national performance is 4.44 moves.

| Measure of Progress | Benchmark | FY20-Q1 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 |
|---|-----------|---------|------|------|------|------|------|------|
| Increase # of children with one placement in the past 12 months | 50% | 45% | 47% | | | | | |

Source: Four Pillars Scorecard, FY 2020 Q1

For parent and child visits, the benchmark is 85 percent. As of FY 2019-Q1, 88 percent of parents and children were meeting their visitation requirements.

FY 2021 APSR Update

For parent child visits, the benchmark is 85 percent. As of FY 2020-Q1, 75 percent of parents and children were meeting their visitation requirements.



STRATEGY 2.3 – PRESERVE THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS

| Measure of Progress | Benchmark | FY20-Q1 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 |
|------------------------------|-----------|---------|------|------|------|------|------|------|
| Increase parent/child visits | 85% | 75% | 83% | | | | | |

Source: Four Pillars Scorecard, FY2020 Q1

Moving Forward: PIP Integration

Similar to the Safety Outcomes, the Agency is integrating PIP activities into the CFSP to address Permanency Outcomes 1 and 2 and to improve practice performance. Specifically, CFSA is continuing to partner with the Family Court to meet the permanency performance metric. In September 2018, for example, CFSA conducted a judicial focus group with seven of the eight magistrate judges to examine barriers to permanency. The focus group identified several areas for improvement, including court scheduling issues, challenges with subsidy agreements, and

delays in issuing findings. CFSA has been working with the Court Improvement Project³⁴ and is currently awaiting the results from surveys completed by attorneys from the District's Council on Child Abuse and Neglect. The Agency anticipates that the survey findings will help CFSA to better understand the attorneys' perspectives on the CFSA-Family Court partnership and, in turn, help to improve permanency outcomes for children and families.

CFSA continues to fine-tune internal practices that are known to impact permanency outcomes, including the family team meeting (FTM) process. Changes to the FTM include an increase in the frequency of FTMs during crucial decision points in the case, which provides recurrent opportunities for identification and engagement of relatives who can support the family. Other changes include efforts to increase family participation, and efforts to better engage parents and family networks to facilitate collaborative family involvement in case planning. Family involvement includes decision-making for the identification of services that meet the family's needs toward achieving their identified permanency goal.

FTM changes also include family involvement in the coordination and review of the FTM agenda. Based on the families' desire, CFSA may also invite parent advocates and attorneys. With this improved process in place, the overall objectives of the FTM are met: teaming with the family, having the family together to discuss the direction of the case, and having the family together to assess decision points on placement, school, and support for navigating the court system. The FTM further allows for CFSA to know who the support systems in the family are and to engage these supports.

FY 2021 APSR Update

For the PIP Baseline Year performance, practice ratings for 36 of 51 applicable cases reviewed between March 2018 and February 2019 were a strength (70.6 percent) for Permanency Outcome 1, Item 4: Stability in Foster Care. For Item 5: Permanency Goal for Child, practice ratings for 22 of the 51 applicable cases were again a strength (43.1 percent). For Item 6: Achieving Reunification, Guardianship, Adoption or Other Planning Permanent Living Arrangement, the strength ratings continued for 13 of the 51 applicable cases (25.5 percent).

Well-Being Outcomes 1, 2 and 3: Round 3 Indicators

- Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

³⁴ The Court Improvement Project is a federally funded effort to increase positive outcomes related to court performance in general, and child welfare permanency outcomes in particular.

- Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.
- Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

For Well-Being Outcome 1, CFSR findings showed significant delays in providing appropriate services to children in foster care, primarily as a result of inconsistent completion of quality comprehensive assessments. For children receiving in-home services, the findings also reported a lack of ongoing comprehensive assessments. Regarding the needs of birth parents and resource parents, the 2016 CFSR findings showed an overall lack of either formal or informal comprehensive assessment, both initially and on an ongoing basis.

For Well-Being Outcomes 2 and 3, the CFSR findings showed that CFSA was not monitoring in-home cases opened for educational neglect. Overall, the Agency was assessing the physical health and dental care needs of children. Regarding well-being and mental health, generally the initial assessments were adequate to identify the mental and behavioral health needs of the children; however, the cases did not have follow-up or ongoing assessments to determine the need for ongoing services or any changes with the child’s mental health or behavior.



STRATEGY 3.3 – INCREASE COMMUNICATION AND TEAMING WITH SCHOOLS

| Measure of Progress | Benchmark | FY20-Q1 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 |
|---|-----------|----------------|------|------|------|------|------|------|
| Increase youth who have employment or internship experience | 55% | Annual Measure | 46% | | | | | |
| Increase youth in foster care who graduate from high school | 70% | Annual Measure | 73% | | | | | |

Source: Four Pillars Scorecard, FY 2020 Q1

FY 2021 APSR Update

As of FY 2020, the benchmark is 55 percent for increasing the percentage of youth who have employment or internship experience. Performance as of FY 2019 was 46 percent. The benchmark for increasing youth in foster care who graduate from high school is 70 percent; the FY 2019 performance was 73 percent, 3 percentage points above the target.


The following CFSP measures of progress align with Well-Being Outcome 2:

- Increase children and youth who receive needed behavioral health services.

For children and youth receiving behavioral health services, the benchmark is 81 percent. The Agency will report annually on this performance measure.

FY 2021 APSR Update

For children and youth receiving behavioral health services, the FY 2020 benchmark is 81 percent; performance as of FY 2019 was 76 percent.



STRATEGY 3.1 – CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR PHYSICAL AND BEHAVIORAL HEALTH NEEDS

| Measure(s) of Progress | Benchmark | FY20-Q1 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 |
|--|-----------|----------------|------|------|------|------|------|------|
| Increase children and youth who received needed behavioral health services | 81% | Annual Measure | 76% | | | | | |

Source: Four Pillars Scorecard, FY 2020 Q1

The following CFSP measure of progress aligns with Well-Being Outcome 3:

- Increase timely developmental screenings of children in foster care ages birth-to-5.


The benchmark for timely development screenings is 90 percent for children ages birth-to-5. As of FY 2019-Q1, 96 percent of children in this age bracket received timely developmental screenings.

FY 2021 APSR Update

The FY 2020 benchmark for timely development screenings is 90 for children ages birth-to-5. As of FY 2020-Q1, 94 percent of children in this age bracket received timely developmental screenings.

For PIP Baseline Year performance, practice ratings were a strength (18.4 percent) for 14 of the 76 applicable cases reviewed between March 2018 and February 2019 for Well Being Outcome 1, Item 12: Needs and Services of Child, Parents and Foster Parents. . For the Item 13: Child and Family Involvement in Case Planning, practice ratings for 18 of the 70 applicable cases were

again a strength (25.7 percent). For Item 14: Caseworker visits with Child, practice ratings for 45 of the 76 applicable cases were also a strength (59.2 percent). For Item 15: Caseworker visits with Parents, practice ratings for 15 of the 66 applicable cases continued as a strength (22.7 percent).



STRATEGY 3.1 – INCREASE CFSA IN-HOUSE CAPACITY TO CONDUCT PHYSICAL AND BEHAVIORAL HEALTH SCREENINGS AND PROVIDE TREATMENT TO CHILDREN

STRATEGY 3.2 – INCREASE CONTRACTED CAPACITY TO MEET CHILDREN’S SOCIAL AND EMOTIONAL HEALTH NEEDS

| Measure(s) of Progress | Benchmark | FY20-Q1 | FY19 | FY20 | FY21 | FY22 | FY23 | FY24 |
|--|-----------|---------|------|------|------|------|------|------|
| Increase timely developmental screenings of children in foster care ages birth-5 | 90% | 94% | 92% | | | | | |

Source: Four Pillars Scorecard, FY 2020 Q1

Moving Forward: PIP Integration

To address Well-Being Outcomes, the District has integrated activities from the PIP to improve practice performance. Specifically, to address the delay in mental health service provision, CFSA redesigned the process for children and youth receiving mental health services. This redesign included the hiring therapists as CFSA staff to provide emergency and short-term therapeutic services for children entering or re-entering foster care. CFSA will continue to partner with the District’s Department of Behavioral Health for community-based services for longer-term service provision for children and families.

Conclusion

In the development of the CFSP measures of progress, CFSA examined alignment with the CFRS Round 3 indicators, the Four Pillars Scorecard, and the CFRS Round 3 data profile. CFSA determined that while integrating the three primary source documents to build performance metrics, the Agency’s outcomes would improve if the scope of the metrics included collaborative stakeholder feedback. This expansion applied to Goal 1 and the measure of progress on community engagement (referenced in the Safety Outcomes section). Under CFSP Goal 4, the following measures of progress were developed:

- Increase youth exiting care with stable housing.
- Increase youth enrolled in/completing vocational training or certification program.
- Increase youth graduating from college.

Moving forward, CFSA’s CFSP measures of progress will continue to be representative of critical benchmarking documents, such as the Four Pillars Scorecard and Data Profile while aligning the Agency performance objectives with the Agency’s priorities. In identifying areas in need of improvement, CFSA will also continue to use both baseline CFSR Round 3 performance data and internal data analyses to assess performance and to make practice adjustments as appropriate for improving practice.

FY 2021 APSR Updates

| Child and Family Services Review (CFSR) Round 3 District of Columbia: Program Improvement Plan (PIP) Measurement Plan Goals ⁸ Case Review Items Requiring Measurement in the PIP <i>Prospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted March 2018 - February 2019⁷</i> | | | | | | | | | |
|--|---|---|---|---|----------------------------------|---------------------------|--------------------------------------|-----------------------|--|
| CFSR Items Requiring Measurement | Item Description | Z value for 80% Confidence Level ¹ | Number of applicable cases ² | 2% Tolerance Applied to Min. Applicable Cases | Number of cases rated a Strength | PIP Baseline ³ | Baseline Sampling Error ⁴ | PIP Goal ⁵ | Adjusted PIP Goal ⁶ 2 Months |
| Item 1 | Timeliness of Initiating Investigations of Reports of Child Maltreatment | 1.28 | 30 | 29 | 20 | 66.7% | 0.11016486 | 77.7% | 76% |
| Item 2 | Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care | 1.28 | 30 | 29 | 14 | 46.7% | 0.116587529 | 58.3% | 57% |
| Item 3 | Risk and Safety Assessment and Management | 1.28 | 76 | 74 | 39 | 51.3% | 0.07338761 | 58.7% | 58% |
| Item 4 | Stability of Foster Care Placement | 1.28 | 51 | 50 | 36 | 70.6% | 0.081667937 | 78.8% | 78% |
| Item 5 | Permanency Goal for Child | 1.28 | 51 | 50 | 22 | 43.1% | 0.08876976 | 52.0% | 51% |
| Item 6 | Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement | 1.28 | 51 | 50 | 13 | 25.5% | 0.078112076 | 33.3% | 32% |
| Item 12 | Needs and Services of Child, Parents, and Foster Parents | 1.28 | 76 | 74 | 14 | 18.4% | 0.056917975 | 24.1% | 23% |
| Item 13 | Child and Family Involvement in Case Planning | 1.28 | 70 | 69 | 18 | 25.7% | 0.066865306 | 32.4% | 31% |
| Item 14 | Caseworker Visits With Child | 1.28 | 76 | 74 | 45 | 59.2% | 0.072156704 | 66.4% | 65% |
| Item 15 | Caseworker Visits With Parents | 1.28 | 66 | 65 | 15 | 22.7% | 0.066027489 | 29.3% | 28% |

As of December 31, 2019, the District had completed the measurement plan baseline year case reviews. The baseline review period occurs from March 2018 through February 2019, using monthly the period under review (PUR) along with sample periods with start dates beginning June 2017 and ranging through May 2018.

Analysis of the case reviews determined the District’s performance goals for Items 1-6, and Items 12-15. Included with the summary of performance are adjusted improvement goals,

accounting for the period of overlap between the baseline period, and the PIP implementation period. The District of Columbia has 2 months of overlap based on a PIP implementation period beginning January 1, 2019 through the baseline period ending February 29, 2019.

As noted above, the District's case review timeframes began in March 2018. These timeframes will potentially extend through March 2022 to incorporate the non-overlapping period, which consists of two full AFCARS periods after the PIP implementation period ends. In order to meet the PIP measurement goals, the District is proposing the following strategies:

District Strategies to Meet Minimum Applicable Case Requirements to Evaluate Achievement of PIP Measurement Goals

The District of Columbia's strategies to meet the minimum number of applicable case requirements by item will include the following activities:

1. Extending the measurement period up to 15 months
 - The District will extend the 12-month measurement period in monthly increments ranging between 13-15 months to meet the applicable case count by item, pursuant to the baseline case analysis.
2. Targeted case sample identification and case removal
 - The District will review 76 cases in years 2 and 3 of the PIP with the aim to ensure meeting the minimum applicable case count by item.
 - Of the 6 or 7 cases reviewed monthly, the District will examine the item applicability of the identified sample cases by moving down the randomly ordered sample frame, and then targeting cases for review for the second half of the random sample, including foster care and in-home services that meet both the sample requirements and the item applicability criteria. For example, of the 6 or 7 cases to be reviewed for the second half of the random sample, the Agency will ensure that a minimum of 3 cases (2 foster care cases and 1 in-home services case) will meet the item applicability criteria.

At present, the District is not considering reviews of additional monthly cases. Instead, the District is applying the two aforementioned strategies for extending the measurement periods and the targeted case sample identification, and removal process to meet the item applicability criteria of the PIP measurement plan. Additional measurement plan changes include the adjustment of Year 2 ending in March 2020.

SYSTEMIC FACTOR 1: INFORMATION SYSTEM

Overview

CFSA uses a web-based child information system, known locally as FACES.NET, to provide CFSA and CFSA-contracted (private agency) social workers and other staff with ready access to case and child-specific information. This information includes child status, demographic characteristics, location, and goals for placement for every child in foster care. Due to the confidential nature of such information, FACES.NET requires secure settings and data access rights. These settings and rights are the same for CFSA and CFSA-contracted staff. As of April 30, 2019, private agency case management responsibility accounted for approximately 45 percent of all children and youth in the District foster care system.

As the central repository for all child welfare client-level information in the District, FACES.NET is secure and completely accessible to approved users wherever there is an internet connection. The system operates uniformly throughout all the District's geographic and political subdivisions. FACES.NET also serves all the following required federal recordkeeping, program, and reporting functions:

- Intake management
- Case management
- Foster care provider resource management and licensure
- IV-E eligibility determinations and re-determinations
- Court tracking
- Financial management (for client-specific services and expenses)
- Administration and quality assurance
- Federal reporting, including AFCARS,³⁵ NCANDS,³⁶ Monthly Visitation, and NYTD³⁷

It is imperative that demographic information for children is 100 percent accurate for each state's child welfare information system. As of April 30, 2019, the District has continued its conformity with the data entry component of this systemic factor. Regarding demographic characteristics, CFSA data entry is 100 percent for gender and age of clients. For goals and legal status, data entry is 99 percent with 88 percent for both race and ethnicity. FACES.NET generates data reports as needed.

³⁵ *Adoption and Foster Care Analysis and Reporting System*

³⁶ *National Child Abuse and Neglect Data System*

³⁷ *National Youth in Transition Database*

FY 2021 APSR Update

As of April 30, 2020, the District has continued its conformity with the data entry component of this systemic factor.³⁸ Regarding demographic characteristics, CFSA data entry is 100 percent for gender and age of clients. For goals and legal status, data entry is 99 percent with 93 percent for both race and ethnicity respectively. FACES.NET generates data reports as needed.

Policy

CFSA policy requires every CFSA and private agency social worker with case management responsibility to use FACES.NET as their primary case management tool.³⁹ Data entry includes specific core fields, including the four required statewide data elements: legal status, demographic characteristics, location and goals for the placement of every child in foster care. The FACES.NET's data check and balance system also prevents a social worker from entering further case data until the social worker updates certain case-specific data within the fields. The system uses yellow highlighting to regularly prompt social workers which fields await the required data entry.

Specific timeframes for updating child information vary according to the urgency, sensitivity, and nature of the activity being documented. For example, time-sensitive activities such as CPS investigation updates, Family Team Meeting action plans, or placement changes must be entered within 24 hours of their occurrence. Other examples such as contact notes (detailing such case management activities as home visits, collateral contacts, and assessments) can be entered within 72 hours of the service being rendered, and case plans are completed within the first 30 days of an in home or foster care case being opened.

Ongoing Conformity with Systemic Factor

CFSA's Child Information Systems Administration (CISA) is responsible for maintaining FACES.NET, the District's comprehensive case management system. CISA is also responsible for enhancements or revisions to FACES.NET. Such enhancements are jointly prioritized by CISA and Agency leadership to improve the effectiveness of the system, improve worker efficiency and case practice overall, as well as streamlining data entry efforts.

To ensure proper use of the system, CISA provides ongoing FACES.NET training for new staff members during pre-service training and ongoing employees through in-service training. CISA

³⁸ Data pulled from FACES management report CMT366 and PLC156.

³⁹ It is not uncommon for private agency partners to employ custom systems, forms and practice tools in addition to CFSA's FACES.NET system to support their own case management functions. CFSA nonetheless requires partners to utilize the core FACES.NET case management modules and tools.

then disseminates tip sheets to help social workers understand and remember how to navigate particular FACES.NET screens. Such activities support CFSA's efforts to maintain data accuracy. In addition, CISA continues to maintain the same data entry processes that resulted in an overall rating of Strength under the Information System (Item 19) rating during the 2016 Child and Family Services Review (CFSR). The Agency also continues to identify and to address improvements based on testing and user feedback. (See the Enhancements section below.)

CISA Quality Assurance (QA) Processes

The District and Deloitte Consulting share responsibility for activities related to completing impact analyses, gathering report requirements from end users, and determining report logic. Select quality assurance (QA) activities, however, are separate. For example, Deloitte has full responsibility for "bug fixes" and initial QA of the code. The District has responsibility for the following QA activities:

- Functionally reviewing issues reported to the Help Desk
- Recommending solutions to system bugs
- Reviewing and approving design documents
- User acceptance testing (UAT)
- Regression testing
- QA reviews
- Confirming validity of data
- Training and evaluations from trainings on needed functionality modifications

CISA works directly with the District's Office of the Chief Technology Officer (OCTO) to ensure that technology services are running well, i.e., guaranteeing service availability to the users, looking at each business within the Agency, and mapping and developing solutions that give value to end users utilizing CFSA's network.

Title IV-E Foster Care Eligibility Determinations and Medicaid Enrollment

Every time a child is removed from his or her home and placed into foster care, Title IV-E and Medicaid eligibility technicians from CFSA's Business Service Administration (BSA) perform a QA check to ensure that the assigned social worker has accurately entered the basic demographic information of each child. BSA then determines the child's Title IV-E eligibility and enrolls the child in the District's Medicaid fee-for-service foster care insurance program. A key facet of the eligibility determination and enrollment process involves the reconciliation of FACES.NET demographic data with the same information entered in the District's Department of Human

Services' (DHS) DC Access System (DCAS).⁴⁰ Through a Memorandum of Agreement with DHS, which administers the District's Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance (SNAP) programs, CFSA's Title IV-E eligibility technicians have access to the DCAS client portal to determine whether every child entering the foster care system has a family history of TANF, SNAP, or receipt of DC Medicaid coverage. This determination involves a manual client-level record check.

If and when the eligibility technicians determine that any of the FACES.NET demographic data elements fail to match its counterpart in DCAS, a standard course of corrective action begins. The eligibility technician documents the issue in an email to the assigned social worker (and supervisor), and gives one of the following two options to rectify the situation:

1. Provide official documentation (such as a birth certificate or Social Security card) to verify that the demographic data in FACES.NET data is correct.
2. Log into FACES.NET to correct the issue to ensure that the data in FACES.NET matches the data in the DCAS record.⁴¹

In the rare instances when the eligibility technicians find no record of the child or family in the DCAS system, the assigned social worker is required to provide BSA with copies of the child's birth certificate, Social Security card, and any other official identification (such as passport or immigration documentation) that verifies the child's identity. The eligibility technician then uses the source documentation to verify the FACES.NET data and to complete the eligibility determination and Medicaid enrollment process. BSA eligibility technicians are required to ensure that any such data issues are rectified before they complete their eligibility determinations and enrollment tasks. Every child who receives a DC Medicaid card through the Medicaid fee-for-service program has been vetted through this data quality check. At any given time over 99 percent of children in foster care are enrolled in DC Medicaid (with the remainder pending until the vetting process can be completed and the client data verified).

Enhancements

During the 2015-2019 CFSP review period, CISA has implemented the following FACES.NET and data-sharing enhancements to better support best practices in case work, address federal and local policy initiatives, improve system-wide management and accountability, and facilitate the extraction and analysis of meaningful data:

⁴⁰ The DC Access System (DCAS) replaced the legacy Automated Client Eligibility Determination System (ACEDS) with a modern, flexible, no-wrong-door platform for automated eligibility determinations and ongoing case management.

⁴¹ If discrepancies occur, the Title IV-E eligibility technician will document and notify DHS of the DCAS data error.

- ▶ **Email Encryption Program:** In 2017, CISA partnered with OCTO to establish tighter email security controls via an email encryption program so that CFSA staff are now able to securely send sensitive information (e.g., data and case management details inclusive of clients' social security numbers, health and financial information).
- ▶ **Federal Enhancements:** In 2018, CISA revised the hierarchy of investigation referral types to include "sexual exploitation/sex trafficking of a child (by a non-caregiver)." Accordingly, CISA also created "sex-trafficker" as an intake pick-list option when assigning a role to an alleged maltreater. To further support case practice, CISA enhanced the child file field to allow for "safe care plans," including services required for substance-exposed infants. Lastly, the Agency continues to make progress toward FACES.NET compliance as a Comprehensive Child Welfare Information System (CCWIS). A major aspect of the CCWIS-based enhancement will be the integration of feedback and input from case management professionals in the development and the testing of the new case management process modules.
- ▶ **Dashboard Utility –** Noted in the 2015-2019 CFSP, the development of the FACES.NET dashboard utility was the first of two enhancements aimed at giving social workers better and easier access to direct information that can assist them with case level scheduling and decision-making. First, the dashboard allows supervisors and workers to access caseload data in a concise, actionable, and interactive format. It also supports the timely completion of case management tasks by providing a comprehensive view of each social worker's performance across 19 distinct measures. Over the past year, the dashboard was enhanced to indicate the existence of duplicate clients for a social worker. CISA then started a massive duplicate client merge clean-up project called "Close the Loops – No More Dups." This project is ongoing and includes tracking and reconciliation of client information such as ward and address that social workers formerly entered by hand. By the end of June 2019, social workers will no longer manually enter addresses. Rather, CISA created a mapping function that populates the address as its being entered into the appropriate field. This function is expected to improve the availability and accuracy of ward and address information, as well as the Agency's ability to map by ward and neighborhoods where children and investigations originate. The mapping capability also locates providers in geographic relation to families with children entering foster care.
- ▶ **BIRST Data Visualization Dashboard:** As mentioned in the 2015-2019 CFSP, this dashboard continues to serve a data accountability function for supervisors and program managers to observe their workers' caseload statuses as well as the Agency's status on performance indicators. The dashboard serves an important QA purpose by highlighting incongruous case status information (such as inappropriate permanency

goal with respect to the length of time the child has been in foster care) and by providing supervisors with ready access to the client information and case management activities of their case-managing team members. Because BIRST is a web-based application, users have widespread system access. The applications are compatible with most Internet web browsers and can be accessed wherever users have an internet connection using their security credentials. Enhancements to BIRST are automatic whenever there are enhancements to FACES.NET management reports that feed into the visualization program.

- ▶ Well-Being Profile: The purpose of the Well-Being Profile is to provide one central location in FACES.NET for social workers to quickly view and analyze case-related information for clients. The profile is especially helpful for social workers to examine the clinical make-up of clients within each case record, including current and historical CAFAS/PECFAS⁴² assessments for each child, providers' locations relative to the child, and the current view of Caregiver Strengths and Barrier Assessment for each caregiver and visitation data. The goal of the profile is to determine which services lead to more positive outcomes for children and families.
- ▶ Temporary Safe Haven Redesign (TSHR): In FY 2018, CFSa launched TSHR by transitioning from seven contracted private agencies to one Maryland child placing agency to provide family-based case management services for all DC children placed in a Maryland foster home. CFSa continues to case manage all children in foster care in DC. Two exceptions include Spanish-speaking families served by CFSa's contract with the Latin American Youth Center, and unaccompanied refugee minors served by the contracted agency Lutheran Social Services. As a result of TSHR, children across the child welfare continuum can receive consistent and comparable foster care service delivery, regardless of placement, provider, or jurisdiction. Regarding FACES.NET, TSHR required enhancements to service lines and improving the embedded placement matching system.
- ▶ Data Tracking and Analysis: In May 2019, CISA initiated a "Help Us Improve" campaign, which consists of ongoing surveys for all program areas. Survey topics touch on the impact or potential solutions for all challenges related to FACES.NET, data reports, and CFSa's information technology (IT), including IT equipment, training, and support.

The Agency anticipates that the preceding enhancements and feedback resulting from ongoing surveying of FACES.NET users will continue to promote substantial conformity with this

⁴² The CAFAS (Child and Adolescent Functional Assessment Scale) and PECFAS (Preschool and Early Childhood Functional Assessment Scale) provide information on client functioning and help to inform both the case planning and service delivery process.

systemic factor. See Planned Activities for how the Agency plans to track, analyze, adjust and report on the functioning of FACES.NET.

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Enhancements to the Information System

- ▶ **Resource Directory (NowPow):** The Agency received significant stakeholder feedback over several years that accessing information about services online would be helpful. CFSA researched online resource directory platforms, developed a Request for Proposals, and contracted with the University of Chicago (Chapin Hall) to develop an updated universe of available services that can be easily accessed, managed, incorporated into business processes, and monitored to determine the extent of the outcomes. The solution, coined NowPow, was planned as a stand-alone tool, though there may be an opportunity in the future to introduce direct connectivity with FACES.NET.
- ▶ **JIRA Implementation:** JIRA is software used for bug tracking and project management. Historically, the Agency has employed several applications to document and track help desk calls, data fixes (user errors), application bugs, source code, testing, management reports, projects, and development activities. Streamlining these processes, establishing industry standard tracking, and providing transparency into technology efforts is paramount to the District's full implementation of the federal guidelines for a Comprehensive Child Welfare Information System (CCWIS). CFSA will identify and implement an enterprise solution that meets those needs and improves the Agency's project management ability. Standardizing these processes is vital to establishing a firm, single source, platform for all the Agency's development activities and provide transparency. CFSA identified JIRA as a product to help streamline the Agency's applications as the Agency moves towards implementing CCWIS.
- ▶ **Placement Matching:** The planned Phase for placement matching has involved expanding the data used to create profiles for children and CFSA's network of providers. Drawing upon the development of the Agency's profile questionnaire and profile completed in FY 2018, this enhancement to the existing functionality has improved data quality associated with provider management. Specifically, the system now generates several system validations that require social workers to completely remove a provider when services are ended. Revisions made to the algorithm driving the matching process has produced better matched results and has incorporated a hierarchy of placement options. Kinship providers receive the highest ranking, followed by DC licensed foster care homes and then licensed homes outside the District. The business flow has also

been streamlined to directly align with changes in practice. Social workers are allowed to complete the following activities:

- Submit referrals for placement.
 - Complete a comprehensive child questionnaire to identify needs.
 - Divert referrals to an inbox to support supervisors in triaging referrals and assign staff in a timely manner.
 - Generate reports in real time with identify available providers.
 - Document all efforts made to identify an appropriate placement.
 - Geo-map those available providers to graphically depict the proximity of providers to each child's school and neighborhood of origin.
- ▶ **Mental Health Redesign:** Since FY 2018, CFSA has introduced more comprehensive medical and behavioral health care services by hiring clinical therapists. These expanded services required modifications to FACES.NET. Modifications included the addition of screens that specifically capture diagnosis codes, added security, and designated areas to record contact notes that are distinct from case notes. The Agency completed these modifications to capture the full range of services provided by the Agency and to establish the foundation for future claiming of therapeutic services.
- ▶ **Data Visualization Applications:** The CFSA reporting and business intelligence capabilities have historically been a combination of Crystal Reports and a data visualization application called BIRST. The Agency staff responsible for performing data mining and analytics have conducted a comparison and have decided that Tableau, a standard in the District, is better able to meet the requirements of CFSA now and in the future. In FY 2019, CFSA began transitioning from BIRST to Tableau for CFSA data analytics and visualization. The use of Crystal Reports will continue for scheduled management reporting needs. The decision to initiate development is due to a combination of the Agency's changing data reporting needs and the cost associated with maintaining the existing platform. District-wide tools (Microstrategy and Tableau) handle data integration.

Federal mandates, District policy, and practice changes regularly require modification to FACES.NET functionality. CFSA is aggressively trying to avoid any new technical development work for FACES.NET. However, due to legislative and programmatic changes, and sister agencies' priorities, a certain set of updates are unavoidable. The modifications generally fall into three categories: technical, practice, and business reengineering. The completed revisions for FACES.NET are detailed below.

Technical Upgrades

- ▶ **Upgrade of production servers from Windows 2008:** The FACES.NET production database server was operating Windows 2008 and required an upgrade since support for managing these servers would no longer be available. This upgrade was a required activity to meet Microsoft recommendations and continued compliance with DC IT requirements. CFSA production servers currently operate Windows 2012.

Practice Upgrades

- ▶ **National Youth in Transition Database (NYTD):** The Children's Bureau conducted a comprehensive on-site audit of the CFSA NYTD data collection and reporting processes. An informal report was shared in the winter of 2019. However, a formal report has not yet been provided to CFSA. The annual submission of District NYTD data has included a change that was made based on the audit education parameter findings. Upon delivery of the report, it was made clear that the District misunderstood the requirement related to the last completed grade in the reporting period. CFSA resubmitted the 2019 report with the correction and was able to revise several issues raised in the body of the report.
- ▶ **Family First:** The new business processes and IT infrastructure for the Family First program was deployed on October 1, 2019. CFSA has trained over 280 staff and community service providers in the new Family First processes and IT infrastructure. The Agency developed a Community Portal to allow referrals to be easily and securely submitted to community providers. Community providers document all prevention services provided, based on the Agency's approved Prevention Plan. Future efforts for development will include access to risk assessment and reassessment reports, functionality to allow users to extend candidacy dates for the clients receiving prevention services through Family First program, functionality to provide information for prevention services offered through Family First program, and functionality to allow users to document exclusionary criteria while requesting prevention plan services for clients through the Family First program.
- ▶ **Hotline call center move from on-premise to a cloud solution:** CFSA expedited the modernization of the District's Child Protective Services Hotline technology used to receive reports of abuse and neglect in response to COVID-19 pandemic. The Hotline is a 24/7 call center operated by staff at the Agency's 200 I St SE headquarters. The phone system and backend applications (Avaya and NICE), were implemented over 15 years ago using District standard technology operated by the Office of Chief Technology Officer (OCTO). That system required that staff be on-site. In 2019, OCTO introduced the option of using AWS Connect as a call center solution for all District agencies. CFSA was exploring this option when COVID-19 arrived in the U.S. To reduce risk of infection in the

offices, CFSA quickly converted the phone system to AWS Connect. The transition took less than two weeks. This quick transition allowed staff to work from home. CFSA is now implementing the needed technology to achieve the following objectives:

- Associate the calls to referral cases in FACES.NET.
- Allow listening to recordings of calls by staff (now only supervisors can replay call).
- Provide additional performance management functionality for supervisors.
- ▶ **Placement Matching upgrades:** Since FY 2014, CFSA has customized the FACES.NET application to include placement matching functionality. The expansion has allowed designated workers to use client demographic information and documented provider information to determine appropriate placements. In FY 2020, smaller customizations were made to further support placement workers, including notifications when placements are voided, increased access to placement questionnaires, and email alerts.
- ▶ **COVID 19 Response:** During the COVID-19 pandemic, the Computer Information Services Administration (CISA) partnered with program staff to determine the appropriate way to document and provide services to COVID-impacted children. This determination included creating a drop-down box to correctly capture data points such as virtual visits. The CISA Helpdesk also produced and electronically distributed a weekly Tech Brief. This brief provides resources and information to improve the telecommuting, security, and overall technology experience for CFSA staff, partners and clients. Moreover, the CISA team has supported telecommuting staff with using Microsoft Teams to continue the Agency's collaborative efforts among internal and external stakeholders.

Business Processes and Practice Improvement Upgrades

- ▶ **Lean Events:** In preparation for the CCWIS development, CFSA has Leaning Events, a strategy to lean processes that focus on value added for the client toward practice improvement. The Agency has coined the phrase, "LEANing into CCWIS." CISA is supporting the Agency in making space for frontline workers to evaluate practice, be innovators, eliminate workarounds, support integration across administrations and contribute to the build of CCWIS. The Agency believes these lean events throughout each administration will promote processes with customers in mind, to improve efficiency and service delivery as well as eliminate waste in time and resources. The lean events are not an effort to rebuilt FACES.NET, rather it is an opportunity to evaluate practice prior to CCWIS. The events are led by skilled facilitators who assist staff in identifying their customer, create a value stream map (process map) with the customer in mind and learn how to reduce errors and eliminate waste (e.g., time and resources) thus becoming more efficient in service delivery to stakeholders. Nine departments

within the Agency have completed a lean event: Placement (Referral Process), Healthy Horizons (The Clinic), Office of Facility Licensing, Family Licensing, Family Re-licensing, Family Team Meetings, Investigations, Diligent Search and Hotline. Seven departments were scheduled between March and June 2020, but due to COVID-19 the lean events have been put on hold because they require in-person activities that cannot be replicated virtually.

- ▶ **Dashboards:** In the past year, CISA has created two new dashboards: (1) a public-facing dashboard (<https://cfsadashboard.dc.gov/>) to improve transparency with the general public, and (2) a Permanency Tracker dashboard. The public dashboard includes CPS and permanency data points such as the total number of children served in foster care and in the home, demographics of children in foster care, placement type of children and whether they are an initial entry or re-entry into foster care, Hotline calls by referral type, count of investigations of abuse and neglect and count of exits by reasons. The permanency tracker includes six dashboards with 57 permanency metrics, including case overview, permanency timeline, reunification progress, adoption progress, guardianship progress, and subsidy and ICPS progress. The permanency tracker dashboard helps provide real time progress and status on any child throughout their path to permanency. A technological goal of the Agency is to remove the manual databases used throughout the Agency and start housing 100 percent permanency details in these trackers that will be a bridge to CCWIS.
- ▶ **De-Duping:** When CFSA identified duplicate clients in the FACES.NET system, CISA led a duplicate client merge clean-up project called “Close the Loops – No More Dups.” The clean-up continued into FY 2019 as it transitioned to the use of an auto-merge function of duplicate clients in FACES.NET. The dashboards were enhanced last year to indicate the existence of duplicate clients for a social worker. In FY 2020, the combined effort of CISA staff and designated program staff increased the percentage of unique clients from 78 percent to 92 percent. In fact, CISA was able to take advantage of the Master Address Repository (MAR) web service managed by OCTO. This service validates address entered by CFSA staff to ensure that ward and census track information is captured and accurate. Not only does this function improve the availability and accuracy of Ward and address information but the function also increases the Agency’s mapping capabilities.

Strengths and Areas in Need of Improvement

In fall 2018, CFSA’s Office of Planning, Policy and Program Support (OPPPS) distributed the results of the Agency’s annual FY 2020 Needs Assessment and Resource Development Plan. Findings revealed that CFSA’s different program areas were creating manual databases as an immediate “data fix” for addressing discrepancies that FACES.NET could not address in the time

frame needed or did not have the capability of addressing. OPPPS staff shared the findings Agency-wide, which prompted CISA to create a Data Quality Committee to address current and future data enhancements, particularly those necessary for meeting CFSA's CCWIS requirements. Finally, the committee will address how FACES.NET can more efficiently align with each program area's business processes.

In spring 2019, OPPPS staff began preparing for the next annual Needs Assessment. One component of the assessment is feedback regarding the Agency's child welfare information system. To discern data-related needs, OPPPS held focus groups and provided surveys to FACES.NET users, both to gauge opinions on data accuracy and to determine endusers' satisfaction with the web-based application. OPPPS also asked youth about CISA's distribution of cell phones to the youth, and resource parents about the usefulness of the foster parent app.⁴³

In addition, in May 2019 CISA polled staff to gauge CISA's performance as an administration and to identify areas for improvement. Fifty-two percent (56 out of 107) of users indicated that they were satisfied with customer service and products. However, satisfaction with the technology provided by CISA dropped to 41 percent (45 out of 110 users). Respondents identified the following main concerns with FACES.NET:

- The application is not continually updated with the latest technology to improve performance.
- FACES.NET is neither user-friendly nor easy to navigate.
- The application continues to provide duplicate clients due to user error; the application should automatically capture and prevent duplications.
- FACES.NET continues to freeze and cause staff to lose information.
- The application needs to be more integrated with analytics.

Strengths

In December 2018, CISA supported the Office of Youth Empowerment by establishing a text messaging program using the Rave Guardian App. Then in March 2019, CISA provided foster youth, who met the criteria of the policy with cell phones to facilitate communications (especially texting) between youth, social workers, and resource parents.⁴⁴ In May 2019, OPPPS

⁴³ In the District, family-based foster care providers, including kinship caregivers, are commonly referred to as resource parents.

⁴⁴ Issuance and Use of Mobile Devices for Youth in Foster Care, June 27, 2018.

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program_Mobile_Phones_for_Youth_Final_July_2018.pdf

conducted two focus groups with a total of 10 youth ranging in age from 14 years old to 20 years old. Youth respondents indicated that they appreciated receiving cell phones, and that using the phones for text messaging was the most useful and best method to reach them.

Challenges

In a survey of 199 child welfare professionals throughout the District, 30 respondents reported being familiar with or having had access to FACES.NET. Of these 30 respondents, 30 percent (n=9) stated they are very satisfied with FACES.NET, 43 percent (n=13) stated they are slightly-to-moderately satisfied, 17 percent (n=5) stated they were not at all satisfied, and 10 percent (n=3) were not users of the system. Although over 70 percent of users indicated that they were slightly-to-very satisfied, there is room for improvement. For example, stakeholders commented that glitches within the system slow down workflow. As noted above, feedback indicated that the system itself appears outdated, and is not user-friendly (too many navigation screens).

One of the focus groups included eight resource parents, whose experiences as placement providers spanned from six months to nine years. The resource parents expressed concern that the foster parent app created in October 2015 was not functioning properly. The app no longer provided the names of all parties involved in a case. CISA (and managers from CFSA's Program Operations administration) learned of this data glitch and have continued to explore a fix to the app, along with the viability and usefulness of the app itself. This concern was raised at the Parent Advisory Committee Meeting (PAC) who has resource parent representatives, which prompted the idea to survey resource parents using the CFSA Resource Parent Newsletter called *Fostering Connections*. The survey was sent out in June 2019 and responses will be collected and provided back to the PAC for further discussion and recommendations on how to move forward.

In an Agency-wide survey, a total of 43 out of 46 respondents (93 percent) from Entry Services (CPS and In-Home), Program Operations, and the Office of Well Being provided input on whether FACES.NET provided accurate and timely information. Comments received by users indicated that FACES.NET is only as useful as the accuracy of data being entered. Therefore, social workers must regularly update the data for accuracy and reliability across all data screens. Respondents also felt that FACES.NET had too many duplicative values and the interfacing of the application is not user-friendly.

In general, case management and work-flow enhancements are both areas in need of improvement that will impact the development of the Comprehensive Child Welfare Information System (CCWIS) over the next five-year CFSP period. Stakeholders who completed

surveys or participated in a focus group believed that CFSA needed to “evolve with the times” in regard to technology. Stakeholders also felt that the Agency’s case management processes (i.e., placement matching, licensing, and recruitment) needed to be web-based versus paper. In particular, resource parents stated that updates to their contact information is being captured on hard copy documentation but not necessarily online. By ensuring that all resource parent documentation is online, information that remains the same over the years is readily accessible, especially for re-licensing homes.

OPPPS staff members responsible for the gathering of the above feedback are sharing the results from focus groups and surveys to CISA. CISA’s Data Quality Committee will address the results as described below under Planned Activities.

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In the 2020 Needs Assessment survey of 274 child welfare professionals throughout the District, 28 respondents reported being familiar with or having had access to FACES.NET. Of these 28 respondents, 36 percent (n=10) stated they are very-to-extremely satisfied with FACES.NET, 54 percent (n=15) stated they are slightly-to-moderately satisfied, 3 percent (n=1) stated they were not at all satisfied, and 7 percent (n=2) were not users of the system. Although about 90 percent of users indicated that they were slightly-to-extremely satisfied, which is an improvement in 20 percentage points from last year, recommendations for improvement were nonetheless offered. For example, stakeholders commented that even with enhancements, there were still glitches within the system that continue to slow down workflow, and some screens are too repetitive. Satisfaction comments regarding user-friendliness (e.g., quick and easier navigation) were more varied this year.

CISA is a great support in bridging the digital divide between stakeholders and the Agency. In a June 2020 focus group of eleven resource parents, the resource parent application was addressed. Resource parents offered that a lot of resources have been spent on digital information sharing but it has not been updated regularly. There is not one clear place that this information is always available. Besides a central location for resources, participants offered that the previous Foster Parent App was not updated so information (e.g., case and treatment and providers, etc.) was inaccurate and social workers were unaware with how to ensure their updates were uploaded correctly from FACES.Net into the application. This issue was a consensus across the group; the diagnosis of the problem was not that the App was underutilized rather it could not be used properly without accurate information. This information is similar to last year’s findings and will be shared with CISA and Programs as a part of the feedback loop.

Planned Activities

In collaboration with program areas, CISA continues to support the tracking, reporting and QA of federal and local data measures. In addition to reporting all of the federally-required reporting standards for AFCARS, NCANDS, Monthly Visitation, and NYTD, CISA also uses FACES.NET to capture the vast majority of data pertaining to the LaShawn A. v. Bowser Implementation and Exit Plan (IEP).⁴⁵ The FACES.NET application generates over 100 monthly reports that CFSA managers and QA staff use to monitor Agency performance on the IEP's measurable exit standards, as well as best practices and other programmatic, financial, well-being, and case management activities.

As noted previously, CISA created the Data Quality Committee in 2018. The committee's purpose is to drive and refine the Agency's mission and vision for data quality. The committee is responsible for identifying and establishing processes and strategies to prevent and resolve data quality issues. There are three main committee goals: 1) creating a lexicon of definitions across program areas to promote a shared language and understanding, 2) creating a uniformed and reliable approach for data collection and 3) facilitating staff efforts to enter complete and accurate FACES.NET data in a timely fashion and to limit the capturing of manual data.

The Data Quality Committee includes two sub-committees:

- **The Lexicon Sub-Committee:** ensures that the terms CFSA uses day-to-day are unequivocally and unambiguously defined, disseminated and promoted across the Agency and to its partners.
- **The Strategy and Metrics Sub-Committee:** identifies and prioritizes the data quality issues critical to the mission of CFSA.

Overall, the Data Quality Committee will create and deliver projects in collaboration with program areas and business units to address processes and technologies impacting data quality. The definition of metrics, data elements, and their relationship to each other are an integral part of the committee's work. Strategies and approaches for handling data conflicts, errors and omissions are overarching efforts aligned with Agency needs and the requirements of CFSA's CCWIS. It is the expectation of this committee, that feedback from surveys and focus groups regarding manual databases, user-friendly interfaces, etc. are addressed.

⁴⁵ The District negotiated the *LaShawn Implementation and Exit Plan (IEP)* 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. The lawsuit focused on the quality of the District's services being provided to abused and neglected children in its care.

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- ▶ **The Lexicon Sub-Committee:** The committee is chaired by a representative from CISA and the Office of Planning, Policy and Program Support. Participants include a manager or staff designee from each CFSA administration. Over the past year the committee has created an inventory of data points for all manual databases. CISA security contractors reviewed manual databases across the Agency to determine whether security controls have been deployed or implemented, whether risks have been mitigated and whether the residual risks to the system and overall risks to the Agency are of an acceptable level to maintain the privacy of CFSA clients. CISA security contractors have also met with the holders of the manual databases to determine which data elements are needed and can be migrated into CCWIS.
- ▶ **The Strategy and Metrics Sub-Committee:** This committee is chaired by a representative from OPPPS. Participants include a manager or staff designee from each CFSA administration. This year the committee discovered that there were discrepancies between the placement data in FACES.NET and the placement data maintained manually by program areas. Inaccurate and incomplete data has major implications for bed availability, placement eligibility, subsidy payments, program funding and more. Given the importance of accurate placement and provider data to the Agency’s practice, the Strategy & Metrics Subcommittee focused its data quality efforts on placement and provider data. The committee also reached out to other jurisdictions to determine best practices for identifying resource parent preferences. In addition, committee members participated in a placement lean process (as mentioned above) and developed a strategy for ensuring that placement data is entered as accurately and timely as possible.

SYSTEMIC FACTOR 2: CASE REVIEW SYSTEM

The 2016 federal CFRS found CFSA not to be in substantial conformity with the Case Review System systemic factor. While the CFRS rated three of the five items in the systemic factor as “strengths,” the review determined two others as “areas needing improvement” (ANI). The two ANI items were Written Case Plans (Item 20), and Termination of Parental Rights (TPR, Item 23). The Agency is currently addressing these two areas through the CFRS-approved Program Improvement Plan (PIP). In the narrative that follows for each item of this systemic factor, CFSA highlights its performance strengths and challenges, using relevant and reliable data. The narrative further provides a brief description of current or planned activities targeted at improving performance or addressing significant areas of concern identified in the PIP.

Item 20: Written Case Plan

Overview

CFSA requirements for timely development and ongoing review and update of case plans are standardized across case types. Whether the case is an in-home case or a foster care case, the assigned social worker is required to develop the case plan within 30 days of the case opening.

- In-home cases open at or near the time of closure of the CPS investigation. At this time, the CPS investigative social worker makes a clinical determination (based on protocol) as to whether the family has a high or intensive safety concern, or risk of repeat maltreatment. If so, CFSA opens a formal case and assigns the family an ongoing in-home social worker from CFSA's Entry Services administration.
- Foster care cases open when CPS determines a child's safety is at imminent risk and subsequently removes the child from the home, according to a court order. CFSA places the child in a foster care home under the legal custody and responsibility of the Agency.

Thereafter, social workers are required to engage and partner with caregivers and age-appropriate children for purposes of a joint review of the case plan. As needed, the case planning team updates the case plan at least every six months for as long as the case remains open with the Agency.

- For an in-home case, a key element of the ongoing case plan review with the family is the Caregiver Strengths and Barriers Assessment (CSBA), which informs case plan development according to the CSBA findings. With parental or caregiver collaboration and input, social workers complete the CSBA within the first 30 days every 90 days thereafter) to identify and leverage the caregiver's strengths and to address any functional challenges that may be impacting the successful outcomes of the goals identified in the case plan.
- For a foster care case, an integral practice tool for developing case plans is the CAFAS functional assessment tool and its companion version for younger children, the PECFAS. Both assessment tools measure areas of strength alongside areas where the child or youth struggles to function in a holistic or generally healthy manner. CAFAS and PECFAS findings provide the case management team with sufficient information to prioritize which strengths need protection and which challenges need to be addressed through service referrals outlined in the case plan.

For all case plans, CFSA practice standards require that the social worker partner with the age-appropriate child and the family to develop a comprehensive case plan that accurately reflects the family's goals for successful permanency outcomes. When completed, the social worker

and child or parent signs the original hard copy case plan. The social worker ensures the family has the signed original case plan while filing copies in the client’s hard copy case record.

Data/Performance

CFSA conducts ongoing monitoring of case plan performance via the FACES.NET management reporting system. The Agency also created specific management reports (CMT 164 and 163) for tracking the timeliness of case planning for in-home (“family cases”) and foster care cases. CMT 164 tracks in-home case planning in particular but includes foster cases where the child’s goal is reunification. Even though the sample includes foster care cases, this measure is a reasonable proxy for measuring case planning performance for in-home cases. For foster care cases, CMT 163 depicts the timeliness of development and the review and update of case plans. Recent performance is depicted in the table below.

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| Month | % of Family Cases with Current Case Plan (CMT 164) | % of Foster Care Cases Developed within 30 days of Removal and Updated within 6 Months (CMT 163) |
|---------------|--|--|
| January 2020 | 84% | 87% |
| February 2020 | 87% | 88% |
| March 2020 | 90% | 91% |

The above measures are largely quantitative in nature, but CFSA also monitors the quality of case planning through the quality service review (QSR) process. Trained QSR case reviewers evaluate Agency practice along a number of key practice performance indicators, separated into “child status” and “system performance.” Within system performance, CFSA rates the domain for “planning interventions.” For planning, the QSR measures the appropriateness and efficacy of goal planning between client and social worker. The QSR also formulates an “acceptability” rating for these key practice indicators.⁴⁶ As of March 2019, QSR reviewers rated 78 percent of the cases reviewed as “acceptable” for planning interventions.

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CFSA requirements for timely development and ongoing review of in-home and foster care cases remain unchanged. Case plans are required to be developed within 30 days of the case

⁴⁶ QSR ratings fall into the following categories: acceptable-maintain (5-6), acceptable-refine (4), unacceptable-refine (3), unacceptable-improve (1-2).

opening, and updates are made to the plan every six months as needed. In addition, partnering with the family and age-appropriate child continues to be CFSA's practice to develop accurate case plans for successful outcomes.

In line with CFSA's practice standards for case planning and teaming, quality service reviewers focus on the three teaming indicators (formation, functioning, and coordination) of the Quality Service Review Protocol tool to determine levels of effective case practice. The voice and choice indicators reflect the level of which the child, parents or other caregivers actively participate in case planning and decision-making. Ratings for calendar year (CY) 2019 reflect positive child (97 percent), mother (88 percent), father (84 percent), and caregiver (91 percent) activity and involvement in case planning.

Per the QSR protocol, planning interventions under the practice performance indicators focus on six core concepts: (1) safety, (2) permanency, (3) well-being, (4) daily functioning and life role fulfillment, (5) transition and life adjustment, and (6) early learning and education.

- ▶ Safety: Protection from exposures to harm in daily settings, endangerment to self and others.
- ▶ Permanency: Quality and durability of placement; enduring relationships, resolution of legal custody.
- ▶ Well-Being: Physical / mental health status, building positive relationships, reducing risky behaviors.
- ▶ Daily Functioning and Life Role Fulfillment: friendships and social activities (child), caregiving (parent).
- ▶ Transition and Life Adjustment: Successful adjustments in new settings and circumstances.
- ▶ Early Learning and Education: School readiness skills, physical motor development, academic success.

For CY 2019, QSR reviewers rated 87 percent of the cases reviewed as "acceptable" for planning interventions. This percent is an increase from last year's reporting of 78 percent. The CY 2019 QSR findings indicate that social workers and service providers overall are ensuring that children achieve meaningful, measurable, and achievable life outcomes. In addition, planning for families include well-reasoned, agreed-upon goals, and intervention strategies that logically relate to the planned goals and outcomes so that families are successful after exiting the system.

The ratings for each core concept listed above improved from CY 2018 reporting, including improvement of the safety indicator from 91 percent to 96 percent, permanency from 78 percent to 88 percent, well-being from 82 percent to 89 percent, daily functioning and life role fulfillment from 74 percent to 87 percent, transition and life adjustment from 69 percent to 84 percent, and early learning and education from 86 percent to 89 percent.

Implicit in ratings for planning of in-home cases is the engagement of birth families. Anecdotal feedback from a recent focus group of seven birth parents indicated that all seven birth parents felt a level of engagement with their social worker and other team members. Four participants acknowledged that they always felt engaged in the case planning process, including participation in court hearings. The remaining three participants revealed that they sometimes felt engaged in the case planning process. Although a small sample with positive responses, CFSA recognizes that family engagement must be an ongoing effort for all cases, whether in-home or foster care.

Strengths

Initial case plans are usually developed within 30 days, and semi-annual reviews and updates generally occur in a timely fashion. The major systemic strengths include case planning infrastructure, informed decision-making, and practice monitoring. Case planning practice is well-supported through FACES.NET, which contains a behavior-based, trauma-informed, and assessment-driven module that prompts social workers to engage families on their caseload in meaningful conversations around a few key priorities that will help the family along toward their goal. The CAFAS and PECFAS as well as the CSBA are prime drivers for case planning. Quarterly use of these assessments highlights urgent issues and challenges, allowing the case management team (including child and parent) to prioritize action steps for overcoming them.

Challenges

Family engagement and prioritization of goals during the case planning process still remains CFSA's case planning challenge, as evidenced by the 2016 CFSR findings and recent qualitative analysis from the QSR, alongside a May 2019 stakeholder survey. Thematically, the qualitative data show that the parental voices in general do not necessarily inform case plan development. Findings specifically indicated a lack of consistent engagement with extended family, including initial and ongoing efforts to identify, locate, and engage relatives and parents. This gap is especially prevalent with respect to non-custodial parents, the majority of which are fathers, and even more acutely with incarcerated parents.

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CFSA's permanency-focused teaming process consists of regularly scheduled team meetings that occur during key intervals to ensure barriers are addressed and forward movement occurs to achieve permanency. The following meetings each have distinct purposes, decision points and participants:

- ▶ Removal RED (Review, Evaluate, Direct) Team Meeting – CFSA's Child Protective Services or Permanency staff conduct a RED Team meeting the day after a child is removed. The meeting includes investigators, social workers and any involved health care providers, legal professionals or Kinship Unit staff. Participants share information that will facilitate a smooth transition for the child, including a plan for sibling visitation and an outline with specific action steps that support reunification.
- ▶ Removal Family Team Meeting (FTM) – Held within 72-hours of a removal, the Removal FTM includes family members and any identified supports (e.g., friends and clergy), caregivers, resource parents, service providers, and the guardian ad litem. The meeting introduces the family to the Agency, clarifies the reasons for the child's removal, and develops a plan for securing resources and interventions to support the family.
- ▶ Permanency FTM – The Permanency FTM is a discretionary meeting that is only held if the social worker determines that planning with families and team members is not sufficiently progressing toward the permanency goal. In such cases, the social worker reaches out to an FTM facilitator to conduct a structured meeting of necessary team members. In addition to birth families and social workers, the Permanency FTM can include relatives, resource parents, attorneys, advocates, and subject matter experts. Meeting topics can include assessment reviews, case plan objectives, and the identification of useful resources. In previous years, the Permanency FTM occurred 180 days after a child's removal and was a fixed part of the teaming protocol.
- ▶ Permanency Goal Review Meeting (PGRM) – The PGRM is held on all permanency cases to review the progress for achieving the identified permanency goal. The meetings are minimally held on all cases as they approach or exceed their federally recommended permanency timeline: at 9 and 15 months for reunification cases; at 15 and 21 months for Guardianship cases; and at 21 and 27 months for adoption cases. PGRMs outside of these timeframes are scheduled as needed. The PGRM team includes the permanency social worker, supervisor, program manager, program administrator, assistant attorney general, Kinship Unit program manager, and Quality Service Review program manager. Depending on the specific case needs, the resource parent support worker, supervisor, adoption recruitment supervisor, subsidy supervisor, and Diligent Search Unit supervisor are brought in to participate in the meeting. The PGRM team reviews the child's removal and placement history, a summary of birth parent contact, an explanation of what prevents the case from moving toward its permanency goal and strategy

development to address barriers. While the PGRM is an internal meeting, the team identifies strategies to keep the birth family involved in the planning process.

Planned Activities

Within the framework of the CFSR PIP, CFSA is addressing the issue of family engagement through the following two principal strategies:

1. Re-tooling the Family Team Meeting (FTM) to maximize a family's voice in the case planning process.
2. Implementing a "Levels of Care" case management framework for in-home cases in order to promote engagement and family buy-in with respect to case planning.

Re-tooling the FTM

The FTM is the key process for family engagement, based on families driving the meeting for optimal "buy-in" and increased positive outcomes. However, at the time of the 2016 CFSR, CFSA's FTM process still used the Consultation and Information Sharing Framework as the facilitation tool that had an unintentional consequence of deterring family engagement. As a result, CFSA incorporated the FTM process in the development of its PIP and elected to re-tool the FTM through a two-pronged approach: 1) improve the quality of family involvement during the meeting, and 2) increase the frequency of FTM occurrences throughout the "life of a case" to maximize family input at crucial decision points. To implement these changes, the FTM managers informally received feedback from staff, family members, and stakeholders. The following key changes resulted:

- Reclaimed the family-driven agenda versus using the Consultation and Information Sharing Framework.
- Adding FTMs during critical case planning decision points (e.g., goal change or risk of removal).
- Promoted engagement of and collaboration with parents, including the ongoing identification of family members as placement resources and to provide the family with support and a continued connection. In addition, the FTM managers planned for the enhancement of family participation and contribution to the creation of the plan with the family. Presently, the FTM facilitator and the family review the agenda focus prior to the meeting. When suggested by families, the facilitator will add agenda items, thereby encouraging team participation while laying the preparation groundwork for the meeting. The goal of this process is for the family to feel instrumental in the meeting which increases a family's sense of ownership for the decisions being made.
- Enhanced exploration of placement and permanency options, thereby increasing timely permanency and case closure.

- Required an FTM for all cases when the team is considering a goal change.
- Required an FTM prior to reunification, guardianship, and case closure in order to solidify a sustainable plan for permanency and to identify informal and formal supports.

A family's involvement in the FTM process also includes decisions made in relationship to identification and delivery of supports and resources in order to increase the likelihood of improving permanency outcomes. Additionally, the increased FTM integration points ensure the ongoing identification and engagement of relatives and flexibility to accommodate family schedules. When approved by families, FTM facilitators also invite parent advocates and attorneys to participate.

The new FTM process meets the overall objectives of the original FTM intent: teaming with the family, having the family together to discuss the direction of the case, and having the family together to assess decision points on placement, school, and support for navigating the court system. The FTM further allows for CFSA to know who the support systems in the family are and to engage them.

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As a part of DC CFSR PIP, an evaluation of FTMs was conducted. In late 2019, an FTM customer service survey was developed by the Office of Planning, Policy, and Program Support and the FTM unit and distributed among FTM participants from December 2019 to March 2020. Surveys were administered at the conclusion of the FTM utilizing an online platform. Questions focused on family engagement and collaboration. There were 31 surveys completed with the respondents being nine social workers, two CFSA staff, six attorneys, five mothers, one father, three grandparents, and five professionals/community service providers. One hundred percent of participants felt that the FTM facilitator/coordinator clearly explained the purpose of the meeting. Ninety-three percent felt that they had a chance to express their concerns during the meeting, and 97 percent felt included in developing solutions. When asked who had the most say in the planning and service discussion of the FTM plan, 68 percent felt that all participants had a say, 23 percent felt that family members had the most say, 6 percent felt that service providers had the most say, and 3 percent felt that CFSA had the most say. These survey results overall indicate that FTM participants have benefitted from CFSA PIP strategy to change the format back to a family-focused format from using the Information and Consultation Framework.

Levels of Care for Families Receiving In-Home Services

CFSR findings reported that frequent visits between caseworkers and parents did not translate to sufficient quality to address the family's case goals, service needs, visitation, service

provision, and safety. In some cases, despite sufficient frequency of visitation, the social worker was not able to establish a strong enough relationship with the parent in order for that parent to feel comfortable enough discussing specific issues. Some parents indicated that they did not know what was going on in their own cases.

In 2017, the CFSA deputy director for the Community Partnerships Administration⁴⁷ led a system assessment of in-home cases to identify practice gaps and to address the trust and lack of engagement issues noted above. The result of the analysis was to develop a “Level of Care” (LOC) protocol to differentiate between the frequency and the intensity of case management activities, according to the family’s level of risk regarding child safety and repeat maltreatment. To a great extent, the CSBA (cited above) helps to inform the family’s identified LOC. For example, high frequency visits occur for families with high CSBA scores; similarly, less frequent visits occur for families with lower CSBA scores. These variable visitation standards will provide social workers with appropriate opportunities for assessment, as well as providing more involved information for reviewing and updating the family’s case plans.

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Supervisors and social workers from the In-Home Administration continue to use the Level of Care (LOC) protocol, including 90-day reviews (at a minimum) to monitor for ongoing appropriateness of the current LOC. These reviews serve to determine ongoing frequency and intensity of in-home case management activities and case closure timeframes.

As a part of DC CFSR PIP, CFSA’s Performance Accountability and Quality Improvement Administration (PAQIA) completed an evaluation of the LOC model, which examined the completion of teaming meetings for cases initially labeled as intensive, fidelity to visitation requirements for the three levels of care, and time to case closure. The time frame examined was January 2018 through September 2019, during which there was a total of 1,355 families with an assigned level of care. The evaluation found that, overall, there is mixed fidelity to the model. To determine compliance with the teaming meeting requirement, a sample of 101 families was reviewed during a qualitative review (206 families of the 1,355 total families initially had an intensive level of care). Sixty percent of the families with an intensive risk LOC have completed the LOC teaming meetings within 60 days of the initial case plan, per the guideline. In an additional 15% of cases the teaming meetings occurred prior to the development of the case plan and 4% of cases had the teaming meeting completed shortly after the 60-day deadline (with a range of 62-71 days).or The remaining 22% of cases did not

⁴⁷ CFSA’s former Community Partnerships administration served families receiving in-home services. Within the last year, CFSA has streamlined in-home services by merging the administration with the Office of Entry Services. Families continue to receive quality in-home services under the new Ongoing CPS Services (In-Home).

have an initial teaming meeting. For the visitation requirements, the analysis was completed on all 1,355 families served between January 2018-September 2019. The evaluation also found poor fidelity to the visitation requirements for families with an intensive LOC (range of compliance from 0% in December 2018 to a high of 45% in March 2018) , better fidelity to visitation requirements for families with an intermediate LOC (range of compliance from 74% in May and August 2019 to a high of 96% in March 2018), and strong fidelity to visitation requirements for families at the graduation LOC (range of compliance from 90% in multiple months and a high of 100% in August 2019). Note: the visitation requirements for cases with an intermediate and graduation LOC mirror pre-existing expectations for in-home visitation and are therefore built into the Agency's tracking tools.

Most families (76 percent) with an initial intensive LOC successfully closed within 10 months. Sixty percent of families with an intermediate LOC successfully closed within 7 months. While two-thirds of families achieve case closure within 2 months of being assigned the goal of graduation, 7 percent do not close until 7 months or more after being assigned a goal of graduation. The Agency is subsequently planning to examine barriers for these families to achieve case closure earlier. There may be implications for how social workers and clinical supervisors determine when a family is ready to be assigned a graduation level of care.

Evaluation recommendations for LOC determinations included technological updates to the current monthly manual data collection of LOC assignments. The initial LOC is supposed to be determined by the time of the initial case plan. The qualitative review revealed that a portion of the families with reported initial LOC's of intensive had their LOC decreased to intermediate by the time of the initial case plan, and therefore the visitation and teaming meeting requirements were no longer accurate. Entering LOC data into the present SACWIS system would enable the LOC assignment date to have a precise time stamp. Electronic data could also help social workers and leadership utilize dashboards to be able to monitor compliance with LOC model requirements (e.g., whether families with an intensive LOC are receiving the recommended weekly face-to-face visitation). Of the 913 families who had achieved case closure during January 2018-December 2019 only 51% of these cases ever had a level of care of graduation reported and were able to be included for analysis. PAQIA recommends that the Agency hold further discussion about the possibility of inputting the date of each LOC into the current SACWIS system, instead of waiting for the development of the CCWIS system.

Item 21: Periodic Reviews and Item 22: Permanency Hearings

Overview

The District’s periodic review of permanency goals (Item 21: Periodic Reviews) and the permanency hearing processes (Item 22: Permanency Hearings) are seamlessly integrated into the functions of the DC Family Court. CFSA does not administer an independent periodic review (such as an Administrative Review) because Family Court hearings for foster care cases occur so frequently. Commencing at removal and within the first year of a child’s placement, a series of initial, dispositional, and review of dispositional hearings take place. Beginning at the one-year mark of a foster care case and beyond, permanency hearings occur no less frequently than every six months, and they continue through to the closure of the case. Through a collaborative effort between CFSA and the Family Court (with the heavy involvement of the Court Improvement Project), the vast majority of foster care cases are reviewed within federally required time frames. Because of this seamless integration of the periodic review and permanency hearing processes, these two items have been combined into a single narrative.

Strengths

Based on the Statewide Assessment and stakeholder interviews, the 2016 CFSR found that periodic reviews and permanency hearings were both items of Strength for the District’s child welfare system. All of the hearings within the DC case review process, regardless of the type, generally cover the same requirements and include those federal requirements for periodic reviews. The CFSR confirmed that the District ensures that a periodic review for each child occurs no less frequently than once every six months. Often, more than one periodic review is held between the dispositional hearing and the child’s first permanency hearing. Thereafter, permanency hearings are consistently held as required. CFSA continues to work closely with the Court Improvement Project (CIP)⁴⁸ to maximize efficiencies in child welfare court proceedings. There are no PIP activities associated with these items.

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Due to the COVID-19 pandemic, beginning March 16, 2020, the Family Court began to conduct “remote” neglect hearings and emergency removals. All other hearings were being held “on the papers,” meaning that there will be no oral arguments presented. The judge will decide based on the case file as long as the parties and counsel agreed to waive the remote proceeding. Parties could request the judge hear the case remotely if the matter presented extenuating or emergency circumstances. Trial dates were postponed because there were not enough courtrooms to accommodate remote proceedings.

⁴⁸ The Court Improvement Program participates in data-sharing activities with CFSA and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes.

As of May 18, 2020, all judges continue to conduct court hearings remotely. Additionally, all court hearings are on the record and utilize WebEx. As the Court House has been able to add more courtrooms into remote use, the Family Court has expanded the types of hearings that can be heard remotely, including the following type of hearings:

Abuse and Neglect

- ▶ Neglect initial hearings
- ▶ Emergency hearings
- ▶ Disposition hearings
- ▶ Any hearings where the parties all consent to the outcome
- ▶ Pretrial and status hearings, where necessary
- ▶ Stipulated trials and one-day trials of any type, including Ta.L.⁴⁹ hearings lasting one day or less (this includes stipulation hearings)

Review of disposition hearings, permanency hearings and anything not mentioned above are held on the papers with the parties' consent.

Item 23: Termination of Parental Rights

Overview

CFSA acknowledged in the 2015 Statewide Assessment prior to the CFSR that the District's child welfare system is not in compliance with standards set forth by the federal Adoption and Safe Families Amendment Act of 1997 (ASFA) for the termination of parental rights (TPR). The District does not routinely file TPR motions when a child has been in care for 15 of the most recent 22 months.⁵⁰ Alternatively, CFSA files a petition for a TPR within 45 days of the child's permanency goal becoming adoption, unless the parent has consented to the adoption, the parent has relinquished his or her rights, or the prospective adoptive parent has filed an adoption petition. In lieu of termination proceedings, the Family Court opts to go forward with an adoption hearing, at which point most TPR motions are disposed of by way of a dismissal or withdrawal of the motion after the adoption has been finalized.

⁴⁹ The Ta.L decision provides parents facing a goal change in abuse and neglect proceedings with the right to request an evidentiary trial in which the District must prove, by a preponderance of the evidence, that it has provided the parents with a reasonable plan for achieving reunification; that it extended reasonable efforts to help the parents ameliorate the conditions that led to the child being adjudicated neglected; and that the parents have failed to make adequate progress towards satisfying the requirements of that plan.

⁵⁰ ASFA guidelines also require documentation of appropriate compelling reasons for not filing a TPR.

Planned Activities and PIP Alignment

A key activity of the Agency's PIP is to improve the timeliness of permanency through ensuring that a motion for TPR is filed by the Office of the Attorney General (in consultation with the CFSA social worker) within 15 of the first 22 months that a child spends in foster care, or that compelling reasons are documented in the court order and case record. CFSA and the Office of the Attorney General are collaborating on internal communication protocols to alert key stakeholders of ASFA deadlines, to prompt timely filing of petitions, and to document decisions. Clinically, the Agency is to leverage an integrated schedule of permanency goal review hearings at the Family Court within the first six months of a child's stay in foster care such that when the child hits the 15-month mark in care, important conversations with key stakeholders have occurred, key decisions around permanency have been made, and child-specific recruitment of a permanent caregiver is underway. As has been outlined in great detail in the PIP itself, the entirety of the TPR activities is to be monitored through an integrated (between CFSA and the Family Court) continuous quality improvement (CQI) process.

Under District of Columbia law, parental rights may be terminated through a motion filed by either the Office of the Attorney General or the guardian ad litem, or the TPR will occur during an adoption proceeding. Pursuant to DC Code §16-2330, when there is a TPR and an adoption petition filed on the same case, the Family Court and the Agency both seek the TPR within the adoption hearing.⁵¹ This statutory provision renders the TPR immediately appealable and the judge may not apply the findings in that case until the Associate Judge's Review and the Court of Appeals disposed all of the appeals. Appeals generally take two years to complete. Consequently, the trial on the parents' rights will have to occur again in the adoption even though the District may have been initially successful to TPR during the first hearing. Despite this statutory provision, the practice going forward will ensure that the TPR and adoption will be litigated simultaneously.

In addition to the above, findings from a focus group of judges from the Family Court indicated several other challenges: 1) teaming among the Agency and parents' attorneys, 2) delays in judges issuing findings, 3) the impact of the Ta.L. decision⁵² on permanency decisions, and 4)

⁵¹ DC Statute 16-2362(b) states: *Notwithstanding the provisions of 16-2330, all orders terminating the parent and child relationship entered pursuant to this subchapter shall not be final and effective until the time for noting an appeal has expired and, if a notice of appeal has been entered, the order shall not become effective until the date of the final disposition of the appeal.*

⁵² This appellate decision requires that a change in the permanency goal of a neglect case from reunification to adoption is subject to immediate appellate review. Furthermore, before a court can terminate parental rights, it must first make a finding that the parents are unfit, unless truly exceptional circumstances exist or the parents have otherwise stipulated to their continued unfitness. Further, the case decision requires that parents be provided with an evidentiary hearing to examine whether the Agency made appropriate efforts to achieve the reunification plan and that the parent was aware of the plan requirements.

challenges with the Court of Appeals in delaying timeframes. To address these permanency barriers, CFSA has integrated into practice a Permanency Focused Teaming⁵³ process as of September 2018. This process consists of regularly scheduled team meetings that occur within 180 days of a child's entry into foster care with the intent of addressing barriers to permanency, reaching consensus on how best to resolve them, and developing thoughtful and well-reasoned recommendations to the court.

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Through the Court Improvement Program (CIP) CFSA participates in data-sharing activities with the Court and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes. In 2018, CFSA program staff, OAG child protection attorneys, and DC Family Court advisors formed the CIP Data Subcommittee to further understand the nature, frequency, and extent of barriers to timely permanency for children and youth in the District's foster care system.

The Data Subcommittee conducted a case review of a randomized sample of 30 children and youth for whom a neglect case was filed with the Court between January 1, 2017 and June 30, 2018, and for whom the case remained open between January 1, 2019 and November 30, 2019. The period under review (PUR) includes the time from the child or youth's most recent removal from the home until November 30, 2019. Sample cases were stratified by judges and permanency goals: adoption, guardianship, and reunification.⁵⁴

For each case, the subcommittee's CFSA and OAG reviewers responded to electronic survey questions in the following areas:

- ▶ Child's demographics
- ▶ Birth family circumstances
- ▶ Removal timelines
- ▶ Permanency goal setting and achievement timelines
- ▶ Foster care placements
- ▶ Case management factors

⁵³ Permanency Focused Teaming Administrative Issuance

⁵⁴ Cases may have held more than one permanency goal during the data gathering window, but when randomized, cases were only identified by one of the goals held. The PUR for each case began at point of removal for the most recent foster care episode.

- ▶ Systemic (societal/environmental) factors⁵⁵

For each case, the subcommittee's Family Court reviewers responded to electronic survey questions in the following areas:

- ▶ Court proceedings related to commitment of children to foster care
- ▶ Initial goal orders and achievement timeframes
- ▶ Goal changes and extensions of goal achievement deadlines
- ▶ Judicial assignments and attorney withdrawal/appointments
- ▶ Trial/hearing timeframes (i.e., permanency, adoption, Termination of Parental Rights)

Termination of Parental Rights (TPR)

In the 2018 CIP and CFSA case review, TPR delays were discussed on cases where children had either the goal of reunification or adoption. TPRs were filed in eight reunification cases; three were granted, one was dismissed, two were withdrawn, one was pending withdrawal and one had no resolution as of the conclusion of the review. There was a two-month average from the adoption goal change to the TPR file date. The range was one month to seven months and the median was one month. Twelve months was the average time from TPR file date to TPR resolution. The range was five months to 21 months. Notwithstanding that every case has unique circumstances, we can still derive based on these observations and the more recent case review findings that the TPR filing to resolution time frame is improving.

In the 2019 review, a termination of parental rights was required in 16 of the reviewed cases.⁵⁶ A TPR motion was filed in 13 of the 16 cases. No appeals were taken from any of the TPRs granted.

During this review period, four of the TPR cases went to trial. Three out of the four trials were concluded in one day. One trial was concluded four months after its commencement. The time from the filing of the TPR motions to conclusion of the trial ranges from 4.5 to 8.5 months, with an average of 6.9 months.

Based upon the data collected in the review, no conclusion could be drawn regarding the status of TPRs that did not reach trial. However, in the cases that did reach trial, it appears that the Court resolved these cases in a timely manner. Reasons for these improvements (e.g., CFSA or

⁵⁵ The sample was not stratified according to initial case type; however, reviewers did examine this factor. Results showed that 15 cases were initially opened as in-home and 15 cases were initially opened as foster care. The data attributed to initial case type was unremarkable and thus not reported.

⁵⁶ A TPR motion is required in cases where the permanency goal is changed to adoption.

Court procedures, family engagement, etc.) will be explored with the CIP committee in the next review.

Ta.L Hearings

Of the 30 cases reviewed, 16 were eligible for a Ta.L hearing. As of the end of the PUR, a Ta.L evidentiary hearing occurred in nine of the cases. In five of the nine cases, the hearing was completed on the day it started. In two cases, the hearing was completed on the second day. In one case, the hearing was completed after 14 days, and in one case it was completed after 49 days. In two cases, the parent appealed the Ta.L ruling.

In the 2018 CIP and CFSA case review of 60 cases (twenty cases across the goals of reunification, guardianship and adoption), the most commonly observed delays across all reviewed cases were goal extensions, late goal changes, court personnel changes, placement issues, and Ta.L delays. Ta.L delays were found in 30 to 35 percent of cases (6 to 7) within each permanency goal. The data collected in the 2019 review shows that the Court has drastically improved its Ta.L hearing process in that most cases are being resolved quickly. These data do not reflect the impact of Ta.L proceedings on the first permanency hearing.

Item 24: Notice of Hearings and Reviews to Caregivers

Overview

The District of Columbia received an overall rating of Strength for Item 24 following the 2016 CFSR. The CFSR confirmed that CFSA has a functioning process in place to ensure that foster parents, pre-adoptive parents, and relative caregivers receive notification of, and have a right to be heard in, any review or hearing with respect to the child.

District-Level Guidance for Hearing Notifications

In statute, DC Code §16-2304 allows resource parents to become parties in a foster care case, although requirements for doing so vary depending on the length of time the resource parent has been caring for the child in question. If it has been 12 months or more, the resource parent may become party to the proceedings simply through a formal request or notification to the court. If it has been less than 12 months, upon the resource parent's request, the judge may grant the resource parent to be a party to the proceedings or refuse the request, based on the judge's discretion. Additionally, if the resource parent is financially unable to obtain adequate representation, counsel shall be appointed.

DC Code §16-2357 dictates that notification be given to all parties involved in a case once the assigned attorney files a TPR motion. The same provision requires the presiding judge to direct issuance of a summons and a copy of the motion to the affected parent, or other appropriate persons, either directly or constructively (e.g., notification through a newspaper). As general practice, TPR proceedings do not advance unless proper notice has been issued.

In general, Family Court rules guide notifications to all parties to the case. Rule 10 of the DC Superior Court Rules for Neglect and Abuse Proceedings, for example, 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. The rule 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. Further, District of Columbia Superior Court Administrative Order 07-22 requires that CFSA provide written notice of post-disposition hearings to foster, pre-adoptive parents, and relative caregivers. The judicial offer must confirm written notice, whereupon the courtroom clerk makes an entry on the docket confirming that the written notice is consistent with the above-mentioned order.

Performance

Formal responsibility of notification of hearings falls to the Family Court, but CFSA has provided notice to foster, pre-adoptive, and kinship caregivers of hearings and reviews since March 2004. This process begins 45 before a hearing when FACES.NET generates notification letters for the foster caregiver associated with each case, protecting the caregiver's rights regarding notice of hearings and reviews. CFSA staff manually prepares and mails all resource parent notification letters. Each letter includes the name of the child and the type, date, and time of hearing scheduled, along with the name and contact information for the assigned social worker and supervisor (should the resource parent have any questions).

To further ensure that caregivers are properly notified and in order to answer any questions, an additional letter from the CFSA deputy director for Program Operations accompanies each notification letter. This second letter provides further instruction to the resource parent to contact the DC Superior Court Clerk one day prior to the court hearing for information on room assignment, cancellations, or rescheduling.

In rare instances when letters are returned as undeliverable, the point of contact immediately notifies the Agency's liaison to ensure that the addresses are corrected. When necessary, staff will conduct an internet search to confirm addresses match zip codes, and District quadrant.

Monitoring of compliance with ASFA Notice and Opportunity to Be Heard requirements occurs at the judicial hearings and proceedings themselves, where disposition orders, review of disposition orders, and permanency orders all contain sections soliciting judicial recognition of whether the resource parent or relative caregiver received written notice of the hearing.

Within a recent survey of 99 Agency staff, contracted providers, community-based organization employees, court partners, and other system stakeholders, CFSA asked a question as to whether respondents thought that CFSA (and partner agencies) notified youth, birth parents, and resource parents about court hearings. Respondents felt that they did so usually (80 percent of the time) to always (100 percent of the time).

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Within a recent survey of 274 child welfare professionals, including CFSA social workers, contracted providers, community-based organization employees, court partners, and other system stakeholders, CFSA asked a question as to whether respondents thought that CFSA (and partner agencies) notified youth, birth parents, and resource parents about court hearings. Respondents (n=143) felt that they did so “usually” (80 percent of the time) to “always” (100 percent of the time). Comments indicated that children are typically not notified of hearings unless they are of a certain age (i.e., as a teenager) and they are given the option of attending the hearing. Additional comments indicated that locating the non-custodial parent can be difficult, and staff do not promote resource parent attendance at court hearings as often as the Agency should. The client and resource parent surveys also reinforced these sentiments.

Challenge

The key challenge within the notification system is the automation. Despite the fact that the letters are generated electronically, they still need to be printed out manually and placed in envelopes and mailed through CFSA’s Facilities Maintenance Administration. This manual process is one that the Agency is reviewing for possible automation as CFSA migrates toward implementation of the CCWIS.

SYSTEMIC FACTOR 3: QUALITY ASSURANCE SYSTEM

Overview

Foundational Administrative Structure

In late FY 2017, CFSA’s Office of Agency Performance, Quality Assurance (QA) and Quality Improvement merged to become the Performance Accountability and Quality Improvement Administration (PAQIA) under the direction of the Office of Planning, Policy, and Program

Support (OPPPS). This move centralized all evaluation and continuous quality improvement (CQI) activities and responsibilities under one administration, allowing for more effective collection, analysis, and reporting of data and findings from the Agency's QA and CQI processes. PAQIA leadership shares all report results with staff from the impacted administrations. During debriefing sessions, staff identifies strategies for areas in need of improvement.

PAQIA's primary mission is to create a continuous learning environment for consistent use of data that helps to improve Agency processes, procedures, and functions. PAQIA achieves this mission through several functions, all of which provide valuable qualitative and quantitative analysis to evaluate the quality of services, to identify strengths and needs of the service delivery system, and to provide reports that include information about program and performance measure improvement. The following functions are conducted by PAQIA:

- Completing qualitative and quantitative case reviews⁵⁷
- Providing performance support to management and staff, based on results from reviews (e.g., recommendations to help implement practice and process improvements)
- Completing programmatic data analysis and evaluation
- Preparing performance reports under the Four Pillars Strategic Framework
- Providing performance reports required by the Executive Office of the Mayor⁵⁸
- Conducting surveys and focus groups with frontline staff for direct feedback on suggested practice improvements
- Convening the Internal Child Fatality Review Process

In addition to the above review activities, PAQIA's dedicated CQI staff provides QA and improvement reviews. PAQIA also conducts data analysis independent of case reviews, utilizing a quantitative data validation plan for on-going analysis of new FACES.NET reports and the close monitoring of key exit standards under the LaShawn Implementation and Exit Plan (IEP).⁵⁹

⁵⁷ These include 125 quality service reviews, an average of 20 child fatality reviews of children from ages birth-to-20, other reviews required under the Agency's *Implementation and Exit Plan* (e.g., 132 quality investigations every six months – see footnote 3 for further information on the Exit Plan), quality of visits being conducted for families receiving in-home and out-of-home care, quality of older youth transition planning, and special reviews based on specific requests from the deputies or the Agency director.

⁵⁸ Annual Public Report, CFSA Commitment to Positive Outcomes, Four Pillars Scorecard, and specialty reports (e.g., Reducing Disproportionality).

⁵⁹ 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. The lawsuit carries through mayoral administration; therefore, currently cited as *LaShawn vs. Bowser*.

Moving forward, CFSA seeks to establish a CQI approach that integrates all facets of the Agency's work. In 2019, CFSA completed the first arm of the approach which involved an inventory of all Agency data collection activities for the following program areas: Entry Services, Program Operations, Administration Services, the Office of the Attorney General, the Office of Well Being, and OPPPS. Completing this inventory allowed PAQIA to gain a comprehensive view of Agency-wide data collection work and thereby laying the foundation for integrating individual program analyses. The inventory process included PAQIA working with each program area's data quality liaison who shared how often the program collects data, the methodology used to collect the data, and whether the data liaison is currently collaborating with PAQIA.

The integrative CQI inventory will be assessed against these four domains of foundational CQI practice: 1) strategic objectives and theory of change, 2) foundational administrative structure, 3) collection and analysis of quality, i.e., evidence thereof, and 4) feedback and adjustment. The approach is rooted in the following tenets:

- ▶ **Leadership demonstrates evidence use:** The leadership promotes, models and sets clear expectations for the use of evidence to make decisions.
- ▶ **Leadership demonstrates systemic thinking:** Leadership models the search for systemic solutions and the avoidance of blame while addressing systemic and adaptive challenges.
- ▶ **Staff involvement in CQI:** Managers and staff at all levels of the Agency or program are actively involved in CQI and use it to assess and improve daily casework practice and outcomes.
- ▶ **External stakeholder involvement in CQI:** The Agency or program provides opportunities for participation and meaningful roles in the CQI process for child, youth, family and other stakeholder representatives in a manner that is sensitive to their perspectives and abilities.
- ▶ **Alignment of Agency and provider CQI:** CQI goals, measures, and processes within the Agency and its contracted providers are aligned.

CFSA already has a robust self-regulating system where both at the system level and programmatic level analysis guides improvement strategies and increases in performance outcomes. CFSA completes root cause analysis to determine the best approach for improvement strategies. The goal of the CQI integrated approach is to ensure that all CQI activities throughout CFSA are aligned with the CQI principles, and to close gaps where needed.

Quality Data Collection

Data integrity is the priority focus for CFSA's integrated approach to systemic CQI. Such integrity ensures that data-driven decisions result in the anticipated outcomes for children and families. Additional priorities include a reliable infrastructure that supports quality data entry and, by extension, the dissemination of accurate information. Included in the infrastructure is a user-friendly data display through dashboards, which can be adjusted as needed based on CQI feedback.

To further ensure data integrity, CFSA created the Data Quality Committee in November 2018. The Committee is broken down into two sub-committees: 1) Lexicon and 2) Strategy and Metrics. Both sub-committees collaborate to achieve the following responsibilities:

- The Strategy and Metrics sub-committee identifies and prioritizes addressing and resolving data quality issues that are critical to the mission of CFSA. The sub-committee also establishes processes for resolving data issues and conflicts and defines quality metrics to measure progress towards high quality data.
- The Lexicon sub-committee ensures that the terms CFSA uses are unequivocally and unambiguously defined, disseminated and promoted across the Agency and its contracted partners. The Lexicon sub-committee will also develop a Wikipedia data dictionary for CFSA and define processes to continuously update the dictionary as needed.

The Data Quality Committee

When CFSA created the Data Quality Committee, the Agency included the following guidance to the committee's charter:

Data Quality Definition

Data Quality is the reportable state of completeness, validity, consistency, timeliness and accuracy of all data entered, acquired, aggregated or calculated for use by clients, staff, and partners to make decisions.

Committee Purpose

Members of CFSA's Data Quality Committee establish, drive and refine the mission and vision for data quality. The committee will identify and establish processes and strategies to prevent and resolve data quality issues. The goal of the committee is to make Data Quality an Agency-wide practice and part of the culture.

Committee Goals

- Educate all staff to create a shared understanding and definitions of cases, clients, and context.
- Support consistent, uniform and reliable processes and approaches for data collection across the Agency.
- Provide complete, timely, and accurate data for CFSA stakeholders.

Committee Scope

The Data Quality Committee will formulate strategies and approaches to address all data conflicts related both incoming and outgoing data and guide the development and maintenance of business processes that drive data quality improvements. The committee will create and deliver projects in collaboration with business units to address processes and technologies impacting data quality. The definition of metrics, data elements, and their relationship to each other are an integral part of the committee's work, aligned to the Agency's needs and the requirements of the federal Administration for Children and Families' Comprehensive Child Welfare Information System. Communication and education about the committee's mission, projects and roles are the responsibility of the committee.

Case review process

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The Lexicon Sub-Committee, which meets monthly, began creating a data dictionary to include the data elements in FACES.NET that are required for federal reporting. All other manual databases across the agency in systems, such as Excel and Quickbase, must also include the required data elements. This data dictionary will enable the Agency to determine whether data is being consistently defined across the Agency. In addition, the dictionary can identify what elements need to be brought into the CCWIS system which CFSA is preparing to design. Through this process, CFSA discovered additional, previously unknown manual databases with varying degrees of data quality. As a result, the Lexicon Sub-Committee designed and delivered a "Best Practices for Manual Data Tracking" training for Agency personnel tracking, entering and analyzing data. The training covered formatting and setting up an Excel spreadsheet; entering, cleaning, and analyzing data; examples of common data elements, and suggested formats to ensure ongoing continuity across the Agency. Twenty individuals have attended one training to date. According to the participants' feedback, the training was informative, useful and well received. Attendees included personnel in charge of tracking data from program areas (analysts and administrative assistants), as well as administrators, and employees from the Collaboratives and private agencies. The Agency intends to schedule additional training sessions.

Quality Services Review (QSR)

Since 2003, CFSA has used the QSR process to annually review cases and to analyze data on the quality of case planning and service delivery for children and families. CFSA has a Quality Services Review Unit with six QSR specialists who gather data from the two-day review process, and submit their data for finalization by a supervisory QA process that almost always includes representation from the Center for the Study of Social Policy (CSSP).⁶⁰ QSR ratings are specific to multiple indicators on the overall status of the child and the overall practice of the system.

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CFSA continues to use the Quality Services Review (QSR) process as a standard qualitative review and key component of the Agency's continuous quality improvement (CQI) process. CFSA randomly selects stratified in-home and out-of-home cases using age, gender, placement type, and permanency goals as data points. The sample is further stratified so that no family is reviewed more than once within a two-year period. Stratification includes representation from contracted private agency cases.⁶¹

For calendar year (CY) 2019, the QSR sampling plan included 79 reviews for out-of-home cases and 54 reviews for in-home cases. The sample size remained the same from 2018 with a larger proportion of in-home cases reflecting CFSA's emphasis on decreasing the removals of children from their homes (unless child safety is at imminent risk). The in-home sample also corresponded with the increase in the case management of the overall count (321) for 2019 in-home cases.

Trained QSR reviewers use and score a protocol with information obtained through interviews with children, parents, and caregivers who share their experiences with the foster care system, their level of satisfaction with the services received, and feedback on whether they feel "heard" and included in the case planning process. The QSR process also includes reviews of hard case files and case notes from FACES.NET, along with interviews of other key stakeholders (i.e., social workers, attorneys, and service providers).

Per the clients' feedback, the QSR reviewers rate the experiences of children and youth, parents and caregivers under the QSR "Voice and Choice" indicator. The findings for this

⁶⁰ CSSP is a court-appointed monitor for *LaShawn A. v. Bowser*. As monitor, CSSP is required to independently assess the District of Columbia's performance in meeting the outcomes and exit standards set by the *LaShawn* IEP.

⁶¹ The Agency issued a request for proposals in FY 2017 to seek one contracted private agency to case manage all children placed in the state of Maryland with CFSA continuing to case manage all children placed in the District of Columbia. CFSA accepted the proposal from the Maryland-based National Center for Children and Families.

indicator in CY 2019 showed that 97 percent of the cases were rated as “acceptable” for children and 91 percent for caregivers. The ratings were not as high for biological parents. Those findings were 84 percent for fathers and 88 percent for mothers. Ratings for fathers was a 21 percent increase from 2018, while ratings for mothers had a slight decline from 2018. The performance was lower for fathers and mothers in the reviews of 34 cases with a goal of reunification. Of these cases, 86 percent of mothers felt included in the case planning process, while 73 percent of the fathers felt included.

Upon completion of the two-day QSR, reviewers submit written narrative summaries that support the ratings and provide further details on the child’s placement (out-of-home cases). Always included are a family’s demographics, history, and functioning. Further details are provided on the system’s support of the child’s permanency goal, as well as information on supportive services provided to the child’s family to help them stabilize and become self-sufficient. For out-of-home cases, reviewers rate indicators for the support of resource parents as well as birth parents.

As of January 2017, an “entrance conference” is now held with the private agency or CFSA administration approximately two months prior to the scheduled review. The purpose of the conference is to discuss logistics of the review, confirm the sample, and provide a brief overview of the review process. There is also a weekly case presentation held with leadership from the private agency or CFSA administration being reviewed. Reviewers offer a brief oral synopsis of the cases reviewed and highlight the salient points for services and supports, the pathway to case closure, and planning interventions. Each presentation looks at what is working well in practice and what areas may need improvement.

An “exit conference” occurs within 60 days of the final case presentation. Members of senior leadership are invited to participate, along with the Permanency and In-Home Administrations’ program managers, supervisors, front line staff (depending on which of the two administrations was reviewed). The presentation of preliminary findings provides the leadership team with the opportunity to discuss programmatic strengths and challenges, any systemic issues that were noted during the reviews, and strategies for improvement. The program area then develops a formal CQI plan in collaboration with the leadership and with follow-up within 60 days after the exit conference. The plan includes identified areas of performance in need of improvement, the strategies and activities involved to achieve improvement, and a plan for how to measure progress on the QSR.

CFSA also sponsors monthly team meetings for managers from CFSA, contracted private agencies, and the Healthy Families/Thriving Communities Collaboratives. QSR management shares an overview of key program performance, including QSR results.

As a result of the internal CQI of the QSR process, the QSR unit now assigns a QSR specialist to each CFSA program area (including private agencies) as a team lead. The team lead collaborates closely with program staff in the preparation for upcoming reviews, provides immediate feedback to program areas on QSR results, and addresses areas of practice in need of improvement. One formal CQI process includes an initial meeting with the deputy of each program area to identify practice areas to be addressed. Afterwards, a CQI plan is developed in collaboration with the designated program area staff with the QSR specialist as the lead.

CFSA also collaborates with Chapin Hall in Chicago through the Casey Family Foundation⁶² to support CFSA in the development of a fully integrated CQI system throughout the Agency.

An Annual Quality Services Report is published with the results of the reviews. See this [link](#) to view the 2019 Annual Quality Services Report.

Internal Child Fatality Reviews (CFR)

The statutory responsibility for reviewing child deaths falls under the District's Child Fatality Review Committee (CFRC), under the auspices of the Office of the Chief Medical Examiner (OCME). CFSA has permanent representation on CFRC as well as conducting its own internal CFSA process for reviewing fatalities of any children whose family had contact with the Agency within five years of the child's death. CFSA's internal committee includes a multidisciplinary team of key program leaders from the Offices of the Director, Entry Services, Permanency, Well Being, and General Counsel. Representatives from the Agency's Child Welfare Training Academy and Policy Unit are included. A representative from OCME also attends to ensure a stronger network between the Agency and CFRC.

Based on the timing of a child's death and the report of that death to CFSA, it may occur that a fatality case is not actually within the same year of the child's death (e.g., the case of a child dying in December may be reviewed in January of the following year, or a child's death that was not CFSA-involved at the time of the death may not be reported by OCME to CFSA until a year or more later after the death). In CY 2018, CFSA reviewed 42 fatalities that occurred between the years of 2015 to 2018. Of these cases, 32 were closed at the time of the child's death and

⁶² Chapin Hall assists child welfare agencies with policy research and CQI systems that can improve practice to support children and families.

10 were open. For the 10 open cases, four were in-home, two were out-of-home, and four were active with Entry Services Administration.

CFSA's internal review process seeks to identify any systemic, training, supervision, safety, or policy issues that surface during the review of these cases. As a result of these reviews, CFSA identifies specific recommendations in hopes of reducing any factors that may relate to a fatality (despite the fact that abuse-related fatalities are statistically lower than any other type of fatality). Both the District's CFRC and CFSA have made similar recommendations based on cases reviewed in the past two years, particularly in regard to the dangers of bed-sharing and co-sleeping, as well as the care of children who are diagnosed as medically fragile, and the number of fatalities of older youth caused by handgun homicides.

During FY 2018, the CFR Unit moved to the QA unit while the Child and Family Services Review (CFSR) Program Improvement Plan (PIP) case reviews moved to the QSR team for improved alignment. In so doing, CFSA also made improvements to the gathering of data for the CFR process. These improvements include a fatality review specialist submitting survey answers based on a detailed review of the deceased child and family history with CFSA, including services offered as well as interventions needed. The survey asks for more specific demographic details to examine trends on younger parents, past history with CFSA and family involvement with other agencies (including parental involvement in child welfare as child victims). Surveys also cover employment, housing, substance use, service delivery, etc. The surveys are completed at the end of each child fatality review. The information gathered by the survey is used to identify trends, themes, and systemic issues in order to determine policy and practice changes.

In addition, PAQIA has refined its database of CFR information based on the aggregate data entered from each case reviewed. Data gathering now includes demographics as well as recommendations that surface from the fatality case presentation. Recommendations cover topic areas that continue to surface during case reviews, e.g., the development of intervention plans. During CFSA's internal committee meetings, members discuss which CFSA administration will be responsible for implementing the recommendation. Committee members also agree upon the time frame for completion. Recommendations, and the status of their implementation, as well as the gathered data, help to inform the Annual Child Fatality Review Report.

Below is a table of the child fatalities that the CFR Unit reviewed from 2008 to 2019.

Child Fatalities Reviewed by Calendar Year

| Calendar Year | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Total # Deaths of Known Children | 68 | 50 | 33 | 26 | 25 | 24 | 22 | 30 | 20 | 26 | 42 | 33 |
| # Non-Homicide Deaths | 39 | 27 | 20 | 15 | 21 | 13 | 14 | 17 | 13 | 5 | 32 | 25 |
| # Non-Abuse Homicide | 21 | 19 | 9 | 11 | 3 | 9 | 7 | 13 | 6 | 20 | 10 | 5 |
| # Abuse Homicide | 8 | 4 | 4 | 0 | 1 | 2 | 1 | 0 | 1 | 1 | 0 | 3 |

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In June 2019, the ICFR committee revised its protocol for reviewing potential recommendations related to child fatality prevention and general practice improvements. Potential recommendations must be based on identified service gaps or areas for improvement related to programs, policies, accountability, or resources. When an idea for a potential recommendation is introduced during an ICFR meeting, members are asked to conduct research to provide additional information on the identified area of need. Once supporting information is presented, the committee decides whether to approve the recommendation. Once the committee agrees upon the recommendations, CFSA’s director reviews the recommendations and subsequently considers their viability for addressing CFSA’s needs before approving for implementation. Recommendations related to fatality prevention are subject to the approval of the CFSA director and may be modified based on the director’s feedback. While recommendations related to general practice improvements are shared with the director, executive approval is required for recommendations that impact CFSA budgets, personnel, and/or policy.

The Child Fatality Review Policy update includes the child-specific criteria that warrant a CFSA fatality review. As part of CFSA’s continuous quality improvement (CQI) efforts, the updated policy also clarifies the actual review process, specifically addressing the CQI framework through which the review committee arrives at recommendations for policy and practice improvements, along with standards for ongoing progress reporting on action steps.

Case Reviews and Analysis

PAQIA staff conducts a variety of case reviews and analyses at the request of the deputy directors. The purpose of these case reviews is to provide timely feedback to the managers in

order to inform and improve child welfare practice. As a result of such requests, QA conducted the following qualitative reviews:

- 30 CPS Hotline calls per quarter
- All referrals during the last month of each quarter where good faith efforts (GFE) applied (i.e., required efforts made to see the child)
- 50 referrals per quarter submitted to the Educational Triage Unit

With regards to the analysis of the 30 CPS Hotline calls from January to March 2018, the QA review indicated that Hotline workers applied customer service skills 95 percent of the time (on average) throughout the duration of a call. Also, on average, the Hotline workers gathered information on the alleged victim child 94 percent of the time. Additional data included the gathering of information on the alleged maltreater (87 percent of the time, on average) and gathering safety-related information (also 87 percent of the time, on average). The written narratives entered into FACES.NET were consistent with information provided by the reporter (80 percent of the time, on average). Lastly, QA agreed with the Hotline supervisory screening decision (83 percent of the time, on average).

QA continues to review, assess, and elevate to the deputy of Entry Services any safety concerns pertaining to an allegation, and any significant customer service concerns pertaining to the Hotline workers. No calls were elevated either for safety or customer service reasons during the period reviewed. Due to other priorities, but mostly given the consistently high quality with which the Hotline workers' met customer service standards during the first two quarterly reviews, QA suspended additional reviews for the last two quarters of FY 2018. QA will resume these Hotline customer service reviews in July 2019 for April-June 2019 Hotline calls.

In regard to the GFE reviews, QA and Entry Services agreed that overall compliance ranged between 65-to-85 percent from March to December 2018.⁶³ QA continues to provide each Entry Services supervisor with a detailed quarterly analysis that may assist Entry Services leadership with determining training needs, identification of barriers that may need to be ameliorated, and pinpointing trends that may impact compliance.

From January to March 2018, the QA Unit conducted quarterly reviews of educational neglect referrals that the Educational Triage Unit screened out. The key purpose of this review was for

⁶³QA reviewers agreed with Entry Services' supervisors that the 65-to-85 percentage range accurately defines the percentage of time that social workers made and documented GFEs. For *LaShawn* compliance, CFSA takes the numerator that FACES.NET reports as compliant and then subtracts the GFEs that the QA team did not find to be in agreement with documented efforts.

QA reviewers to assess whether they agreed with the screening decisions for each referral. To conduct the review, QA randomly selected 50 screen-outs each quarter in which the only allegation was educational neglect.⁶⁴ For the quarter reviewed, QA agreed with the decision to screen out the referral 88 percent of the time. Given the consistently strong findings for these screen-outs throughout CY 2017 and January-March 2018, educational screen-out reviews were put on hold until CY 2019.

For every PAQIA review, CFSA utilizes quantitative and qualitative data to assist with deeper, root-cause analyses beyond the surface data. Every case reviewer conducts qualitative research using a tool based on current policy, best practices, and input from program area management. Reviewers are trained on the purpose of the review and each review tool prior to commencing the case review. Each review, for example, has its own survey tool that asks questions to determine whether the social worker provided practice consistent with benchmarks and policy requirements. Additionally, PAQIA requires all reviews to include a QA process where a sample of each reviewer's completed review tools are subject to a secondary review to ensure accuracy and consistency throughout the review. Based on the results of the secondary review, re-training on specific practice areas may be provided to reviewers as necessary.

Collaboration with External Reviews and Evaluation Processes

In addition to the internal processes described above, CFSA partners with representatives from other organizations to conduct evaluations or assessments of the Agency's work and practice. For example, throughout 2016 and 2017, CFSA engaged a national consultant to provide technical assistance for analyzing historical QSR data. The key intent here has been to determine the most salient factors impacting performances in case planning and services. As a result, the QSR unit completes an internal CQI review process to strengthen the feedback loop to the program areas. To find out how the QSR unit could strengthen its collaboration and support of program areas, the QSR unit sought feedback using a survey and conducted focus groups with them. The QSR unit also participated in peer learning with other jurisdictions, such as New Jersey.

As a result of the internal CQI process of the QSR process, the QSR unit now assigns a QSR specialist to each CFSA program area (including private agencies) as a team lead. The team lead collaborates closely with program staff in the preparation for upcoming reviews, provides immediate feedback to program areas on QSR results, and addresses areas of practice in need of improvement. One formal CQI process includes an initial meeting with the deputy of each

⁶⁴ Prior to January 2018, the QA Unit reviewed 125 educational screen-outs per quarter based on CFSA's response to a CSSP's 2016 assessment on the Agency's Hotline intake process. Due to strong findings throughout CY 2017, the number of reviewed screen-outs was reduced to 50 per quarter.

program area to identify practice areas to be addressed. Afterwards, a CQI plan is developed in collaboration with the designated program area staff with the QSR specialist as the lead.

CFSA also collaborates with Chapin Hall in Chicago through the Casey Family Foundation to support CFSA in the development of a fully integrated CQI system throughout the Agency.

Other Quality Assurance Activities Related to Case Reviews

Review of Safety Assessments during Visits with Children

During September-October 2018, CFSA and CSSP jointly conducted a case record review with statistically significant samples of the three visitation benchmarks to determine the extent to which child safety was assessed and documented during visits by social workers and other CFSA employees, including both in-home and out-of-home cases. Reviewers examined the frequency and quality of visits alongside the social workers' assessments of safety within the first four weeks of placement (n=60), general out-of-home population (n=158), and in-home population (n=164) during August 2018.

- For the review of visits during the first four weeks of placement, at least one visit occurred with all 60 (100 percent) children. Of these children, 54 (90 percent) received the required number of visits within the first four weeks of placement change. These social workers' visits occurred in the child's foster home for 52 children (87 percent).
- From the review of out-of-home population, at least one visit had occurred for all 158 children in August 2018. Of these, 153 (97 percent) children had at least two or more visits during the month. Ninety children had three or more visits.
- From the review of the in-home population, one or more of the child welfare team must conduct a visit, e.g., either a social worker, supervisory social worker, family support worker, or Collaborative support worker conducted two or more visits with 159 (97 percent) children. Twenty-eight children had three or more visits.

Performance Improvement Plan (PIP) Case Review

During the CFSR, the District reviewed 40 foster care, 19 in-home, and 6 family assessment cases. The District is required to address measures of improvement for Safety 1 and 2, Permanency 1, and Well-Being 1. The CFSR found CFSA to be in "substantial conformity" with five of seven systemic factors. For these factors, the District received positive CFSR results in terms of policy, procedures, training, practice models, and service array.

Many of the cases reviewed showed good overall casework practice. However, some cases displayed a lack of consistent practice. For example, the review noted that supervision did not

always identify or address fidelity to policy, procedures, training, and practice models. Specific to Safety Outcome 1, CFSR findings reported that caseworkers sometimes did not make face-to-face contact with the children within the required timeframes for investigations and family assessment cases. For Safety Outcome 2, CFSR findings reported that safety services were not provided to prevent the removal of children after a sibling entered foster care. In many of the cases, the Agency did not provide services to address underlying safety issues (such as housing, domestic violence, substance abuse, and mental health). Safety Outcome 2 concerns related to inconsistent ongoing risk and safety assessments, including assessments prior to case closure. Also, in some cases there was no monitoring of safety plans.

For Permanency Outcome 1, CFSR findings reported that many children had unplanned placements during the period under review. Findings indicated that the child's current placement was not stable in several cases due to the child's behaviors or mental health and a caregiver's lack of training or inability to manage those behaviors. In several cases, CFSA did not establish the initial permanency goals in a timely manner. The review also found that there was minimal use of concurrent planning, even though such planning would have been helpful in addressing delays in permanency goal changes. Another critical issue involved the timely filing (15 of 22 months) of termination of parental rights (TPR) and a lack of documented reasons for not filing. Permanency Outcome 1 findings also indicated that some social workers allowed extensive time for several parents, relatives, prospective guardians and pre-adoptive parents to comply with service plan requirements even though the individuals showed very little or no progress. Often the Family Court decided to provide more time over CFSA's objection of CFSA. These delays caused children to remain in care for up to several years before achieving permanency. Many had yet to reach their goal.

For Permanency Outcome 2, CFSR findings reported that the quality of visits was lacking, despite sufficient frequency of the visits to meet the child's needs. Findings also reported that social workers were either not making initial or ongoing efforts to identify, locate, inform, or evaluate relatives as placement resources. Another key finding for this outcome included several cases where efforts lacked sufficient engagement of parents to participate in activities with their child outside of visits.

For Well-Being Outcome 1, CFSR findings reported significant delays in providing appropriate services to children due to lacking completion of quality comprehensive assessments. The findings also reported a lack of ongoing comprehensive assessments for children receiving in-home cases. For the assessment of parents and resource parents' needs, the findings reported an overall lack of formal and informal assessments, initially and on an ongoing basis. Regarding case planning, the CFSR findings indicated a lack of active parental involvement in case planning

where the child's permanency goal was adoption or guardianship, even though the Family Court had not terminated parental rights.

Findings indicated overall social worker visitations were frequent. However, the quality of the visits was lacking, i.e., visits focused on general case observations as opposed to the safety, permanency and well-being of the child. Additional findings revealed that visits between caseworkers and parents were usually not of sufficient quality to address case goals, service needs, visitation, service provision, and safety. In some cases, the social worker was not able to establish a strong enough relationship with the parent for that parent to feel comfortable discussing specific issues. Some parents indicated they did not know what was going on in their own cases.

For Well-Being Outcomes 2 and 3, the CFSR findings reported that social workers were not monitoring in-home cases opened for educational neglect. However, overall, the Agency assessed the physical health and dental care needs of children. Regarding mental health, initial assessments were generally adequate to identify the mental and behavioral health needs of the children. Even still, many of the cases did not have follow-up or ongoing assessments to monitor services or to determine any changes in the child's mental health or behavior that might impact service needs.

As the result of the 2016 CFSR findings, CFSA decided to conduct 228 reviews (76 per year) using the onsite review instrument (OSRI) over a two-year PIP period with a non-overlapping evaluation period. These PIP reviews will include 50 out-of-home cases and 26 in-home cases, all of which will receive first and second level QA reviews.

The PIP case reviews have been ongoing since March 2018. As of May 2019, there were 34 cases with a status of "approved and final" entered in the CFSR Online Monitoring System (OMS). Of those cases, 19 were foster care, 11 were in-home, and 4 were differential response cases. For Safety Outcome 1, a large proportion (n=14) of the reviewed foster care cases were considered "not applicable." Of those applicable, 3 were substantially achieved, 2, not and 2 not achieved. Comparatively for the 11 in-home cases, three cases were considered "substantially achieved." Two cases were "not achieved" and six cases were "not applicable."

For Safety Outcome 2 and foster case cases, an area of strength was Item 3 (risk and safety management). Comparatively for the in-home cases, Item 3 was rated as an "area in need of improvement" (ANI) in 7 of the 11 cases reviewed. A strength rating was identified in 4 of the 11 cases. For the 11 foster care cases rated, 3 were (ANI) and 8 were rated as, "strength." For all the differential response cases, there were no strengths identified for Safety Outcomes 1

and 2. Of the four cases, three were rated not achieved for Safety Outcome 1 and four were not achieved for Safety Outcome 2.

For Permanency Outcome 1 of the 19 foster care cases, 2 were rated substantially achieved, 14 partially achieved and 3 not achieved. Practice strengths applied to eight cases for Item 4 (stability of foster care placement). Conversely, Item 6 (achieving reunification, guardianship, adoption, or other planned permanent living arrangement) was an ANI for 15 of the 19 cases. For Permanency Outcome 2, 11 cases substantially achieved the outcomes, 1 case did not achieve the outcome, and 7 cases partially achieved. Within Permanency Outcome 2, Items 9 and 10 (preserving connections and relative placement) were strong areas of performance.

For Well-Being Outcome 1 and the 19 foster care cases reviewed, four cases were substantially achieved, eight cases were partially achieved, and seven cases were not achieved. Item 12 and Item 12 (Subpart B) were ANIs. Item 15 was a key ANI as well. For Well-Being Outcome 2, 15 cases were in substantial conformity. Items 16 and 17 were areas of strength.

For the 11 in-home cases, well-being ratings were similar with ANIs for Items 12, 12a and 12b. Items 13, 14 and 15 were also rated as ANIs. For Well-Being Outcome 2, practice was strong with 7 of 11 reviewed cases being substantially achieved. One was partially achieved and three were not achieved. For the differential response cases, Well-Being ratings indicated ANIs for Items 12, 12a, 12b as well as Item 15.

FY2021 APSR Update

| Child and Family Services Review (CFSR) Round 3 District of Columbia: Program Improvement Plan (PIP) Measurement Plan Goals ⁸ Case Review Items Requiring Measurement in the PIP <i>Prospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted March 2018 - February 2019⁷</i> | | | | | | | | | | |
|--|---|---|---|---|----------------------------------|---------------------------|--------------------------------------|-----------------------|---|---|
| CFSR Items Requiring Measurement | Item Description | Z value for 80% Confidence Level ¹ | Number of applicable cases ² | 2% Tolerance Applied to Min. Applicable Cases | Number of cases rated a Strength | PIP Baseline ³ | Baseline Sampling Error ⁴ | PIP Goal ⁵ | Adjusted PIP Goal ⁶ 2 Months | # of Cases Rated a Strength Needed to Meet PIP Goal |
| Item 1 | Timeliness of Initiating Investigations of Reports of Child Maltreatment | 1.28 | 30 | 29 | 20 | 66.7% | 0.11016486 | 77.7% | 76% | 23 of 30 |
| Item 2 | Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care | 1.28 | 30 | 29 | 14 | 46.7% | 0.11658753 | 58.3% | 57% | 17 of 30 |
| Item 3 | Risk and Safety Assessment and Management | 1.28 | 76 | 74 | 39 | 51.3% | 0.07338761 | 58.7% | 58% | 44 of 76 |
| Item 4 | Stability of Foster Care Placement | 1.28 | 51 | 50 | 36 | 70.6% | 0.08166794 | 78.8% | 78% | 40 of 51 |
| Item 5 | Permanency Goal for Child | 1.28 | 51 | 50 | 22 | 43.1% | 0.08876976 | 52.0% | 51% | 26 of 51 |
| Item 6 | Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement | 1.28 | 51 | 50 | 13 | 25.5% | 0.07811208 | 33.3% | 32% | 16 of 51 |
| Item 12 | Needs and Services of Child, Parents, and Foster Parents | 1.28 | 76 | 74 | 14 | 18.4% | 0.05691798 | 24.1% | 23% | 18 of 76 |
| Item 13 | Child and Family Involvement in Case Planning | 1.28 | 70 | 69 | 18 | 25.7% | 0.06686531 | 32.4% | 31% | 22 of 70 |
| Item 14 | Caseworker Visits With Child | 1.28 | 76 | 74 | 45 | 59.2% | 0.0721567 | 66.4% | 65% | 50 of 76 |
| Item 15 | Caseworker Visits With Parents | 1.28 | 66 | 65 | 15 | 22.7% | 0.06602749 | 29.3% | 28% | 19 of 66 |

As of December 31, 2019, the District completed the measurement plan, baseline year, case reviews. The baseline review period is March 2018 to February 2019, using monthly “period under review” (PUR)/sample periods with start dates beginning June 2017 - May 2018. Analysis of the case reviews determined the District’s performance goals for the following items: Items 1-6 and 12-15. Additionally, this baseline year performance table houses the summary of performance and adjusted PIP improvement goals, thereby accounting for the period of overlap between the baseline period and the PIP implementation period. The District of Columbia has two months of overlap based on a PIP implementation period beginning January 1, 2019 and the baseline period ending February 28, 2019. The PIP case review period, and first measurement year, began in March 2018 and will extend potentially through March 2022 to incorporate the non-overlapping period, which consists of two full AFCARS periods after the PIP implementation period ends

Baseline Year Summary Analysis

Of the 10 items reflected in the baseline year performance table, the items with the highest number of strength ratings included Item 4 – Stability of Foster Care Placement. The total number of applicable cases was 51 with 36 cases rated as a strength (71 percent). For Item 1 – Timeliness of Initiating Investigations, the total number of cases in the baseline year was 30 with strength ratings for 20 cases (67 percent). For Item 14 – Caseworker Visits, 45 of the 76 applicable cases were rated as a strength (59 percent). Lastly, for Item 2 – Risk and Safety Assessment and Management, 39 of the 76 applicable cases received ratings of a strength (51 percent).

District Strategies to Meet Minimum Applicable Case Requirements to Evaluate Achievement of PIP Measurement Goals

As noted, the District’s case review time frames began in March 2018 and will extend potentially through March 2022 to incorporate the non-overlapping period, which consists of two full AFCARS periods after the PIP implementation period ends. The District of Columbia strategies to meet the minimum number of applicable case requirements by item will include the following activities:

3. Extending the measurement period up to 15 months: The District will extend the 12-month measurement period in monthly increments ranging between 13-15 months to meet the applicable case count by item pursuant to the baseline case analysis.
4. Targeted case sample identification/case removal: The District will review 76 cases in years 2 and 3 of the PIP, with the aims of ensuring meeting the minimum applicable case count by item.

- Of the 6 or 7 cases reviewed monthly, the District will examine the item applicability of the sample cases identified each month by moving down the randomly ordered sample frame and targeting cases for review for the second half of the random sample for foster care and in-home services that meet both the sample requirements and the item applicability criteria. For example, ensuring that of the 6 or 7 cases reviewed for the second half of the random sample, minimally 3 cases (2 foster care cases and 1 in-home services case) meet the item applicability criteria.

At present the District is not considering a monthly review of additional cases. Rather, the District will apply the two aforementioned strategies for extending the measurement periods and the targeted case sample identification/removal process to meet the item applicability criteria of the PIP measurement plan. Additional measurement plan changes include the adjustment of Year 2 ending in March 2020, rolling monthly sample periods, and PUR.

State Conducted Child and Family Service Case Review

CFSA has used a successful method for the State Conducted Child and Family Service Reviews and will utilize the similar infrastructure for Round 4 with the addition of the six staff members who conduct the PIP case reviews, giving an additional level of expertise. CFSA will evaluate resources and begin planning when necessary.

Analysis and dissemination of quality data

Data integrity is a widely used term to reference one of the major components of an information security environment. Data integrity is concerned with maintaining the accuracy of data, which can be compromised by modifications that are unauthorized, unanticipated, or unintentional. Organizations across the globe in every industrial sector are constantly under increasing pressure and scrutiny to maintain the accuracy, consistency, and reliability of data that is stored in their respective databases. CFSA is no exception, especially when it comes to reporting client data to the federal and local government agencies. PAQIA completed a broad-based Agency analysis to evaluate the quality of services and to identify strengths and ANIs.

FY 2021 APSR Update

PAQIA Analysis Results

The following reviews are examples of analyses completed by PAQIA. PAQIA shares the results with the program staff who then target strategies for improvement.

- ▶ **Acceptable Investigations:** PAQIA reviewed a statistically significant randomized sample of 196 referrals at a confidence level of 95 percent with ± 5 percent margin of error for closed CPS investigations. The review examined the quality of practice during essential

CPS investigatory actions. During this review, 84 percent of the referrals were deemed as acceptable, which was a 11 percentage-point improvement from the last review in spring 2019.

- ▶ The CPS administration used the 2018 review to develop targeted strategies for improvement. The CPS administration in collaboration with PAQIA completed a non-representative sample mid-year to determine mid-course corrections that were still needed. The areas that needed improvement were reinforced during supervision and management discussions of the review results. This approach contributed to the 11-percentage point increase in the 2019 review.
- ▶ **Community-Based Services Referrals:** The purpose of the review is to determine whether CFSA was able to connect families with a low-to-moderate risk level to the appropriate service through one of the Collaboratives or other community-based agency. The review is completed jointly by CFSA and the Agency’s Court Monitor, the Center for the Studies of Social Policy (CSSP). During the July 2018-March 2019 monitoring period, PAQIA reviewed a statistically significant sample of 148 referrals at a confidence level of 95 percent with ± 5 percent margin of error for closed CPS investigations and family assessment referrals during February 2019. Of the 148 families reviewed, 104 families were determined not to apply to this requirement for one of the following reasons: no service needs were identified for the family, the family was already receiving services, or service needs were identified but the families declined services. Of the remaining 44 families, CFSA staff linked 26 (59 percent) to services. CFSA and CSSP jointly completed an additional review during the April-December 2019 monitoring period. PAQIA reviewed a statistically significant sample of 90 referrals at a confidence level of 95 percent with ± 5 percent margin of error for closed CPS investigations during September 2019. Of the 90 families reviewed, the requirement did not apply to 50 families for one of the following reasons: no service needs were identified for the family; the family was already receiving services; or service needs were identified, but the family declined services. Of the remaining 40 families, CFSA staff linked 22 (55 percent) families to services.
- ▶ **Disengaged Youth:** A quarterly report provides the analysis of CFSA’s efforts to improve outcomes for disengaged youth,⁶⁵ including the identification of supports to reconnect this population. As of FY 2020-Q1, the benchmark for re-engagement of older youth in education/career services was 70 percent; performance for FY 2019 was 75 percent.

⁶⁵ CSFA defines “disengaged youth” as any older youth who is not involved in an education, vocational training or employment program at the beginning of each fiscal year. The Office of Youth Empowerment works diligently with these older youth throughout the year to link them to one of the areas where youth express an interest.

- ▶ **Educational Neglect Reporting:** These monthly and quarterly reports (school advisory period) provide the number of referrals, referral source, trajectory of referrals, program area that case managed the family, findings of the referral, and number of children ages 5-to-13 that the Agency case-managed at the time of the educational neglect referral. The quarterly report highlights trends. PAQIA shares the report with the city-wide EveryDay Counts Taskforce⁶⁶ and the EveryDay Counts Data Committee. In school year (SY) 2018-2019, there were a total of 5,020 calls for educational neglect. CPS screened out the majority of calls (3,899, or 78 percent) due to the allegations not meeting the requirements for a child welfare response. CPS accepted the remaining 1,121 calls for a child welfare response, either through an investigation or through the Family Assessment track.⁶⁷ . Forty-six percent (n=514) of the accepted calls received an investigation, and the remaining 54 percent (n=607) received Family Assessment services. At the time that the final report for SY 2018-2019 was completed, 442 of the of the investigations had been completed, and the overall disposition on 228 (52 percent) of these referrals was substantiated. (Investigations can include multiple allegations and this disposition may or may not have been on the allegation of educational neglect.) Thirty-seven percent (n=37) of accepted investigations were unfounded, eight percent (n=35) received an incomplete disposition, and four percent (n=16) had a disposition of “inconclusive”.
- ▶ **Good Faith Effort (GFE):** This one month-per-quarter review examines whether Entry Services has conducted all the required activities to meet the GFE standard on CPS investigations. PAQIA notifies Entry Services’ senior management of the findings. Good faith efforts help to determine compliance with timely initiation of the investigation. The data for timely initiation in FY 2019 ranged from 88 percent to 93 percent and in FY 2020 from 90 percent to 96 percent through FY 2020-Q2.
- ▶ **Hotline Call Quality Assessment:** This review examines the appropriate management and quality of 10 Hotline calls per month. Its purpose is to determine whether the Hotline staff is asking relevant questions, demonstrating appropriate customer service, and accurately completing a referral summary. At the end of the assessment, the QA team makes the determination as to whether they agree with the Hotline’s decision on accepting or screening out the calls. PAQIA notifies CPS senior management of the quarterly findings. During Q3 (April-June) 2019, the QA review indicated that Hotline workers applied customer service skills 95 percent of the time (on average) throughout the duration of a call. Also, on average, the Hotline workers

⁶⁶ The Every Day Counts! Taskforce is a partnership of diverse District of Columbia agencies and stakeholders that collectively advance and coordinate strategies to increase student attendance and reduce truancy.

⁶⁷ As noted earlier in the APSR, CFSA discontinued the Family Assessment track as of April 1, 2019.

gathered information on the alleged victim child 86 percent of the time. Additional data included the gathering of information on the alleged maltreater (88 percent of the time, on average) and gathering safety-related information (87 percent of the time, on average). The CPS workers entering written narratives into FACES.NET included information that was consistent with information provided by the reporter 74 percent of the time (on average). Lastly, QA agreed with the Hotline supervisory screening decision 100 percent of the time.

- ▶ **Missed Visit Efforts – Parent/Worker (Monthly):** This monthly review determines whether cases are in compliance for parent-social worker visits during the first 90 days after a child’s entry into care, and whether cases meet the acceptable effort threshold for a missed visit. Reviews of missed visits’ efforts help to determine compliance with parent-social worker visits. The data for parent-social worker visits ranged from 50 percent to 90 percent in FY 2019 and from 65 percent to 76 percent in FY 2020 (through March 2020). Due to the decline in performance, PAQIA is now partnering more closely with the program areas to discuss the efforts made and how efforts are documented. The secondary review process includes administrators, program managers, and case-carrying supervisors. The program staff who participate are expected to bring the feedback back to their teams. In addition, PAQIA continues to send out the individual audit results to all supervisors to share with their teams and is available to attend team meetings.
- ▶ **Missed Visit Efforts – Parent/Child (Quarterly):** This quarterly review determines whether cases are in compliance for parent-child visits, and whether cases meet the acceptable effort threshold for a missed visit. The missed visit efforts audit helps to determine compliance with parent-child visits. The data for parent-child visits ranged from 78 percent to 88 percent in FY 2019 and from 74 percent to 76 percent in FY 2020 (through February 2020). The same efforts that are occurring for parent-social worker visits are also occurring for parent-child visits.
- ▶ **Four+ Audit:** The monthly audit applies to all CPS investigation referrals with a history of four or more documented reports (Four+ Eligibility) to determine whether supervisors have conducted timely and appropriate consults with their direct reports.
- ▶ **Executive Office of the Mayor (EOM) CPS Report:** This monthly report, developed on behalf of the Entry Services’ deputy director, summarizes the monthly results for CPS referrals and investigation outcomes. The report tracks any changes and identifies trends.
- ▶ **Monthly CQI Review:** PAQIA reviews trends around selected benchmarks, and subsequently presents the data to CFS program administrators, program managers, and supervisors during monthly data meetings. Meeting participants identify barriers to

completing those benchmarks, in addition to discussing possible solutions to those barriers. During FY 2020, the Monthly CQI Review transitioned to a CQI process called the Finish Line. Program managers in all administrations present data on the 24 exit standards that remain under the LaShawn V. Bowser Exit and Sustainability Plan. The program managers present data, underlying reasons and strategies for improvement to a panel of executive leadership members. Each month, the program managers discuss whether the strategies have achieved the intended results. This CQI process has yielded consistent improvement in performance month after month. PAQIA supports the efforts of the program managers and their program data analysts to prepare for the monthly CQI process. Most recently CFSA met 12 of the new Exit and Sustainability measures and is trending in the right direction for the remaining 12.

- ▶ **Youth Transition Plan (YTP) Review:** This bi-annual review examines a year's worth of YTPs for all youth who age out of the foster care system or who will have their case closed prior to their 21st birthday. The purpose of the YTP review is to determine whether the youth completed transition planning in accordance with CFSA policy and the LaShawn Exit and Sustainability standards. The review also examines whether that planning was customized to support the youth's individual needs for growth and development, including connections to the appropriate services and resources. The last review, which occurred in FY 2019, revealed that 91 percent of eligible youth had a YTP customized to support their individual needs for development. The next review is scheduled to be held in July 2020.
- ▶ **Permanency Tracker Dashboards:** PAQIA works with the District's Office of the Chief Technology Officer and CFSA's Child Information Systems Administration to develop a Permanency Tracker dashboard, utilizing MicroStrategy⁶⁸ business intelligence software that will track progress toward each positive permanency goal (reunification, guardianship and adoption). The dashboards should permit the identification and alleviation of systematic or other barriers towards progressing towards timely permanency. In FY 2020, CFSA, with technical assistance support from Chapin Hall, will help determine a measurement framework and how to best make meaning from the dashboard in a systemic manner.
- ▶ **Placement to Kin Analysis:** PAQIA conducted an analysis of all placement entries and re-entries between October 2017 and February 2019 to examine successful efforts toward placing children with kin. Based on the analysis, the time-limited work group

⁶⁸ The MicroStrategy Intelligence Platform delivers enterprise and departmental intelligence. The platform helps fix short-term problems as well as helping organizations build a foundation for long-term success. With every engagement, the platform seeks to boost user and functional adoption, accelerate time-to-value, and arm the customers with the skills, frameworks, and best practices that agencies need to become truly self-sufficient.

that conducted the analysis also made recommendations for improving the kinship placement process. The analysis included (1) the number of children placed immediately with kin; (2) the number of children who had a later placement with kin; (3) placement stability with kin, regardless of whether it was their first placement or not; (4) how long it took to get children placed with kin when it was not their first placement, and (5) barriers to kinship placement as the first and best placement. The analysis found that of the 523 children who entered/re-entered foster care in FY 2018 and FY 2019 through February 11, 2019, 31 percent (n=164) of these children were initially or eventually placed with kin. Twelve percent (n=64) were placed directly with kin and an additional 19 percent (n=100) were placed with kin after first being placed in a non-kinship setting. For the children who were not placed directly with kin, it took an average of 46 days to place the children with kin. There was a high degree of stability for children placed with kin, either directly or in a subsequent placement, with 88 percent of the youth (n=145) continuing to reside in their kinship placement at the time of the analysis being completed. In addition, of the 19 children who disrupted from their kinship provider, 42 percent were immediately or eventually placed with another kinship provider. The barriers to kinship placement as the first and best placement included after hours removal (n=48), licensing regulations (n=41), identification of kin (n=22), family temporarily unavailable (n=17), family dynamics (n=17), and engagement of kin (n=16). Primary barriers included the kin's residence in Maryland (n=9), family reluctance (n=6), and kinship refusal (n=3). Multiple barriers could be identified for any case.

- ▶ **Mental Health Evaluation:** PAQIA is collaborating with the Office of Well Being (OWB) to evaluate the new Mental Health Redesign, which was launched in October 2018. The 18-month evaluation will measure the effectiveness of hiring in-house therapists and a psychiatric nurse practitioner to provide mental health assessments, medication management, and therapy to clients of CFSA. A draft evaluation plan is currently under review by OPPPS and OWB leadership. Approval of the plan is expected in July 2019, with implementation to begin in September 2019" (see Goal 3).

Repeat Maltreatment Analysis: The repeat maltreatment performance and analysis is discussed in the Assessment of Performance Safety Outcome 1, Strategy 1.1 section.

The rate increased in FY 2018 from 11.8 percent in FY 2017 to 16 percent in FY 2018. When looking at the 212 children who first experienced a substantiation in FY 2017 with a second substantiation within the following 12 months, after the first substantiation (S1), 13 percent of children continued with the in-home case they had prior to the first referral in 2017, and 55 percent of children had a new in-home case opened following this initial referral. Two percent

of children had a foster care case that was already open at the time of the initial referral, and five percent had a new foster care case opened. Twenty-five percent of the youth had no case opened after the first substantiation in FY 2017. After the second substantiation, 53 percent of youth already had an in-home case open, and 11 percent had a new in-home case opened. Six percent of youth already had an open foster care case, and 12 percent of youth had a foster care case opened after the second referral. Eighteen percent of the youth had no case opened after the second referral. In summary, 92 percent of all repeat maltreatment cases will result in an in-home case after the first occurrence of maltreatment during this time period and 77 percent will remain an in-home case after a subsequent investigation in the following 12 months. Four out of the top five allegations were the same in both the first and second substantiations: inadequate supervision, exposure to domestic violence, educational neglect, and caregiver incapacity. Medical neglect was the last allegation in the top five for the first substantiation but was not in the top five for the second substantiation, and physical abuse was not in the top five for the first substantiation but was in the top five for the second substantiation.

A qualitative review was completed on the cases where the second substantiation occurred after the children were placed in foster care.

Of the families that received a second substantiation within 12 months of the first referral, 6 percent (n=12) had foster cases opened prior to the second referral. The present analysis examines the circumstances of the substantiations discovered while children were in foster care. The first and second substantiated allegations were different in 10 out of 12 cases (83 percent). The most-prevalent substantiations for S1 were physical abuse (n=4; 33 percent) and caregiver discontinues/seeks to discontinue care (n=4; 33 percent). The most-prevalent substantiation for S2 was sexual exploitation/sex trafficking by a non-caregiver (n=4; 33 percent). The maltreater identified in the first substantiation was also identified as a maltreater in the second substantiation in half of the cases (6 out of 12).

In 8 of the 12 cases (66 percent), the second substantiation occurred while the child was in care; however, differences were observed based on the child's age. For children ages 0-5, the second substantiation occurred while the child was in care for all cases (n=3; 100 percent). The maltreater in all cases was a birth parent. In 2 of the 3 cases, the second substantiation occurred while the child was on an unsupervised visit. For children ages 6-12, the second substantiation occurred while the child was in care (1 of the 5 cases, 20 percent). The second substantiation was for sexual exploitation/sex trafficking. For youth ages 13-17, the second substantiation occurred while the child was in care (n=4; 100 percent). In 3 of the 4 cases, the second substantiation was for sexual exploitation/sex trafficking.

In 9 of the 12 cases (75 percent), an adult (e.g., birth parent or caregiver, social worker, or police officer) called in the allegations for the second substantiation. However, there were differences based on the child's age. For example, an adult called in the S2 allegations for all the cases (n=7) where the children were ages 0-5 and youth were ages 13-17. For children ages 6-12, an adult called in the S2 allegations for 2 of the 5 cases (40 percent). In the other 3 cases, the victim child reported prior abuse and/or neglect to their foster parent. Future evaluations of repeat maltreatment will continue to account for differences by age groups with an examination of trends in substantiations, maltreaters, and allegation reporting for 0-5 years, 6-12 years, and 13+ years.

Data Quality Committee

As described earlier, CFSA created the Data Quality Committee as part of an intentional commitment to ensure data quality, accuracy and integrity.

Feedback to Stakeholders and Decision-Makers/Adjustment of Programs and Process

As discussed in the Collaboration section, CFSA provides feedback to and seeks input from stakeholders who inform adjustment of resources, programs, and practice.

Quarterly CQI Report and Facilitated Discussions

PAQIA monitors and analyzes performance data across the Agency, and partners with program areas to promote further improvement, including 1) publishing the Four Pillars Scorecard and Mayor's Performance Plan, 2) partnering with leadership and the Agency's Child Information Systems Administration to conduct further quantitative and qualitative analyses on data as needed, 3) serving as liaison to CSSP, 4) monitoring compliance with the LaShawn exit benchmarks, 5) partnering with program areas to promote achievement and maintenance of these benchmarks, 6) compiling and validating data for submission to CSSP, and 7) keeping leadership apprised of Agency performance.

FY 2021 APSR Updates

In addition to PAQIA's CQI function, each administration has a data analyst that works in collaboration with PAQIA and directly with the program staff. The programmatic data analyst reviews administrative and other available data to analyze it and then assists with deeper data dives to understand underlying reasons, develop theories of change, and incorporate strategies to improve.

In FY 2019, PAQIA partnered with Program Operations during the monthly meetings to engage supervisors, program managers, and administrators to enhance their abilities for becoming data-driven in management and practice. Discussions included barriers to meeting benchmarks and generating solutions. Also discussed were trends around entries and exits, engagement of clients, medical and dental appointments, and case planning. FY 2019 continued to see a decrease in the number of children in foster care, with a 5 percent decrease from September 30, 2018 to September 30, 2019. In addition, the percentage of children exiting to positive permanency (reunification, adoption or guardianship) increased from 84 percent in FY 2018 to 87 percent in FY 2019. More than one in four children aged 18+ exited to positive permanency in the fiscal year.

With the successful renegotiation of the LaShawn lawsuit to decrease the number of benchmarks from 88 to 24, and subsequent launch of the “Race to the Finish Line” process, the monthly CQI meetings became duplicative and were discontinued in early FY 2020. PAQIA continues to collaborate with the program areas in the monthly Finish Line meetings. During these meetings, data “champions”, who are generally program managers from case-carrying units present their progress toward meeting the remaining benchmarks to Agency leadership. In advance of these meetings, PAQIA assists by pulling the data, updating visualizations, and assisting in the discussion of challenges and barriers. During the meeting, the “champions” present the data and answer any questions members of the panel have.

PIP Integration and CQI

In the development of the PIP, CFSA incorporated CFSR findings for developing strategies and action steps to improve practice. Specifically, in the areas of supervision and TPR, CFSA developed action items based on feedback loops with court partners around TPR to create a CQI system that will ensure the timely filing of a TPR. CFSR findings indicated court-related issues that impact timely achievement of permanency.

As cited above, the CFSR revealed that the District did not routinely file TPRs by 15 of 22 months. To meet the TPR federal requirement, the Office of the Attorney General developed an internal tracking system for reviewing each applicable case and ensuring that all applicable cases have a TPR filed or that the case has a documented compelling reason not to file. In addition, the assistant attorneys general and the Family Court are reminded to complete the appropriate TPR sections on court orders at all permanency hearings. PIP action steps also utilize the Family Court CQI system to review permanency hearing orders and to validate process integrity for the following circumstances:

- When orders do not meet statutory requirements, judges receive notification by email so that deficiencies can be corrected by amended order or at the next hearing.

- If the judges and hearing participants do not discuss the TPR at the first permanency hearing, then the judge will receive notification that it must be addressed by the second permanency hearing.

Relative to integration of PIP strategies into CFSA's CQI processes, the CFSR identified Agency supervision as an ANI. In response, CFSA has incorporated the utilization of a CQI model to improve supervisory practice. The objective of the supervision-based PIP activity is to improve consistency in practice across Agency units and to infuse a clinical supervisory and critical thinking approach to practice.

CFSR findings also reported a lack of consistency in the way social workers are approaching successful engagement of families. While many of the cases reviewed showed good overall casework practice, other cases displayed a lack of fidelity to policy, procedures, training, and practice models. Supervision was not identifying or addressing the inconsistencies. CFSA intends to implement coaching support and clinical guidance for supervisors across Agency units to improve quality and consistency in practice.

Overall, CFSA has a well-functioning QA system. The Agency is committed to ensuring consistent implementation of a comprehensive Agency-wide CQI process, utilizing the Plan-Do-Study-Act (PDSA)⁶⁹ model to actively engage the Agency and stakeholders in the work of discovering problems, testing solutions and adjusting programs as needed to impact outcomes. Through PDSA implementation, CFSA will further integrate the CQI process across Agency administrations, inclusive of CFSA's contracted agency partners. To this end, CFSA continues its commitment to engaging internal and external stakeholders to identify and understand the issues, develop a theory of change, adapt or develop a solution, implement the solution and monitor the results.

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Level of Care Evaluation Analysis

As a part of DC CFSR PIP, the Performance Accountability and Quality Improvement Administration (PAQIA) completed an evaluation of the Level of Care model PAQIA utilized Tableau business intelligence software to combine all available months of the LOC tracking, and determined that of the 1,335 families with an assigned level of care during January 2018-September 2019, 206 families (n=15%) were reported to have intensive as their initial level of care. A randomized sample of 101 families was selected for the review. Seven team members from OPPPS and four team members from In-Home completed the review in January 2020.

⁶⁹ Plan-Do-Study-Act Cycles are evidence-based methods for testing changes, and acting on what is learned, i.e., action-oriented learning.

FACES documentation was reviewed for each case to determine when the initial case plan was completed, and whether a formal or informal teaming meeting had occurred within 60 days of the initial case plan. A SurveyMonkey tool was completed for each case.

The evaluation found that, overall, there is mixed fidelity to the Level of Care Model. Seventy-six percent of the intensive families have completed the teaming meetings within 60 days of the initial case plan per the guideline. The remaining teaming meetings occurred prior to the development of the case plan (19%) or beyond the 60 days (5%). There is poor fidelity to the visitation requirements for intensive families, better fidelity to visitation requirements for intermediate families, and strong fidelity to visitation requirements for families at the graduation level (these visitation requirements mirror pre-existing expectations for in-home visitation and is therefore built into tracking tools).

Case Transfer Process Evaluation Analysis

The Performance Accountability and Quality Improvement Administration (PAQIA) reviewed FACES.net Management Report CMT408, *Cases Transferred to In-home from CPS*, for the review period to determine the universe of cases for the review. According to the monthly management reports during the review period, 1,193 cases were transferred from CPS to In-home between October 1, 2017 and September 30, 2019. A randomized sample of 169 cases was selected for the review.⁷⁰ Six team members from OPPPS and 4 team members from Entry Services completed the review in January 2020. FACES documentation was reviewed for each case to determine the following:

- if a Pre-Case Transfer Staffing was held within one day of case opening
- If Partnering Together Conference was held within three business days of the Pre-Case Transfer Staffing.

A SurveyMonkey tool was completed for each case (n=169). Sixty completed tools (36%) were randomly selected for additional peer review by a PAQIA team member for completeness and accuracy.⁷¹ Of the 169 cases reviewed, 147 cases participated in a PCTS and/or a PTC (87%). A total of 46 cases held a PCTS only (27%), 33 cases held a PTC only (20%), and 68 cases held both a PCTS and a PTC (40%; Figure 7). Only 35 of the 169 reviewed cases (21%) completed the case transfer process with fidelity to the model (Figure 8), which requires completion of the PCTS

⁷⁰ The sample size for the review was calculated at a 95% confidence interval and a 7% margin of error.

⁷¹ For qualitative reviews, a random subset of completed tools receive an additional level of review to ensure that the completed tools accurately reflect the information provided within the review's data sources. The size of the random subset pulled for quality control typically ranges from 25-35% of the total sample depending on the size of the sample and the number of data sources used for a particular review. If inconsistencies are found between the review's data sources and completed tools, additional tools may be reviewed for accuracy and completeness.

within one business day of case assignment to In-home and completion of the PTC within three business days of the PCTS. Neither meeting was held in 22 cases (13%).

During the 147 where a PCTS and/or a PTC was held, reasons for agency involvement (90%), recommended services & next steps (67%), and assessment results & decisions (66%) were the most-frequent discussion topics. Safety plans (29%), court involvement (13%), and transfer of care record and associated documents (4%) were the least-discussed topics.

Ninety-three percent felt that they had a chance to express their concerns during the meeting, as well as 97 percent felt included in developing solutions. In addition, when asked who had the most say in the planning and service discussion of the FTM plan, 68 percent felt that all participants had a say, 23 percent felt that family members had the most say, six percent felt that service providers had the most say, and three percent felt that CFSA had the most say.

SYSTEMIC FACTOR 4: STAFF TRAINING

OVERVIEW

CFSA's Child Welfare Training Academy (CWTA or Academy) provides child welfare professionals with initial and ongoing training that ensures an appropriate knowledge base for offering quality service to clients. In addition to understanding the Agency's policies and procedures, social workers and support workers are equipped with best practice skill sets to respond to common circumstances encountered in the field and in the office while working with children and families.

CWTA also provides pre-service and in-service training for resource parents. In-service training includes cross-training with social workers, which facilitates a mutual understanding for the quality care of in the foster care system. While CWTA's primary charge is the education of the social workers and resource parents, CWTA also offers limited training for birth parents to support their journey toward the family's identified permanency goal. All of CFSA's training fulfills the District's legal mandates for the training and licensing of social workers.

For CFSA and CFSA-contracted (private agency) case-carrying social workers and supervisors, training incorporates at least one or more of the following methods:

- ▶ CWTA Pre-Service Training: Training for new employees and supervisors is designed to provide the foundational skills necessary to perform the required duties of the new position.
- ▶ CWTA In-Service Training: Training for experienced employees is designed to develop additional skills or provide the specialized knowledge necessary to enhance an employee's current skill level.

- ▶ External Training: Training received from organizations other than CWTA trainers, including all other state or federal agencies, private consultants, or other recognized subject matter experts.⁷

For CFSA and CFSA-contract agency resource parents, training includes:

- ▶ Pre-Service Training: To orient resource parents to their roles as caregivers for CFSA's youth and children. To teach the foundational skills, knowledge, and abilities necessary to safely and efficiently care of CFSA's children and youth
- ▶ In-Service Training: To keep resource parents up to date on policy and regulation changes. To ensure continued paraprofessional development as resource parents.
- ▶ External Training: Training received from organizations other than CWTA trainers, including all other state or federal agencies, private consultants, or other recognized subject matter experts.

Qualified training staff designs, develops, and deliver the trainings offered through CFSA's training program. Based on recognized principles of adult learning, CWTA training incorporates techniques that often include group dynamics so participants can learn from peers and colleagues, maximizing input from individual and group insights. CWTA's training curricula also integrates components of the Agency's Four Pillars Strategic Framework, the recently implemented Four Priorities (Prevention, Placement Stability, Permanence and Practice), and the Agency's revised 2018 Practice Model.

The development of CWTA curricula begins when an issue, concern, or problem needs to be addressed, or when training is needed to support agency priorities, practice or policy changes. CWTA management then determines if training a segment of the population will help solve the problem. A curriculum development team makes decisions about the target audience, intended outcomes, content, methods, and evaluation strategies. As part of the curriculum development process, CWTA engages both internal and external partners during the writing of any new course. The entire process systematically organizes what will be taught, who will be taught, and how it will be taught.

Both federal and District regulations require social workers and resource parents to receive quality training prior to providing professional services to children and families. CFSA adheres to additional training requirements based on the 2010 LaShawn Implementation and Exit Plan,⁸ which mandates the following specific guidelines:

- ▶ New social workers shall receive the required 80 hours of pre-service training through a combination of classroom and on-the-job training in assigned training units.
- ▶ New supervisors shall receive a minimum of 40 hours of pre-service training on supervision of child welfare social and family support workers within eight months of assuming supervisory responsibility.

- ▶ Previously hired workers shall annually receive a minimum of five full training days (or a minimum of 30 hours) of structured in-service training geared toward professional development and specific core and advanced competencies.
- ▶ Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training.
- ▶ Pre-service training for resource parents occurs over five weeks of in-person classroom and online trainings.⁹
- ▶ CFSA and contract agency resource parents receive annually a minimum of 15 hours of in-service training.

In order to keep the entire training system carefully monitored, both for immediate needs and for long-range planning, CWTA regularly teams with several CFSA administrations, particularly the Child Information System Administration (CISA) for ongoing tracking and data management strategies that directly serve excellence in training. For all initial and ongoing training requirements, CFSA quantifies performance through consistent tracking and monitoring. Included in this process is regular incorporation of post-training evaluations, which helps the Academy to determine how effectively trainings address the basic skill sets and the knowledge base needed for staff to perform work.

CWTA adopted the CWLA Family Development Plan (FDP). The FDP is a tool intended to take potential resource parents beyond the pre-service preparation and assessment process to a focus on continued training and support. The purpose of the FDP is also to provide a formal and systematic means of (a) identifying development needs to improve knowledge and skills; and (b) comparing each resource parent's needs and abilities in the fostering role against current training offerings and to determine future training needs.

Lastly, the FDP provides a roadmap to sustain and increase knowledge and skills in each of the following five competency areas:

- Protecting and nurturing children
- Meeting developmental needs, delays, and special conditions
- Supporting relationships with birth and kin through the culture lens
- Connecting children to safe, nurturing relationships intended to last a lifetime
- Working as a member of a professional team

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The Child Welfare Training Academy (CWTA) provides both pre-service and in-service training for Agency and private agency staff and resource parents. Training methods continue to include pre-service training, in-service training, and external trainings.

Training Curricula Updates

Family First Implementation

In alignment with the Agency's submission of the Family First Prevention Plan, CWTA developed a certificate-based training and began facilitating Motivational Interviewing (MI) courses for direct service staff and supervisors. The two-day training focuses on the principles and skills of the client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors. Additionally, supervisors attend a one day session focused on the utilization of the Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP). This assessment supports clinical supervision and enhancing motivational interviewing skills for direct practice social workers. CWTA also held several supervisor brown bag sessions to review the assessment tool and key concepts of the MI curriculum with the goal to enhance fidelity to completion of the assessment too. The Agency's goal is to integrate Motivational Interviewing as a practice standard for CFSA's direct service staff.

CWTA developed a Family First Prevention Services training for Collaborative workers. This course helps to aid in performing the critical role of assessing families of the District of Columbia for danger and risk. During the training Collaborative workers also review mandated reporting requirements and gain a deeper understanding of how to determine when reports of abuse or neglect should be made to the Hotline.

As of June 23, 2020, CWTA has trained 420 direct service staff and Collaborative personnel on MI. In addition, CWTA has trained 53 supervisory staff (CFSA and Collaborative) on how to assess for fidelity in MI.

In addition to MI training, CWTA developed, updated or incorporated "training of trainers" sessions for the following courses:

- ▶ Be Strong Parenting
- ▶ Motivational Interviewing
- ▶ COVID-19 Trainings (TED Talks/Independent Studies)
- ▶ Mental Health Diagnosis in Adults
- ▶ Grief and Loss class update
- ▶ Transracial Parenting
- ▶ Parenting Specialized Populations
- ▶ Developed 6-7 Kinship workshops
- ▶ Advocacy and Child Welfare Workshop

- ▶ Lifebooks and Memory Making
- ▶ Impact on Social Media on Child Development

Resource Parent Trainings

- ▶ Based on a continuous quality improvement process and in an effort to ensure that the unique training needs of new and experienced resource parents are met, CWTA has created the Resource Parent Learning and Development program. The program includes a tiered approach to training in conjunction with a learning and development assessment called the “family development plan” (FDP). For more information, read the document, Plan.
- ▶ Tiered Approach to Resource Development located in the APSR submission of the Training Plan. This tiered approach to training was developed in response to new resource parents expressing the need for training that provided a clear step-by-step process of what to expect as a new CFSA resource parent. In addition, veteran resource parents expressed concern for not being clear on which training would best support their role. Collectively, resource parents and CWTA set out to develop a clear process for training which included a means to build on current knowledge and support continual development.

Prior to its launch, CFSA sought resource parents’ reactions and feedback by presenting the tiered approach document to the Agency’s Parent Advisory Council (PAC) and the community partners from the Foster and Adoptive Parent Advocacy Center (FAPAC).

The following four tiers introduce resource parents to the core competencies of being a resource for CFSA children and families:

Tier 1: Pre-service Training

Tier 2: Core Training

Tier 3: Training for the Experienced Resource Parent

Tier 4: Specialized Training

The competencies are from the work of the nationally recognized Child Welfare League of America as introduced in the New Generations PRIDE Model of Practice. The New Generation PRIDE Model of Practice is designed to teach knowledge and skills in five essential competency categories for resource parents:

1. Protecting and nurturing children.

2. Meeting children’s developmental needs and addressing developmental delays.
3. Supporting relationships between children and their families.
4. Connecting children to safe, nurturing relationships intended to last a lifetime.
5. Working as a member of a professional team.

These five categories of competence reach beyond pre-service training and are also integrated into recruitment, orientation, in-service training, and follow-up supports (i.e., the resource parent support worker and relicensing worker). The New Generation Pride Model of Practice is a 14-step process to develop and support resource families from recruitment through relicensing. This model of practice informs the preparation and support of resource parents by addressing the following Agency practices:

1. **PLANNING:** *What is the role that resource parents fulfill for accomplishing the Agency’s vision and mission?* The planning phase is recruitment-focused, i.e., recruiting families with a specific focus on this role.
2. **DEVELOPING:** *How does the Agency prepare resource parents to build effective engagement and communication skills for authentic relationships with birth parents and Agency staff?* The developing phase focuses on pre-service training, licensing, and a mutual assessment of the prospective resource family’s readiness to partner with the child welfare system for the care of children.
3. **SUPPORTING:** *What supports are necessary to maintain effective resource homes that continue to increase competence?* The support function is purposed to help resource families learn and grow through ongoing support, continued training and expansion of knowledge, skills, and abilities. Foster parent support workers are especially trained to reinforce the supporting phase.

CWTA also offers prospective and current resource parents free on-line training via a contract with FosterParentCollege.com, which provides interactive multimedia training courses for adoptive, kinship and foster parents on many relevant topics. This provides CFSA and partner agency resource parents access to a wide array of online training that can be accessed from their homes at any time of day.

Resource Parent Training Advisory Council

The Resource Parent Advisory Council was developed to ensure that CWTA provides a “living curricula” that expands and modifies to respond to resource parent training needs. The council convenes quarterly to discuss upcoming training options and any needs for new curriculum that is specifically geared towards resource parents. The advisory council is made up of new and seasoned resource parents who have expressed interest in participation. The advisory council

meetings provide the Agency's resource parents and CWTA staff an opportunity to partner together to evaluate the resource parent curricula. The first meeting was held on April 1, 2020. For more information, read the document Resource Parent Training Advisory Council located in the APSR Training Plan submission.

Foster Parent Training Regulation Act of 2018

In December 2018, the DC Council passed legislation called the Foster Parent Training Regulation Act of 2018. These updates mandate specialized training for resource parents when a child joins their family with any one of the following criteria:

- ▶ Is LGBTQ
- ▶ Is a victim of sex trafficking, as that term is defined in the Trafficking Victims Protection Act of 2000
- ▶ Is a child with a disability
- ▶ Is pregnant or a parent
- ▶ Has a history of violent behavior
- ▶ Is 16 years of age or older

In support of this legislation, CWTA developed a six-hour Parenting Specialized Populations course. This course complements a number of existing courses that address issues outlined in the legislation. The course provides resource parents with information on how to ensure the safety, permanency, and well-being of children in foster care who have been identified as part of a specialized population (per the Foster Parent Training Regulation Amendment Act of 2018). Participants receive information regarding the unique development needs, parenting practice, and ways to best support these children.

Per the Act, within 45 days of identifying the need for specialized training, CFSA notifies the resource parent of the requirement to complete specialized training. The Agency also determines the appropriate training course and helps the resource parent as needed to complete the appropriate training course. This process begins with the Placement Administration notifying the assigned resource parent support worker (RPSW) of the resource parent who cares for a child with specialized needs. The RPSW will then notify the resource parent of the required training and timeframes. Together, the RPSW and the resource parent work to ensure the training is completed appropriately. A resource parent's prior specialized training will count toward the requirement if the training was completed within four months prior to CFSA's notification. Specialized training is also accepted if completed one year prior to the resource parent's re-licensure date.

Communication

CFSA and Private Agency Staff: CWTA ensures that staff and external partners (i.e., private agencies, congregate care providers, and sister agencies) are aware of CWTA's training offerings. CWTA uses email training advertisements to inform staff about training courses, events and sessions.

Resource Parents: In similar fashion to training for case-carrying social workers and other staff, CWTA ensures that resource parents are aware of CWTA's training offerings.

1. *theSOURCE*, CWTA's quarterly newsletter, provides a list of all training courses available to resource parents along with a list of online training options. This newsletter is distributed by postal mail and electronic mail.
2. RPSWs provide information during home visits regarding training courses and options.
3. The Agency's resource parent newsletter, *Fostering Connections*, also provides information regarding new and upcoming training opportunities.

CWTA Response to COVID-19 Pandemic

During the COVID-19 pandemic, CWTA has shifted all pre-service and in-service training sessions to virtual platforms. Pre-service training sessions for direct service staff are offered via Microsoft Teams. In-service training for direct service staff is offered via WebEx. All pre-service training and in-service training sessions for resource parents is offered via WebEx.

To accommodate the virtual platforms, CWTA trainers reorganized course content to include independent study as a part of the live online training sessions. For potential resource parents, CWTA contacts the individuals prior to the start of the session to determine their ability to connect to the training session with both video and microphone.

As part of CWTA's virtual training redesign, the CWTA trainers have also developed knowledge checks for each pre-service and in-service virtual training session. These knowledge checks are provided via a third-party application immediately following virtual training sessions. Each knowledge check contains between 10-15 questions related to the training offered. The checks ensure participants are obtaining and retaining necessary information. The checks also verify attendance. Participants must score a minimum of 80 percent on the knowledge checks in order to receive their certification of completion and continuing education units.

PERFORMANCE

In 2016, the federal Children's Bureau partnered with CFSA to conduct the Child and Family Service Review (CFSR). Based on the CFSR results, and CFSA's Statewide Assessment, CFSA received a strength rating for the Initial Staff Training, Ongoing Staff Training, and Foster and Adoptive Parent Training indicators. The CFSR found CFSA to be in substantial conformity for

staff and provider training. CFSA continues to strive to maintain substantial conformity in this area.

To measure CFSA's capacity to achieve excellence in training, the Agency relies on several practice benchmarks, including pre-service and in-service training. The benchmark for pre-service training hours of direct service staff and supervisors is 90 percent. The benchmark for pre-service training hours of resource parents is 95 percent.

During the period of July 2017 – June 2018, 84 percent (n=41) of applicable direct service staff completed the required 80 pre-service training hours. For the same time period, of the direct service supervisors that required pre-service training, 100 percent (n=13) completed the required 40 hours. During calendar year 2018, there were 139 CFSA and contracted agency resource parents licensed. Eighty-six percent (n=120) completed the required 30 pre-service training hours.

To measure completion of in-service training hours, the benchmark is 80 percent for both direct service staff and supervisors. The benchmark for in-service training hours of resource parents is 95 percent.

For the period of July 2017 – June 2018, 88 percent (n=211) of applicable direct service staff completed the required 30 in-service hours. For the same time period, 91 percent (n=67) of the direct service supervisors completed the required 24 in-service hours. During calendar year 2018, there were 309 CFSA and contracted agency resource homes. Fifty-four percent (n=168) completed the required 15 hours of in-service training for a one-year license and 30 hours of in-service training for a two-year license.

Feedback

As mentioned earlier, CWTA receives post-training evaluations in the form of an online survey sent to class participants immediately after the conclusion of the training session. Questions range from the overall quality of the training to whether trainees experienced improved understanding of the subject matter. Trainees also respond to whether the learning activities promoted skill building for them. Survey questions include how knowledgeable trainers are on subject matters, the effectiveness of training styles, open-ended questions for participants to suggest changes, improvements, and suggestions for specific training topics in the future.

For the time period of February 28, 2019 to April 9, 2019, there were approximately 25 pre-service and in-service trainings conducted for staff. Post-training evaluations for this time period totaled 136 completed surveys. Of the responding trainees, 64 percent were social workers and 13 percent were social work supervisors.¹²

Developing the Child and Family Services Plan (CFSP) included engagement of staff from CFSA's Office of Entry Services and the Program Operations' Permanency Administration, including social workers, supervisors and managers. Staff completed surveys in May 2019 regarding the Agency's work in the areas of CFSP's outcomes and systemic factors.

Entry Services staff, which includes Child Protective Services (CPS) staff, consisted of 31 respondents. CFSA's Office of Planning, Policy, and Program Support (OPPPS) collected the following information in regard to pre-service and in-service training:

- 67 percent of respondents reported that initial trainings supported their case management activities; 30 percent responded in the negative. The remaining respondents "did not know" the impact of training on their case management.
- 80 percent of respondents reported that ongoing trainings supported their case management activities; 20 percent responded in the negative.

Program Operations staff, which includes Permanency staff, consisted of 13 respondents. OPPPS collected the following information from these staff members in regard to pre-service and in-service training:

- 25 percent of respondents reported that initial trainings supported their case management activities; 33 percent responded in the negative. The remaining respondents "did not know" the impact of training on their case management.
- 50 percent of respondents reported that ongoing trainings supported their case management activities; 42 percent responded in the negative. The remaining respondents "did not know" the impact of training on their case management.

As part of the Agency's annual Needs Assessment development process, OPPPS surveyed 199 child welfare professionals in May 2019 to determine satisfaction regarding various areas of Agency practice, including training. CFSA staff, including direct service supervisors, had access to 121 surveys. There were 44 respondents to the specific training-related question, "What training topics, if any, would you suggest to enhance the support provided to children and families in the District?" Some responses included effective court writing, dealing with challenging behaviors, cultural competency, coaching parents for careers or vocation, and working with parents diagnosed with cognitive delays. In addition, there were 63 resource parents surveyed for the Needs Assessment. There were 22 respondents to the training related question, "What training topics, if any, would you suggest to enhance the support provided to children and families in the District?" Some responses included coping with death and loss for youth, dealing with mental health needs for resource parents, specialized training on dealing with runaways and challenging or trauma-related behaviors of youth, and parent 101 classes for resource parents specifically for infants (e.g., feeding, sleeping, child development).

MAINTAINING SUBSTANTIAL CONFORMITY

Performance data discussed earlier in this section show that CFSA was not able to meet the benchmark for pre-service for direct service staff as well as pre-service and in-service for foster and adoptive parents. However, in all other areas, including pre-service for supervisors and in-service for direct service staff and supervisors, CFSA met and surpassed the benchmark.

Collectively, Needs Assessment feedback from internal and external stakeholders was mainly positive and indicated that there are numerous strengths within the training program. Training participants found trainers to be knowledgeable and the majority of trainings informative with good material. Participants also reported receiving insight on how to work effectively with families and resource parents; they felt able to take the concepts from training and apply it to the work they do.

Some feedback indicated concerns that training does not accurately reflect current practice, and that policy in general needs to be clear for staff and management. Additional feedback addressed the benefits of more field training versus classroom training, i.e., there seems to be a heavier emphasis on textbook learning versus real life learning. Some participants reported that training materials need to be updated to reflect changes in practice, client population, and larger societal concerns.

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The Agency's benchmark for newly hired direct service staff to complete their required 80 hours of pre-service training is 90 percent. During the period of July 2018 – June 2019, 89 percent (n=57) of applicable direct service staff completed the required 80 pre-service training hours. This is a five-point increase from the prior year.⁷²

The Agency's benchmark for newly hired supervisors to complete their 40 pre-service hours is also 90 percent, allowing completion within eight months after assuming supervisory responsibility. For the same time period of July 2018 – June 2019, 100 percent (n=10) of the direct service supervisors completed the required 40 pre-service training hours. This percent is consistent with 100 percent for 2017 – 2018.⁷³

The District standard is 95 percent for resource parents completing a minimum of 30 pre-service hours. During calendar year 2019, there were 133 CFSA and contracted agency resource parents licensed. Eighty-nine percent (n=119) completed the required 30 pre-service training hours. This is a three-point increase from the prior year.⁷⁴

For completion of direct service staff annual in-service training, the Agency benchmark is 80 percent. Between July 2018 and June 2019, 90 percent (n=208) of applicable direct service staff completed the required 30 in-service hours. This is a two-point increase from the prior year.⁷⁵

The Agency's benchmark is also 80 percent for supervisors, program managers, and administrators with casework responsibility to complete their annual in-service training. For the same time period of July 2018 to June 2019, 90 percent (n=64) of the direct service supervisors,

⁷² FACES Report TRN030

⁷³ FACES Report TRN032

⁷⁴ FACES Report TRN008

⁷⁵ FACES Report TRN031

program managers, and administrators completed the required 24 in-service hours. This is a one-point decrease from the prior year.⁷⁶

For resource parents' in-service hours for license renewal, the Agency benchmark is 95 percent. During calendar year 2019, there were 293 CFSA and contracted agency resource homes. Eighty-five percent (n=251) completed the required 15 hours of in-service training for a one-year license and 30 hours of in-service training for a two-year license. This is a thirty-one-point increase from the prior year.⁷⁷

Performance data shows that CFSA was not able to meet the benchmark for direct service staff pre-service hours, or pre-service and in-service hours for foster and adoptive parents. The Agency was able to meet the benchmark for in-service hours for direct service staff, supervisors and resource parents.

One of CWTA's goals is to measure participant reactions to the training program. The Post-Module Training Evaluation is a reactionary evaluation that assesses how the participants felt, and their personal reactions to the training and learning experience. The CWTA evaluation process utilizes the Kirkpatrick model⁷⁸ of evaluation in conjunction with Likert⁷⁹ scaling to determine how effectively on-going trainings address the basic skills and knowledge needed by staff to prepare them to carry out their duties. There are also 6/12 Month Post-Course Evaluations to measure the impact of participation on the attendee's professional development. More specifically, the 6/12 Month Post-Course evaluation is an objective summary of quantitative and qualitative data on the effectiveness of training. The training evaluation data helps CWTA inform its stakeholders as to whether training and subsequent reinforcement is accomplishing its goals and contributing to the Agency's mission. It also helps determine how to adjust the training and other interventions for greater effectiveness.

Post-training evaluations for pre-service trainings during the time period of May 1, 2019 to May 5, 2020 had a total of 110 respondents. Of the responding 63 trainees that identified themselves, 36 identified as social workers and three identified as social work supervisors, program managers, or administrators. The majority of respondents that identified their administration included 23 percent from Entry Services (Child Protection Services) and 17 percent from the Permanency Administration (Foster Care and Adoption).

The following tables provide information about the evaluation responses.

⁷⁶ FACES Report TRN033

⁷⁷ FACES Report TRN009

⁷⁸ The Kirkpatrick Four-Level Training Evaluation Model helps trainers to measure the effectiveness of their training in an objective way.

⁷⁹ Likert Scale is the most widely used approach to scaling responses in survey research.

How was this course delivered?

| | |
|-------------------|--------|
| In-Person Session | 47.96% |
| MS-Teams Meeting | 39.80% |
| Web-Ex (Live) | 12.24% |

The course content was practical and easy to apply.

| | |
|----------------------------|-----|
| Strongly Agree | 56% |
| Agree | 44% |
| Neither Agree nor Disagree | 0% |
| Disagree | 0% |
| Strongly Disagree | 0% |

This course content was relevant to my needs.

| | |
|---------------------------|-----|
| Strongly Agree | 76% |
| Agree | 24% |
| Neither Agree or Disagree | 0% |
| Disagree | 0% |
| Strongly Disagree | 0% |

How would you rate the overall quality of the training?

| | |
|---------------|-----|
| Excellent | 86% |
| Above Average | 12% |
| Average | 2% |
| Below Average | 0% |
| Very Poor | 0% |

Post-training evaluations for in-service trainings during this time period totaled 194 respondents. Of the responding 105 trainees that identified themselves, 58 identified as social workers and 23 identified as social work supervisors, program managers, or administrators. The majority of respondents that identified their administration included 26 percent from the Permanency Administration (Foster Care and Adoption) and 20 percent from Entry Services (Child Protection Services).

The following tables provide information about the evaluation responses.

How was this course delivered?

| | |
|--|--------|
| In-Person Session | 47.37% |
| MS-Teams Meeting | 3.68% |
| Web-Ex (Live) | 48.95% |
| The course content was practical and easy to apply. | |
| Strongly Agree | 45.36% |
| Agree | 47.24% |
| Neither Agree or Disagree | 4.12% |
| Disagree | 2.06% |
| Strongly Disagree | 1.03% |
| This course content was relevant to my needs. | |
| Strongly Agree | 65.98% |
| Agree | 29.90% |
| Neither Agree or Disagree | 3.09% |
| Disagree | 1.03% |
| Strongly Disagree | 0% |
| How would you rate the overall quality of the training? | |
| Excellent | 52.58% |
| Above Average | 25.77% |
| Average | 15.46% |
| Below Average | 6.19% |
| Very Poor | 0% |

Based on post-training evaluations, participants found trainings clear to understand, practical, and easy to apply. Participants felt that instructors were knowledgeable of the material and provided the training in a way that reinforced learning in the moment.

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As part of the Agency’s annual Needs Assessment, OPPPS surveyed 274 child welfare professionals in May 2020 to determine satisfaction of Agency practice, including training. There were 70 responses to the specific training-related question, “What training topics, if any, would you suggest to enhance the support provided to children and families in the District?” Responses included cultural competence and implicit bias, family engagement and teaming, working with vulnerable populations (e.g., trafficked youth, LGBTQ youth), working with birth

parents, secondary trauma and the court process (e.g., effective court report writing and testifying). There were 110 clients (e.g., birth parents, resource parents and youth) surveyed for the Needs Assessment. Thirty-nine percent of clients (16 youth, 14 birth parents and 13 resource parents) responded to the training-related question by stating the following training needs:

- ▶ Social workers and families need more conflict resolution training.
- ▶ Birth parents need legal rights trainings.
- ▶ Social workers need training on how to engage fathers in case planning.
- ▶ Birth and resource parents want training on managing children with autism and complex needs.
- ▶ Resource parents need trainings on parenting 101, understanding the language of the child welfare system, and how to parent a youth with trauma and mental health concerns.

Youth specifically asked for life skills training and for social workers to be trained in cultural competence and active listening.

PLANNED ACTIVITIES

CWTA recognizes that it is essential to provide staff with a variety of training topics related to relevant Agency practice, local and federal policy, and client dynamics. Training must be presented in appropriate modes for CFSA's professionals to fully knowledgeable and prepared to serve families in the District. CWTA will continue to review and utilize training evaluation data to determine how to enhance facilitation styles and to incorporate suggested training topics. In addition, review of training data will help to inform CFSA and its stakeholders (internal and external) as to whether training is accomplishing stakeholder needs and goals while contributing to the Agency's mission to promote safety, well-being, and permanency.

In order to monitor the training system for immediate needs and long-range planning, CWTA regularly teams with several CFSA administrations. In addition, CWTA continues to enact its communication strategy to ensure effective communication across the Agency for relevant information, training courses, events, and sessions. CWTA also includes all of CFSA's private agency partners in all communications. At present, CWTA sends training advertisements via email to all CFSA and private agency staff, including distribution of a quarterly newsletter.

Moving into fiscal year (FY) 2020, training priorities include the development of new trainings as well as building upon already existing trainings that align with aspects of the Family First Prevention Services Act (FFPSA)¹³ and areas outlined in the Agency's recently submitted Family First Prevention Plan.¹⁴ CFSA also plans to build on the Agency's array of existing trauma-informed workforce trainings to enhance curricula for CFSA staff and to create new training modules for external evidence-based program service provider staff to ensure the District's entire child welfare workforce is equipped with the tools they need to effectively serve children

and their families under Family First. Specifically, CWTA will be developing and facilitating a Motivational Interviewing Training for all CFSA staff and CFSA's community-based Collaborative partners who are required to develop child-specific prevention plans. CWTA has also collaborated with the Agency's Kinship Unit for development and co-facilitation of a Kinship Caregiver Support Training and development of Kinship Caregiver Workshops. These developments will help promote effective partnerships to ensure kinship caregiver families are better served and have the capacity to care for children placed with them.

In addition to pre-service and in-service training that CFSA provides for staff, CFSA also supports the development of a strong and healthy workforce through activities focused around wellness and well-being for staff. The Wellness Program provides a variety of relaxation, physical, health, and personal development activities that are available for staff to participate in during the workweek. Programming is delivered through the utilization of staff volunteers, City staff, and external presenters. Specifically, programs include yoga sessions, Zumba sessions, meditation sessions, health screenings, line dancing classes, knitting classes, Toastmasters meetings, Spanish classes, financial planning sessions, Lunch and Learn sessions, Bring Your Kids to Work Day, and community service activities.

SYSTEMIC FACTOR 5: SERVICE ARRAY

Overview

A key CFSA philosophy is that children need the opportunity to grow up in their own homes with their own families. For families with risk factors that have brought their circumstances to the attention of the Agency through a CPS Hotline report, the Agency makes every attempt to prevent their entry into the District's child welfare system by a thorough assessment of risk levels and associated service needs. Accordingly, CFSA maintains a robust service array along the child welfare continuum. By creating access for families to early interventions and supports within their own communities, and leveraging supports through community partners, CFSA hopes to mitigate risk and prevent removal.

In instances requiring a home removal due to imminent risk and a substantiated allegation of abuse or neglect, CFSA begins work quickly to ensure that the child leaves care in a timely fashion for a permanent home. While the child is in foster care, CFSA maintains a wide array of placement types and develops case plans to address every child's needs. While the child is temporarily and safely placed in foster care, CFSA works directly with birth families and resource parents to assess a child's risks towards safety, to develop safety plans, and to offer services that ensure placement stability, goal achievement and family stabilization after permanency is achieved.

Policy

CFSA policies are periodically updated to maintain compliance with local and federal legislation. All policies pertaining to programs apply to CFSA's practice across the District and the contracted case-managing agencies with homes in the state of Maryland. Each policy is on the Agency's website, making it readily available to staff, stakeholders, and the public. The policies listed below alphabetically have a direct impact on CFSA's service array within the following domains: education, legal, financial, health and well-being.

- ▶ **Adoption Subsidy** – Identifies circumstances and processes for providing financial assistance to adoptive parents of children with special needs. Adoption subsidies help secure permanency for these children who might otherwise remain in long-term foster care.
- ▶ **Domestic Violence** – Guides practice and the provision of services and supports for non-offending partners and their children when dealing with issues of domestic violence. CFSA policy also guides practice for referring supports to the offending partner.
- ▶ **Educational Services** - Ensures that all children in CFSA's care and custody have access to an educational program that is appropriate to the child's age and abilities. Educational programs must meet the child's unique needs and suitably prepare them for additional education, future employment, self-sufficiency, and independent living.
- ▶ **Engaging Incarcerated Parents** – Promotes substantive engagement of incarcerated parents to ensure they are involved in the lives of their children (as needed and appropriate to the goal of strengthening family relationships). Policy guides social workers to consult with the parent's assigned prison or jail facility case manager to determine if there is a plan for successful reintegration of the parent into the community. The plan should identify available resources that have been coordinated to address the affected parent's continuing needs, particularly in regard to the parent being able to maintain a healthy relationship with the child in foster care.
- ▶ **Fair Hearings** – Under federal and District law, CFSA must ensure that any person aggrieved by the Agency shall receive a Fair Hearing upon request and qualifying circumstances. Service appeals allow for dispute resolution related to the delivery and the quality of services provided to a client or family, whether referred by CFSA or CFSA-contracted agencies. Policy requires that the assigned social worker review the appeal rights with the client or family during a case planning meeting.
- ▶ **Healthcare Coordination** – Guides social workers in their role as advocates for children receiving health services in a timely fashion and ensuring that health services meet the

particular needs of any given child, including physical, mental, behavioral, and developmental health needs.

- ▶ **In-Home Services** – Promotes and guides Agency efforts to team directly with families in order to provide a child-centered, family-focused, community-connected, strength-based and solution-focused service array that reinforces safety for children living at home, including biological, adoptive, guardianship, and custodial homes where children have reached permanency within the last six months.
- ▶ **Older Youth Services** – Describes the provision of services and supports to youth, aged 14 through their 20th year, to help prepare them for their entrance into adulthood. The policy also describes the process of connecting youth with community-based services that provide individualized services for helping youth develop and address their particular strengths and needs. In addition, CFSA links youth to services that help to master an array of skill sets that are essential for the transition from foster care to adulthood.
- ▶ **Out-of-Home Services** – The Out-of-Home Services policy is under revision. At present, the In-Home and Out-of-Home Procedural Operations Manual guides practice and sets forth protocols for identifying service needs, facilitating service access, and evaluating service efficacy.
- ▶ **Permanent Guardianship Subsidy** - Helps children achieve permanency by supporting caregivers who are willing to care for children but are unable to manage the financial burden or meet their medical needs without a subsidy. A Permanent Guardianship Subsidy may provide financial assistance and medical assistance to permanent guardians of eligible children.
- ▶ **Rapid Housing** – Describes two housing voucher programs: Rapid Housing Assistance Program and Emergency Housing Assistance. Both programs help CFSA families and older youth preparing to leave foster care to secure housing.
- ▶ **Services for the Deaf and Hard of Hearing** - Protects the rights of clients who are deaf or hard of hearing to receive auxiliary aids and services in a timely manner to ensure effective communication and an equal opportunity to participate fully in the benefits, activities, and programs provided by the Agency.
- ▶ **Youth Personal Allowance** – Provides youth, aged 14 to 21, in out-of-home placements with a personal allowance of \$100 by their resource provider for the purchase of discretionary items and services, and for learning money management skills.

In addition to the policies above, CFSA has a list of administrative issuances that cover services impacting a child's experience in the child welfare system:

- Gift Cards and Vouchers
- Protecting Children in Care from Identify Theft
- Substance Abuse Treatment
- Summer Camp Subsidy Program
- Transition of Youth to the Developmental Disabilities Administration
- Independent Living Programs (ILPs) Requirements
- Specialized Opportunities for Youth (SOY) placements for high-end clinical youth

In 2019, CFSA released several new policies and updated guidance related to the following practice areas:

- Missing, Abducted and Absent Children
- Safety Plan
- Standards for Safe Case Closure
- Case Management of Children at Home with Siblings in Foster Care
- Personal Identifiable Information
- The Reasonable and Prudent Parent (RPP) Standard Guidance: A federal directive to use a decision-making framework for resource providers to make careful and sensible decisions about a child’s participation in extracurricular, enrichment, cultural and social activities that maintain the child’s health, safety and normalcy and support the child’s emotional and developmental growth.

FY 2021 APSR Update

New and Updated Policies

- ▶ Family Team Meeting – This policy documented the changes to the FTM to include the development of an updated business process defining the types of FTMs in efforts, roles and responsibilities of the FTM unit team and refining FTM timeframes to support engagement and supporting permanency outcomes
- ▶ Qualified Residential Treatment Facility – As part of the federal Family First Prevention Services Act of 2018, Congress created a new classification and national model for congregate care facilities: Qualified Residential Treatment Programs (QRTP). To comply with federal standards, CFSA developed the QRTP policy which outlines the unique procedures for assessment, content of case plans, documentation, judicial determinations and ongoing court reviews, and approval of placements. These procedures ensure CFSA’s eligibility for receipt of Title IV-E foster care maintenance payments for children placed in a QRTP.

- ▶ Child Fatality Review – This policy includes the child-specific criteria that warrant a CFSA fatality review. As part of CFSA’s continuous quality improvement (CQI) efforts, the updated policy also clarifies the actual review process, specifically addressing the CQI framework through which the review committee arrives at recommendations for policy and practice improvements, along with standards for ongoing progress reporting on action steps.
- ▶ Hotline Policy – Updates to this policy included the following:
 - Removal of references to Differential Response (DR) and Family Assessment (FA) – As of April 1, 2019, CFSA has discontinued the two-track system of assigning cases reported to the Hotline, returning to a one-track system with the ending of the use of the DR approach and the FA units.
 - Inclusion of the RED Team practice model – The RED Team model is a teamed approached for reviewing, evaluating and decision-making (RED) when it is unclear whether a Hotline report should be screened in or screened out
 - Addition of language for reporting sex trafficking to align with current CFSA practice.
- ▶ Investigations – Updates to this policy included the following:
 - The Child Protective Services (CPS) or Permanency Administration staff lead Removal RED Team meetings on a rotating basis; RED Team removal meetings are held within 24 hours (or the next business day) after a child’s removal from the home. Meeting participants explore kinship placement options and steps to expedite reunification.
 - CFSA’s Educational Neglect Unit investigates screened-in educational neglect reports to determine interventions and develop a family plan to address chronic absenteeism and underlying issues.
 - CPS must investigate all reports on families with newborns diagnosed with positive toxicology results or fetal alcohol syndrome disorder (FASD); the CPS social worker partners with the caregiver to develop a plan of safe care and an intervention plan.
- ▶ Permanency Practice – This policy describes the processes for achieving permanency at each stage of child welfare system involvement. Establishing permanency for children involved in CFSA is the cornerstone of good social work practice. Permanency broadly encompasses maintaining children safely in their home, as well as focusing on achieving permanency through reunification, adoption, and guardianship. All direct service staff, regardless of where they work in the Agency, have an important role to play in helping children to achieve permanency. The policy updates include:
 - The title of the policy document has been changed from Permanency Planning to Permanency Practice to reflect the multitude of roles, tasks and responsibilities that are required when helping children achieve permanency.

- Business processes were created to provide guidance on how to conduct case planning activities and permanency goal changes.
- Information regarding the role of assessments including the following formal assessments: (i) Child Adolescent Functional Assessment Scale [CAFAS]; (ii) Preschool Early Childhood Functional Assessment [PECFAS] and (iii) Caregiver Strengths and Barriers Assessment.
- Information regarding the importance and need to engage kin in every aspect of permanency practice.
- ▶ Placement Matching- This policy describes how placements and matching occur for children when risks to a child's safety and/or well-being require removal from home, or when children require another placement arrangement. CFSA first seeks to place the child, and all siblings if there are any, with kin. Under all circumstances, CFSA strives for placement in the least restrictive and most family-like setting with the first placement being the best placement. Having safe and stable placement options are integral components to meeting CFSA's goal of establishing safety, permanency and well-being for children in care. When removal is necessary, CFSA pursues a deliberate placement process to match the child to an appropriate resource provider, including a relative placement if possible. The policy contains the following updates:
 - Specific steps regarding conducting a planned placement vs. an unplanned placement.
 - Specific tools including clinical assessments in conjunction with an automated placement-matching system.
 - Information of the best practice steps and considerations involved with placing a child.
 - Guidance on the requirement to conduct a placement disruption staffing once the clinical team is aware of a potential placement disruption or within 30 days after a placement disruption occurs.

In partnership with the CFSA policy team, committees of internal and external stakeholders (all of whom are subject matter experts) collaborate together to develop policy content. To disseminate policy information, the policy team (under OPPPS) developed a quarterly Policy Press newsletter, which the policy supervisor emails to CFSA internal and external stakeholders and resource parents. The intent of the Policy Press is to help employees and stakeholders to stay informed of existing and changing practice guidance in order to provide the best practice to clients. Employees and stakeholders may also engage with the policy team by submitting questions and comments to cfsa.policies@dc.gov. Policy staff works with the Child Welfare

Training Academy staff to incorporate policies into the relevant training or to develop a new training class or Webinar.

PERFORMANCE

Ongoing Conformity with Systemic Factor

The District of Columbia received an overall rating of “strength” for Service Array (Items 29 and 30), according to the 2016 CFSR. The District continues to have a service array derived from the assessment of children and families’ strengths and needs; these services are designed to create a safe home environment, promote family stabilization and achieve permanency.

The District is aware that with a large service array, communication presents challenges to reach all types of stakeholders, with respect to turnover of stakeholders, in the most efficient manner. To streamline communication, OPPPS staff conducted a survey completed by 12 key staff from CFSA’s Program Operations administration. Of the 12 respondents, 75 percent of the stakeholders reported that the Agency does “somewhat well-to-very well” in offering services that meet the individualized needs of a child. Twenty-five percent said the Agency “does not do well” on this measure.

Respondents expressed concerns that the Agency is focused more on compliance than the quality of work. In addition, services may exist but there are barriers to receiving the service or there is an information gap in knowing that the services are available. In a separate child welfare survey, comments from 96 respondents indicated that services are available but when there is a change in a particular service or provider, there is sometimes no universal or District-wide guide to inform child welfare professionals. There is no way to know how to access and obtain information about current programs to share with clients. Respondents suggested possible including services and updates on the Agency’s website. Respondents also commented that if the resource is known, there are often no details or “reviews” on the effectiveness of the services.

For the District’s plans to sustain conformity for the above items, please see the following Strengths and Areas in Need of Improvement for qualitative data from surveys and focus groups. See also, Planned Activities.

Strengths and Areas in Need of Improvement

The Agency has established a robust service array and resource development system that assesses the strengths and needs of children and families. Based on periodic feedback from stakeholders (through interviews, focus groups and ongoing work groups), the Agency

continues to select the most appropriate interventions available to enable children to remain safely with their parents or to help expedite permanency for children in foster and adoptive placements.

Most of the recent feedback provided in this plan comes from the development process for CFSA’s annual Needs Assessment. During development of the 2019 annual Needs Assessment, OPPPS staff asked clients and internal and external stakeholders to share experiences regarding the barriers to accessing or utilizing the following resources: 1) mental health, 2) child care, 3) social services, 4) education, and 5) life skills. In addition to identifying barriers, stakeholders and clients also identified proposed solutions, which are outlined after Table 1.

FY 2021 APSR Update

During the development of the 2020 annual Needs Assessment, OPPPS staff asked clients and internal and external stakeholders to share experiences regarding the barriers to accessing or utilizing the following resources: (1) mental health, (2) childcare, (3) social services, (4) education, and (5) life skills. Stakeholders knew about many of the Agency’s resources but access to the resources often depended upon the quality of the individual case management, i.e., whether or not a youth, birth parent or resource parent was aware of a needed service only occurred on a case-by-case basis. Once a client did receive services, client feedback affirmed that most services were effective. Even still, clients noted barriers in communication (including communication up through the chain-of-command), follow-through and response times, and the need for a central repository of services. Stakeholders understood that clients have to be receptive and engaged in services for services to be effective but stakeholders still need to be made aware of the array of services. As well, services must be adequate and appropriate to the needs of the client in order for client engagement to be sustained and for clients to feel supported by service programming and staff. Most clients reported that services did continue past March 2020 when the COVID-19 pandemic. In addition to identifying barriers, stakeholders and clients also identified recommendations outlined in the FY 2020 update below.

The table below provides a “barrier legend” for seven identified barrier categories: physical, cultural and language, skills and training, client-specific, financial, psychological, geographic, and programmatic resources. The graph following the table explains the respondents’ views of the most common barriers. The counts, however, may not represent the universe of respondents for any given resource category because some may have not used a resource within that category or some may have indicated "not sure or no barrier" based on their individual circumstance.

Barrier Legend

Physical: service buildings and programs that are unable to accommodate a physical disability.

Cultural and Language: lack of diversity, cultural competence, language translations; lack of advertisements and information about services offered in different languages.

Skills and Training: staff do not have expertise in serving clients with autism, learning disabilities, post-traumatic stress disorder (PTSD), and other diagnoses.

Client Resource: service overload (i.e., too many services required) and scheduling conflicts with school or work.

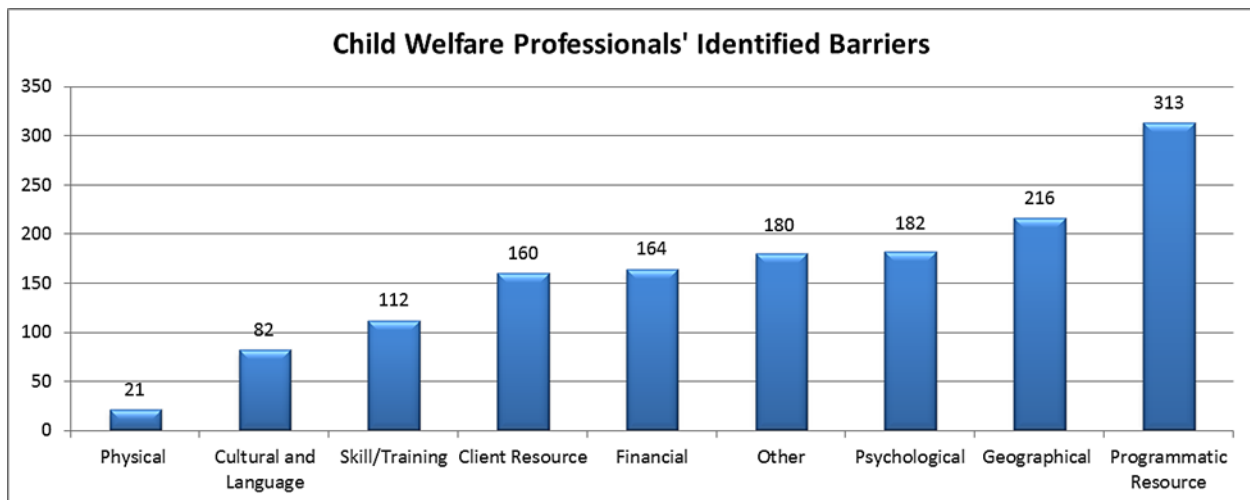
Financial: service costs, travel costs, and education costs.

Other: includes outliers from four resources areas: mental health, childcare, social services, education and life skills

Psychological: client's fear of approaching service provider or concern with stigma.

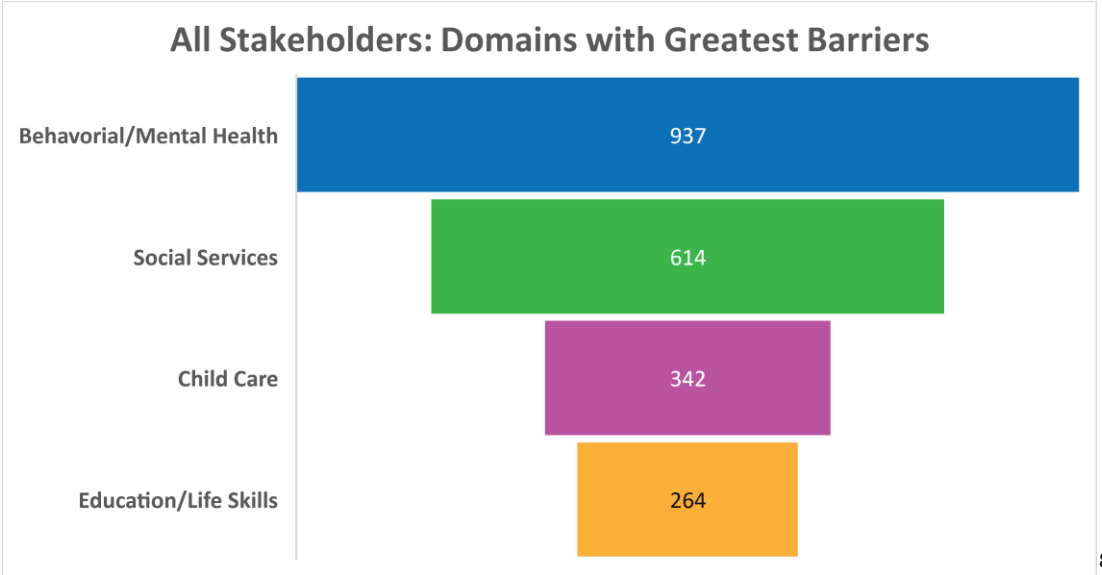
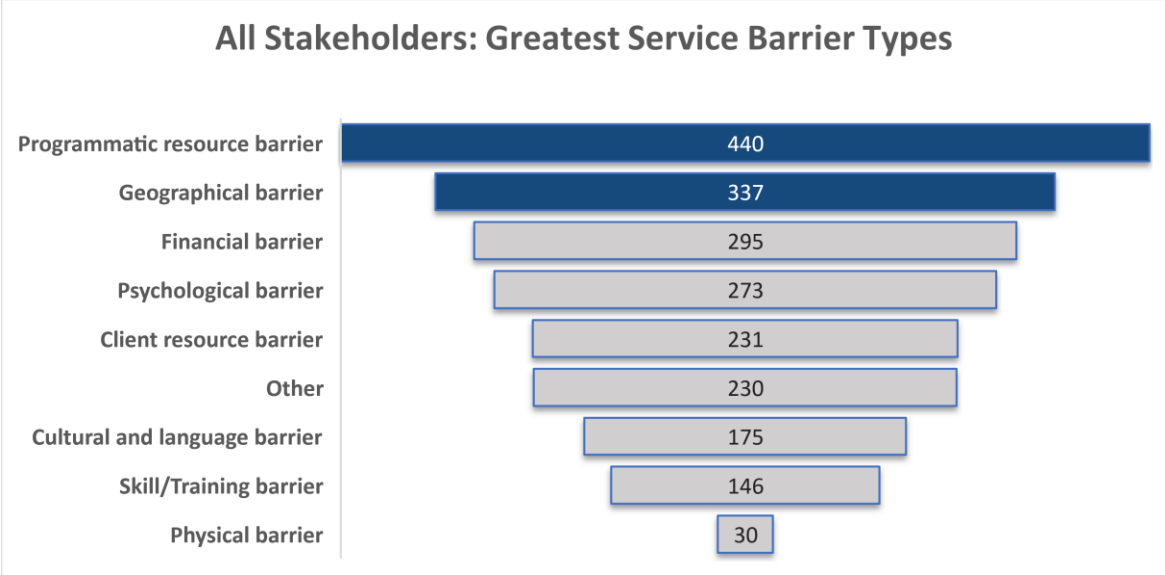
Geographic: services not conveniently located in the individual's neighborhood.

Programmatic Resource: lack of available services, poor quality of services, waitlists, and limited hours of operation.



FY 2021 APSR Update

The following graphs provide a breakdown of instances for which stakeholders identified and experienced a barrier across various service domains. Approximately 4 out of 10 clients identified a barrier for the behavioral and mental health services domain. For about 3 out of 10 clients, the barrier type for any service was likely to be a programmatic resource or location.



80

Stakeholders’ Proposed Solutions for Resource Barriers

Mental Health Resources

Mental health resources included alternative therapies, traditional therapies, medication management, anger management and substance use services. In general, respondents noted that all services were important to the success of a case, but the top three barriers were programmatic, psychological and geographic. Some of the same barriers with service delays and

⁸⁰ Respondents were able to select all barriers that applied across all four domains.

turnover of providers were seen in quality service reviews (QSR) in CY 2018 as well. Out of the QSR 137 cases reviewed, 44 cases involved ratings for the long-term guiding view indicator. Reviewers scored 33 (75 percent) as acceptable for behavioral health treatment plans. For 2018, this percentage rate is 20 points higher than 2017 (55 percent). For these cases, behavioral health services had a long-term view that articulated the strengths, preferences, barriers, and needs of the child and family. In addition, service team members understood the treatment plan.

Regarding unacceptable ratings, treatment goals were not clearly outlined or identified in 11 of the 44 cases. Among these 11 unacceptable ratings, CFSA's Permanency Administration served one case (9 percent). In-Home served three cases (27 percent) while private agencies served the remaining seven cases (64 percent). QSR reviewers noted a lack of service coordination and communication between the child welfare team and the behavioral health team. Also noted were services that did not address identified needs. In several cases, behavioral health services were delayed or interrupted due to turnover in providers.

Survey respondents identified the following solutions to the barriers experienced which could also offer potential solutions to those areas in need of improvement found in qualitative reviews:

Programmatic

- Increase availability and access to alternative therapies (e.g., art, music, dance, writing, animals)
- More substance use services
- Special services for unaccompanied refugee minors
- Trauma-informed mental health services (e.g., including therapeutic mentoring)
- Providers with expertise in sex trafficking, sexual abuse, PTSD and attachment disorders
- Provide grief and loss therapy for resource parents and clients
- Provide respite for children with challenging behaviors
- Provide counseling for non-foster youth (In-Home services)
- Adopt more evidence-based treatments
- Include access to inpatient, partial hospitalization, and intensive outpatient behavioral health programs (e.g., day treatment)

Psychological and Geographic

- In-school mental health supports so youth are not removed from school to go to therapy outside of school
- In-home family therapy
- Improve services for clients struggling with domestic violence (DV), including a DV specialist in the community like co-located social workers
- Psychiatric nurse at Healthy Horizons who can refill prescriptions when clients have to come through for screening from jail or abscondence
- Community drop-in centers for youth to prevent stigma

FY 2021 APSR Update

In the 2020 Needs Assessment survey, respondents (196 out of 384) noted that all services were important to the success of a case. The top three barriers to receiving quality behavioral and mental health services were the same as last year: programmatic, geographic and psychological. The primary themes related to consistent and local services (e.g., within the District and the client's neighborhood or geographic location), more services for vulnerable populations, more home-based therapies, and more alternative therapies. There was also a strong emphasis on the importance of addressing cultural and language barriers, including the importance of incorporating a lens for racial equity and increasing bi-lingual services.

Survey respondents identified and recommended the following potential; solutions to the barriers. These recommended solutions might also apply to the results of qualitative reviews where the Agency has identified similar areas in need of improvement.

Programmatic

- ▶ Need consistency in service providers.
- ▶ Increase utility of telehealth.
- ▶ Increase availability and access to alternative therapies (e.g., art, music, dance, writing, animals, spiritual counseling).
- ▶ Improve services for domestic violence clients including batterer intervention programs (including therapy) to address the batterers' behaviors.
- ▶ Provide fatherhood services and home visitation for male caregivers.
- ▶ Provide a greater array of therapeutic interventions (including services that take Medicaid).

- ▶ Provide one-to-one parenting classes, and parenting classes that focus on teens, youth with defiant behaviors, and youth struggling with drug addictions.
- ▶ Ensure that social workers from the In-Home Administration have access to the CFSA in-house therapists.
- ▶ Improve availability and coordination of services, especially between CFSA clinicians and school mental health staff.
- ▶ Improve on service processes (e.g., decreasing delays in access and increasing consistency and array of services).

Psychological and Geographic

- ▶ Provide culturally competent therapy and bilingual services.
- ▶ Increase the number of providers with expertise in sex trafficking, sexual abuse, PTSD and attachment disorders.
- ▶ Increase the number of school-based behavioral health counselors, i.e., to reduce traveling to appointments during school day.
- ▶ Expand grief and loss supports for resource parents and youth when there is a reunification or an adoption with another parent.

Child Care Resources

Child care resources included child care, day programs for out-of-school youth, extracurricular and recreational activities, and respite. In general respondents noted that all services indicated were important to the success of a case, but the top three barriers were programmatic, geographic and financial. Respondents identified the following solutions to these barriers as well as additional childcare services:

Programmatic

- Adopt Family surrogate models
- Provide Emergency and non-traditional childcare
- Childcare for parents required to attend therapy or support groups
- Respite and childcare for children who are diagnosed on the autism spectrum or medically fragile
- Childcare for disconnected teens
- Information for summer camps
- More extracurricular / normal activities

- Ties into resource parents during focus group and survey asking for CFSA to identify slots in day cares and organizations for youth in foster care
- More STAR⁸¹ homes and congregate care homes

Financial

- Babysitting / in-home childcare for those in night school; extended hours
 - Services needed before six weeks of age
- Offer day care vouchers / childcare subsidies
 - Access to the childcare subsidy for relatives caring for children who have no legal documents--birth certificate, Medicaid card, immunization record
- Simplify applications for vouchers

Geographic

- Before and after school programs that can assist with transporting children to and from school

FY 2021 APSR Update

In the 2020 Needs Assessment survey, respondents noted the same top three childcare barriers as last year: programmatic, financial and geographic. The themes concerned the need for a greater array of childcare services that cater to complex needs, diverse age groups, and geographic proximity to placements.

Programmatic

- ▶ More extracurricular and normal activities by location and hours (e.g., mentors, tutors, summer camp, extra curriculars)
- ▶ Childcare services for children with autism, disabilities and special needs
- ▶ Childcare for newborn infants who have not yet received the required initial vaccinations for attending day care
- ▶ Babysitting and in-home childcare for parents enrolled in night school; extended babysitting and childcare hours
 - Services needed before six weeks of age

⁸¹ STAR homes are short-term or interim placements.

Financial

- ▶ Simplify applications for day care vouchers
- ▶ General financial support for childcare services

Geographic

- ▶ Before- and after-school programs that can assist with transporting children to and from school
- ▶ More childcare scheduling and location options (e.g., homes or centers with overnight or non-traditional hours; respite homes)
- ▶ Readily available transportation to and from activities

Social Service Resources

Social service resources included domestic violence supports, home-visiting supports, housing, sex-trafficking intervention and services, transportation, the Parent Education and Support Program (PESP), and community faith-based supports. In general respondents noted that all services indicated were important to the success of a case, but the top three barriers were programmatic, financial and “other” (e.g., youth not engaging services, lack of resources, lack of flexibility with provider or poor system coordination). Respondents identified the following solutions to these barriers as well as additional social service supports:

Programmatic

- More placements; more housing especially for sex-trafficked youth
- Training for social workers: substance use, sex abuse, and DV (Note: training was mentioned throughout service domains.)
- More parent PEERs⁸² or parent coaches for birth parents and mentors for youth
- Support for clients who self-identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ)
- Holistic, wrap-around community services and increased community collaboration
- Life skills for parents (e.g. employment training) as well as improving current skills for youth
- In-home supports and intensive parenting training for homes managing children with special needs and intellectual disabilities and for parents with cognitive delays
- Culturally appropriate service providers taking faith, ethnicity and language into account

⁸² Goal 4 describes more detail about CFSA’s Parent Education, Engagement, and Resource (PEER) Support Unit.

Financial

- Child care for birth and resource parents
- Readily available transportation (to help with appointments)
- Consequences for inappropriate behavior (need changes to allowance policy)

Other

- Help clients to navigate multiple systems
- Specialized support groups for parents and children (e.g., DV)
- Support groups for resource parents isolated in the age bracket of the child in their home, e.g., who are not part of constellations or clusters with similar age-grouped children

FY 2021 APSR Update

In the 2020 Needs Assessment survey, respondents (196 out of 384) noted only two of the same top three social service barriers as last year. As noted above, the top three services barriers in 2019 were programmatic, financial and “other” (e.g., youth not engaging services, lack of resources, lack of flexibility with provider or poor system coordination). The top three barriers in 2020 include programmatic, financial and psychological service barriers. The psychological barrier connected most closely with one’s socio-cultural and geographic context. The 2020 themes also mirrored some recommendations from the behavioral and mental health domain, e.g., the need for greater city-wide collaboration, transparency in resource availability, and incorporating therapeutic activities and services for children with complex needs. There was a greater emphasis in 2020 on the need for improving the collaboration between educational and child welfare services. This feedback could be due to the improved outreach to education stakeholders during the survey dissemination and a higher number of education stakeholders completing the survey than in prior years.

Programmatic

- ▶ Fatherhood programs and batterer's intervention programs
- ▶ Timely educational assessments
- ▶ Therapeutic summer camps and extracurricular activities
- ▶ Home visiting services
- ▶ Life skills for birth parents and youth (e.g., financial literacy, housing searches, anger management classes, cooking classes, managing cell phone usage, job training, driver’s

education, getting a non-driver ID, internships, accessing transportation, accessing Medicaid, identifying food resources and parenting classes)

- ▶ Better provider network for mental health, day treatment programs, tutors, mentors and PEERs (i.e., extending resources available through the In-Home Administration)
- ▶ More housing for victims of sex-trafficking
- ▶ Greater city-wide collaboration around domestic violence, housing, sexual violence and education
- ▶ More respite for birth and resource parents (i.e., extending services beyond permanency)
- ▶ Holistic, wraparound community services and sharing information on community resources with clients

Financial

- ▶ Access to transportation, including Lyft and Uber (at a reduced rate) to get to appointments
- ▶ Childcare for birth and resource parents

Psychological

- ▶ Culturally appropriate service providers (i.e., providers that take faith, ethnicity and language into account)
- ▶ Bilingual domestic violence services, mental health and substance abuse services that are known to be sourced in trauma histories for men and women
- ▶ Satellite offices that include therapeutic services providers at the Collaboratives to improve efficiency and reduce stigma and travel

Education and Life Skill Resources

Educational and life skill resources included mentoring and tutoring, financial literacy services, workforce development and on-the-job training, food service and nutrition classes, and mentoring. In general, respondents noted that all of the education-based services were important to the success of a case, but there were still the top three barriers: programmatic, client resources and “other” (e.g., a client needs to commit to the service and mentors need training in mental health). Respondents identified the following solutions to these barriers as well as recommending additional educational and life skills supports:

- Life skills for parents and youth, including financial assistance (paying rent on time), budgeting, affordable housing, cooking basics, cleaning basics, healthy relationships, scheduling child appointments, general parenting, dealing with legal system, self-advocacy and self-esteem
- Tutoring and mentoring
- Quality preparation for and inexpensive or free general education degree (GED) courses
- Job training

Across all domains programmatic barriers existed for social workers, birth parents, resource parents and children. “Other” barriers related most to the transparency of resources.

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In the 2020 Needs Assessment survey, respondents noted the same top three education and life skills barriers as last year, which included programmatic, “other” and client resources. This year client resource and geographic barriers were tied in prevalence. Client resource barriers included examples such as a client’s inability to pass a drug screen to secure employment, a client’s cognitive delays hindering performance in services, and a client being disenfranchised from service if job training is not producing concrete employment opportunities. As in last year’s results, “other” barriers related to the publication of services. The themes mirrored some recommendations from the social services domain such as the need for independent living services for youth aging out of care.

- ▶ Life Skills for parents and youth: financial literacy and money management; paying rent, finding housing, cooking basics, cleaning basics, budgeting, job search and training, healthy relationships, sexual health, scheduling and parenting, dealing with legal system, self-advocacy and self-esteem
- ▶ Adult literacy programs; need more remedial programs (e.g., developmental educational services that help adults who don’t have special needs but are not academically prepared for certain tasks, like applying for services or employment)
- ▶ Apprenticeships and internships for youth
- ▶ Tutoring and mentoring (including in-home support), especially for youth with PTSD and other challenging behaviors
- ▶ Need volunteers who are consistent and can volunteer with flexible hours
- ▶ Culturally specific services
- ▶ Competent tutors with knowledge in the specific subject material and knows how to teach

- ▶ Training in mental health first aid (i.e., the skills to respond to the signs of mental illness and substance use)
- ▶ Online trainings for youth, birth and resource parents

Planned Activities

The District has implemented and continues to improve upon the following activities in response to feedback received over the past two years:

- ▶ Improving services to victims of DV: Survey feedback over the past two years revealed stakeholders' impressions that social workers are not equipped to case manage families dealing with DV; the social workers reiterated these concerns, self-reporting low levels of comfort for addressing DV issues. In response, the Office of Well Being's (OWB) has assigned clinical DV liaisons to each case managing administration to improve the referral process, provide DV case consultation and support to social workers, and to improve clinical case practice for the safety and well-being of children and families experiencing the impact of DV on their lives.
- ▶ Putting Families First in DC: DC Council's recent approval of District Mayor Bowser's FY 2020 Fair Shot budget reduced CFSA's annual budget by 2 percent (FY 2019 - \$224.2 million; FY 2020 - \$219.8 million). The new budget requires the District to make proactive and thoughtful adjustments to the resources needed to support children and families. It also takes into account four critical factors: right-sizing, savings, the winding down of federal Title IV-E Demonstration Waiver funds (as CFSA transitions to a new set of federal requirements under the Family First Prevention Services Act), and implementation of Families First DC (Mayor Bowser's new initiative for upstreaming prevention strategies across the District). CFSA is in full support of the Mayor's initiative, which places 10 Family Success Centers in neighborhoods East of the River⁸³ where a dominant number of CFSA-involved families reside (particularly Ward 8). The initiative will also designate schools as community hubs by providing wraparound services for students, families and community members. The Family Success Centers will function as trauma-informed care sites with individual and family-based supports for residents impacted by violence.
- ▶ Predict-Align-Prevent (PAP): The PAP⁸⁴ program uses geospatial tools to predict the locations of and thereby prevent the potential for future child maltreatment, based on a

⁸³ The District's geographic boundaries are outlined in four quadrants: northwest, northeast, southwest, and southeast. "East of the River" references the southeast quadrant which is east of the Anacostia River.

⁸⁴ The PAP program is a Texas-based, non-profit corporation that uses a longitudinal measurement of population health and safety metrics to determine the effectiveness of aligned prevention resources and supports. PAP aims to help communities and governments uncover, evaluate, and replicate effective prevention initiatives.

given community's existing resources and risk factors. By identifying the types, quantity, and effectiveness of existing prevention resource allocations, the District can re-align community resources and monitor the rate of decline in child maltreatment in neighborhoods.

- ▶ **Information Gaps:** Internal and external stakeholders expressed concerns that there is a lack of information-sharing regarding the array of available CFSA and community-based services. As one resolve, the OPPPS Policy Unit developed and promulgated the Policy Press in August 2018 to informing CFSA internal staff and external partners and resource parents of new practice policies and guidance.
- ▶ **Ombudsman:** The CFSA Office of the Ombudsman is a resource for constituents seeking resolution for issues or conflicts with CFSA staff or services. The ombudsman receives feedback on CFSA practice through direct contact and by attending multi-disciplinary team consultation meetings in the community and focus groups with clients. The ombudsman also distributes surveys to resource parents and is currently developing a survey for birth parents. The activities of the ombudsman are highlighted in an **annual report**.
- ▶ **In-House Mental Health Screenings and Therapeutic Intervention:** CFSA initiated the Agency's Mental Health Redesign in FY 2019. The redesign is a plan to improve access to mental health evaluation and treatment for children in foster care, including medication management. The buildout for the redesign involved OWB hiring three dedicated therapists to ensure timely assessments and early access to short-term (3 to 6 months with the ability to extend to 12 months) mental health treatments that children need when they first enter or re-enter foster care. Children who were receiving mental health services in the community continue to receive services from their community provider. After the short-term therapeutic services' timeframe ends, children, you and families who need community based therapeutic support will be transitioned to a community-based provider. In addition, CFSA built out and designed three of therapy rooms in its centralized location that were carefully planned to be conducive to both verbal and expressive therapies.

To strengthen the existing array of services, the District is studying the changing demographics of the families, children and resource families that currently (or will likely need to) receive services through the child welfare system. These studies will aid the District in identifying the appropriate types of services needed for generalized and specialized family and community needs (e.g., on-site therapy, co-located nurses, visitation, support groups, transportation, etc.). In addition, the Agency continues to provide flexible funds to the community Collaboratives to

help stabilize a family's financial needs and reduce the risk of the family coming to the Agency's attention based on financial considerations.⁸⁵

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CFSA's Family First 5-year plan and Families First DC directly responds to service delivery in the community that supports the needs of child welfare clients and prevents families from becoming involved CFSA. The Family First plan and the APSR update of the plan describe the services that address needs described by stakeholders. The Families First DC update demonstrates an approach that considers the whole family, and includes community-centered, neighborhood-based, upstream prevention service delivery. Updates to the service delivery structure will be provided in next year's APSR after the Agency has completed the planning phase.

CFSA expanded its placement array and associated services by contracting with an intensive family-based provider that works with professional resource parents and resource parents that provide a 90-day stabilization and observation period for youth with higher needs (all described earlier in the APSR). In addition to providing placement resources for youth with autism (e.g., therapeutic group homes), CFSA is developing a request for proposals to contract with a psychiatric residential treatment program in the District of Columbia. The contract is based on an identified need to place youth (ages 8- to 18 years old) who need short-term psychiatric residential treatment. Currently, there is no psychiatric residential treatment facility in the District of Columbia. For youth in need of such treatment, the Agency must seek placements in other jurisdictions, often hundreds of miles away from the youth's family, school and friends. Having a residential treatment facility in the District of Columbia will help maintain family connections, allow for frequent visitation and facilitate family involvement with treatment planning.

SYSTEMIC FACTOR 6: AGENCY RESPONSIVENESS TO THE COMMUNITY

Overview

Current Functioning of Agency Responsiveness

CFSA regularly seeks input from internal and external stakeholders for purposes of assessing current performance, identifying gaps in services, and determining where improvement is needed with regard to practice and systemic issues. The Agency also takes opportunities to

⁸⁵ While financial considerations do not automatically result in child neglect, poverty in general is associated with increased instance of child maltreatment. Source: <https://www.childwelfare.gov/topics/can/factors/environmental/poverty/>

share progress throughout the year during stakeholder meetings and through the sharing of published reports.

Policy

Although the Agency has no specific policy related to the quality of CFSA's community responsiveness, CFSA's regular practice includes stakeholder participation for developing or updating policies and practices, as well as stakeholder feedback for informing resource development. The Agency also relies heavily on community stakeholders' input for developing the annual Needs Assessment. Historically, the Needs Assessment focused on CFSA's placement needs, which helped to inform CFSA's Resource Development Plan (RDP). The Agency has since broadened the scope of the Needs Assessment to address needs across the continuum of care. The RDP continues to address all resource needs as reflected by internal and external stakeholders.

As cited previously in the CFSP, OPPPS used several means to gain qualitative insights into which best practices are effective and which services are needed and effective for families at any given point along the child welfare continuum. Via CFSA's Office of Public Information, OPPPS distributed two self-administered online surveys in 2019: one survey captured the voices of youth, birth parents and resource parents, while the second survey captured the voices of CFSA and CFSA-contracted social workers, family support workers, and supervisors. Respondents had four weeks to complete the survey (April 11 - May 10, 2019). A total of 271 respondents accessed the surveys. Of those respondents, 135 fully completed the surveys; 136 respondents partially completed the surveys.

Ongoing Conformity with Systemic Factor

As a result of the 2016 CFSR, the District of Columbia received an overall rating of Strength and was found to be in substantial conformity for Agency Responsiveness (Items 31 and 32). The District expects to continue conformity with these Items as it gathers feedback from stakeholders throughout each year and strengthens the CQI process, inclusive of a feedback loop with community stakeholders. Data currently demonstrates that clients and stakeholders believe the Agency and its partners to communicate resources and respond to their needs.

In a survey of eight birth parents, seven parents addressed the effectiveness of the Agency's communications. Fifty-seven percent (n=4) considered communication was average between CFSA (and its partners) with birth parents. There was, however, effective communication with

regard to the initiation of the PEER mentor program in June 2018; respondents stated that they received sufficient information on resources from their PEER.⁸⁶

For communication between CFSA and resource parents, 32 resource parents completed the survey. Forty-four percent (n=14) indicated that communication of available resources was “ineffective-to-very ineffective” while 25 percent (n=8) felt communication was “effective-to-very effective.”

Of the 96 social workers who completed the survey, 30 percent (n=29) considered the communication regarding resources was average, 33 percent (n=32) said “effective-to-very effective” with only 13 percent (n=12) stating that communication was “ineffective-to-very ineffective.” The remaining respondents (24 percent, n=23) were unsure about the effectiveness of communication.

In general, respondents commented that there is more communication between the Agency and its partners and stakeholders than in the past. Nevertheless, there is room for improvement because clients and resource parents are still not fully aware or adequately informed about community resources.

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CFSA has always been strongly committed to being responsive to stakeholders on an individual case level and on a system level. The Agency uses multiple methods to obtain information from stakeholders and to respond to stakeholders’ identified needs. The Collaboration section of the APSR describes these multiple partnerships and provides concrete examples of the Agency’s responses. There are additional examples of Agency responses to stakeholder needs included throughout the APSR. However, to respond to needs, the Agency must first rely on direct feedback from stakeholders. As noted, CFSA surveyed and facilitated focus groups for the 2020 Needs Assessment. The following results have also informed the APSR:

Of the 141 child welfare professionals who completed the Needs Assessment survey question, “How effective is the Agency and its placement partners in making resources known?”, 40 percent (n=57) considered the communication regarding resources as “effective to very effective” while 34 percent (n=48) responded, “average to effective”. Nine percent (n=18) stated that communication was “ineffective-to-very ineffective”. The remaining respondents (17 percent, n=24) were unsure about the effectiveness of communication.

⁸⁶PEER specialists engage and support birth parents with children currently in the foster care system with a goal of reunification.

In a survey of 17 birth parents, 15 of the parents responded to the question on the effectiveness of the Agency's communications. Fifty-three percent (n=8) considered communication as "effective-to-very effective" between CFSA and birth parents, which is an improvement from last year. Communication included CFSA's contracted partners (private agencies and the Collaboratives). However, birth parents have primarily attributed the increase in satisfaction to the Agency's PEER program. For example, the PEERS have engaged parents around case planning, services and Court proceedings, thus aiding parents in understanding the child welfare system more and increasing the possibility that they reunify with their child.⁸⁷

Twenty-six youth responded to the effectiveness of the Agency's communications, the majority of whom considered the communication average. Thirty-four percent (n=9) indicated that communication was "effective" while 23 percent (n=6) said that communication was "average". Twelve percent stated that communication with the Agency was "ineffective". The remaining respondents (31 percent, n=8) were unsure about how they would rate effectiveness of communication.

For communication between CFSA and resource parents, 19 resource parents completed this survey question. Fifteen percent (n=3) said that communication was "effective to very effective" while 42 percent (n=8) indicated that communication of available resources was "average" and 32 percent (n=6) indicated communication was "ineffective-to-very ineffective". Eleven percent (n=2) felt unsure as to how they would rate communication.

Lastly, another example of Agency responsiveness includes several listening sessions that CSFA held with community members regarding the process for submitting applications for a Child Protection Register check. Stakeholders expressed consistent frustrations over the timing and manual paper-based application process for individuals who need to prove that there is no history of child maltreatment. In response, the Agency converted the entire Child Protection Register application process to an online system. In addition, CFSA streamlined the application itself, included Spanish translations of the application, and implemented a set of clearly outlined instructions in English and Spanish.

Strengths and Areas in Need of Improvement

Although CFSA and its partners do generally well with establishing community partnerships, stakeholders requested a publicly accessible list of current resources for social workers, resource parents and clients. Stakeholders also indicated that enhancement of timely

⁸⁷PEER specialists engage and support birth parents with children currently in the foster care system with a goal of reunification.

communication, transparency and collaboration is an area in need of some improvement. Youth in particular suggested utilizing more forums, assemblies and text messaging to inform them of information and resources. At present, youth learn about resources through their guardian ad litem or social worker via emails or verbal communication. Resource parents and social workers concurred that “All Staff” and group meetings would be useful vehicles for distribution of resource information (versus emails).

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Based on respondents’ comments in surveys and focus groups, the feedback loop at CFSA is improving. CFSA and its partners have continued to receive feedback from the public and incorporate such feedback into Agency processes. In addition, CFSA has increased invitations to stakeholders to participate in reviews of Agency processes (e.g., in-person and virtual surveys, focus groups, listening sessions, town halls).

The Agency’s progress toward incorporating stakeholder feedback begins with feedback from youth. Youth feedback, from both the survey (n=26) and focus group (n=7), provided the general consensus that social workers could improve the timely communication of resources for youth and then assist youth with connecting to those resources. Youth suggested incorporating youth more often into meetings and hearings and utilizing more forums and assemblies. Youth also requested social workers to simply answer the phone, and text messaging to inform them of information and resources.

Like the youth, resource parents also wanted to be included in meetings more often, and they wanted greater teaming. Resource parents desired more timely communication of resources and also more timely preparation for when a youth transitions to permanency. Although a specified time frame for any communications was not provided, resource parents felt they would need to do less asking about resources or permanency matters if they were included in all team meetings and court processes. Additional feedback included greater resource parent understanding of what removal and permanency look like from the perspective of the youth and the Agency. Resource parents also requested greater childcare supports and an online portal of resources.

Child welfare professionals echoed clients in how the Agency and its placement partners could improve responsiveness. Examples include communication, collaboration with DC providers and sister agencies (including the school system), increased cultural competence (among staff and resource parents), and a central services repository accessible to resource parents.

CFSA is either in process of responding or has already responded to this feedback in a variety of ways. Regarding collaboration efforts with the schools, management staff from Entry Services currently have routine meetings with representatives from the school system. Regarding cultural competence, the Agency's Child Welfare Training Academy has already developed a cultural humility training (piloted two classes) and is currently in the development process for a transracial parenting training during FY 2020. Regarding communication in general, CFSA has established multiple methods of information-sharing methods, based on resource parent requests per the Parent Advisory Committee and townhall sessions. For example, the Agency has modified the Placement Passport to allow more information on the child to be shared with the resource parents. In addition, CFSA developed several new FAQs to answer questions on topics of particular interest to resource parents (integrated and separate from the Resource Parent Handbook). Additional communication enhancements include the BOND program (discussed in the APSR) which functions as a consistent source of communication flow.

All stakeholders have continued to acknowledge CFSA's improvements to engaging the public. Stakeholders also mentioned the need to continue community engagement through CFSA's townhalls, listening sessions, and focus groups and surveys. The only common complaint was the timing of public sessions, which would frequently conflict with birth and resource parent daily schedules. The Agency agreed and began offering virtual sessions at different times in afternoons and after the work day or school, even as late as 7:00 pm and 8:00 pm, in order to accommodate the parents' schedules.

Planned Activities

CFSA regularly consults with and solicits feedback from internal and external stakeholders to determine the District's effectiveness in fully responding to and engaging the community for serving children and families. Feedback may come from standard meetings, special focus groups, surveys, interviews for certain documents, and lastly, reports. CFSA also holds information sharing meetings with several stakeholders, including judges from the Family Court, staff from the Collaboratives, resource parents, birth parents, and youth. The Agency also includes stakeholders representing District partners from each multidisciplinary taskforce, e.g., the Foster and Adoptive Family Advocacy Center (FAPAC), Parent Advisory Council (PAC), Mayor's Advisory Council on Child Abuse and Neglect (MACCAN) and the Children's Justice Act (CJA). For more information, refer to the Collaboration and Vision Section.

The Agency is also utilizing the application, NowPow,⁸⁸ to create an online resource directory. Concurrent work continues on the development of an online Community Resource Directory that will feature a custom module with tools and resources that address the particular needs of Kinship Caregivers. Users of the directory will be able to search for services and resources by location and service type, and to make contact with providers via text messaging, which will streamline the referral and intake process. Initial implementation will be for the Kinship Caregiver Mobile Support Line operators only, with the intent of releasing a public-facing application thereafter. Roll-out for the directory is planned for FY late 2019.

During CFSA's 2019 oversight hearings, stakeholders praised CFSA's efforts for creating avenues for feedback in the development phases of programming yet requested that they be consulted prior to final decisions on issues that impact providers and their clients. Although CFSA began this process with the establishing of a Prevention Work Group that included stakeholders across the District to inform the Family First proposal, the Agency also considered this concern in the creation of federal plans as well as in the development of the upcoming Resource Development Plan.

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Planned Activities

The Agency's commitment to continuous quality improvement, particularly as it relates to the feedback loop process, includes the ongoing townhalls, listening sessions, engagement in stakeholder-based committees (see Collaboration section in the APSR), meetings scheduled because of requests, attendance at the Citizens Review Panel (CRP) Townhall session, and other methods of capturing stakeholder feedback and overall Agency responsiveness described in the APSR. Regarding the CRP Townhall, the Agency first collaborated with the CRP in November 2019 to hold a townhall meeting to solicit public input on CFSA and child welfare contractors. The CRP is including this feedback and its analysis in the CRP 2020 Annual Report, which the CRP also submits to the Executive Office of the Mayor. As part of the CRP and CFSA partnership, CFSA provided a response to the CRP townhall recommendations (included with the APSR submission). CFSA also responded to the CRP annual report with a supplemental In-home Services Report, which the CRP posted on its website.

Separately from the CRP townhall, on January 30, 2020, the Agency held the first of its quarterly townhall meetings for resource parents and the community. In addition to CFSA leadership and staff, approximately 60 people attended. The agenda included an overview of CFSA (e.g.,

⁸⁸ The NowPow application is a platform that can be used for matched, shared, tracked and coordinated referrals. NowPow also functions as an e-prescribe capability for the entire risk spectrum of a community and for a wide array of basic needs and chronic conditions.

organizational structure and current policy) and of the District's child welfare system (e.g., client demographics, Agency performance data and resource family supports). Also included on the agenda was time for participants to engage in a "poster walk" to provide information, answer questions and gain feedback. The poster walk feedback revealed three main themes:

- ▶ More focus should be given to the needs of teens and youth who are aging out of care, including providing lifelong connections and support.
- ▶ There should be greater support for resource parents, particularly with improvement to the crisis response program.
- ▶ Improvement is needed in communication about programming, services, and planning for children and families.

Additional feedback comes from the Agency's listening sessions. Prior to the COVID-19 stay-at-home order, the District hosted two listening sessions (March 5, 2020 and March 7, 2020) for birth and resource parents to discuss their experiences with the Agency. The goal of these listening sessions was to discuss ways of improving working relationships between birth parents, resource parents and the Agency. The Agency specifically sought feedback on how CFSA can better serve resource and birth parents. A report-out from these sessions is in process. Already, however, there is feedback regarding supports for birth and resource parents as well as the need for specific resources. Examples of specific resources includes utilization of the mobile crisis mobilization units and how the community can support resource parents to be more prepared to manage a youth in crisis. Birth parents requested more inclusion in family team meetings and court hearings and receiving more visitation and therapeutic services. Finally, birth parents requested improved legal resources along with improved post-removal supports.

As stated above, CFSA heard from the resource parents that greater support was needed for crisis response. In response, CFSA is planning to train resource parent support workers in a crisis response model, which will allow CFSA to bring the crisis response service in-house with 24/7 access. Planning continues with implementation anticipated in FY 2021. CFSA has already trained the support workers on a parent coaching model so they can provide such coaching to resource parents.

Lastly, the District has also released three CFSA "explainer videos" in response to input from the staff, birth and resource parents and youth. The videos capture honest experiences and provide the perspectives of a child ages 3-10, older youth ages 11 and up, and birth parents. The videos explain what to expect when you as a birth parent, resource parent or child come to the attention of the child welfare agency. The videos also provide clear, consistent and comforting

messages regarding the trauma around removal. The storyline normalizes the unknowns as well as demonstrates the understanding and teaming atmosphere clients should expect. All three videos are available on the CFSA website. The children view the video when they assigned a CFSA therapist. Each child also gets a “worry eater” doll to help them process their entry in foster care. Based on feedback from the 2020 Needs Assessment, the Agency will look at more ways to inform the broader public about these video resources.

SYSTEMIC FACTOR 7: FOSTER AND ADOPTIVE PARENT LICENSING RECRUITMENT, AND RETENTION.

Item 33: Standards Applied Equally

Overview

During the 2016 CFSR, CFSA received an overall strength rating for this item. CFSA has a licensing, recruitment, and retention system that is functioning statewide to ensure that state standards are applied to all licensed foster family homes and childcare institutions.

Local Regulations

The District of Columbia’s Municipal Regulations (DCMR) Title 29 sets forth licensing standards in Chapter 60 for foster, kinship, and adoptive homes; Chapter 62 for youth residential facilities (YRF); and, Chapter 63 for independent living programs (ILP). Because of the level of operational detail in the municipal regulations, the chapters operate as policies to guide Agency licensing. The chapters also reflect federal requirements for licensure of foster care providers and child caring institutions. CFSA policies reinforce all three regulations and provide detailed licensing protocols for staff and contracted partners.⁸⁹ The District’s regulations and the Agency’s policies are available online for the provider community and the community-at-large.

Standards for Foster Family Homes

Chapter 60 is comprehensive in scope, addressing high-level requirements, personal role-based rights and responsibilities, child safety and security, interior and exterior environmental requirements, behavioral expectations (of social workers, resource parents, and children in care), family integration, behavioral management, child well-being, community engagement and support, and of course, the home study and application process itself. Programmatically, the chapters highlight the collaborative nature of social work and emphasize the concept of teaming, transparency, and a mutual respect among a child’s team members that is fundamental to the successful outcomes for children. The chapters also define the application

⁸⁹ CFSA’s licensing policies include [Facility Licensing](#), Foster Parent Licensing (currently under review), and [Temporary Licensing for Kinship Homes](#).

activities, inspections, training, and documentation that must be completed for every prospective resource parent and for existing resource parents wishing to renew their licenses.

As of April 2019, approximately half of the District's foster care population resides outside of the District's boundaries; the vast majority of this out-of-state population resides in nearby communities in Maryland. CFSA has a contractual engagement with a single Maryland-based private child placing agency (CPA) to facilitate placements in that state. The CPA has the authority under Maryland law to license and approve foster family homes according to the Code of Maryland Regulations (COMAR). CFSA also contractually obligates the CPA to apply the District licensing standards to its foster family homes in Maryland when and if the District's standards are more stringent than those outlined in COMAR. For instance, there are differences in the two jurisdictions approach to background checks. COMAR's requirements for background checks extend to prospective resource parents only as part of the initial licensing process, whereas the District requires periodic criminal and Child Protection Registry (CPR) checks for licensed resource parents to maintain their licensure. Accordingly, CFSA requires its CPA partners' family-based resource parents to obtain regular periodic background checks according to the District's schedule.

Chapter 60 details the non-safety related licensing standards that the Agency may waive on a case-by-case basis for kinship caregivers. District regulations give CFSA the authority to issue temporary kinship caregiver licenses to kin who meet certain minimum safety requirements and who can accommodate the immediate placement of their young relatives. Thereafter, CFSA works with the caregivers to complete all the necessary licensure components, including pre-service foster care provider training, within 120 days of the child's placement in their home.

Standards for Youth Residential Facilities (YRF) and Independent Living Programs (ILP) District regulations in 29 DCMR Chapters 62 and 63 share many commonalities among their respective requirements while still distinguishing between the two placement settings. For example, the standards in 29 DCMR Ch. 62 are clearly articulated across the licensing domains of operating procedures; building, grounds, and equipment; interior space and physical plant; fire and carbon monoxide protection; sanitation; utilities and hygiene facilities; personnel policies; staff development; documentation and recordkeeping (including background check requirements for staff); confidentiality; and the timeliness of completion of required activities for licensure.

Most of these requirements are reiterated in 29 DCMR Ch.63, albeit with differences in the physical plant, staffing, monitoring, and other programmatic requirements that account for the

higher level of independence granted to youth in this setting. Others are unique to ILP programming and service modality (e.g., initial individual transitional independent living plans).

Practice and Performance

The District has a uniform licensing process within its three typical placement types: traditional foster family homes, kinship foster family homes, and congregate care facilities. To facilitate placements outside the District, CFSA maintains a unique “border agreement” with Maryland that maximizes CFSA’s ability to efficiently access placement resources (both traditional and kinship) in the nearby Maryland communities.

Foster Family Home Licensing Practice

Within CFSA’s Planning, Policy, and Program Support Administration (PPPSA), the Family Licensing and Re-Licensing Units are collectively responsible for carrying out the mandates of 29 DCMR Ch. 60 regarding traditional foster family homes. The licensing and re-licensing operation is centralized within one administration under a single program manager and two supervisory units of licensing supervisors and staff. Licensed foster care providers are assigned a resource parent support worker to provide consultation and support during ongoing placements and to facilitate re-licensure over time.

For foster care providers in Maryland, CFSA’s single child-placing agency partner is responsible for meeting the COMAR licensing requirements and any further requirements included in its contract with CFSA. CFSA’s CPA partner is responsible for licensing these homes, some of which are therapeutic family-based homes for children with complex needs.

The Maryland Border Agreement and Kinship Home Licensing Practice

Within CFSA’s Office of the Deputy Director for Program Operations, the Kinship Unit is responsible for carrying out the mandates of 29 DCMR Ch. 60 that apply to kinship caregiver licensure as well as traditional foster family homes. The kinship licensing operation is centralized under a single program manager and two supervisory units of licensing supervisors and staff. The District has unique geographic dynamics that impact child welfare operations. A great many children who enter into the foster care system have relatives who reside in nearby Maryland state counties, resulting in many kinship placements.

CFSA ensures a smooth relationship with Maryland-based placements under a 2013 border agreement that allows both Maryland and the District to streamline licensure for timely placements. The agreement allows each party to make temporary placements without having

to complete an entire ICPC packet.⁹⁰ Exceptions occur when the child’s permanency plan includes the interjurisdictional placement resource (e.g., adoption by the resource parent in the out-of-state jurisdiction). In these cases, the CPA must complete the entire packet. The Border Agreement emulates ICPC regulations in that both include provisions to 1) expedite the timely placement of children with emergency kinship providers, 2) allow CFSA to quickly and efficiently share key educational data with the lead education agencies (LEAs) of the Maryland counties, and 3) facilitate the joint monitoring of providers by oversight bodies in both jurisdictions.

While kinship foster parents are subject to the same licensure requirements in accordance with the same laws and regulations established for and applicable to non-kin foster homes, CFSA has established a process for temporary licensure of foster homes for kin residing within the District of Columbia and Maryland.

In FY 2018, CFSA issued 65 temporary licenses through the border agreement; Maryland issued another 46 licenses. This process has successfully expedited emergency placements for children with relatives who are willing and able to take on the role of caregiver. For example, a temporary license can allow immediate placement with kinship caregivers, provided the eligible caregiver is able to comply with the procedures described below. In addition, special considerations may be given to kinship caregivers when making licensing determinations that would be in the best interest of the child. The entire process is in compliance with guidelines set forth by CFSA policy and in accordance with Chapter 60.⁹¹

District regulations allow the Agency to waive a non-safety-related licensing provision for potential kinship caregivers. After meeting the remaining licensing requirements, including all other Title IV-E foster care eligibility criteria for the children residing in such homes, CFSA will claim Title IV-E reimbursement for the foster care maintenance costs expended to the home. A comprehensive roster of “waivable” non-safety related requirements is detailed in the table below (based on 29 DCMR Ch.60 and CFSA’s policy on Licensing of Foster Homes for Kin). These waivers are granted on a case-by-case basis following a thorough assessment of all conditions in the prospective kinship home.

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⁹⁰ The Interstate Compact on the Placement of Children (ICPC) is a statutory agreement that sets forth the requirements that must be met before a child can be placed out of state. The Compact ensures prospective placements are safe and suitable before approval, and it ensures that the individual or entity placing the child remains legally and financially responsible for the child following placement.

⁹¹ CFSA licensure is currently concentrated in the District and Maryland only. Despite its proximity, licensure of kinship homes in Virginia has not been warranted, based on the demographics of families in the District, and the majority of relatives migrating to Maryland.

In FY 2019, CFSA issued 52 temporary licenses through the border agreement with Maryland. As of FY 2020-Q2, the Agency has issued 25 licenses.

| POTENTIALLY WAIVABLE NON-SAFETY RELATED REQUIREMENTS FOR KINSHIP CARE | |
|---|--|
| DCMR Citation | Topic and Foster Parent Regulation and General Considerations for Waiver |
| §6001.2 §6027.3(a) | 1. Age: A foster parent shall be at least 21 years of age. [Age 20 and above is considered appropriate for kinship foster parents. Kinship foster parents who are younger than 20 may be considered pending a social worker’s thorough assessment of the applicant’s emotional level of functioning and current situation.] |
| §6005.2 | 2. # of Children: Except as provided by § 6005.3 or § 6005.4, the total number of children in a foster home: (a) May not exceed six children; (b) May not exceed two children under two years of age;(c) May not exceed three children under six years of age; and (d) May not exceed three foster children. [Clinical safety assessment may allow for relaxation of these requirements.] |
| §6007.14 | 3. Space: A foster home shall have living room or family room space that is adequately furnished and accessible to all members of the household, including foster children. [Clinical safety assessment may allow for relaxation of these requirements.] |
| §6007.15 | 4. Space: A foster home shall have a designated dining area. [Clinical safety assessment may allow for relaxation of these requirements.] |
| §6007.17 | 5. Sleeping Arrangements: A foster child under 14 years of age may not sleep in a bedroom located in the basement. [Finished basements may be considered appropriate living spaces for children if the foster parent’s bedroom is located within calling distance or one floor of the child’s bedroom. Assessed as clinically appropriate for child to be on a different level as the foster parents or guardians and determined on a case-by-case basis. Note: a foster child’s bedroom must have at least two means of egress, each on a different side of the room.] |
| §6007.18 | 6. Sleeping Arrangements: A foster child's bedroom shall be sufficient in size to provide for the safety, privacy, and comfort of the foster child. The following bedroom sizes shall be used as general guidelines for adequate square footage:(a) Seventy (70) square feet for one foster child; (b) One hundred (100) square feet for two (2) foster children; and (c)One hundred fifty (150) square feet for three foster children. [CFSA may license a foster home with bedrooms that do not meet the general guidelines in § 6007.18 if CFSA finds and has documented that the available space is adequate to provide for safety, privacy, and comfort of each foster child.] |
| §6007.20 | 7. Sleeping Arrangements: No more than three children may share a room regardless of the room's size. [The space must be assessed as adequate and able to pass fire inspection.] |
| §6007.22 | 8. Sleeping Arrangements: No foster child over 18 months of age may share a bedroom with an adult. [Allowable for medically-fragile children and may be evaluated case-by-case.] |

POTENTIALLY WAIVABLE NON-SAFETY RELATED REQUIREMENTS FOR KINSHIP CARE

| DCMR Citation | Topic and Foster Parent Regulation and General Considerations for Waiver |
|---------------|---|
| §6026.1 | 9. Training: An applicant shall participate in an orientation program offered by the Agency. [Training need not be completed prior to placement of a relative child in the home. Kin caregivers are to complete pre-service training within 120 days of placement.] |
| §6001.6 | 10. Income: A foster parent shall have sufficient family income to meet the reasonable living needs of his or her own family without relying on foster care board and care payments. [Clinical safety assessment may allow for relaxation of these requirements.] |
| §6008.4(b)(1) | 11. Fraud: CFSA may not license an individual as a foster parent if that individual or any person 18 years of age or older residing in the prospective foster home has a conviction of fraud. [CFSA may determine that, despite the conviction, placement with the prospective kin caregiver does not represent a safety-risk and is in the child’s best interests.] |

District regulations also authorize the Agency to waive or override certain safety-related licensing requirements, such as a prohibited (per federal or local law) criminal conviction or a positive return on a CPR check. Such cases are rare and they require the approval of the Agency director who must determine that the child’s placement with the relative would be in the child’s best interest (after the adult relative’s satisfactory completion of all other District licensure requirements and a review of the child abuse or neglect case and current circumstances). The relative must be able to provide care for foster children consistent with the requirements of 29 DCMR Ch. 60. CFSA does not claim Title IV-E foster care maintenance payments for expenditures made on behalf of children residing in these homes when the CFSA director approves an override.

Licensing Practice for Youth Residential Facilities (YRF) and Independent Living Programs (ILP)
 The CFSA Office of Facility Licensing (OFL), housed under PPPSA, licenses YRFs and ILPs in the District. The OFL staff includes a program manager and five licensing staff persons within the same business unit who guide the YRF and ILP licensing process in compliance with Chapters 62 and 63, and in compliance with CFSA’s Facility Licensing Policy.

The OFL manager vets and approves or denies every YRF or ILP license granted in the District. Per OFL business processes, once a prospective YRF or ILP provider submits a completed application for an original license (versus a renewal license), the OFL manager must respond within 90 days for the YRF and 60 days for an ILP. At the close of FY 2018, 65 youth in foster care resided in a District-based licensed YRF or ILP.

The Agency’s Contracts Monitoring Division has a Monitoring Activity Plan for each of its contracted private agency (CPA) and congregate care partners. The Monitoring Activity Plan is a template against which CFSA staff evaluates contractor performance to ensure compliance with applicable District licensure requirements. The tool is used for every provider (within each service category as outlined below) irrespective of the jurisdiction in which the provider is operating. If providers are found to be out of compliance with regulatory requirements during the re-licensing process, monitors will work with the provider to develop a tailored corrective action plan (CAP). The CAP must document the compliance issues and outline the steps necessary for the provider to remedy the issues within a reasonable time period.

FY 2021 APSR Update

On July 9, 2018, the Children’s Bureau (CB) issued a Program Instruction (PI) to title IV-E agencies on amendments required to be made to agency’s Title IV-E Foster Care and Adoption Assistance Plan to address provisions amended or added by The Family First Prevention Services Act (FFPSA). On March 31, 2019, the District submitted a title IV-E plan amendment to the Children’s Bureau (CB) regional office. A revised amendment was submitted on January 23, 2020 to address additional information needed based on the review. On January 29, 2020, the CB approved the revised District title IV-E plan addressing the requirements of the FFPSA with an effective date of January 1, 2020.

Title IV-E plan provisions effective in federal law on April 1, 2019 that addressed model licensing standards for foster family homes included providing specific and detailed information about:

- ▶ Whether the agency foster family home licensing standards are consistent with the model licensing standards identified by HHS and if not, the reason for the deviation; and,
- ▶ Whether the agency waives non-safety licensing standards for relative foster family homes, and if so, how caseworkers are trained to use the waiver authority and whether the agency has developed a process or provided tools to assist caseworkers in waiving these non-safety standards to quickly place children with relatives.

District of Columbia Child and Family Services Agency Title IV-E State Plan Amendment for Model Foster Family Home Licensing Standards

| Subject Standards Heading | Requirement | State Regulatory, Statutory, and Policy References |
|--|---|--|
| A. Foster Family Home Eligibility | Foster Family Home Eligibility: A foster family home license includes the following: a. Threshold Requirements i. Applicants must be age 18 or older. | i. 29 DCMR 6001.2 ii. 6001.6 iii. 6001.1 |

| Subject Standards Heading | Requirement | State Regulatory, Statutory, and Policy References |
|---------------------------|---|---|
| | <ul style="list-style-type: none"> ii. Applicants must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child(ren) in foster care. iii. Applicants must be able to communicate with the child, the title IV-E agency, health care providers, and other service providers. iv. At least one applicant in the home must have functional literacy, such as having the ability to read medication labels. | <ul style="list-style-type: none"> iv. 6002.1(k) & (j), 6019.7 |
| | <p>b. Physical and Mental Health: All applicants must have recent (conducted within the prior 12 months) physical exams from a licensed health care professional that indicate that the applicants are capable of caring for an additional child or children.</p> <ul style="list-style-type: none"> i. All household members must disclose current mental health and/or substance abuse issues. ii. All household members must provide information on their physical and mental health history, including any history of drug or alcohol abuse or treatment. iii. The title IV-E agency may require further documentation and/or evaluation to determine the suitability of the home. iv. All children who are household members must be up to date on immunizations consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and the American Academy of Family Physicians (AAFP), unless the immunization is contrary to the child’s health as documented by a licensed health care professional. v. All household members who will be caregivers of infants must have an up-to-date pertussis (whooping cough) vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual’s health as documented by a licensed health care professional. vi. All household members who will be caregivers of infants and children with special medical needs must have an up-to-date annual influenza vaccine consistent with the recommendations of | <p>29 DCMR 6001.3 & 6001.4</p> <ul style="list-style-type: none"> i. 6001.4, <u>CFSA Licensing Application</u> (Sensitive Subjects) ii. 6001.4, <u>CFSA Licensing Application</u> (Sensitive Subjects) iii. 6001.4 iv. 6001.5 & <u>DOH Standards</u> v. See SPA transmittal letter vi. See SPA transmittal letter |

| Subject Standards Heading | Requirement | State Regulatory, Statutory, and Policy References |
|--|--|--|
| | the ACIP, unless the immunization is contrary to the individual’s health as documented by a licensed health care professional. | |
| | <p>c. Background Checks Applicants must submit to criminal record and child abuse and neglect registry checks as required in section 471(a)(20) of the Social Security Act (the Act).</p> | <p>DC Code Title 4-1501.03(b) 29 DCMR 6001.7</p> |
| | <p>d. Home Study: Applicants must have completed an agency home study, which is a written comprehensive family assessment to include the following elements:</p> <ul style="list-style-type: none"> i. At least one scheduled on-site visit to assess the home to ensure that it meets the state, tribal and/or local standards applicable to the safety and care of the home; ii. At least one scheduled in home interview for each household member to observe family functioning and assess the family’s capacity to meet the needs of a child or children in foster care; iii. The title IV-E agency has discretion on whether to interview or observe each household member based on his or her age and development; and iv. Multiple applicant references that attest to the capability of the applicant to care for the child, including at least one from a relative and one from a non-relative. | <p>29 DCMR 6028</p> <ul style="list-style-type: none"> i. 6028.3(b) ii. 6028.3(b) iii. 6028.3(b) iv. 6028.3(c) <p>CFSA Licensing Application</p> |
| <p>B. Foster Family Home Health and Safety – Living Space</p> | <p>B. Foster Family Home Health and Safety</p> <p>a. Living Space: The home must be a house, mobile home, housing unit or apartment occupied by an individual or a family. The home must have:</p> <ul style="list-style-type: none"> i. An adequate supply of safe drinking water; ii. A properly operating kitchen with a sink, refrigerator, stove, and oven; iii. At least one toilet, sink and tub or shower in operating condition; iv. Heating and/or cooling as required by the geographic area, consistent with accepted community standards and in safe operating condition; and v. A working phone or access to a working phone in close walking proximity. | <ul style="list-style-type: none"> i. 6007.27 & 6011 ii. 6007.13 iii. 6007.27 iv. 6007.2 v. 6007.6 <p>CFSA Licensing Application (Basic Reqs to Maintain Foster Home License)</p> |
| <p>Foster Family Home Health and Safety –</p> | <p>b. Condition of the Home: The applicant’s home, grounds, and all structures on the grounds of the property must be properly maintained in a clean, safe,</p> | <p>b. 6012.1, 6011.1, 6011.2</p> |

| Subject Standards Heading | Requirement | State Regulatory, Statutory, and Policy References |
|---------------------------------------|---|--|
| Condition of the Home | <p>and sanitary condition and in a reasonable state of repair within community standards. The interior and exterior must be free from dangerous objects and conditions, and from hazardous materials. The home must meet the following requirements:</p> <ul style="list-style-type: none"> i. Have adequate lighting, ventilation and proper trash and recycling disposal, if recycling is available; ii. Be free from rodents and insect infestation. iii. Proper water heater temperature; iv. Weapons and ammunition (separately) stored, locked, unloaded, and inaccessible to children; v. Pets are vaccinated in accordance with state, tribal and/or local law; vi. Have conditions that prevent the child’s access, as appropriate for his or her age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages; vii. Swimming pools, hot tubs, and spas must meet the following to ensure they are safe and hazard free (and additionally must meet all state, tribal and/or local safety requirements): <ul style="list-style-type: none"> 1. Swimming pools must have a barrier on all sides. 2. Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock. 3. Swimming pools must be equipped with a life saving device, such as a ring buoy. 4. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system. 5. Hot tubs and spas must have safety covers that are locked when not in use. | <ul style="list-style-type: none"> i. 6007.2, <u>CFSA Licensing Application</u> (Basic Reqs to Maintain Foster Home License), <u>21 DCMR 808</u> ii. 6011.5 iii. 6011.4 iv. 6007.9 v. 6007.11 vi. 6007.7 & 6007.8 vii. 6012.2 & 6012.3, <u>DCRA Adoption of the 2012 ICC on Swimming Pools/Spas</u> (Chapter 3) |
| C. Foster Family Home Capacity | <p>Foster Family Home Capacity: The total number of children in foster care in a foster family home must not exceed six consistent with section 472(c)(1)(A)(ii)(III) of the Act. Per section 472(c)(1)(B) of the Act, the number of foster children cared for in a foster family home may exceed this numerical limitation at the option of the title IV-E agency for any of the following reasons:</p> <ul style="list-style-type: none"> a. To allow a parenting youth in foster care to remain with the child of the parenting youth; | 29 DCMR 6005 |

| Subject Standards Heading | Requirement | State Regulatory, Statutory, and Policy References |
|---|--|--|
| | <ul style="list-style-type: none"> b. To allow siblings to remain together; c. To allow a child with an established meaningful relationship with the family to remain with the family; and d. To allow a family with special training or skills to provide care to a child who has a severe disability. | |
| D. Foster Family Home Sleeping Arrangements | Foster Family Home Sleeping Arrangements: Applicants must provide a safe sleeping space including sleeping supplies, such as a mattress and linens, for each individual child, as appropriate for the child’s needs and age and similar to other household members. Foster parents must not co-sleep or bed-share with infants. | 29 DCMR 6007 |
| E. Emergency Preparedness, Fire Safety, and Evacuation Plans | <p>Emergency Preparedness, Fire Safety, and Evacuation Plans: The applicant must have emergency preparedness plans and items in place as appropriate for the home’s geographic location. The applicant’s home must meet the following fire safety and emergency planning requirements:</p> <ul style="list-style-type: none"> a. Have at least one smoke detector on each level of occupancy of the home and at least one near all sleeping areas; b. Have at least one carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas; c. Have at least one operable fire extinguisher that is readily accessible; d. Be free of obvious fire hazards, such as defective heating equipment or improperly stored flammable materials; e. Have a written emergency evacuation plan to be reviewed with the child and posted in a prominent place in the home; f. Maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home; and g. Maintain first aid supplies. | 29 DCMR 6010 a. 29 DCMR 6010.3, 6028.3(j), and <u>DC Fire & Emergency Medical Services Fire Home Inspection</u> b. 6028.3(j), and <u>DC Fire & Emergency Medical Services Fire Home Inspection</u> c. 6010.4 d. 6010.2 e. 6010.5, <u>CFSA Licensing Application</u> (Fire Escape Drawing Plan and Fire Evacuation Plan) f. 6007.10 g. 6007.10 |
| F. Transportation | Transportation: Applicants must ensure that the family has reliable, legal and safe transportation. Reliable transportation includes a properly maintained vehicle or access to reliable public transportation; if a privately-owned vehicle owned by the applicant’s family or friends is used to transport the child in foster care, legal transportation includes having a valid driving license, | 29 DCMR 6006 |

| Subject Standards Heading | Requirement | State Regulatory, Statutory, and Policy References |
|------------------------------------|--|--|
| | insurance and registration; and safe transportation includes safety restraints as appropriate for the child. | |
| G. Training | <p>Training: Applicants must complete pre-licensing training on the following topics: rights, roles, responsibilities and expectations of foster parents; agency structure, purpose, policies, and services; laws and regulations; the impact of childhood trauma; managing child behaviors; first aid (including cardiopulmonary resuscitation (CPR)xi for the ages of the children in placement) and medication administration; and the importance of maintaining meaningful connections between the child and parents, including regular visitation.</p> <p>Foster parents must participate in ongoing training to receive instruction to support their parental roles and ensure the parent is up to date with agency requirements. Further, this training may also include child-specific training and/or may address issues relevant to the general population of children in foster care.</p> | <p>29 DCMR 6019.7 29 DCMR 6028</p> <p>CFSA title IV-E Training Plan (as submitted 6/30/2019)</p> <p>CFSA Health Care Coordination Plan (as submitted 6/30/2019)</p> |
| H. Foster Parent Assurances | <p>Foster Parent Assurances: Applicants must agree to comply with their roles and responsibilities as discussed with the title IV-E agency once a child is placed in their care. The title IV-E agency must require assurances including:</p> <ul style="list-style-type: none"> a. Applicants will not use corporal or degrading punishment. b. Applicants will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated. c. Applicants and their guests will not smoke in the foster family home, in any vehicle used to transport the child, or in the presence of the child in foster care. d. Applicants will adhere to the title IV-E agency’s reasonable and prudent parent standard per section 472(c)(1)(A)(ii)(I) of the Act. | <ul style="list-style-type: none"> a. Federal assurances have been added to Licensing Application b. <u>CFSA Licensing Application</u> (Protection of Foster Children from Abuse, and Responsibilities of Foster Parent forms) |

The District’s Waiver of Non-Safety Licensing Standards for Relative Foster Family Homes

Through activities of its Kinship Support Unit (KSU), CFSA exercises its authority under Section 471 (a) (10)(D) of the Social Security Act to waive non-safety licensing standards for relative foster family homes. All relative foster family homes in the District are licensed by a single

administration unit that comprises five master-level social workers who receive targeted training on the safety and non-safety licensing requirements delineated in 29 DCMR Chapter 60.

For each waiver request, the KSU supervisory licensing social worker prepares a memo describing the clinical need with a citation to the non-safety requirement from 29 DCMR Chapter 60 that needs to be waived. The memo is reviewed and approved in writing by the KSU Program Manager, which ensures uniformity and continuity in the application of such waivers.

Qualified Residential Treatment Program (QRTP) Placements

Additionally, based on the July 9, 2018 program instruction from CB regarding the Family First Prevention Services Act, requirements for a child's placement in a Qualified Residential Treatment Program (QRTP) to qualify to receive title IV-E foster care maintenance payments was issued. In January 2020, CFSA issued a QRTP policy that outlines the requirements set forth by the program instruction. CFSA contracts with one QRTP based provider.

The policy highlights that CFSA shall ensure that congregate care placement settings classified as Qualified Residential Treatment Programs meet the federally prescribed requirements around assessment, content of case plans, documentation, judicial determinations and ongoing court reviews, and directorial approval of placements so as to justify receipt of title IV-E foster care maintenance payments in support of a child placed in the QRTP. Additionally, the policy outlines that CFSA shall ensure that QRTPs obtain and maintain accreditation by one of the independent, not-for-profit organizations identified in federal statute, or one approved by the Secretary of the US Department of Health and Human Services.

Resource Parent Recruitment and Retention

CFSA has a dedicated unit of foster care recruitment specialists under the Agency's Placement Administration. These specialists are responsible for carrying out the activities under the Recruitment and Retention Plan. CFSA ended FY 2018 with 214 licensed family foster homes, 69 of which were newly licensed during that time. There were 56 closures in that same period (a retention rate of 74 percent). The Agency's contracted CPA partner ended the year with 210 licensed homes (an 87 percent retention rate).

FY 2021 APSR Update

On October 1, 2018, CFSA had 158 licensed traditional/adopt foster homes. CFSA licensed 34 new foster homes between October 1, 2018 and September 30, 2019. Of those 192 homes, 142 remained licensed and 50 were closed, for a retention rate of 90 percent and an increase of

16 percentage points from last year. Additionally, 22 adoptive homes were converted to traditional licenses for a total of 164 homes by the end of FY 2019.

At the beginning of FY 2019, NCCF had a total of 215 licensed foster homes. During this year, NCCF closed 75 homes during the year while 140 of these homes remained licensed at the end of FY 2019, for a total retention rate of 65 percent.

CFSA did an analysis. This was a decrease of 22 CFSA completed an analysis of the placement capacity of available foster homes from March 31, 2019 to January 31, 2020. On March 31, 2020, there 624 family-based foster homes (1078 beds) and 719 children in care (excluding 147 children that were placed in group homes and other settings for a total census of 866). On January 31, 2020, there were 570 family-based foster homes (981 beds) and 618 children in care (excluding 139 children that were placed in group homes and other settings for a total census of 757). During this reporting period, CFSA added 36 traditional beds and 110 kinship beds (total 146 beds), and the private agencies added 50 traditional beds and 13 kinship beds (total 63 beds). CFSA achieved the target to add 50 new beds and exceeded the number of resource parent homes than children in foster care. The net gain and loss of beds was consistent with the decrease in size of the census of children in care. Additionally, it was found that 54 percent of the closed homes were due to achieving permanency. Other closure reasons included the child placed in the home achieved permanency or aged out or left a kinship placement and was placed elsewhere. Additionally, other reasons included regulatory issues, the resource parent's refusal to take placements, and the resource parent's request to be closed.

While recruitment and retention is not part of the CFSA's federal PIP, CFSA is devoting considerable time and resources toward an ambitious goal of creating 40 new traditional foster home "beds" within the boundary of the District of Columbia. Toward that end, the Agency has implemented the following strategies:

- Developed and distributed Ward-specific collateral recruitment materials
- Targeted specific civic, cultural, ethnic, and occupational organizations within DC to promote fostering for key foster care populations, i.e., youth who self-identify as LGBTQ, teen parents, children diagnosed as medically fragile, and older youth
- Increased utilization of social media platforms for recruitment purposes
- Created a resource parent incentive program to encourage existing resource parents to refer potential resource parents to the Agency
- Initiated placement stability incentive payments for resource parents who contribute to a child's stability and positive permanency outcome

Strengths

On this item, the District benefits from the relatively small size of its boundary and the closely coordinated licensing and recruitment process that is centrally administered. The following components are foundational to the District's licensing system:

- Well-crafted and accessible District and Agency-level governance
- Clearly-stated language in CFSA's family-based and congregate care (child caring institutions) provider contracts regarding District licensing requirements
- Uniform District-wide application of licensing standards within the Agency's centralized licensing operation
- Efficient ongoing monitoring and support of the substitute care provider community by the resource parent support workers and CFSA's Contracts Monitoring Division
- An active community of advocacy organizations that partner with the Agency to review and improve licensing, recruitment, and retention rules, policies, and operations

FY 2021 APSR Update

The Agency's annual Needs Assessment relies upon stakeholder feedback to inform service and practice gaps and needs. Stakeholders include youth, birth parents and resource parents. CFSA used focus groups and surveys for receiving feedback from the stakeholders. Based on data from the 2020 Needs Assessment, the main strength of the Agency's resource parent recruitment and licensing process was the flexibility of supportive licensing and re-licensing staff. However, this experience was case by case. Stakeholders recommended that all licensing staff share the same degree of flexibility and supportive nature across the entire team.

Challenges

The most significant challenge with respect to growing the cadre of available District-based traditional foster family homes is the recruitment of resource parents who are willing to serve specialized populations: older youth with significant mental and behavioral health needs, pregnant and parenting youth, youth diagnosed as medically fragile youth, and youth who self-identify as LGBTQ.

Another challenge facing the Agency is the clarity of CFSA's messaging to resource parents regarding the recently implemented policies addressing the reasonable and prudent parent (RPP) standard. Resource parent feedback indicates that messaging around resource parent roles and responsibilities remains somewhat inconsistent. One question that is repeatedly confusing for resource parents' concerns if and under what circumstances the Agency must

complete background checks on temporary caregivers or babysitters. Social workers are not clear on the answer to this question. This lack of clarity can impact retention if it interferes with the resource parent's job. To clarify this confusion, the Agency has scheduled a series of RPP "brown bags" among resource parent support workers to tighten understanding among staff on all RPP-related issues.

FY 2021 APSR Update

Based on resource parent recruitment and licensing data from the 2020 Needs Assessment, birth parents' only response to the licensing process was wanting to meet and know the resource family caring for their child. In the youth survey, 16 respondents felt that one area of improvement would be time spent with resource parents prior to the youth being formally placed in their home. In the resource parent survey, areas for improvement fell into three categories: logistics (e.g., process takes too long and needs to be streamlined, more online trainings), communication and teaming (e.g., disconnect between licensing and placement, too many people asking for same information), and resources (e.g., mini grants for minor home repairs). Seventy-nine child welfare clients offered similar concerns and recommendations. Responses included improved coordination between internal staff and external providers for completing the required licensing home inspections. Other concerns included excessive paperwork and the length of the licensure process. One recommendation suggested financial assistance to improve a home for placement.

Focus groups with youth and resource parents revealed similar results. Seven youth explained that recruiters need to vet resource parents' intentions. This recommendation was based on youth sharing their experiences of achieving permanency in a home that eventually neglected them again, and not being treated as part of the family in a resource home.

Resource parents offered the following feedback and suggestions to improving the recruitment and licensing process:

- ▶ Provide all needed documents, training and materials for placement and backup in advance.
- ▶ Coordinate with agencies across the District because there are too many different agencies or people making checks on the home during the process.
- ▶ Consider the social worker as the sole certifier to make home approvals (e.g., fire inspection).
- ▶ Make certain parts of the licensing process are less meticulous and less stressful. For example, some things should be waived or have a lesser standard. These inspections should not be a reason a person cannot foster.

- ▶ Some licensing requirements for the home are antiquated - like window screens - not all windows will be opened. This requirement excludes people from wanting to be licensed.
- ▶ The process is piecemeal and very frustrating. There should be a grace period of 3-6 months with licensing documents.
- ▶ Virtual licensing hours training should be increased along with training options, i.e., a variety of courses versus the same courses.
- ▶ Training should be in the evening after work or the Agency provides childcare for resource parents on the weekends.

FY 2021 APSR Update

During FY 2019, CFSA partnered with LINK Strategic Partners (LINK), a national strategic communications and stakeholder engagement firm, to develop an environmental scan of the District of Columbia that will help CFSA identify and intentionally tailor recruitment efforts in a strategic manner. The scan provided an overview of the physical and demographic makeup of the city, and identified neighborhoods based on the makeup of their physical dwellings, the average age of residents, and household compositions. LINK submitted a 131-page report with their initial findings. CFSA has been maximizing the information of the report to build upon and leverage existing and new relationships with civic leaders and community allies across the city. CFSA is using the information provided by LINK in the following ways:

- ▶ Expanding strategic outreach beyond the utilization of listservs and networking through the Healthy Families/Thriving Communities Collaboratives, e.g., using such virtual and social media platforms as NextDoor.com and Eventbrite. The expansion was initiated in the late spring of 2019.
- ▶ Incorporating a new type of neighborhood engagement called “Fireside Chats”. These in-person chats, which started in October 2019, are currently initiated virtually using a secured Zoom platform or WebEx.
- ▶ Facilitating combined orientation and at-home consultations with recruiters on a variety of virtual platforms. The Agency is working to ensure it has electronic versions of all physical media and formal documents. The use of virtual platforms began in March 2020.
- ▶ Expanding the electronic media distribution of materials to community partners for inclusion in their calendars, newsletters and websites.

Throughout FY 2019 and into FY 2020, CFSA has continued to expand the array of resource homes to better serve specialized populations of children and youth in care.

- ▶ Special Opportunities for Youth (SOY) homes provide a planned placement in a resource home with specially trained providers for CFSA youth, ages 11-20, who need a higher level of support for challenging needs. SOY resource parents are recruited based on their fostering or professional experience working with adolescents and young adults with higher levels of trauma (e.g. behavioral and emotional trauma). The teaming approach ensures that all service providers are working collectively to address needs of youth. The SOY program promotes placement stability through preplacement planning and the provision of a higher level of supports for service providers.
- ▶ Stabilization, Observation, Assessment, and Respite Care (SOAR) professional resource parent homes provide temporary care (up to 90 days) for children who need comprehensive assessments to identify appropriate placement needs. SOAR resource parents collaborate with CFSA to identify barriers and resolutions to service provision for the child. This collaboration includes assisting the child’s team in observing and assessing children to determine appropriate service and placement needs. The SOAR resource parents also support the team by ensuring educational and vocational needs, mental and physical health needs, and familial relationships are initiated and maintained.
- ▶ In December 2019, CFSA began contracting with Children’s Choice, a Maryland-based child placing agency, to provide intensive support to foster care children with more intensive needs. Children placed with Children’s Choice are appropriate for a family-based setting but have been experiencing (or are likely to experience) placement instability. This instability may be due to a history of trauma and its associated symptomatic behaviors (e.g., physical or verbal aggression), or a history of stepping up or down from diagnostic care or admission to psychiatric residential treatment facilities (PRTFs). Current mental health diagnoses may also require intensive support through the Children’s Choice placement.

FY 2021 APSR Updates

Providing consistent, meaningful support for resource parents is a top priority for CFSA. When the resource parent community indicated inconsistencies in how CFSA provides support through the Mockingbird Family Model homes and the Family Connections program, the Agency transitioned these two hub systems to a single program that could provide more deliberate, comprehensive and coordinated support for resource parents. As of March 31, 2020, CFSA has merged the benefits of both former hub systems into one equitable and sustainable parent support program called the BOND program (Bridge, Organize, Nurture and Develop). The BOND program’s “hub” model engages and supports resource parents through peer networks led by experienced and committed BOND parents. Services offered via the BOND

program include but are not limited to peer support, resource parent networking and respite services. CFSA assigns the resource families to a BOND “squad” of 10-12 peer resource parents. The Agency assigns each squad to a lead BOND family with an experienced and committed resource parent who provides peer support, coordinates special activities and provides or assists with coordinating respite care. The BOND program coordinator is a recently transitioned resource parent support worker who is solely dedicated to managing the program and providing support to all identified BOND lead families. The lead families work in partnership with the program coordinator to ensure that resource parents and the children in their care have their needs appropriately addressed.

In 2019, the Resource Parent Support Unit invited 160 resource parents to participate in the “rain or shine” Annual Foster Care Odyssey cruise. Of the 160 invitees, around 128 (80 percent) enjoyed the cruise along the Potomac River. Overall, feedback from the resource parents indicates that they enjoy the annual event and look forward to it.

The Public Stakeholder Town Hall and the Listening Sessions, described earlier in this report, give resource parents an opportunity to receive updates and ask questions on such topics as the CFSA Data Dashboard, the Office of the Ombudsman, the Parent Engagement Education Resource (PEER) unit, and any current practice or policy changes. Most recently, resource parents’ advocates requested an opportunity to discuss foster care during the COVID-19 pandemic. As a result, CFSA facilitated a virtual question and answer session for approximately 80 attendees in June 2020 to discuss strategies and supports related to caring for children during the COVID-19 pandemic. In the session, CFSA invited a Department of Health doctor to answer COVID-19 related questions, and CFSA provided a written response to resource parent questions.

Additional resource parent recruitment and retention program goals and activities are discussed in the Agency’s FY 2021 Foster and Adoptive Parent Diligent Recruitment Plan.

C3. UPDATE TO THE PLAN FOR ENACTING THE STATE’S VISION

Continuous improvement is essential to CFSA’s practice improvement and system functioning. The application of CQI is an overall agency commitment integrated throughout Goals 1 through 4, as an intentional means to ensure continuous quality improvement across practice and performance. Accordingly, the Agency has implemented numerous processes for data collection and analysis to ensure accurate information, while assessing performance on the safety, permanency and well-being outcomes.

Based on identified challenges, CFSA brought together internal and external stakeholders to evaluate each Goal area in need of improvement. As a team, the stakeholders and CFSA staff developed the 2020-2024 CFSP objectives and measures as part of a comprehensive strategic planning process. The Agency continues to work closely with stakeholders to improve, as needed, performance on a quarterly basis under the Four Pillars Strategic Plan.

See Attached file “DC CFSA CFSP Goals Narrative rev 091619” for goal and strategy details.

FY 2021 APSR Updates

CFSA continues to work with stakeholders to assess performance and strategically plan for improvements in practice. Updates to goals and strategies developed in the 2020-2024 CFSP are available in the attached file “DC CFSA FY2021 Goals Narrative”.

C4. QUALITY ASSURANCE SYSTEM

See page 96 of this report- Systemic Factor 3 Quality Assurance System.

C5. UPDATE ON SERVICES

CHILD AND FAMILY SERVICES CONTINUUM

CFSA’s Four Pillar Strategic Framework is the foundation of the Agency’s service continuum. Each pillar sets forth a values-based foundation and a series of specific outcome targets from which strategies including evidence-based practices and services support the achievement of the outcomes. As the starting point of this continuum, CFSA exerts its grant-making authority to provide funding for community-based prevention and family preservation programs. Many of these programs reach families in their own neighborhoods through CFSA’s long-standing partnership with the Healthy Families/Thriving Communities Collaboratives (Collaboratives). In addition to prevention services, the Collaboratives and CFSA both provide a variety of supportive programs to families. Supportive services include but are not limited to counseling, parenting classes, housing and childcare assistance, and substance use treatment.

CFSA monitors the delivery of these prevention and family preservation services, provided by its partner agencies and community-based providers to families that are not yet involved in the child welfare system. Families that are involved in the welfare system also receive community-based support while CFSA provides direct services, including foster care or in-home services, temporary post-permanency temporary supports, and long-term subsidy support services.

The Agency's work along the child welfare continuum is best understood within the context of its organizational structure. This section of the report provides an overview of the various programs, community-based organizations, and internal CFSA administrations that carry out the Agency's mission through delivery of direct services to children and families.

Community Based Programs

Healthy Families/Thriving Community Collaborative Services

CFSA continues its longstanding partnership with the Collaboratives, a network of community-based social services providers that work to prevent child abuse and neglect, preserve families at risk of child maltreatment, and stabilize families formally involved with the child welfare system. The Collaboratives provide Safe and Stable Families (SSF) services and will continue to do so the Agency implements Family First services. The Collaboratives provide a wide array of services for families that are both involved with CFSA as well as families that are no longer involved. In addition, they play a vital role in providing community-based resources to prevent families from becoming involved with the public child welfare agency.

The five Collaboratives serve all eight wards of the District of Columbia, and are in those neighborhoods where there is a high representation of families in contact with the child welfare system:

- Collaborative Solutions for Communities (Wards 1 and 2)
- East River Family Strengthening Collaborative (Ward 7)
- Edgewood/Brookland Family Support Collaborative (Wards 5 and 6)
- Far Southeast Family Strengthening Collaborative (Ward 8)
- Georgia Avenue Family Support Collaborative (Ward 4)

Each Collaborative is an independent 501(c)(3) led by a community-based board of directors, who draw on the unique capabilities and services found within its network of service providers to assist at-risk children and families. The various services focus on keeping children and

families together and preventing children from entering foster care. Services include case management,⁹² essential core services,⁹³ specialized services,⁹⁴ and additional services.⁹⁵

CFSA Program Structure

Community Partnerships Administration

Community Partnerships leads the work with the CBCAP grantees, community-based service hubs, and the Collaboratives to provide appropriate prevention and family preservation supports. This office led the development of the CFSA's five-year Family First Prevention Plan submitted to the Children's Bureau in April 2019, and once approved, will lead its implementation and evaluation activities.

Office of Entry Services

CFSA's Office of Entry Services is responsible for the Agency's Child Protective Services (CPS) administration, which is designed to ensure child safety, particularly through the receipt and investigative responses to reports that allege child abuse and neglect. CFSA understands the need to have quality investigations that are initiated and closed within the appropriate timeframes, along with policies and practice that promote family engagement and teaming to best mitigate any safety and risk concerns. Entry Services includes the CPS-Hotline and Support Services Unit which receives all calls alleging child maltreatment. The CPS Hotline is a mandated District service that operates on a 24-hour, 7-day per week basis, including holidays. Trained staff receives reports on alleged child abuse and neglect through several methods, including the Hotline (202-671-7233), walk-in reports, and other forms of communication (e.g., faxes, emails, and letters). In addition, Entry Services houses the CPS Investigations team that meets face-to-face with child victims and families to assess risk and safety factors.

More recently CFSA added the In-Home Administration (formerly a part of Community Partnerships) to the Office of Entry Services, creating the "Ongoing CPS Services" (In-Home) Unit. Social workers in Ongoing CPS Services offer service programs designed to address the families' circumstances, focusing on safety and the parent's capacity to ensure the child's safety

⁹² Case management activities include assessments of family needs, identification of services, development and implementation of family service plans, linkages to community-based services, monthly visitations, and documentation of family progress or lack thereof.

⁹³ Essential core services include emergency family flexible funds, respite services, support groups and trainings, information and referral, mentoring and tutoring, educational workshops, and whole family enrichment. Families receiving essential core services may or may not be receiving case management services.

⁹⁴ Specialized services are based on the unique needs of the families, including Parent Education and Support Programs (PESP), family visitation, and Family Group Conferencing.

⁹⁵ Additional services include any service that falls outside of the previously described services. Families receiving additional services may or may not be receiving case management services.

which also promote family well-being. Services are tailored to enhance a parent's capacity for maintaining a safe home environment. For families receiving in-home services, Ongoing CPS Services assigns in-home social workers to each Collaborative neighborhood, creating a co-located staff to serve families currently involved with CFSA, or are at risk of involvement.

Office of Well Being

CFSA's Office of Well Being (OWB) provides clinical supports and a service array that aligns with the health, wellness, educational, and other needs of children and families involved in the District's child welfare system. OWB further ensures effective teaming with social workers to complete screening tools and functional assessments for children and families, and to provide effective, timely delivery of appropriate services and supports.

Within OWB, the Clinical Administration includes the mental health therapists, psychiatric nurse and staff who complete developmental and mental health screenings and assessments for children and youth in foster care, including the determination when a child or youth potentially needs a higher level of care in a psychiatric facility and liaisons with the DC Department of Behavioral Health in that process.

The OWB oversees domestic violence, substance use, mentoring, tutoring, transportation contracts and services in addition to childcare vouchers. The program has educational specialists and a domestic violence specialist who provide this support to social work staff and families.

Within OWB, CFSA's Health Services Administration (HSA) has primary responsibility for assessing, coordinating, and maintaining the services to ensure optimal health and well-being of children in foster care. HSA further manages CFSA's Healthy Horizons Assessment Center (HHAC), an onsite, 12-hour (9:00 a.m. – 9:00 p.m.), 5-days-a-week clinic staffed with nurse practitioners and certified medical assistants. Within HHAC, and under the auspices of HSA, CFSA has also established the nurse care management program (NCMP) for children requiring more tailored health-related services. There are nurses specifically assigned to the Office of Entry Services to provide consultative support to CPS investigative social workers, as well as to the nurses who are available on general assignment to HSA. Lastly, there are registered nurses assigned to support the in-home community social workers (co-located at the Collaboratives).

Office of Program Operations

The Office of Program Operations has oversight responsibility for CFSA's Placement Administration, Permanency Administration, and Office of Youth Empowerment. Each of these divisions and their respective services along the continuum are outlined in the following sections:

Permanency

The Permanency Administration provides support and direct case management to children in foster care with a permanency goal of reunification, guardianship, or adoption. To optimize their support capacity, permanency case managers (and ongoing social workers) receive consultation, technical assistance, training, clinical supervision and coaching from the inception of permanency planning through the successful achievement of the child's permanency goal.

CFSA's permanency-focused teaming process consists of regularly scheduled team meetings that occur within the first seven months of a child's entry into foster care. Each of these meetings has distinct purposes, decision points and participants. For example, the meetings that occur during the hours and days following a child's removal from the home will focus on facilitating a smooth transition into care, identifying kin resources, and outlining specific action steps toward reunification. Meetings that occur in the following weeks and, if necessary, months, focus on developing a comprehensive case plan based on assessments and strategies developed in accordance with team members' clinical judgment.

The Permanency Administration provides supports and case management from the inception of permanency planning all the way through finalization of adoption or guardianship. In so doing, case practice specialists provide technical assistance to social workers who have children on their foster care caseload with permanency goals of adoption or guardianship. These professionals partner together to develop and initiate child-specific recruitment plans for these children while also generally laying the foundation for permanency options in the event that reunification becomes ruled out.

The Permanency Specialty Unit (PSU) provides both pre- and post-adoption support for families. PSU social workers assess the family's needs, refer the family to appropriate services, and provide support and crisis counseling services to help prevent disruptions during the family's transition into adoption. The unit also includes a family support worker who conducts adoption searches. For families and children who have reached permanency but might be experiencing challenges that threaten the permanent living arrangement, the Permanency Administration also provides temporary intervention and support services to stabilize crises.

CFSA does not handle nor case-manage any inter-country or private adoptions. The Agency serves only children in the District's foster care system. Within that parameter, individuals who contact CFSA regarding an inter-country adoption are referred to private agencies. Families who request adoption services may also be referred to the local Adoption Resource Center. For families who wish to adopt outside of the United States, there are a host of support groups and

other resources available to them. Post-adoption support services are also offered by many of the area's private adoption agencies for these families.

Lastly, the Adoption and Guardianship Subsidy Unit makes post-permanency subsidies possible for children who might not otherwise achieve permanent homes. Subsidies cover maintenance and special services to meet the needs of the child until age 18. Families may also receive a one-time reimbursement of out-of-pocket expenses related to adoption finalization. Subsidies for adoptions and guardianships are funded for children eligible to receive Title IV-E monies, or through local funding for children who do not meet Title IV-E eligibility requirements.

Office of Youth Empowerment (OYE)

OYE provides direct case management and concurrent permanency and transition planning services to older youth in foster care (ages 15 up through age 20). OYE works to achieve permanence for these older youth while at the same time providing life skills training, vocational and educational support, transitional assistance, and encouraging informal but committed relationships with safe, caring adults willing to act in a mentoring or parental capacity following a youth's exit from foster care.

OYE administers the Chafee Foster Care Independence Program (CFCIP) and assists adolescents and young adults to acquire the skills and knowledge necessary to live independently. Through CFSA and community-based services, OYE promotes permanency; encourages lifelong connections to family, friends, and community; provides education and vocational opportunities, and supports the development of life skills that enable adolescents to achieve self-sufficiency.

Kinship

The Kinship Administration works with the assigned social worker and family members to identify and engage potential kinship resources. Kinship staff assess whether any identified relatives can be a viable placement and permanency option. In addition, kinship staff conducts the Family Team Meetings (FTM) that occurs throughout the life of a case. FTMs allows for more collaboration with parents for identifying case plan goals, including informal and formal supports for the parent and children, and as appropriate, parents also help to identify placement and permanency options.

Family Resources

To increase the likelihood that children are placed in the safest foster home possible, CFSA's Family Resources division provides foster and adoptive resource recruitment and support

services to current and potential foster, kinship, and adoptive parents. In addition, through various outreach and public education campaigns and activities, Family Resources works to increase the array of available resource parents who are willing and able to meet the varied needs of children in the care of CFSA.

Placement

The Placement Administration, which operates 24 hours per day, is responsible for identifying and facilitating placement of children in foster care, including all initial placements resulting from home removals and all replacement requests initiated by CFSA or CFSA's contracted private social workers. This administration is also the principal purchaser of placement resources (in collaboration with CFSA's Contracts and Procurement Administration). As such, Placement is also responsible for managing those resources.

SERVICE COORDINATION

CFSA's Family First Prevention Plan⁹⁶ (Putting Families First in DC) builds on the substantial progress made over the past decade to reform DC's child welfare system and bolster prevention efforts that help to reduce child abuse and neglect. The plan remains in close alignment with the Children's Bureau's vision for keeping families healthy, together, and strong.⁹⁷ In addition, the Family First Plan will build upon CFSA's primary prevention work (outlined most recently by the Children's Bureau in August of 2018).⁹⁸ Lastly, the plan reinforces the lessons learned through the implementation of CFSA's Waiver, focusing on the refinement of existing programs and services and determining new services to better meet the needs of DC's families before, during and after involvement in child welfare.

The development of the Family First Plan included a collaborative effort put forth by members of the Family First Prevention Work Group, which comprised a diverse selection of CFSA staff and external stakeholders from key community organizations and sister agencies.⁹⁹ The

⁹⁶ CFSA has submitted the Family First Plan in April 2019 to the Children's Bureau but has not yet received federal approval. Click [here](#) for the DC Family First Plan Executive Summary for the DC's Putting Families First in DC Title IV-E Prevention Program Five Year Plan Executive Summary.

⁹⁷ Children's Bureau Strategies to Strengthen Families:
https://www.acf.hhs.gov/sites/default/files/cb/cb_vision_infographic.pdf

⁹⁸ ACYF-CB-IM-1805: Reshaping child welfare in the United States to focus on strengthening families through primary prevention of child maltreatment and unnecessary parent-child separation:
<https://www.acf.hhs.gov/sites/default/files/cb/im1805.pdf>

⁹⁹ The Prevention Work Group participants included leadership and program staff from across District government and local community-based organizations, including the District's Health and Human Services cluster agencies, DC City Council, the Executive Office of the Mayor, the Court, CFSA's court monitor, advocacy organization partners, and CFSA's contracted community-based child-abuse prevention providers, the Healthy Families Thriving Communities Collaboratives (Collaboratives).

stakeholder members met over a period of six months to discuss coordination and integration of evidence-based practices that increase protective factors against possible child maltreatment. The Work Group prioritized the following broad criteria for selecting the prevention services:

- Identifying the target populations by reviewing data of clients served through District Government Social Service Agencies and the Collaboratives that are higher risk to entering the child welfare system.
- Identifying a service array that aligns with the characteristics and service needs of statistically vulnerable families (i.e., the target populations), thus ensuring that each family will be able to secure a service that meets their specific needs and circumstances.
- Ensuring that each identified service has a level of evidence of effectiveness, based on national evaluations as well as the District's experience with the programs and positive outcome data after implementation.
- Prioritize the selection of services that are currently successful within the District's service array, i.e., building on existing capacity, model familiarity, and effectiveness.

In addition to the above priorities, CFSA's ongoing work in the next five years will be guided by collaborating with federal or federally funded programs that promise to help prevent families from coming to CFSA's attention. For families that do come to the attention of the Agency, CFSA expects to maximize federal funding to ensure the most appropriate services are in place for these welfare-involved families. The following section provides an overview of how data and evidence were used to inform selection of services in accordance with the three criteria.

Throughout the continuum of services, the work that CFSA does with children and families includes the involvement and coordination with numerous federally funded and community-based public and private providers. Families that do not have an open CFSA case that may have low and moderate risk levels are referred to the Collaboratives, described earlier in this report. Families with high risk levels that do not warrant a removal receive in-home case management services and may receive referrals to services related to mental health, substance use, domestic violence, etc. Families with high risk levels and with children that enter foster care receive well-being services for the child such as mental health, tutoring, mentoring, etc. as well as services to parents for purposes of reunification (e.g., Family Unification Program housing vouchers, mental and behavioral health, substance use, and other services as identified through the case plan.

Services through federal programs such as Temporary Assistance for Needy Families, Medicaid, Child Care, Head Start, and Supplemental Nutrition Assistance Program are utilized prior to, during and after families may be involved with CFSA. CFSA staff work to include aspects of

these programs into case planning, and work with families to ensure that the most appropriate services are utilized.

Federal funds from Housing and Urban Development provides funding for the Family Unification Program, the Maternal and Child Health Bureau - Maternal, Infant and Early Childhood Home Visiting Program funds home visiting programs through the DC Department of Human Services, and the Office of Victim Services will provide funding toward DC's Families First DC place-based trauma-informed care sites that will provide residents impacted by violence with the support and services necessary to heal individually and collectively.

Similarly, case planning and coordination, and service delivery through other local public providers include the Department of Behavioral Health, the Department of Health, the Department of Health Care Finance (DHCF), and the Department of Youth and Rehabilitative Services (DYRS).

FY 2021 APSR Update

Family First Prevention Plan¹⁰⁰

On October 1, 2019 CFSA launched its Five-Year Family First Prevention Plan to increase preventative services that can help keep children safe with their families and out of foster care. Implementation highlights included referrals to the Healthy Families/Thriving Communities Collaboratives (Collaboratives) to provide families with additional resources that will also help prevent entry into foster care. Referrals include evidence-based programs and services provided by the District's Department of Health and Department of Behavioral Health. These evidence-based practice services support family preservation and reunification through parenting and home visiting programs, mental health treatment services, and substance abuse treatment.

CFSA has continued weekly implementation committee meetings to review progress for Family First, to address barriers and to ensure all implementation activities are being implemented at the user level.

Implementation Activities

Implementation activities have included building staff capacity for use of Motivational Interviewing (MI)¹⁰¹ as a case management model. CFSA's Child Welfare Training Academy has provided the MI training and MI certification for all CFSA staff and CFSA's community-based

¹⁰⁰ <https://cfsa.dc.gov/publication/dc-cfsa-family-first-prevention-plan-2019>

¹⁰¹ Motivational Interviewing (MI) is an established evidenced based client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors.

Collaborative staff. Additionally, the Community Partnerships Administration expanded its evaluation team by hiring a data scientist. The data scientist designs, leads, carries out, documents, and communicates evaluation results for supported and promising programs under Family First. The data scientist also manages continuous quality improvement (CQI) for well-supported programs. In total, the data scientist's expert knowledge of evaluation design and methodology will firmly support the programmatic aspects of Family First implementation via CFSA's Community Partnerships Administration. In addition to the above activities, Chapin Hall¹⁰² has continued to provide technical assistance on the development and implementation of CQI systems and processes throughout 2019 and 2020. As part of this support, Chapin Hall CQI experts will advise the data scientist on the development and launch of a CQI system that aligns and integrates Family First requirements with CFSA's broader strategic direction and state level CQI efforts.

The Agency has also implemented two information technology system applications. The first application was added to FACES.NET¹⁰³ and allows CFSA social workers to develop child-specific prevention plans and to refer families to evidence-based practice (EBP) services, facilitate the transfer of referrals and cases to the Collaboratives directly from FACES.NET, and automatically create MI referrals for all In-Home cases. The second application was the development of the CFSA Community Portal. The Community Portal allows Collaborative partners and EBP service providers to manage case transfers and EBP referrals from CFSA via FACES.NET. Collaboratives can order EBP services and EBP service providers can better track service referrals.

Target Population

CFSA's Family First Prevention Work Group (work group) identified the target sub-population based on two factors: (1) high rates of foster care entry or re-entry in the past calendar year and (2) assessed levels of high risk according to CFSA's Structured Decision Making (SDM) tool, CFSA's validated risk assessment tool, in the past calendar year. As a result of the work group's analysis, the target sub-population includes clients considered to be at the Front Porch and the Front Door.

Front Porch

- 1) Children served through the Healthy Families/Thriving Communities Collaboratives (the Collaboratives) following a CPS investigation or closed CFSA case.

¹⁰² Chapin Hall at the University of Chicago focuses on a mission of improving the well-being of children and youth, families, and their communities by combining rigorous research methods and real-world policy expertise to accelerate the use of data and evidence in policymaking and program implementation. Longstanding partnerships with government agencies, nonprofits, and philanthropy are at the heart of their approach.

¹⁰³ CFSA's child welfare information system, known locally as FACES.NET.

- 2) Children who have exited foster care through reunification, guardianship, or adoptions.
- 3) Children born to mothers with a positive toxicology screening.

Front Door

- 1) Children served through CFSA's In-Home Services program, which offers intensive case management and service referrals to families.
- 2) Pregnant or parenting youth in/recently exited foster care with eligibility for services ending five years after exiting foster care.
- 3) Non-ward children of pregnant or parenting youth in or recently exited foster care with eligibility for services ending five years after exiting.
- 4) Siblings of children in foster care who reside at home and have assessed safety concerns.

Determining Eligibility for Family First Prevention Services

CFSA staff must complete a Family First Eligibility Screen and Prevention Plan (prevention plan) for each Family First prevention-eligible child, as appropriate, to establish eligibility for prevention services, and to articulate an associated foster care prevention strategy. Only CFSA staff will determine child-specific eligibility for prevention services. To ensure that CFSA workers correctly identify children who are Family First prevention-eligible, an eligibility screen will be designed to confirm the child's (1) membership in one of the above-noted subgroups, (2) risk level per the SDM, and (3) imminent risk of entering foster care. The technical interface will guide the appropriate CFSA worker through development of a foster care prevention strategy and selection of associated EBP interventions.

Process for Establishing Candidacy Date and Inclusion in a Prevention Plan

CFSA staff responsible for determining eligibility will select from a series of fields that include questions and answers to select in FACES.NET, CFSA's system of record, to document child-specific eligibility for prevention services. The selection of these fields in FACES.NET will validate eligibility and provide a child-specific candidacy timestamp also known as "candidacy determination date" for the candidate child or youth, and their family. This timestamp will be used to determine the 12-month time limit and will be monitored and tracked electronically in FACES.NET and in the CFSA's Community Portal. Collaborative partners will use the Community Portal to accept all referrals and cases transferred from CFSA to the Collaboratives for ongoing case management and prevention plan management throughout 12-month period. Although Collaborative staff will not be responsible for determining eligibility for prevention services, these staff members will be responsible for managing prevention plans for prevention-eligible children and their families when candidacy has been established by CFSA. CFSA is currently building the technical solution in FACES.NET and the Community Portal to meet this stated business process.

Eligibility for Prevention Services Determination Process

The child's prevention plan interface will allow workers to view risk and comprehensive assessment results while developing the plan, thus enabling CFSA workers to refer to and draw on assessment results when determining eligibility, developing the foster care prevention strategy, and selecting appropriate services. CFSA workers responsible for completing a child's prevention plan will be trained in understanding assessment results to inform the eligibility determination and service selection. The same methodology will be used for redetermination of eligibility, should there be a need for services beyond 12 months or if there has been a change in risk level. CFSA will use management reports as well as the support of staff within CFSA's Prevention Unit to ensure claiming ceases when a child's eligibility ends prior to the 12-month time limit.

Prevention Plan Completion and Storage

The prevention plan template will be linked to existing in-home case plans, foster care case plans, intervention plans, and sustainability plans documented in FACES.NET. Linking and technological integration will allow CFSA to streamline case documentation and ensure that the prevention plan aligns with larger case planning and service planning efforts. If the need for a foster care prevention strategy and associated services become necessary in the life of any case that falls within the Family First prevention-eligible population, or when a CFSA worker identifies an eligible parenting youth, CFSA will create a prevention plan to confirm the child's eligibility. CFSA staff will always complete the prevention plan. If needed, CFSA or Collaborative staff will edit the plan. In situations where a child eligible for Family First prevention services has a CFSA in-home or foster care social worker, that social worker will complete the prevention plan as part of the case planning process. For families referred directly from CPS to the Collaboratives (i.e., without an assigned social worker), CFSA's Collaborative partners will complete the Prevention Plan.

Collaborative Case Transfer Process

When a referral or case is ready to be transferred to a Collaborative for case management services and ongoing prevention plan management, the FACES.NET technology allows a CFSA staff person to initiate CFSA's electronic "Case Transfer Process" to the appropriate Collaborative based on geography and service needs of the prevention-eligible children and their family. The Case Transfer Process includes the prevention plan, and all information related to the prevention-eligible child and their family. The candidacy determination date and "eligibility clock" will be visible through the Community Portal. The Collaboratives will use the Community Portal as the technical interface for accepting all referrals and cases transfers from

CFSA. The Collaboratives will also be able to view the candidacy determination date and “eligibility clock” when reviewing or updating a prevention plan.

Prevention Plan Maintenance by the Collaboratives

As noted, CFSA is developing a web-based Community Portal (technical solution) which will allow CFSA staff to transfer a prevention plan to the appropriate Collaborative as part of the Case Transfer Process. After the case is successfully transferred, the Collaborative will be able to view relevant assessment data about the prevention-eligible child and their family, as well as viewing and updating the prevention plan as needed to reflect current service needs. The Collaborative will not be able to edit the original candidacy determination (eligibility timestamp) but will be able to re-assess risk based on changes to the child or family’s situation and needs. The Collaboratives will report to CFSA in real-time if the child or family is no longer participating in services. CFSA staff have full access to the Community Portal to review cases.

Oversight

The requirements of the prevention plan and all aspects of the prevention plan management and ongoing risk assessment are being written into the Collaboratives’ FY 2020 contracts. CFSA’s Community Partnerships Administration program staff and CFSA’s Contract Monitoring Division will provide oversight as part of the FY 2020 contract management. CFSA uses real-time management reports, monthly and quarterly data analyses, and quarterly case-record reviews performed by the contract monitors to oversee the Collaboratives’ performance and ensure quality service delivery to children and families. The Collaboratives are required, as part of their contracts, to maintain fidelity with evidence-based model standards. Dedicated Collaborative staff perform internal quality assurance checks. In addition to regular contract oversight, in FY 2020, CFSA will continue to monitor the Collaboratives’ CQI activities as part of CFSA’s evaluation design. The requirements of the prevention plan and all aspects of the prevention plan management and ongoing risk assessment are being written into the Collaboratives’ FY20 contracts.

Monitoring Child Safety and Risk

During the 12-month period when EBP services are being delivered to Family First prevention-eligible children and their caregivers, CFSA will ensure that each child receives a thorough and accurate assessment of risk on a regular basis through one or both of the following mechanisms:

- (1) Informal risk assessments on an ongoing basis, e.g., through staff-documented conversations and observations of the family dynamics and family home environment.
- (2) Formal risk assessments through completion of the SDM risk assessment instrument every 90 days.

Protocols for both formal and informal risk assessments are outlined in longstanding CFSA In-Home Services policy, stating that “CFSA in-home and private agency (as applicable) staff shall continually assess for safety and risk factors throughout the family's involvement with the District’s child welfare system, starting with the initial contact and ending with a safe case closure.”¹⁰⁴ The policy clearly indicates that CFSA and Collaborative staff, along with the CFSA foster care provider, will conduct routine safety and risk assessments for all cases. Furthermore, Collaborative and foster care provider staff are required to carry out periodic risk assessments through their contracts with CFSA. In addition, starting on October 1, 2019, clinicians delivering EBP services to Family First prevention-eligible children and their caregivers are also required through a memorandum of understanding (MOU) between CFSA and sister agencies to complete risk assessments as outlined above for cases where there is no CFSA, Collaborative, or contracted case manager. Through the fulfillment of this requirement, all Family First prevention-eligible children and their caregivers receiving Family First EBP services will receive periodic risk assessments. The family support worker most closely engaged with the family will also conduct risk assessments at any point in the case, acknowledging that risk assessments are more accurate when conducted by a worker who routinely engages with the family.

The assigned case-carrying social worker or clinician will monitor risk assessment results alongside progress toward service goals. If a child’s risk of entering foster care does not improve at a reasonable rate during or following the provision of services, the prevention plan will be re-assessed and changed as needed. The reasonable rate at which risk of foster care entry can be expected to diminish will vary among cases due to unique family and case circumstances, as well as significant variations in the length of each service, which can range from three months to multiple years. Assigned social workers or clinicians will be trained through pre-service and in-service training to identify a “reasonable risk reduction” rate and thereby determine whether changes to a prevention plan are necessary.

Service Array

The Family First Prevention Work Group explored and selected the Family First services. As noted earlier, the work group comprises diverse CFSA staff and external stakeholders from key community organizations and sister agencies. The work group prioritized three broad criteria for selecting each service:

- (1) Identifying a service array that aligns with the characteristics and service needs of target families, thus ensuring that each family will be able to secure a service that meets their specific needs and circumstances.

¹⁰⁴ CFSA Policy: Delivery of In-Home Services
https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20In-Home%20Services%20%28final%29%28H%29%28rev%203.19.12%29_3.pdf

(2) Ensuring each service identified has a high level of evidence of effectiveness—not only from national evaluations, but also drawing on data and experiences with these very programs as implemented in DC.

(3) Prioritizing the selection of existing District services that are currently successful, building on existing capacity, model familiarity, and effectiveness.

The efforts undertaken to identify a comprehensive service array for prevention-eligible children and their families have produced a roadmap for possible services to be claimed under Family First as part of CFSA’s five-year Prevention Plan. As CFSA’s Family First implementation begins in year one, CFSA will leverage existing partnerships and EBP capacity to serve candidate children and their families. Of the services currently deemed allowable by the Title IV-E Prevention Services Clearinghouse, the six outlined below have existing capacity in the District and are funded through other federal sources (Medicaid and the Maternal, Infant, and Early Childhood Home Visiting Program). Due to the existing federal funding mechanisms in place to support the existing service capacity, CFSA will be using local dollars to support the added capacity to the Parents As Teachers (PAT) model, one of the allowable EBPs.

Currently, CFSA is seeking approval to claim funding for the following evidence-based prevention services under Family First:

- Parents as Teachers (PAT)
- Healthy Families America (HFA)
- Motivational Interviewing (MI)

Additional information on the District’s comprehensive evidence-based prevention service array can be found in the *Family First Prevention Plan*.

CFSA will use year one of the Agency’s five-year Prevention Plan to conduct state-level CQI activities to assess capacity needs across the existing prevention service array. CQI activities will determine needs for additional capacity, additional slots for existing services, or new interventions. CFSA may amend the Prevention Plan to expand the service array, specifying additional services to be claimed under Family First, whenever the following circumstances arise:

- The Title IV-E Prevention Services Clearinghouse adds services.
- The Agency submits an approved request for an independent systematic review (ISR) to the Clearinghouse.¹⁰⁵

¹⁰⁵ Required independent systematic review of services as part of the process to claim transitional payments as specified in ACYF-CB-PI-19-06: Transitional Payments for the Title IV-E Prevention and Family Services and Programs: <https://www.cwla.org/wp-content/uploads/2019/07/ACYF-CB-PI-18-09-Attachment-A.pdf>.

- Additional capacity is needed to support prevention-eligible children and their families, and the capacity is not already funded by Medicaid or the federal Maternal, Infant, and Early Childhood Home Visiting Program.

At this time, CFSA does not plan to submit an ISR of services currently not yet rated by the Title IV-E Prevention Services Clearinghouse.

Evaluation and CQI Capacity and Approach

CFSA is deeply committed to (1) evaluating the effectiveness of the supported and promising programs invested through Family First and (2) to carrying out robust CQI to understand fidelity and outcomes for well-supported programs. The Agency is poised to make intentional use of the evidence gained through the evaluations and CQI to inform refinements to program implementation, changes to the service array, and practice improvements. To support these efforts, CFSA has marshalled the following internal and external resources for completing rigorous evaluations of programs and CQI as part of Family First.

Internal Evaluation Team: CFSA has hired an evaluation team specifically to design, lead, carry out, document, and communicate evaluations for supported and promising programs under Family First. The evaluation team will also manage CQI for well-supported programs. These staff are expected to possess expert knowledge of evaluation design and methodology. As members of CFSA's Community Partnerships Administration, the evaluation team will be deeply rooted in the programmatic aspects of Family First implementation, supporting the team's analysis using implementation science and CQI activities, while also serving as a cross-functional data-analytics team in partnership with CFSA's Performance Accountability and Quality Improvement Administration (PAQIA). PAQIA analysts will provide direct support to the evaluation team for generating the evaluation and CQI data.

Throughout the first CQI cycle (March-April 2020), the internal evaluation team identified three main challenges faced by CFSA's Community Partnerships Administration, its community-based partners and its service providers.

- ▶ **High referral rejection rates:** From October 1, 2019 to April 30, 2020, 47 percent of all 229 prevention service requests were eventually denied or rejected by service providers, either because clients were unresponsive or refused to participate in prevention services, or as a result of clients' ineligibility. Nearly 18 percent of all prevention service requests submitted by social workers and approved by their supervisors were eventually denied by the service providers because the referred clients did not meet the eligibility criteria. Ultimately, the internal evaluation team identified one of the root causes of the high rejection rates to be a lack of information about the

prevention service eligibility criteria. To reduce the number of rejected referrals, the evaluation team recommended additional training for social workers and their supervisors on the benefits and criteria associated with each prevention service. The creation of online prevention service tip sheets was also recommended and was eventually implemented by the Community Partnerships Administration in collaboration with the Child Information Systems Administration.

- ▶ **Delayed referral processing:** The internal evaluation team also identified delays in the processing of prevention service requests. On average, it took 19 days for service providers to reject ineligible clients. In 25 instances, it took more than two weeks for service providers to confirm that they had the capacity to work with a new client. In an attempt to reduce such delays, the internal evaluation team has shared weekly status updates on prevention service requests with the Community Services unit.¹⁰⁶ The Community Services unit routinely collaborates with service providers to identify and address the root causes of the delays on a case-by-case basis.
- ▶ **Waitlisted requests:** The internal evaluation team identified a general increase in the number of waitlisted prevention service requests, i.e., from 2 requests in December 2019 to 15 requests in April 2020. The East River Family Strengthening Collaborative's Effective Black Parenting Program was the program with the highest number of waitlisted requests over the past quarter. Participants were waitlisted until a total of 10 parents were enrolled in the same cohort. Enrolled participants had to wait several weeks and, in some instances, more than a month before the program started. As a result of the CQI cycle and the decrease in the number of prevention service requests, East River reduced its cohort size from 10 participants to 3 participants in order to help.
- **Ongoing CQI support from Chapin Hall at the University of Chicago:** Chapin Hall continues to provide technical assistance support for the development and implementation of CFSA's CQI systems and processes throughout 2019 and 2020. As part of this support, Chapin Hall CQI experts will advise the senior evaluation leads on development and launch of a CQI system that aligns and integrates Family First requirements with CFSA's broader strategic direction and District level CQI efforts.

Families First DC

The Families First DC initiative is an up-stream, community-driven, family-strengthening model

¹⁰⁶ Community Services is a unit within Community Partnerships. Its role is to engage community-based partners and service providers on a daily/weekly basis to monitor the implementation of the Family First prevention services as well as the rest of CFSA's prevention service array.

that utilizes a holistic and whole family approach. To enact this vision, there was a DC Families First grant application process in the fall of 2019 for community-based organizations to compete for 10 Family Success Center grants. After a thorough vetting process that included review of applications and site visits by internal and external stakeholders, the Mayor announced the grantees on December 16, 2019. The District identified the 10 center locations based on current child abuse and neglect data, as well as the need for crime and violence prevention, and the potential for healthy outcomes. The District also completed a qualitative and quantitative analysis of disparities across Wards, and the anticipated, positive impact for Wards 7 and 8.

Below is a chart showing the locations and centers chosen:

| WARD 7 Neighborhoods | Family Success Center Grantee |
|--|--|
| Mayfair/Paradise | North Capital Collaborative (Project Uplift) |
| Stoddart Terrace/37 th Street, S.E. | Life Deeds |
| Benning Road & Minnesota Ave | East River Family Strengthening Collaborative |
| Benning Terrace/Benning Park | East River Family Strengthening Collaborative |
| Clay Terrace | Sasha Bruce |
| | |
| WARD 8 Neighborhoods | Family Success Center Grantees |
| Woodland Terrace | Smart from the Start |
| Anacostia | Martha's Table |
| Congress Heights | Far Southeast Family Strengthening Collaborative |
| Washington Highlands | A Wider Circle |
| Bellevue | Community of Hope |

As noted earlier in the update, the planning phase for Families First DC was slated from January through September 2020. This phase consists of utilizing the existing data, incorporating community input and feedback, and conducting several needs assessments, community resource mappings, and gap analyses. During this planning phase, CFSA has maintained regular attendance and participation in grantee meetings and provided informative presentations about the initiative. CFSA has also focused on identifying the necessary core services (programming) and developing the service menu, as well as key indicators for outcomes and measures of success. Although the core services have not yet been fully determined, the anticipated services will focus primarily on the protective factors of parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. The goal is to leverage

resources within the Family Success Center network while maximizing existing partnerships with community-based providers and relevant sister agencies.

As part of CFSA's community engagement, the Agency meets twice a month (individually and as a network) with the Family Success Centers, helping to set up the criteria for the centers. In addition, CFSA is working with the centers to establish the Community Advisory Councils, which will comprise residents and stakeholders from the individual communities. The Councils' membership will determine necessary services for the community based on community input and feedback. The centers will recruit for the councils based on criteria CFSA has established. Services will be based on a family strengthening model to increase protective factors, mitigate trauma, fill in gaps in services, and set families up for successful outcomes.

For the integration of services to date, CFSA has met with several government agencies, including DC Public Schools (DCPS), DC Public Libraries, the DC Office of Neighborhood Safety and Engagement, the Executive Office of the Mayor, the DC Department of Health (DOH), DC Parks and Recreation, the Mayor's Office of Community Relations and Services, and the DC Department of Health and Human Services. CFSA also maintains frequent communication and coordination with several community-based organizations and councils, including the Ward 7 Health Alliance, the Ward 8 Health Council, the Ward 7 Education Council, the Rodham Institute,¹⁰⁷ the Anacostia Coordinating Council, the Ward 8 Economic Council, and the targeted areas' Advisory Neighborhood Commissions.

CFSA's Community Partnerships staff are trained and certified in the Standards of Quality for Family Strengthening and Support.¹⁰⁸ These trained staff will provide "training the trainer" sessions for all grantees to be knowledgeable in the standards of measurement that will be utilized on the program level and the community level.

The Families First DC team will both build upon existing resources and capacity as well as prioritize the selection of services based upon the compiled research and data. The team includes four Community Partnerships' staff (a program manager, two program specialists, and a data scientist), along with the Family Success Center network and the evaluation workgroup (Families First DC team, grantee representatives for programs, evaluation and data).. Research and data will cover the qualitative and quantitative analyses of factors such as homelessness, education and early education, physical and nutritional health, behavioral and mental health, employment, and access to technology. On a community level, work will be done with DC sister

¹⁰⁷ The Institute works in partnership with nonprofits, community-based organizations, local government, and academic institutions to help meet health needs and seeks to apply the transformative power of education to achieve health equity in Washington, D.C.

¹⁰⁸ <https://www.nationalfamilysupportnetwork.org/standards-of-quality>

agencies such as DOH, DCPS and the Department of Behavioral Health to determine applicable indicators.

CHILDREN'S BUREAU GRANT PROGRAMS

- ▶ **Community-Based Child Abuse and Prevention (CBCAP).** CBCAP funding supports the strengthening and expansion of the District's network of coordinated child abuse prevention resources and activities, particularly in partnership with the DC Children's Trust Fund (DCCTF), a 501(c) 3 nonprofit. The role of DCCTF is to strengthen families and protect children from abuse and neglect through public education and parent support programs. CFSA and DCCTF continue to work closely to conduct strategic and outcome-focused planning for CBCAP-funded activities that promote long-term, sustainable prevention efforts in the District. Activities included parenting classes, community cafés, and activities specific to Child Abuse and Prevention Month.
- ▶ **Children's Justice Act (CJA).** The District's CJA Task Force is a multi-disciplinary, stand-alone body that works to enhance investigative, administrative, prosecutorial, and judicial processes for child victims of abuse and neglect. The Task Force focuses on child fatalities related to abuse and neglect, commercial sexual exploitation of children (CSEC), and the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect. The Task Force also makes child maltreatment policy and training recommendations to organizations, offices, or entities within the community. CFSA coordinates and monitors the CJA grant with one CFSA staff member assigned to serve on the Task Force within the category on child protection agencies. CFSA has presented the Task Force with findings from the Child and Family Services Review (CFSR), along with progress on the Agency's Performance Improvement Plan (PIP) and Annual Progress and Services Report (APSR). Presenting issues in the District are used as discussion points as the Task Force identifies goals for the three subcommittees (training, child welfare/criminal justice, and legislation). CFSA shares data and family-based issues with other committee members from partnering agencies who also share initiatives and issues they confront as they work to serve District families.
- ▶ **Court Improvement Project (CIP).** CFSA collaborates with the DC Superior Family Court by participating on the CIP. The Court Improvement Program Advisory Committee holds quarterly meetings to discuss the ongoing grant-funded programs and plans for new programs to be funded. Co-chaired by the Deputy Presiding Judge and the CIP Director, the committee membership is comprised of many stakeholders in the child welfare community, CFSA, the Office of the Attorney General for the District of Columbia, resource parents, a former foster youth, the Department of Behavioral Health, the Court

and others. The CIP participates in data-sharing activities with CFSA and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes, and will collaborate with the Family Court Presiding Judge and the Magistrate Judges, to finalize permanency strategies for submission of the CFSR PIP.

SERVICE DESCRIPTION

The Assessment of Current Performance section (earlier in this report) discusses the Agency's current performance, including strengths and gaps in services related to the goals and systemic factors.

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM

Title IV-B, Subpart 1

CFSA continues to apply IV-B, Subpart 1 funding toward the first of the Agency's Four Pillars: Narrowing the Front Door. Please refer to descriptions contained in this report regarding CFSA's Prevention Paradigm, goal-related objectives, and strategies to meet the objectives.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

CFSA does not conduct inter-country adoptions but rather refers individuals who seek a private adoption to local agencies that specialize in private adoptions. Over the next five years, CFSA will continue to ensure that supportive services are available to families who adopt or achieve guardianship through external partners. Supportive, community-based services may be provided by Adoptions Together¹⁰⁹ and the Center for Adoption Support and Education (CASE).¹¹⁰

For families who adopt or achieve guardianship through CFSA, prior to the finalization of these permanency goals, and again post-finalization, CFSA will continue to notify families of the availability of post-permanency services (e.g., trainings, resources, and referrals). Additionally, CFSA will continue to utilize the internal post-permanency unit to address the service needs of children and families after adoption or guardianship finalization. To support and reinforce the potential for long-term positive permanency outcomes, Adoptions Together and CASE will also continue to provide therapeutic services for CFSA's pre-adoptive and guardianship caregivers.

¹⁰⁹ CFSA formerly contracted with the Post Permanency Family Center (PPFC), administered by Adoptions Together. PPFC no longer exists and as a result post-adoptive services are provided directly by Adoptions Together.

¹¹⁰ The Center for Adoption Support and Education is a local organization that promotes adoption awareness, provides counseling services, and develops the skills for professionals and families to be "adoption competent."

The same supportive services and post-finalization services will continue to be offered to families who adopt children independently through the District of Columbia.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Over the next five years CFSA will continue efforts to assess and provide the following early intervention services and supports to families with children ages 0-to-5. These services help families to achieve prompt, safe, and stable permanency, in addition to supporting children's healthy development.

Children in Foster Care - Screenings and Evaluations

As referenced above, the Healthy Horizons Assessment Center (HHAC) is CFSA's on-site clinic for providing health screenings. HHAC also serves as the primary vehicle for medical evaluations for children entering, re-entering, exiting, or changing placements in foster care. In addition to the health screenings, HHAC clinicians complete the Ages & Stages Questionnaire (ASQ) to identify delays and to refer children to appropriate educational resources in the District. Within 28 days of the removal or re-entry of a child between one month and five years, the HHAC clinical staff completes the ASQ to look for any delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The outcome of each screening is sent to the Office of the State Superintendent of Education's (OSSE) Strong Start program or Early Stages program for review and determination of need for a more in-depth evaluation or identification of specialized services or supports. The DC Public Schools' (DCPS) runs the Early Stages program, which serves children between the ages of 2 years and 8 months to 5 years and 10 months. After assessments, the program may recommend specialized instruction, speech and language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services.

Within 28 days of the removal or re-entry of a child between three months and five years old, co-located Department of Behavioral Health specialists also complete the Ages and Stages Questionnaire – Social-Emotional (ASQ-SE) for social and emotional delays in self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction. CFSA also sends the outcome of each screening to OSSE for review and determination of needs. OSSE and DCPS jointly administer the District of Columbia's Individuals with Disabilities Education Act (IDEA) Part C Early Intervention program for children ages 0-to-5. The DC Early Intervention Program (DC EIP) – Strong Start Child Find Program (under OSSE) serves children, ages 0-to-2 years and 10 months. As noted earlier, Strong Start is a system that identifies and refers children who may have a disability or developmental delay, particularly in one or more of the following areas: speech, language, fine or gross motor skills, social and emotional skills, vision, and hearing.

Once referred to the program, staff assigns the family to an initial service coordinator (ISC) who makes a referral for an evaluation to determine eligibility and to gather information for an individualized family services plan (IFSP), if warranted. Based on the outcome of the evaluation, the program staff may assign the family to a dedicated service coordinator (DSC) who facilitates the linkages to early intervention services. Program staff review IFSPs on a semi-annual basis (at a minimum) while completing annual evaluations to determine the need for continued services. The outcome of the screening and the determination of whether or not an in-depth evaluation is required are subsequently reported back from OSSE to HSA and the assigned social worker. HSA nurses are then responsible for notifying the assigned social workers of the outcome of the screening and subsequent evaluation.

Children in Foster Care – Child Care

CFSA has established a relationship with the District’s Department of Human Services (DHS), which issues childcare vouchers, in order to help resource parents to expedite the processing of applications. After CFSA’s childcare coordinator helps the resource family determine childcare needs and services, the coordinator walks the family through the process of applying for a subsidy and voucher. Once DHS receives and reviews the application, DHS contacts CFSA’s point of contact, OWB’s early education specialist, within 24 to 48 hours. In addition to the DHS childcare vouchers, CFSA provides emergency in-home, nanny services through a contract with PSI Family Services, Inc. PSI’s services are tailored for families where childcare is a barrier to placement. These services are temporary, i.e., up to 10 days of childcare for a maximum of 10-hours-a-day for children ages 0-to-5. During the 10-day time frame, the early education specialist researches a more permanent option.

Children in Foster Care – Education

Within the first 48 hours after children ages 0-to-5 are separated from their parents, the early education specialist from OWB reaches out to the social worker and resource parent to assist the family with identifying and securing appropriate childcare or early education programs to promote the child’s healthy development. Education specialists are discussed in further detail in Goal 3, Education.

Children Receiving In-Home Services – Health

Assigned in-home social workers refer infants and young children to CFSA’s community nurses co-located at the community-based Collaboratives whenever the infants or children are diagnosed with special medical needs and observed to have a developmental delay. The community nurses (formerly known as the infant and maternal health specialists) are available

to assist in-home families and to discuss their child's health and medical needs, either in their home or elsewhere in the community. The nurse assesses the child's needs which can range from outdated immunizations to an acute or chronic health condition. The nurse then connects the family with appropriate medical services. In addition, the nurse will develop and implement, evaluate and revise a plan of care to ensure appropriate treatment (based on the child's age, developmental level, and diagnosis). As needed, nurses also connect families to community resources or District agencies, monitoring their follow-up health care needs.

Community nurses complete the ASQ for children ages 0-to-3 to identify delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The nurses also refer children to the appropriate educational resources in the District. The nurses send the outcome of each screening to OSSE's Strong Start or DCPS' Early Stages programs for review and determination of need for a more in-depth evaluation or identification of specialized services or supports.

Children Receiving In-Home Services – Child Care

When there is a need for childcare, in-home social workers will refer families to the Department of Human Services' Child Care Subsidy Program (Child Care Voucher Program). The Child Care Subsidy Program helps eligible families who live in the District of Columbia pay for childcare services. The program helps provide income-eligible working families with access to quality, affordable childcare that allows them to continue working and to contribute to the healthy, emotional and social development of the child. In addition to helping income-eligible, working families, the Child Care Subsidy Program also serves the following populations:

- Families who are receiving Temporary Assistance for Needy Families (TANF) and participating in education and training in accordance with their Individual Responsibility Plan
- Families not receiving TANF, who are pursuing additional education to improve their job opportunities
- Teen parents seeking a high school degree or its equivalent

Children Receiving In-Home Services – Education

As stated earlier, OSSE and DCPS administer programs for young children to identify any delays that a child may have and arrange services to address them. Similar to young children in foster care, young children in in-home cases are referred to the Strong Start program (see above for steps taken once a referral is made). The outcome of the screening and the determination of whether or not an in-depth evaluation is required are subsequently reported back from OSSE to CFSA's nurse and the assigned social worker.

Young children receiving in-home services can also be referred to the Early Stages program. Once referred, the child will receive a developmental screening. If necessary, the child will receive a more in-depth evaluation and services. If it determined the child needs an evaluation, the family will be assigned a family care coordinator, who walks the family through the process from start to finish. As stated earlier, some of the services that Early Stages can recommend include specialized instruction, speech and language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services.

At times, in-home social workers will refer families directly to the Strong Start and Early Stages programs for an evaluation of a child for any developmental delays. Social workers provide ongoing support and help the family navigate through the process. At the outcome of the evaluation, if a delay is confirmed, a plan is developed so that specialized services and supports can be provided to the identified child and family. Social workers help parents, caregivers and children by developing a plan to address their needs and connecting them with appropriate resources for proper diagnosis, treatment and support. Coming up with a plan to address family needs often includes the social worker working with the family and a team of service providers who can decide together the issues to be addressed and how to address them.

EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS

Immediate notification of a child fatality generally comes to CFSA through one of two sources: law enforcement officers contacting the District's Child Abuse and Neglect Hotline, or CFSA employees contacting the Hotline directly. CFSA may also learn about District child fatalities through media sources and requests from the Office of the Chief Medical Examiner (OCME) to review a list of children who may have had involvement with the Agency.

The statutory responsibility for reviewing child deaths lies with the District's Child Fatality Review Committee (CFRC),¹¹¹ under the auspices of the OCME. CFSA has permanent representation on the committee, as well as its own internal process for reviewing fatalities of any children whose family had contact with the Agency within five years of the child's death. CFSA's internal committee includes a multidisciplinary team of key program leaders from the Offices of the Director, Entry Services, Permanency, Well Being, and General Counsel.

¹¹¹ Pursuant to DC Law, the committee includes representatives from the following District agencies: Department of Human Services, Department of Health, Office of the Chief Medical Examiner, Child and Family Services Agency, Metropolitan Police Department, Fire and EMS Department, DC Public Schools, DC Housing Authority, Office of the Attorney General, Department of Behavioral Health, Department of Health Care Finance, Department of Youth Rehabilitation Services, Office of the State Superintendent of Education, and Public Charter School Board.

Representatives from the Agency's Child Welfare Training Academy and Policy Unit are included. A representative from OCME also attends to ensure a stronger network between the Agency and CFRC. Based on the timing of a child's death, a fatality case may not necessarily be reviewed within the same year (e.g., the case of a child dying in December may be reviewed in January of the following year, or a child's death that was not CFSA-involved may not be reported by OCME to CFSA until a year or more later after the death).

CFSA's internal review process seeks to identify any systemic, training, supervision, safety, or policy issues that surface during the review of these cases. As a result of these reviews, CFSA identifies specific recommendations in hopes of reducing any factors that may relate to a fatality (despite the fact that abuse-related fatalities are statistically lower than any other type of fatality). CFSA's CFR Unit completes the child fatality review process. A fatality review specialist completes a detailed review of the deceased child's family history with CFSA, including services offered as well as interventions needed. The survey tool utilized for the review asks for specific demographic details to examine trends on younger parents, past history with CFSA and other agencies (including parental involvement in child welfare as child victims), employment, housing, substance use, service delivery, etc. The information gathered by the survey is used to identify trends, themes, and systemic issues in an effort to determine policy and practice changes as needed.

All child fatality information is reported to the National Child Abuse and Neglect Data System (NCANDS), based on information entered into the District's web-based child information system, FACES.NET. When reporting child fatalities to NCANDS, CFSA uses information from OCME and the District's Metropolitan Police Department. In planning the development of a child maltreatment fatality prevention plan, the District will build upon the foundation of local laws, regulations and policies already in place, as well as the work already being done by the District's CFRC and CFSA's internal committee. Both of these committees have annual reports that include recommendations for practice, protocols and initiatives that seek to take lessons learned and to provide safety nets children going forward. Recommendations from these committees will be reviewed and discussed further to determine the status of the recommendations and which can be utilized for the purposes of creating a comprehensive city-wide plan that is relevant and purposeful for the District going into fiscal year (FY) 2020.

FY 2021 APSR Updates

Based on monthly child fatality reviews and prevention practice discussions throughout 2019, the CFSA Internal Child Fatality Review (ICFR) committee generated actionable recommendations in the following areas:

- ▶ **Infant Safe Sleeping:** As the ICFR continued to review cases with evidence of unsafe sleeping practices, CFSA representatives shared ICFR's observations and recommendations with fellow agencies, including the DC Department of Health and the Office of the Chief Medical Examiner. In November 2019, the leader of the National Institute of Child Health and Human Development's Safe to Sleep public education campaign attended the monthly ICFR meeting to present national trends and prevention practices. Mindful that many of the sleep-related fatalities have involved parental substance use, CFSA assigned the Comprehensive Addiction and Recovery Act (CARA) team, discussed later in the Child Abuse Prevention and Treatment Act (CAPTA) section of this report, to develop a brochure about using marijuana while being pregnant or while caring for babies.
- ▶ **Inter-agency communication:** CFSA is continuing to work with its agency partners to develop a method of obtaining consistent and reliable information regarding fatalities of children that are not committed to CFSA. CFSA has a current memorandum of understanding (MOU) with the DC Department of Health that was finalized back in December 2015. The CFR unit is currently relying on the MOU to obtain cause and manner of death information. However, CFSA is also looking to modify the MOU to include additional data sharing. The modified MOU has not yet been finalized.
- ▶ **ICFR Membership:** In 2019, CFSA extended regular ICFR membership to include the Agency's key contracted partner, the National Center for Children and Families (NCCF). NCCF has case managing responsibility for all CFSA children placed in Maryland. By participating in the monthly ICFR meetings, NCCF is kept abreast of lessons learned, case practice issues related to fatality reviews, and any potential strategies for the prevention of child fatalities for families known to the CFSA.
- ▶ **Fatalities in neighboring states:** CFSA's Entry Services team has been engaging in quarterly meetings with their counterparts in Maryland's Prince George's County, a neighboring jurisdiction where fatalities involving District residents commonly occur. These meetings include discussions around development of reliable protocols for informing CFSA when Maryland's Department of Social Services learns of fatalities involving child residents of the District.

The 2018 Annual Child Fatality Review report is available at <https://cfsa.dc.gov/publication/2018-annual-child-fatality-review-report>

PROMOTING SAFE AND STABLE FAMILIES (PSSF)

Title IV-B, subpart 2

PSSF services are available District-wide, encompassing all geographic areas wherein families have access to programs and services funded under the program.

Family Preservation Services

Through the SSF initiative, the Agency has more flexibility to use IV-E funds for the prevention of removals, keeping children safely at home through in-home services. The Title IV-E Waiver 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.

In FY 2017, SFF was redesigned to provide improved access to tailored services (formal and informal). In addition, SFF provides interventions aimed at reducing risk while reaching more families at risk of involvement with CFSA. In addition to targeting families with multiple and complex needs or difficulties that statistically lead to children suffering neglect and cumulative harm, service targets include young families experiencing homelessness as well as grandparents participating in the District's Grandparent Caregiver Subsidy Program. The following services continue to be included:

- Emergency Family Flexible Funds
- Respite services
- Support groups and trainings
- Information and Referral
- Family Group Conferencing
- Parent Education Support
- Mobile Stabilization Support
- Homemaker Services

Community-Based Family Support Services

CFSA has a contractual partnership with the Collaboratives (described above), which support both prevention and intervention services for families that are known and unknown to CFSA. Support for families known to CFSA includes preparation for reunification as well as post-reunification supports to prevent re-entry of children into care. The Collaborative services will continue in 2019. Please refer to Goal 1: Narrowing the Front Door, regarding the Collaboratives.

Family Reunification Services

The following key services will continue in FY 2019 to support family reunification:

- CFSA manages the Rapid Housing Program to provide short-term rental payments to families in need of stable housing.

- CFSA manages the Family Unification Program vouchers for long-term rental assistance for families.
- CFSA coordinates with other DC Government agencies to help families to access existing city-wide housing resources.
- 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.

FY 2021 APSR Update

Funding for the Title IV-E Waiver ended on September 30, 2019. Family preservation services that help to prevent removals and keep children safe at home continue to be provided through CFSA's In-Home Administration. CFSA also offers a diverse array of services and resources through CFSA's partnerships with public and private agencies. To ensure continued service delivery, CFSA will rely upon funding through Family First (for families known to CFSA) and Families First DC (for upstream prevention with families not known to CFSA). The Collaboratives will also continue prevention and intervention services for families that are known and unknown to CFSA.

The following family reunification services will continue in FY 2020:

- ▶ **Family Flexible "Flex" Funds (FFF)** - The FFF program (FFF) provides emergency financial assistance to help families achieve permanency when children are in foster care, and to help support family stabilization when families are receiving in-home services. The FFF program also helps to prevent children from coming into care. The funds are reserved and readily available to meet the urgent service needs of families and to provide concrete social support to families living in multi-generational homes. The funds are accessible both to CFSA-involved families and families working with Collaboratives.
- ▶ **Family Unification Program-** The Family Unification Program (FUP) is a voucher program under the Housing Choice Vouchers through the District of Columbia Housing Authority. These FUP vouchers provide permanent housing to CFSA-involved families where housing is a barrier to permanency or family stabilization. The FUP vouchers also provide semi-permanent housing to youth who are aging out from foster care and are between the ages of 18-24 and classified as homeless. The vouchers do not to exceed 36 months. There was a total of 100 FUP vouchers available and as of June 2020, there are a total of 78 remaining.
- ▶ **Rapid Housing Assistance Program-** The Rapid Housing Assistance Program provides short-term rental assistance to families and youth. The program helps prevent children from entering care, assists families when housing is the only barrier to permanency, and

assists youth transitioning from foster care (or former foster youth) to establish a stabilized housing post exiting from foster care.

- ▶ **Family Treatment Court-** The Family Treatment Court is a court-supervised, voluntary residential substance abuse program for caregivers whose children are the subject of a child neglect case. The program promotes family reunification through comprehensive substance use treatment that includes screenings, assessments, integrated case plans and intensive case management to caregivers. The program serves mothers and fathers whose cases involve both substance use and child neglect. The program includes residential treatment options, as well as outpatient and intensive outpatient treatment options.

ADOPTION PROMOTION AND SUPPORT SERVICES

Each child or sibling group with a goal of adoption receives an adoption recruiter who utilizes existing resources and develops individualized recruitment plans and strategies. CFSA's recruitment team includes a unit that works closely with each nurse care manager assigned to a child with a diagnosis of medically fragile and an identified pre-adoptive family. By doing so, the nurse can explain any specific needs or requirements to prepare the family. As described in the Permanency section above, CFSA's Permanency Specialty Unit (PSU) provides both pre- and post-adoption support for families. PSU social workers assess the family's needs, refer the family to appropriate services, and provide support and crisis counseling services to help prevent disruptions during the family's transition into adoption.

Funding

As indicated on the Agency's FY 2021 CFS-101 Financial Forms submitted with this report, the specific percentages of Title IV-B, subpart 2 funds that will be expended on actual service delivery of family preservation, community-based family support, family reunification, and adoption promotion and support services is 100 percent. Additionally, the amount to be allocated to planning and service coordination is zero percent. No funding is utilized for administrative costs. Overall the estimated expenditures are \$793,700.

Service Decision-Making Process for Family Support Services

CFSA's Contracts and Procurement office oversees the decision-making process for selecting vendors to provide various services to CFSA staff and clients, including family support services. The Contracts and Procurement office strives to provide quality goods and services for District agencies through a coherent and streamlined procurement process that is responsive to the needs of its customers and suppliers. The following regulations govern the contracting and procurement process in the District of Columbia:

- **27 DCMR.** The District of Columbia Municipal Regulations (DCMR) is the official code of the permanent rules and statements of general applicability and legal effect promulgated by executive departments and agencies and by independent entities of the Government of the District of Columbia.
- **Procurement Practices Reform Act of 2010 and the DC Official Code.** The procurement of goods and services are procured by utilizing competitive sealed bids or proposals, Human Care Agreements, and small purchases. During the procurement process, CPA and the program personnel have differing roles and responsibilities. The following table provides a very simple overview of the differing roles each entity is expected to play throughout the process:

| Program Staff | CPA Staff |
|--|--|
| <ul style="list-style-type: none"> • Identify minimum need and requirement • Prepare the Scope of Work • Prepare budget and funding recommendations • Enter requisition in PASS • Certify invoices for payments | <ul style="list-style-type: none"> • Collaborate with the vendor/agency on complex requirements • Conduct the procurement • Award the contract • Administer the contract |

The primary contracting methods used by CPA are the Competitive Sealed Proposals and the Human Care Agreements (HCAs). These methods allow CPA and CFSA’s program personnel the flexibility of choosing competent organizations that can provide high levels of services for CFSA’s clients while ensuring adequate competition. These methods also allow a provider to propose new and innovative solutions.

CFSA’s solicitations require competing organizations to ensure that children will be provided services that employ a family-centered approach to care; ensure culturally competent services in line with the youth’s culture, including ethnic, socio-cultural and linguistic strengths; provide linguistically competent services; ensure community-based services to assist youth in maintaining connections with schools, churches, friends and families; and develop a community-based network of services and affiliations that will facilitate supportive services for children and their families in the community of origin, community of placement, or the community where a potential kinship care or family-based foster care provider resides. Now fully implemented as a contracted service, each HCA demonstrates a provider’s capacity to

meet all requirements under specialized scopes of work for each placement setting, including performance requirements tied to the achievement of positive outcomes for children in care.

Community-based providers who submit applications or proposals in response to requests from the Agency must demonstrate their status through submission of licensure or certification, as applicable, as well as fiscal documentation, e.g., confirmation of 501(c)3 status. Similar to the contracting process, CFSA’s network of grant-funded prevention programs (Parent Education and Support Project, Home Visitation, Father-Child Attachment) has been established through a competitive procurement process as part of a formal Request for Applications. The Agency has established criteria for applicants (e.g., non-government agency, evidence of non-profit status) as well as a series of technical requirements based on the resources being sought.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

For several years the top five factors for substantiations of child abuse and neglect for CFSA were (1) inadequate supervision, (2) physical abuse, (3) educational neglect, (4) domestic violence, and (5) parental inability to provide care due to hospitalization, incarceration, or another issue. However, in FY 2018, substance use by a parent, caregiver or guardian exceeded the number of referrals substantiated for parental inability to provide care.¹¹² CFSA continues to observe that most local instances of child abuse and neglect are rooted in untreated mental health issues paired with parental substance abuse, usually phencyclidine (PCP), heroin, or the synthetic marijuana drug known as K2. These difficulties are frequently exacerbated by risk factors such as chronic unemployment, unstable housing or homelessness, and social isolation.

Based on the most recent population estimates from the U.S. Census Bureau, the District’s population was 702,455 with 17.9 percent of the residents under the age of 18.¹¹³ The District of Columbia is compactly populated and divided into eight Wards which contain targeted service areas for child welfare and other arenas, such as public safety. Most recent data from Kids Count based on population data from the U.S. Census Bureau indicates the following geographic distribution of children residing in the District as of 2016.¹¹⁴

Number of Children under 18 in the District by Ward

| Ward 1 | Ward 2 | Ward 3 | Ward 4 | Ward 5 | Ward 6 | Ward 7 | Ward 8 |
|--------|--------|--------|--------|--------|--------|--------|--------|
| 10,444 | 4,387 | 12,902 | 17,233 | 15,470 | 11,547 | 17,963 | 24,765 |

¹¹² FACES.Net management report INV050

¹¹³ District of Columbia. *Quick Facts*. July 1, 2018. U.S. Census Bureau. <https://www.census.gov/quickfacts/dc>

¹¹⁴ Kids Count Data Center 2016

FY 2021 APSR Updates

Upstream Prevention

The Mayor’s Families First initiative places 10 Family Success Centers across neighborhoods where a dominant number of CFSA-involved families reside (particularly in Ward 7 and Ward 8). As mentioned previously, the initiative designates community hubs that provide wraparound services for children, families and community members. After the District completed a qualitative and quantitative analysis of disparities across the District, children and families in these two Wards were found to be at greatest risk for child maltreatment. See the previous section on the Family First Prevention Plan for more updates on the Families First Initiative.

For several years the top five factors for substantiations of child abuse and neglect were (1) inadequate supervision, (2) physical abuse, (3) educational neglect, (4) domestic violence, and (5) parental inability to provide care due to hospitalization, incarceration, or another issue. However, since FY 2018, substance use by a parent, caregiver or guardian continues to exceed the number of referrals substantiated for parental inability to provide care.¹¹⁵ CFSA observes that parental substance use is often paired with untreated mental health issues for most local instances of child abuse and neglect. The most commonly cited drugs are phencyclidine (PCP), heroin, marijuana and the synthetic marijuana drug known as K2. Substance use and untreated (or undiagnosed) mental health issues are frequently exacerbated by other risk factors such as chronic unemployment, unstable housing or homelessness, and social isolation. Families involved in the District’s child welfare system are not only primarily African American, but typically the second or third generation struggling in similar ways with similar issues.

Based on the most recent population estimates from the U.S. Census Bureau, the District’s population was 705,749 with 18.1 percent of the residents under the age of 18.¹¹⁶ As noted earlier in the APSR, the District of Columbia is compactly populated and divided into eight Wards which contain targeted service areas for child welfare and other arenas, such as public safety. Most recent data from Kids Count based on population data from the U.S. Census Bureau indicates the following geographic distribution of children residing in the District as of 2018.¹¹⁷

Number of Children under 18 in the District by Ward (Data as of 2018)

| Ward 1 | Ward 2 | Ward 3 | Ward 4 | Ward 5 | Ward 6 | Ward 7 | Ward 8 |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 10,908 | 4,790 | 13,879 | 13,879 | 15,027 | 13,448 | 19,757 | 25,215 |

¹¹⁵ FACES.Net management report INV050

¹¹⁶ District of Columbia. *Quick Facts*. July 1, 2019. U.S. Census Bureau. <https://www.census.gov/quickfacts/fact/table/DC/PST045219>

¹¹⁷ Kids Count Data Center 2018

While the racial and ethnic configuration of children in the District of Columbia has remained relatively stable across Wards over the past few years, it also varies from approximately 77.7 percent Caucasian in Ward 3 to over 90 percent African American in Wards 7 and 8. The majority of District residents identify as African American so it is reasonable to expect that the majority of children in foster care also identify as African American. In 2017, Kids Count reported that 54 percent of children in the District under the age of 18 identified as Non-Hispanic, African American.¹¹⁸ FACES.NET data from March 2019 indicate that African American children continue to comprise over 90 percent of the District's foster care population.¹¹⁹ Families involved in the District's child welfare system are not only primarily African American, but typically the second or third generation struggling in similar ways with similar issues.

At the end of the second quarter of FY 2019, data indicated that CFSA and its private agency partners were serving 2,288 children. This number represents a three percent increase in children served at the end of FY 2018.¹²⁰ Of the 2,288 children, 867 (38 percent) children were in out-of-home care, while 1,421 (62 percent) of the children remained at home and were receiving in-home services.¹²¹ Data continues to reveal that the majority of the District's children in foster care (77 percent) reside in Wards 7 and 8 (23 and 54 percent, respectively). All of these children have been exposed to more than one poverty-related risk factor, including distressed neighborhoods that could contribute to poor educational outcomes, maladaptive behaviors, child maltreatment, chronic health issues, early parenthood, long-term dependence on public assistance, increased rates of incarceration, homelessness, and unemployment.

Poverty is recognized as a predominant characteristic of child welfare populations. The District's child poverty rate remains at record high levels. According to the 2013-2017 Census Bureau's American Community Survey five-year estimates, 17 percent of District residents live below the poverty line compared to 15 percent poverty level for the entire United States. Specifically, for the District, 26 percent of children under the age of 18 years old were considered living below the poverty line compared to 20 percent of children in the United States. According to Kids Count, child poverty is more prevalent in Ward 7 (41 percent) and Ward 8 (49 percent) than in other District Wards.

¹¹⁸ Kids Count Data Center 2017

¹¹⁹ There was no difference in percentage of African American children when looking at those under 18 and all children in foster care.

¹²⁰ A total of 2,205 children were receiving in-home and out-of-home services as of September 30, 2018.

¹²¹ The total count of 2288 children includes children served in in-home cases as well as children remaining at home while siblings are being served in out-of-home placements. Source: FACES.NET CMT232 Management Report.

Many children and parents have already faced traumatic events long before their involvement with CFSA. Yet, CFSA focuses on working with the entire District's child welfare system to meet local needs while also continuing to improve the delivery of positive outcomes that these children and families both require and deserve. Over the next five years, services for these populations will be targeted through the services provided through the Collaboratives, and through the approved the Family First Prevention Plan services.

FY 2021 APSR Updates

While the racial and ethnic configuration of children in the District of Columbia has remained relatively stable across Wards over the past few years, it also varies from approximately 62 percent Caucasian in Ward 3 to over 90 percent African American in Wards 7 and 8. The current majority of District residents identify as African American so it is reasonable to expect that the majority of children in foster care also identify as African American. In 2018, Kids Count reported that 56.8 percent of children in the District under the age of 18 identified as Non-Hispanic, African American.¹²² FACES.NET data from March 2020 indicate that African American children continue to comprise over 90 percent of the District's foster care population.¹²³

CFSA's declining foster care population continues to be a departure from the national trend. The District is one of a few jurisdictions avoiding a steep increase in foster care.¹²⁴ In fact, the District has the highest percent change in the decrease of its foster care population between FY 2009 and FY 2018.¹²⁵ The decrease of children and youth in foster care is in part due to CFSA's consistent building the prevention continuum. CFSA social workers support child victims and struggling families in the District managing a host of social issues on a daily basis. Even as the overall number declines, the needs of children and families who come to CFSA's attention are evident, considering the volume of Hotline calls the Agency receives (e.g., CFSA received 19,916 calls to the District's 24-hour Child Abuse and Neglect hotline in FY 2019).¹²⁶

As of March 2020, CFSA and its private agency partners were serving 2,214 children. This represents a less than one percent increase in children served at the end of FY 2019.¹²⁷ Of the 2,214 children, 731 (33 percent) children were in out-of-home care, while 1,483 (67 percent)

¹²² Kids Count Data Center 2018.

¹²³ There was no difference in percentage of African American children when looking at those under 18 and all children in foster care.

¹²⁴ Trends in foster care and adoption. <https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption>

¹²⁵ Data based on the number of children in foster care as of September 30th each fiscal year between FY 2009 and FY 2018. <https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption>

¹²⁶ Source: BIRST. October 1, 2017 – September 30, 2018. CFSA Office Dashboard System

¹²⁷ A total of 2,195 children were receiving in-home and out-of-home services as of September 30, 2019.

families were receiving in-home services.¹²⁸ Data continues to reveal that the majority of the District's children in foster care (58 percent) reside in Wards 7 and 8 (25.4 and 32.8 percent, respectively). The District has observed a rise in the percentage of children entering foster care from Ward 5 (19 percent in March 2020 versus 9 percent in March 2019). Children in Wards 8, 7 and 5 have been exposed to more than one poverty-related risk factor, including high crime rates, distressed neighborhoods that could contribute to poor educational outcomes, maladaptive behaviors, child maltreatment, chronic health issues, early parenthood, long-term dependence on public assistance, increased rates of incarceration, homelessness, and unemployment.

Poverty is recognized as a predominant characteristic of child welfare populations. The District's child poverty rate remains at record high levels. According to the 2018 American Community Survey 1-Year Estimate, 16.2 percent of District residents live below the poverty line (12.9 percent when using a 5-Year Estimate) compared to 11.8 percent poverty level for the entire United States. Specific for the District, roughly 26 percent of children under the age of 18 years old were considered living below the poverty line compared to 21 percent of children in the United States. According to Kids Count, child poverty is more prevalent in Ward 7 (39 percent) and Ward 8 (46 percent) than in other District Wards.¹²⁹

Many children and parents have already faced several traumatic events long before their involvement with CFSA. In recognition of such circumstances, CFSA continues to focus on meeting the complex needs of families while also dedicating resources to improve the delivery of positive outcomes for all families.

KINSHIP NAVIGATOR FUNDING

FY2021 APSR Update

CFSA's Kinship Support Unit is housed within the Agency's Office of Program Operations. The unit engages relative caregivers (and potential relative caregivers) both inside and outside the foster care system. With the FY 2020 Kinship Navigator Program funding, the Kinship Support Unit continues to implement the program enhancement activities outlined in the Agency's initial 2018 grant application. All kinship activities are directed at improving community and caregiver capacity to keep children safe and well in the homes of their relatives. CFSA will maintain these activities with the support of the FY 2021 federal Kinship Navigator grant award.

¹²⁸ The total count of 2214 children include children served in in-home cases as well as children remaining at home while siblings are being served in out-of-home placements. Source: FACES.NET CMT232 Management Report.

¹²⁹ Kids Count Data Center 2018.

Improve Kinship Caregiver Access to Community-based Services and Supports

- ▶ ***Kinship Caregiver Support Line*** CFSA administers a dedicated toll-free *Kinship Caregiver Support Line* to provide direct support as well as information and referral services to callers. The *Kinship Caregiver Support Line* is staffed by members of the Kinship Support unit. The kinship navigators serve a dual function: (1) providing real-time facilitation or mediation of conflicts or issues that are occurring in the kinship caregiver’s home, and (2) submitting referrals and linkage to nearby community-based resources that are equipped to address any number of issues. Hours of operation for the Support Line on weekdays are from 8:15am – 4:45pm. The Support Line number is (866) FAM-KIN1. Since implementing the Kinship Caregiver Support Line, the Agency has partnered closely with the Collaboratives, the Foster and Adoptive Parent Advocacy Council (FAPAC), and the members of the Kinship Programming Advisory Committee (see below) to spread the word about The Kinship Caregiver Support Line. Since February 2020, the Support line has received 89 calls through February 2020.
- ▶ ***Online Community Resource Directory***. CFSA developed and implemented the *Online Community Resource Directory* at the start of FY 2020 to provide kinship caregivers with the tools and resources that address their particular needs. Kinship navigators also use a directory, developed on the NowPow¹³⁰ referral platform that was adapted for the District's resources. NowPow serves as a referral gateway to various service providers and government benefit programs. At this stage of implementation, kinship navigators have exclusive access to the system. Upon receipt of a community inquiry, the navigator will search for services and resources by location and service type. The navigator can then forward the client’s information via text messaging or email. As of February 29, 2020, the navigators have responded to 58 referrals.
- ▶ ***Community-Based Partner Capacity Building***. As part of the Agency’s commitment to support kinship caregivers, CFSA encourages and supports the capacity-building activities of the five neighborhood Collaboratives located throughout the District. The capacity-building activities focus on the needs of relatives caring for another family member’s children. In many instances in which these children go to stay with their kin, the informal “placement” is an unplanned arrangement resulting in hardship for the caregiver. To alleviate hardships, kinship caregivers may first seek support from the local Collaborative. Capacity-building activities ensure that intake staff have the tools and resources appropriate for responding to and intervening on behalf of kinship caregivers in need. Such activities include partnerships between Collaborative staff and other community-based programs, organizations, and agencies within their areas. These partnerships increase the range of tools and quality supports to which Collaboratives

¹³⁰ NowPow offers a platform to create highly matched shared, tracked and coordinated client referrals.

can refer, serve and support families. Services and supports may include housing and utility assistance, employment assistance, mental health services, and emergency food and clothing in addition to enrichment programs.

- ▶ **Family Enrichment Events.** Family enrichment is a key aspect to the overall well-being of children and families, including kinship families caring for the children of relatives. Enrichment events and community engagement can range from a family enjoying a special neighborhood festival to kinship caregivers' participation in community forums and trainings, networking meetings, and daily outreach workshops on prevention of neglect. Due to many kinship caregivers being unable to afford family outings, CFSA has partnered with the Kinship Programming Advisory Committee (see description below) to sponsor events in which a family can spend quality time together at no cost to the family. The Agency currently seeks to expand CFSA's enrichment programming capacity to include workshops specific to the needs of the caregivers and children. Included in this expansion is the Collaboratives' capacity to coordinate and promote ongoing engagement activities that support families in their neighborhoods, foster awareness and prevention of abuse and neglect issues within their respective communities, and bring together residents, merchants, community groups, and other stakeholders around topics important to kinship caregivers.
- ▶ **Establishment of a Local Kinship Advisory Committee.** In conjunction with the launch of the Kinship Navigator Program, CFSA created the Kinship Programming Advisory Committee (KinPAC) in 2019.¹³¹ KinPAC is a cross-system team that ensures coordination and continuity among the various providers and agencies that interface with kinship families. The committee convenes quarterly to share information about services and support, to coordinate campaigns for programs benefitting kinship families, and to learn about and strategize around emerging issues impacting kinship families in DC. KinPAC convened its first meeting towards the end of FY 2019 and held its most recent meeting in January 2020. The following activities are included in the meetings' agenda:
 - Engage community-based service providers and partners to train and inform them of particular needs of kinship caregivers and provide technical assistance to build their capacity to attend to the needs of this population.
 - Ensure that the *Community Resource Directory* is up to date with available community-based services and supports.

¹³¹ KinPAC membership consists of Kinship Support Unit staff, kinship caregivers (including grandparent caregivers), service providers, DC Department of Health, Department of Youth Rehabilitation Services, and the DC State Chapter of the American Association of Retired Persons.

- Coordinate events and activities to provide specific supports to kinship caregivers. For example, in the past year, the committee partnered with the DC Office of the State Superintendent of Education to provide assistance with enrolling children in the school lottery for openings in charter schools. Additionally, the committee partnered with the DC Department of Parks and Recreation to secure early access for kinship caregivers to summer programs with limited enrollment. Most recently, the committee partnered with the Collaboratives to present in-home activities for resource parents to keep children occupied during the COVID-19 pandemic.

During meetings, some of the kinship caregivers identified needs regarding the high costs for the following activities: Sending a youth off to college; “Senior Spring” and graduation expenses for high school youth; Uniforms and school supplies at the start of every school year.

- ▶ **Facilitation of Support Groups for Kinship Caregivers.** CFSA recognizes that kinship caregivers need emotional support as well as material supports through community-based resources. Since various community-based and neighborhood-based partners already facilitate support groups for kinship caregivers, CFSA’s intent is to leverage the existing framework of support group services. Currently in FY 2020, CFSA has been conducting an environmental scan regarding these existing support groups for kin caregivers. The results of the scan will determine whether to proceed with establishing support groups or simply to add existing groups to the *Online Community Resource Directory*.

MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

Per CFSA’s Visitation Policy, children entering foster care or experiencing a new placement while in foster care shall receive one visit per week for the first four weeks of placement. The social worker with case management responsibility must make at least two of the visits while a family support worker or a nurse care manager can make the other two visits. At least one of the visits in the first four weeks must be in the home where the child is placed.

After the first four weeks of placement, CFSA policy requires children in foster care to receive two visits per month. The social worker with case management responsibility must make at least one of the visits. Again, a family support worker or nurse care manager can make the second visit. At least one of these monthly visits must occur in the home where the child is placed. Additionally, the policy emphasizes that the quality of visits should support deeper engagement of parents (including birth fathers) with the child and moves them forward in line with their case plan.

While the Agency prioritizes the placement of children within or close to their neighborhoods, schools, and communities of origin, individual child needs or preferable kinship care arrangements may warrant placing the child with caregivers who are located some distance from the District. Over the next five years CFSA plans to continue to use monthly caseworker visitation (MCV) funds to augment local investments to help cover the long-distance travel expenses of social workers who must complete home visits with children who are placed outside the District. CFSA will continue to utilize federal MCV funds to cover costs associated with airfare, rail tickets, car rentals, and other expenses that help facilitate social worker visits to youth placed in other states, as well as reimburse for vehicle mileage for local visitation.

FY2021 APSR Update

CFSA is meeting the monthly case worker benchmark. There are no updates from the information that was provided in last year's report.

ADDITIONAL SERVICES INFORMATION

Child Welfare Waiver Demonstration Activities

The federal Title IV-E Waiver demonstration project allowed the District flexibility to use federal and state foster care maintenance funds for the provision of direct services to children and families. The Safe and Stable Families program is CFSA's Title IV-E Waiver demonstration project, which is geared toward improving in-home services and outcomes for children. The Safe and Stable Families program includes services such as family preservation, family support, time-limited reunification, and adoption promotion and support. While the Waiver-funded evidence-based national models worked well, the models were typically designed with restrictive eligibility requirements for a narrow group of people. CFSA prepared for the end of Waiver funding by making programmatic adjustments to bolster referral capacity, wind-down program operations and to ensure long-term sustainability. The Children's Bureau granted CFSA a no-cost extension to provide prevention services through the Waiver until September of 2019.

During the past year, CFSA launched its Family First Prevention Work Group with a cross-sector of government and community members. The work group was charged with developing a citywide strategy to strengthen and stabilize families. This group helped to shape the Agency's five-year Family First Prevention Plan that was submitted in April 2019 to the Children's Bureau. The plan outlined the array of prevention services that will be available to support Family First prevention eligible children and caregivers. As a result, the Agency is optimizing current programs and aspects of the Family First Act and transitioning successful Waiver-funded evidence-based programs (EBPs) into IV-E prevention-funded EBPs. In addition, The District of Columbia Mayor's Fiscal Year 2020 Budget included funding for a new Families First DC

initiative. Under this initiative, the District will work with community partners, and empower families with resources, support, and opportunities tailored to their needs within their neighborhood.

FY 2021 APSR Updates

The Title IV-E Waiver funding ended on September 30, 2019. As stated earlier in this report, CFSA transitioned to services supported through the Family First Prevention Plan and is currently planning for additional service implementation through Families First DC. Further information on the Family First Prevention Plan services and Families First DC can be found earlier in this report in the Collaboration and Vision section as well as the Service Coordination section.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Adoption and Legal Guardianship Incentive Payments can be used for services to help children in foster care find permanent homes through adoption and legal guardianship. CFSA expects to continue to utilize these funds for supporting post adoption services¹³² and the PEER specialists.

CFSA expended the \$457,000 that was obligated to be spent by September 30, 2018. CFSA was awarded \$385,000 in Adoption and Legal Guardianship Incentive Payments. Under federal rules, CFSA has until September 30, 2019 to obligate and spend \$270,000 and September 30, 2020 to obligate and spend \$115,000. The Agency is on target for spending these funds by the close of FY 2020.

FY 2021 APSR Update

CFSA utilizes Adoption and Legal Guardianship Incentive Payments for supporting post-permanency support services for families with children who were child welfare-involved. The Agency also uses the incentive payments to support CFSA's PEER specialists who work directly with parents of children recently placed into foster care.

At the start of FY 2020 (October 2019), CFSA was awarded \$184,517 in additional funding to be spent by the end of FY 2022 (September 2022). CFSA carried a balance of \$103,000 in prior Adoption and Legal Guardianship Incentive Payments funding into FY 2020. The Agency is on target to obligate and spend that entire balance.

¹³² Post Permanency Family Center (PPFC) was a program previously administered by Adoptions Together that CFSA contracted with. PPFC no longer exists and as a result post-adoptive services are provided directly by Adoptions Together.

CFSA has encountered no changes, issues or challenges to the plan for timely expenditure of this source.

Adoption Savings

Adoption Savings are financial savings that CFSA achieves with respect to funds due to the expansion of eligibility of children who meet the criteria of an “applicable child” under the federal Title IV-E Adoption Assistance program. Federal law requires CFSA to spend an amount equal to any savings achieved as a result of applying the differing program eligibility criteria to applicable children.

CFSA expects to claim the Adoption Savings over the next five years for services provided through the Post Permanency Family Center, Adoptions Together, and the Center for Adoption Support and Education. CFSA plans to claim FY 2019 saving in FY 2020 and to claim a minimum of 25 percent of pre-2019 cumulative unused savings starting in 2020, annually, until the balance is \$0. The Agency does not have any challenges in accessing and spending the funds. An Adoption Savings Methodology form is not needed as CFSA uses the Children’s Bureau Method with Actuals to calculate adoption savings. This was the same method used last fiscal year.

FY 2021 APSR Update

Based on CFSA’s spending patterns and cashflow regarding post permanency, the Agency is optimizing other funding sources for these programs.

As of August 31, 2020, CFSA has expended \$550,000 of the approximately \$575,000 in Adoption Savings that it has accumulated since FY 2016. With the savings, the Agency funded a portion of the Rapid Housing Program (RHP) to provide housing supports to families whose housing issues created barriers to family reunification out of foster care, or to provide time-limited housing supports to youth emancipating from foster care. A total of \$350,000 of the Adoption Savings was invested in the RHP. CFSA used an additional \$200,000 to fund a grant to one of the Agency’s community-based partners, the Foster and Adoptive Parent Advocacy Center (FAPAC), for their Provider Enhancement Project (PEP) which comprises resource parent support and retention services and activities. The remaining \$25,000 will be expended in FY 2021.

CFSA acknowledges that, because of the dynamics around the planning and implementation of the Family First Prevention Services Act programming and the transition planning from the title IV-E Demonstration Project, the Agency has been somewhat delayed in expending and reporting accumulated Adoption Savings. Going forward, the Agency will be sure to expend accumulated Adoption Savings within the fiscal year that follows the reporting year of the CB-496 Part IV in which they are reported.

CFSA expects to continue to claim the Adoption Savings for post-permanency services provided through the Post Permanency Family Center, Adoptions Together, and the Center for Adoption Support and Education for families with welfare-involved children.

The Agency does not have any challenges in accessing and spending the funds. CFSA has made no changes to the calculation methodology identified in its previous submission.

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

AGENCY ADMINISTERING CHAFEE

Child and Family Services Agency (CFSA) is the state agency that administers, supervises, and provides oversight of the Chafee program in the District of Columbia. The CFSA Office of Youth Empowerment (OYE) directly administers the Chafee program through its Independent Living (IL) program. The program is required by regulation to provide IL services to youth ages 15-21 who are or were in the custody of CFSA. The program is designed to serve these youth with educational, vocational, career, and other transitional supports.

Description of Program Design and Delivery

One of CFSA's Four Pillars¹³³, *Exit to Permanence*, demonstrates CFSA's value that every child and youth exit foster care quickly, safely and to a permanent home. When older youth are unable to achieve permanency, they will have lifelong connections, a well-supported environment and the skills for successful adulthood.

CFSA through OYE provides an array of program supports to assist youth in achieving independence. CFSA provides educational and independent living services to all youth in care, either through OYE or through services provided by CFSA's contracted private provider agencies.

Education

In November 2018, CFSA developed a new model of educational support services that maximizes the use of the education specialist staff to produce better educational outcomes for youth in foster care. Education specialists at both OYE and the Office of Well Being (OWB) provide services to youth through three tiers of services:

1. Direct services and intensive supports throughout the school year to the most educational at-risk youth (in the areas of attendance, behavior and coursework) using an evidence-based student engagement model called *Check & Connect*, as well as other interventions.

¹³³ CFSA's *Four Pillars Strategic Framework* was established in 2012. The four key practice areas are Front Yard/Front Porch/Front Door, Temporary Safe Haven, Well Being, and Exit to Permanence.

2. Assigned to each supervisor and their social work unit at CFSA and private agencies to serve as the point of contact (POC) for consultative support on individual cases and issues as needed.
3. Provide educational performance incentives and rewards, and training for youth in foster care and to their resource family to assist with prioritization of education and post-secondary planning as well as provide educational events.

For youth in college, there are assigned educational specialists that provide support and assistance to youth with college registration and obtaining financial support. Additional supports include:

- Development of a four to five-year Individual Financial Educational Plan
- Disputes and barrier resolution
- Monitoring of academic progress
- Visits to youth in college

Career

In April 2019, through a partnership with Youth Villages (YV) LifeSet Program¹³⁴, CFSA launched the YVLifeSet Program. Using evidence-based practices, YVLifeSet replaced the Career Pathways Unit as OYE's vocational and life skills service delivery model. The YVLifeSet Unit focuses on providing one-on-one intense supports to youth to assist them in achieving their individual defined goals. YVLifeSet specialists meet with participants at least once a week and are readily available to help the youth. The goal is to have highly individualized services in the youth's natural environment, including the home, place of employment, and community. Youth typically participate in the program for 6-12 months, based on their needs. The unit consists of one supervisor and four specialists. As of May 31, 2019, the YVLifeSet unit is serving 18 youth and has a capacity to serve 32 youth. The duration of the grant is three years and will expire March 31, 2022.

OYE through the vocational specialist connects youth to internships, vocational training, and employment in the youth's field of interest. The vocational specialist helps youth to develop soft skills and to build their resumes, both of which are essential for youth achieving independence.

CFSA continues to reinforce the importance of any variety of career and vocational paths for youth, including program partnerships with the District's Department of Employment Services (DOES) and Youth Rehabilitation Services (DYRS). CFSA further partners with the University of

¹³⁴ Founded in 1986, Youth Villages is a non-profit organization that has become one of the country's largest and most innovative providers of children's mental and behavioral health services. Serving over 27,000 youth across 16 states in 2018, Youth Villages works to find solutions using proven treatment models that strengthen the child's family and support systems and dramatically improve their long-term success.

the District of Columbia (UDC) to make available workforce development training for youth completing high school and transitioning to the vocational track. For youth in college, CFSA partners with local businesses to provide paid career-path internships during the summer months.

FY 2021 APSR Updates

In October 2019, Youth Villages (YV) conducted a six-month review of CFSA's YVLifeSet program, measuring several different benchmarks to determine overall fidelity. Youth Villages found that within CFSA, the YVLifeSet program has maintained high fidelity to the evidenced-based model.

Review data also show an average program participation rate of 31 youth, an average caseload of 8, and an average length of stay in the program of 214 days. All youth entering the program must complete the following activities:

- ▶ FosterClub Permanency Pact course activities that identify life-long connections and clarify the supportive roles those connections can play as the youth transitions out of care
- ▶ Safety planning around applicable safety risks, including substance use, medication safety, gang involvement, physical aggression, problematic sexual behavior, inappropriate sexual behavior, suicide or self-harming, and community safety
- ▶ Social support grid to better understand formal and informal supports present in the youth's life
- ▶ Subjective units of distress (SUD) scale (the SUD scale brings awareness to emotional regulation)
- ▶ Discussions around mental health recommendations from the social worker or healthcare provider to encourage participation in services if needed
- ▶ Budgeting skills that encourage youth to incorporate financial planning as part of their independent living skills and preparation for adulthood
- ▶ Short-term and long-term goal setting

Between April 2019 and March 31, 2020, the YVLifeset program has served 54 youth. Voluntary youth surveys show that youth feel heard, respected and productive as participants in the program. Youth have also reported feeling that strong rapport with their assigned specialist, paired with the weekly sessions, helps them progress through their goals and work through any struggles confronted.

Additionally, the educational and vocational specialists support the OYE Enrichment Bootcamp. This is a day program to serve CFSA youth in foster care who are temporarily unable to attend school due to suspension, placement disruption, or a school enrollment change. OYE specialists

supervise and structure each “Bootcamp” day based on the educational and behavioral needs of each participant. Youth in the program keep up with school assignments, complete homework, and take part in activities that support academic achievement and build new skills (such as using computers).

FY 2021 APSR Updates

In FY 2019, OYE received 80 referrals for the OYE Enrichment Bootcamp. Of these referrals, 14 percent were due to school enrollment or disruption, 25 percent were due to placement disruption or new removals and 61 percent were due to school suspensions. Youth with previous referrals accounted for 59 percent of the total number of referrals.

Finances

CFSA offers youth (ages 15-21) the opportunity to participate in a matched savings program where every dollar saved is matched by Capital Area Asset Builders (CAAB). The matched funds are capped at \$1,000 per year and are funded directly from the Agency’s Chafee grant. They can only be accessed to purchase a vehicle or to pay for housing, education, or entrepreneurial endeavors (refer to the *Financial Literacy* section for more details and data).

CFSA will continue to provide these supports under Chafee over the course of the next five years primarily through OYE and collaborations to other local government agencies and local universities. The plan is to ensure that youth have all related supports necessary to transition from foster care.

APSR 2021 Updates

CFSA continues to offer the CAAB program, which provides an opportunity for youth to gain financial literacy skills and to receive matched savings. CFSA’s capacity allows for meeting the needs of 100 participants at any given time.

YOUTH INVOLVEMENT IN DEVELOPMENT OF THE CHAFEE PLAN

CFSA through OYE offers youth the opportunity to have their voices heard through the Youth Empowerment Board. At the time of this report development, the board is restructuring and not currently meeting. The 2019 summer months are being utilized as a planning period to determine how to kick back off in the fall. Traditionally, this group meets monthly at OYE to share their thoughts about services and their cases and they work to develop plans for addressing issues. The Youth Empowerment Board has a staff liaison that supports the board in getting any issues or concerns voiced with the Administrator of OYE. The OYE Administrator works to continuously identify valid concerns from the group and ways to incorporate appropriate changes.

FY 2021 APSR Updates

The Youth Empowerment Board was restructured in the fall of 2019 and is now known as the Youth Council. Youth Council membership includes five youth in foster care (ages 15-20) and four OYE staff members, one of whom was formerly in foster care. In addition to the youth and staff membership, the Council includes a staff liaison who provides support and elevates issues (as needed) to the OYE program administrator. Youth Council members meet monthly at OYE (or via web conferencing) to share their thoughts about services and their cases. The members also develop plans for addressing the issues that are shared. The OYE program administrator regularly monitors Youth Council activities to identify any pressing concerns and to develop strategies for appropriate change.

The most recent Youth Council concerns have centered around the impact of COVID-19 and the Mayor's order to shelter-in-place, which naturally impacted youth placed in group homes. Youth expressed difficulties with residing in facilities that lack innovative programming. In response to these concerns, the OYE administrator met with all group home providers to discuss programming, the need for educational groups and how to repurpose their space. Additionally, CFSA required all providers to provide protective wear to youth when they exit the facility and to hold group discussions about potential programming enhancements. CFSA purchased interactive gaming systems (such as Xbox and WE) as recommended by the Youth Council. These gaming systems serve not only as recreational activities for youth during the pandemic but also assist the youth with coping skills, education (certain gaming systems) and life skills (strategic planning, mental agility, etc.). CFSA also requested group home providers to hire outside vendors for varying programs and interactive activities at an increased rate during this time. Youth specifically indicated that these programs and activities would keep them engaged and subsequently, reduce the abscondence rate during the COVID-19 pandemic.

The Youth Council also shared challenges related to youth placed in foster homes. In response, CFSA developed a youth survey that the Youth Council approved and distributed to all youth in foster care. Some of the survey's feedback suggested an interactive meeting between members of the Youth Council and members of FAPAC. Although the meeting has been rescheduled due to the social distancing requirements of COVID-19, both the Youth Council and FAPAC agree to ensure convening the meeting as soon as restrictions are lifted.

Another Youth Council recommendation included increasing youth opportunities for varying internships. In response, OYE leadership fostered relationships with nontraditional host sites capable of providing virtual internships, e.g., Under Armour™ Inc., a popular brand of athletic wear and digital fitness apps. Under Armour, Inc. agreed to offer a career readiness program for youth to learn about all facets of marketing, influencers, management and shoe decisions.

Incorporating Principles of Positive Youth Development (PYD)¹³⁵

CFSA has continued to provide services with a positive youth development approach which allows the youth to be more involved in the process of how they are receiving life skills training. With this new approach, CFSA continues to offer the following:

- Training for staff around engaging youth through Youth Popular Culture, utilizing a design to engage youth by incorporating positive peer influence, youth involvement and the hip hop culture.
- Leadership training for youth to become advocates for themselves and peers.
- Youth are involved in their Youth Transition Plans (YTP) every six months. They are expected to be at the table to discuss their future plans and goals and how they will achieve those goals with the support of their team.
- Special activities to support youth development are offered such as:
 - College Tours
 - Career Fairs
 - Annual Recognition Ceremony
 - Summer Youth Employment Registration
 - Community Service Opportunities
 - Internships

NATIONAL YOUTH IN TRANSITION DATABASE (NYTD)

NYTD remains one of the data collection methods used by ACF and CFSA to gather additional knowledge about services and outcomes of youth in foster care and transitioning out of foster care. In December 2018, the Children’s Bureau (CB) conducted a NYTD Review of applicable CFSA cases. The review included pre-onsite and onsite activities that allowed the CB to understand CFSA’s practices related to youth, data collection methods, documentation, and child welfare system coding. The NYTD review served as an evaluation of the system, policies and practices related to the collection of youth transitioning out of foster care.

At this time, CFSA is awaiting Appendix C from CB. This will be the addendum to the summary of the findings document received on the last day of the review. Once this report is received, CFSA has 45 days to reconcile the findings that would then impact the ratings changes. The final report will then be received.

¹³⁵ Positive Youth Development, or PYD, is based on a body of research suggesting that certain “protective factors,” or positive influences, can help young people succeed and keep them from having problems. PYD favors leadership and skill-building opportunities under the guidance of caring adults. It looks at youth as assets to be developed and gives them the means to build successful futures. <https://www.acf.hhs.gov/fysb/positive-youth-development>

In FY2019, CFSA plans to share information received from the NYTD Review as well as the A and B file submission with relevant stakeholders. The information will be disseminated among internal and external stakeholders (e.g., Mayor’s Advisory Committee on Child Abuse and Neglect, Citizens Review Panel) as part of a larger Agency Continuous Quality Improvement (CQI) process. To gain youth perspective on the findings, CFSA will also coordinate NYTD report findings focus groups with the older youth. From the focus groups CFSA will develop recommendations for integration into improved service delivery in order to better meet the needs of the older youth community.

FY 2021 APSR Update

In January 2020, CFSA received Appendix C- NYTD General Requirements and Elements- Preliminary Ratings and Findings from the Children’s Bureau. This document resulted from CFSA’s NYTD Review that occurred in December 2018. The findings laid out the general requirements and data elements that were assessed during the review and how the Agency rated in each area, along with findings and recommendations from the Children’s Bureau. Overall, there were several areas needing improvement, including the NYTD survey tool design, survey administration, and NYTD service tracking and service coding in FACES.NET.

Staff from CISA, OPPPS, and OYE partnered together to address applicable findings prior to receipt of the final report from the Children’s Bureau. As a result, CISA made several changes to FACES.NET that directly correlate with system coding and tracking of NYTD survey and services data. Additionally, CFSA made changes to the NYTD survey tool to better align with the Children’s Bureau recommendations. The following changes were included:

- ▶ Alignment of specific survey question language and potential youth answers to federal guidance
- ▶ Development of a cover sheet to obtain and better track youth contact information
- ▶ Development of separate surveys (i.e., an initial survey for youth being surveyed at age 17 and a follow-up survey for youth ages 19 and 21)
- ▶ Development of separate surveys for youth ages 19 and 21, based on federal guidelines for determining foster care status

Findings from the Children’s Bureau report will complement CFSA’s collected data and provide a larger scope for discerning meaningful service needs of older youth. As of the development of the current APSR, CFSA has not yet received the final report from the Children’s Bureau. Once CFSA receives the final report, the Agency will share the NYTD data and review findings with external stakeholders.

NYTD Update and Stakeholder Integration

The District completed the National Youth in Transition Database (NYTD) Review in December 2018. Appendix C was received from the federal team in early 2020, with a scheduled demo in response to Appendix C ratings slated for March 2020. Due to the COVID-19 pandemic, the in-person demo was postponed and completed virtually in August 2020. The District has submitted responses to Appendix C that the NYTD federal team is currently reviewing to assess rating improvements. The District is currently teaming with Office of Youth Empowerment in to support information dissemination and consultation with stakeholders around NYTD. Teaming with OYE's Youth Council, CFSA will develop a communication plan within the next year to have a series of focus groups, individual interviews, presentations and the information sharing forums to support NYTD goal improvement through the engagement of stakeholders with the NYTD findings to inform this process.

SERVING YOUTH ACROSS THE STATE

CFSA serves as the local and state agency that provides services for the Chafee program for all applicable youth in the District of Columbia.

Serving Youth of Various Ages and Stages of Achieving Independence

CFSA continues to provide all Chafee service to youth ages 14-21. CFSA has historically maintained the custody of youth until the age of 21 if they do not attain permanency through adoption, reunification, or guardianship. In an effort to support youth who have aged out of foster care who are 21-23 years old, CFSA provides:

- Aftercare supports to ensure youth have access to resources necessary to sustain living independently.
- Education and Training Vouchers (ETV) are offered to youth who were previously receiving the voucher but emancipated from care.

CFSA did not extend Chafee services to age 23 in FY 2019.

FY 2021 APSR Update

On October 1, 2019, CFSA ended its contract with the Center for Young Adults (CYA), a program sponsored through the Young Women's Project. CYA was previously providing aftercare services for youth exiting foster care to independence. CFSA subsequently transferred oversight of the aftercare program to OYE, creating an in-house aftercare services program. When CFSA's in-house aftercare program was launched on the first of October, all 49 youth who had been served by CYA transitioned to CFSA.

The current in-house program connects transition-aged youth to an OYE resource development specialist (RDS) who helps the youth create an individualized transition plan for accessing services that can support the youth's transition from foster care into adulthood. Youth are eligible for aftercare services if they exit foster care at 21, reside within 25 miles of DC at the time of exit, and agree to services. Youth are ineligible for services if they are connected to housing and case management supports through the Department on Disability Services, the Department of Behavioral Health, or a transitional housing program. Youth are also ineligible if they are in abscondence, incarcerated, or reside more than 25 miles outside of DC at time of transition.

The OYE RDS determines a youth's eligibility for aftercare services during a transition planning meeting called the 21 JumpStart review. This process, which is initiated six months before the youth's 21st birthday, includes assigning an aftercare specialist to the youth to welcome and guide the youth throughout the program. The aftercare program provides both individual support and group opportunities that offer connections to the following supports:

- ▶ Housing Assistance
- ▶ Medical and Mental Health Support
- ▶ Education and Vocational Training Preparation
- ▶ Employment Assistance
- ▶ Budget & Financial Management
- ▶ Life Skills Development
- ▶ Guidance for Accessing Public Services & Benefits
- ▶ Transportation Stipends
- ▶ Limited Emergency Support

In FY 2020-Q1, CFSA referred five youth to the in-house aftercare program prior to the youth aging out of care. As of March 2020, OYE documented a total of 69 youth being enrolled and 32 youth actively participating in the aftercare program. "Active participation" includes meeting monthly (at a minimum) with the assigned RDS, and intentionally engaging in youth-driven discussions regarding service needs for housing, education, employment, finance, parenting, medical health, and mental health.

Chafee Extension Request

CFSA has requested an extension of Chafee services for former youth in care (ages 21-23) during the period that the District of Columbia continues to offer aftercare services to that population. An extension of Chafee services will further protect and serve the needs of these

particular youth in conjunction with the District of Columbia’s recent legislation (April 2020) COVID-19 Response Supplemental Emergency Amendment Act of 2020, which includes a provision to support youth that are scheduled to transition out of foster care during the pandemic. The provision allows the Agency to retain custody of a consenting youth who turns 21 during the period under which the Mayor has declared a public health emergency, and for the custody to last up to 90 days after the emergency has ended.

Services for Older Youth

FY 2021 APSR Updates

| Workshops/IL Programming | # in FY 2018 | # in FY 2019 | # in FY 2020 (as of Mar 31, 2020) |
|--|---------------------|---------------------|---|
| College Tours: Group, community based, and individual tours of target colleges/universities. Youth are exposed to college life and academics to determine best fit for post-secondary education. | 20 | 5 | 6 Canceled due to COVID-19 (4/4/2020-4/10/2020) |
| College and Career Preparation: Exposure to post-secondary educational options and high demand employment fields. | 214 | 167 | 117 |

| Workshops/IL Programming | # in FY 2018 | # in FY 2019 | # in FY 2020 (as of Mar 31, 2020) |
|---|--------------|--------------|---|
| <p>Youth Recognition Ceremony: Annual ceremony that recognizes education and vocational accomplishments.</p> | N/A | 131 | <p>N/A usually occurs in July however the Office of Youth Empowerment held virtual recognitions in May 2020 for youth with specified GPAs, graduates and those on honor roll.</p> |
| <p>Making Money Grow: Financial literacy program created for young professionals ages 15 to 20.5 in care to learn how to manage their finances, save for the future, and transition with-up to \$12,000. The savings component is a matched savings.</p> | 89 | 112 | 122 |
| <p>College Connect 4 Success: An academic and professional development workshop for all youth attending college. The purpose of this workshop is to provide students an opportunity to dialogue directly with a variety of college representatives (i.e. academic advisors, financial aid representatives, trio program</p> | 19 | 8 | 4 |

| Workshops/IL Programming | # in FY 2018 | # in FY 2019 | # in FY 2020 (as of Mar 31, 2020) |
|--|----------------------------------|----------------------------------|--------------------------------------|
| counselors, etc.) and receive guidance and information aimed at empowering students to be successful academically. This workshop focuses on strategic goals to achieve academic success and examines the process and how-to steps for utilizing academic advising, financial aid, student accounts, and disabilities support services. | | | |
| JUMP (Juvenile Mentoring Program): Mentoring for young men who are experiencing difficulties in the communities to receive guidance and support. | 14 | 7 | 10 |
| Career preparation-Support youth in preparation for vocational training, internships, or employment | 111 | 32 | 32 |
| Youth Council Trap and Paint Orientation: An introduction for youth currently in care to join with other peers in order to vocalize the experience, needs and concerns of youth in the foster system. Youth will participant in community activities, and educational workshops while developing life-skills. | N/A (Developed in February 2020) | N/A (Developed in February 2020) | 25 |
| Youth LifeSet Peer to Peer- Opportunity for youth to meet up for the purpose of engaging in therapeutic activities that can enhance positive coping skills and creativity. | N/A (Developed in January 2020) | N/A (Developed in January 2020) | 10 |

CFSA continues to use the youth-driven Youth Transition Plan (YTP) to emphasize the importance of youth achieving success in life domains. Domains include (but are not limited to) finances and money management, job and career, identity, permanency, and education. Youth ages 14-21 meet with their social worker every six months to complete the YTP. The social worker utilizes the foster care toolkit to support the assessment and planning for youth on their caseloads. In addition, OYE administers O*NET, a set of self-directed career exploration/assessment tools to help workers consider and plan career options, preparation, and transitions more effectively. They also are designed for use by students who are exploring the school-to-work transition.

FY2021 APSR Update

COVID-19 Response for Older Youth

In preparation and planning for COVID-19, CFSA completed and/or continues to implement the following steps:

- ▶ Extension of care for older youth. Following emergency legislation passed by the DC Council, created and implementing processes to allow youth who would be aging out to remain in care until after the public health emergency
- ▶ Visit every local group home.
- ▶ Maintain contact with youth in alternative jurisdictions attending college and/or placed in an out of state facility.
- ▶ Contact, via letter and e-mail, every youth in an out of state college to confirm CFSA's commitment and dedication to supporting them during this time, outline how to access essential information, reaffirm the District is open for business, provide contact information for the Educational Specialist and Aftercare Workers, and provide emergency contact information for the Deputy Director of Program Operations.
- ▶ Provide youth with gift cards and care packages comprised of grocery, hygienic and clothing cards that can be utilized in making online purchases.
- ▶ Contact every youth, via CFSA's education specialist, social workers and Youth Villages LifeSet team to confirm their planned return to the District for those in out of state universities.
- ▶ Provide distance learning resources, virtual tutorial support, and identify other coping mechanisms such as crafts and crocheting materials as needed.
- ▶ Provide, in several instances, transportation via social workers, bus, plane and or train tickets.

- ▶ Pay for hotel stays for family members to transport youth requiring immediate evacuations.
- ▶ Secure emergency apartments for youth with no family resources to support a transition out of care. Extension of care for older youth. Following emergency legislation passed by the DC Council, created and implementing processes to allow youth who would be aging out to remain in care until after the public health emergency.

While CFSA has communicated with every youth receiving support in our care placed at an academic facility, the Agency continues to conduct weekly outreach centered on stabilization. Chafee funding has been essential in providing funding to aid in the process.

COLLABORATION WITH OTHER PRIVATE AND PUBLIC AGENCIES

CFSA provides independent living services to all youth in foster care, either through OYE or through services provided by CFSA's contracted private provider agencies. Collaboration with private and public agencies are essential to provide a full array of services for youth with varying levels of academic achievements, vocational skills, interests, and levels of autonomy.

Discussed earlier, The CFSA YVLifeSet program is a partnership between CFSA and Youth Villages to help young adults in care successfully transition into adulthood using the YVLifeSet model. Also discussed earlier is the CAAB matched savings program that CFSA offers youth.

CFSA continues to reinforce the importance of any variety of career and vocational paths for youth, including program partnerships with the District's Departments of Employment Services (DOES) and Youth Rehabilitation Services (DYRS). CFSA further has a partnership with the University of the District of Columbia to make available workforce development training for youth completing high school and transitioning to the vocational track. For youth in college, CFSA partners with local businesses to provide paid career-path internships during the summer months.

CFSA utilizes all partnerships to assist youth with all of the skills necessary to achieve independence through assistance with attaining gainful employment, access to post-secondary education programs, transitions to adequate housing and Life Skills coaching.

Determining Eligibility for Benefits and Services

CFSA's eligibility criteria for services under Chafee include those youth in foster care aged 15-21 and youth who have left foster care after the age of 15.

Cooperation in National Evaluations

CFSA will cooperate in any national evaluation of the effects of the programs in achieving the purposes of Chafee.

Chafee Training

CFSA's Child Welfare Training Academy provides training for social workers and supervisors who work with older youth. The following courses are offered to enhance worker's practice and engagement with youth.

- **Best Practices in Engaging Older Youth-** This training session provides social workers, family support workers, and resource parents with the information needed to identify and address barriers related to engaging youth involved with the child welfare system. Participants engage in discussion that supports the development of cultural awareness as it relates to the historical context of African American youth. Social workers will gain an understanding of how engagement skills can facilitate meaningful conversations.
- **Child and Adolescent Development-** This training provides a foundation of knowledge regarding various theories on the stages of development. It explores age-appropriate behaviors, as well as adaptive methods for managing behavioral concerns. Also discussed are the implications of caretaker and social worker roles in working with traumatized clients, specifically within the context of the maltreatment that initiated child welfare services.
- **Prevention to Permanence-** This training focuses on providing participants with a step-by-step walkthrough of a CFSA-involved case starting with the Hotline call and ending with successful achievement of permanency, either through reunification, guardianship, adoption, or transitioning out of care at the age of 21. This course focuses on the SDM assessments and various assessment tools completed by social workers throughout the course of an investigation, family assessment, and delivery of in-home and out-of-home services. This training also incorporates the Danger & Safety Assessment training.
- **Program Operations Training-** In this training, participants who are assigned to all other direct service administrations (except Child Protective Services) and all private agency new hires learn how to identify their professional roles when communicating and engaging with families and resource providers, specifically regarding concurrent planning. They also learn how to construct specific strategies to overcome potential challenges to concurrent planning with families, children, and youth in foster care. Lastly, participants learn how to produce a strength-based, culturally-competent and solution-focused court report. This course is for newly hired non-CPS social workers and non-CPS family support workers.
- **First 30 Days-** This training provides the staff of the Office of Youth Empowerment with step by step information on the initial case management practices necessary within the first 30 days of youth's entrance into care.

EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM

OYE administers the ETV program, which is an important financial resource to help youth in foster care and youth that have left care after age 16 to adoption, kinship or guardianship, with the cost of attendance at an institution of higher education, e.g., tuition, fees, books, housing and other related-college expenses. Up to \$5,000 worth of ETV funds are made available to youth only after all other forms of financial aid have been explored and utilized. Youth receive ETVs on a first-come, first-served basis, until the ETV funds are exhausted. Youth must re-apply for an ETV each academic year.

OYE maintains a tracking mechanism to determine youth who are eligible for ETV in partnership with Foster Care to Success¹³⁶ (previously known as Orphan Foundations of America). This database is utilized to track eligibility as well as ETV funds distributed to recipients. This tracking mechanism allows OYE to determine unduplicated number of ETVs awarded each school year. Social workers enter the ETV distribution data into FACES.NET (the Agency's child welfare information system), whereupon FACES.NET tracks the distributions for federal reporting. The reporting of ETVs is based on the youth's client identification number and voucher issuance date. This tracking methodology prevents the Agency from inadvertently issuing more than ETV per youth. *OYE processes all ETV applications internally and are able to determine financial need for applicant by calculating cost of attendance minus all grants, scholarships and other aid.*

CFSA youth also depend on other federal and local financial resources, such as the DC Tuition Assistance Grant, the DC College Access Program (DC CAP) program, or federal grants and scholarships available through the Free Application for Student Aid (FAFSA).

CFSA also maintains a separate pool of Chafee funds to assist with expenses that are incidental but still necessary to successfully participate in programs of study, including but not limited to uniforms, supplies, transportation, and other items not covered by ETV funds. Through these Chafee funds, eligible youth can attend summer bridge programs where the youth spend one week on the campus of a college that they may be interested in attending. Chafee funds can also be applied to tuition for pre-college programs, such as training opportunities that may not lead to nationally recognized certifications but nonetheless provide experiences and outcomes that will render students more marketable and capable to succeed in a competitive workforce. In FY 2018, CFSA spent approximately \$40,641 to directly support 14 youth in various pre-

¹³⁶ In 1981, Joseph Rivers founded Foster Care to Success (FC2S) under the name "Orphan Foundation of America". Over the years, FC2S has shaped public policy, volunteer initiatives, and the programs of other organizations working with older foster youth. <https://www.fc2success.org/>

college programs. As of March 2019, CFSA has spent approximately \$7,759 to directly support six youth in various pre-college programs.

FY 2021 APSR Updates

In FY 2019, CFSA spent approximately \$41,506 to directly support 26 youth for pre-college-related programming. In FY 2020, CFSA has spent approximately \$2,213 to directly support eight youth for pre-college-related programming. Pre-college programming encompasses college readiness courses centered around preparation for standardized testing, the college registration and enrollment process, completion of financial aid applications, and how and when to apply for scholarships.

CFSA does not plan to extend ETV eligibility up to the age of 26 at this time. Each year CFSA exhausts ETV award disbursed for the purpose of funding approximately 50 youth in college and vocational training.

Consultation with Tribes

There are no federally recognized tribes in the District. Yet, for the development and alignment of Agency policies with the requirements of ICWA and the *Child Welfare Innovation and Improvement Act*, CFSA continues to consult with the Association on American Indian Affairs (AAIA)¹³⁷ and the Navajo Nation for any changes in tribal status for the District. Representatives from both of these partner constituencies provided valuable feedback to strengthen Agency governance on tribal case transfers between state child welfare agencies and tribes.

Moreover, as of the last day of the fiscal year for every year since FY 2013, there have been no American Indian/Alaskan Native children in the District foster care system. Despite the rarity of occurrence, following the dialogue with the Navajo Nation that informed CFSA's policy related to ICWA and tribal transfers, the Navajo Nation nonetheless agreed to avail itself to CFSA for technical consultation on specific cases, as they arise, regarding ICWA programming and federal compliance.

C6. CONSULTATION AND COORDINATION BETWEEN CFSA AND TRIBES

There are no federally recognized tribes within the District of Columbia boundary. Moreover, the District has had no member of a federally recognized tribe in its care and custody for the entirety of the 2015-2019 CFSP. For these reasons, federal requirements for consulting, collaborating, and coordinating with tribes on all aspects of the development and oversight of

¹³⁷ AAIA is situated locally to the metropolitan Washington area.

the 2020-2024 CFSP and subsequent APSRs, including requirements surrounding the Chafee program, are not wholly applicable.

Nevertheless, in compliance with the Indian Child Welfare Act (ICWA) and the tribal elements of the Child Welfare Innovation and Improvement Act, and in anticipation of future matters of tribal import that may intersect with the District's child welfare system, CFSA is engaged in high-level discussions with the Indian Child Welfare Programs Office (ICWP) within Casey Family Programs to provide ongoing consultation. CFSA's intended outcome is an agreement in which the ICWP reviews draft guidance over system-wide issues, and also agrees to provide case-specific consultation (in the event that it becomes necessary) to ensure that the Agency abides by all policy and practice requirements related to tribal affairs.

CFSA acknowledges that the ICWP of Casey Family Programs is not a tribal entity, nor does it formally represent tribes. The ICWP does, however, staff experts in tribal child welfare affairs who are able to provide insight and valuable consultation vis-à-vis the District's implementation of ICWA and other tribal matters.

SPECIFIC MEASURES TO COMPLY WITH ICWA

In 2011, CFSA sought formal technical assistance from and collaborated with the National Child Welfare Resource Center for Tribes (NRC4 Tribes) for the development of Agency governance to address ICWA requirements. As a result, CFSA developed the administrative issuance, CFSA-13-02 Compliance with ICWA, to address the following practice areas:

- Inquiry and research into a child's identification as an American Indian (pursuant to ICWA's definition)
- Mandatory notification to parents and a tribe regarding family court hearings involving American Indian children
- Foster care placement of American Indian children
- Court and evidentiary requirements surrounding placement and permanency decisions that impact American Indian children

CFSA also receives assistance from the Family Court in this matter (i.e., the Initial Hearing Court Order provides for an ICWA inquiry). Since the District uses a uniform court order template, every judge is required to follow through and ask the appropriate questions to identify whether a child is a member or descendent of a tribe.

Compliance with Tribal Transfer Requirements

When the federal Administration for Children and Families communicated new rules in 2013 regarding procedures for the transfer of placement of a child from a state to a tribal Title IV–E agency or an Indian Tribe with a Title IV–E agreement (§1356.67), CFSA updated its issuance with a new section that specifically addresses tribal transfers. In addition, CFSA sought again the assistance of the NRC4 Tribes to ensure compliance with the federal requirement that this document was developed “in consultation with Indian Tribes.” Because the issuance in question was very specific in nature, the NRC4 Tribes connected CFSA with representatives from the Association of American Indian Affairs (AAIA) to provide additional consultation.

Over the course of several months in 2013, CFSA consulted with AAIA representatives. AAIA made it clear to CFSA that while it can provide insight into Agency policy development, the association itself is not an Indian Tribe and could not formally speak on behalf of any Indian Tribe for the sake of meeting CFSA’s tribal consultation requirement. Therefore, AAIA interfaced with the Navajo Nation to provide the consultation necessary to meet this requirement. Further, over the course of several months in 2014, CFSA and representatives from the Navajo Nation held a number of conference calls and corresponded via email regarding the draft policy language on tribal transfers. In the fall of 2014, the Navajo Nation informed CFSA that the draft language was consistent with its understanding of the federal requirement, although the Navajo Nation specifically pointed out that it could speak only on behalf of its own tribe and not for any other federally-recognized tribe.

D. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATES

CHANGES TO STATE LAW OR REGULATIONS WITH RESPECT TO CAPTA ELIGIBILITY

Since publication of the 2015-2019 CFSP, there have been no substantive changes to District law or regulations relating to the prevention of child abuse and neglect that impact the District’s eligibility for the CAPTA state grant.

FY 2021 APSR Updates

Since publication of the 2020-2024 CFSP, there have been no substantive changes to District law or regulations relating to the prevention of child abuse and neglect that impact the District’s eligibility for the CAPTA state grant.

CHANGES FROM THE PREVIOUS CAPTA PLAN

There have been no significant changes from the District's previously approved CAPTA plan for how CFSA uses funds to support the CAPTA program areas. CFSA will continue to direct CAPTA-sponsored activities towards reinforcing the first pillar (Front Door) of the Agency's *Four Pillars Strategic Framework*:

- Intake, assessment, screening, and investigation of reports of abuse and neglect
- Case management, including ongoing case monitoring, and delivery of services and treatment that are provided to children and their families
- Reinforcement of child protective services through ongoing use of risk and safety assessment tools and protocols, particularly use of the Differential Response model

USE OF CAPTA FUNDS IN THE LAST YEAR

Screening and Assessment

CFSA continues to identify and utilize the most effective tools to promote and sustain trauma-informed case practice within the Agency's organizational structure, culture, and policies. For example, social workers use the screening tools include Ages and Stages Questionnaire Social-Emotional (ASQ-SE), Strengths and Difficulties Questionnaire (SDQ), Global Appraisal of Individual Needs- Short Screener (GAINS-SS), and Trauma Symptoms Checklist for Children and Younger Children.

These trauma screenings help to inform social workers about a child's history of exposure to potentially adverse or traumatic experiences. Information from trauma screenings also provides insights into behaviors and emotions that may be the result of trauma. Social workers then incorporate this history and current clinical presentations to develop a child-specific service array that is integrated into the case plan.

Case Management

CFSA has also continued case planning integration of the following tools: Child and Adolescent Functional Assessment Scale (CAFAS®), and the Pre-school and Early Childhood Functional Assessment Scale (PECFAS®), and the Structured Decision Making (SDM) Caregiver Strengths and Barriers Assessment (CSBA). These tools help social workers make clinically sound decisions while developing a behavioral-based, trauma-informed case plan. CFSA strives to administer the assessments to all children within 30 days of entering care, and to update the CAFAS and PECFAS assessments every 90 days. In addition, OWB maintains databases to track monthly completion rates for each social work unit within CFSA and for each CFSA-contracted private agency.

Differential Response

Throughout FY 2018, CFSA's Child Protective Services (CPS) Administration continued to use the Differential Response (DR) approach for referrals, based on the immediacy of safety concerns. As noted throughout the APSR, in certain abuse and neglect situations where there was no immediate risk, the CPS Hotline referred families to the Family Assessment (FA) unit. The FA approach differs from a traditional investigation in that the social worker utilizes clinical skills to partner with the family to develop a voluntary service plan to meet their needs. Families who participated in the FA were not substantiated for abuse or neglect, and their names were not included in the District's Child Protection Register. If, however, during this time period, a CPS report indicated that a child's safety was at imminent risk, a formal CPS investigation occurred. Effective April 1, 2019, CFSA transitioned from a dual-track system, back to a one-track system with the ending of the use of the DR approach and the FA units.

FY 2021 APSR Updates

CPS Investigations

As mentioned, CFSA transitioned from a dual-track system to a one-track system after ending use of the Differential Response (DR) approach to CPS investigations and the merging of the Family Assessment (FA) methods into the investigation process (as of April 1, 2019). At present, CPS staff members are the first line of intervention to ensure the safety and protection of children who are alleged to have been maltreated (abused or neglected). Within the one-track system, CPS investigates all reports that rise to the level of child abuse and neglect, which includes all reports of newborn positive toxicology. CPS investigates these reports of alleged child maltreatment with all standards for such procedures requiring detailed and consistent compliance with federal and District laws, regulations and best practice.

Whenever there is an indication that children can remain safely in the home, CFSA makes concerted efforts to prevent removal by providing community services to address the presenting and underlying issues that led to the initial maltreatment allegations. Services are specific to the unique needs of each family and may include case management, home visiting services, substance use services, education supports, domestic violence support, etc. Case plans also include specific services that are determined in collaboration with family members to ensure the services are appropriate to the family's needs and realistic for the family to achieve anticipated outcomes. To ensure families receive services tailored to their needs, CFSA has access to a broad array of prevention services throughout the District. These prevention services focus specifically on reducing the risk of future maltreatment. In addition, CFSA relies upon the annual Needs Assessment process and other forums to address gaps in services, or to change services that are determined to be ineffective.

Hotline Policy

In April 2020, CFSA revised its Hotline Policy and posted the policy on the CFSA website with the following updates:

- ▶ Removal of references to DR and FA – As of April 1, 2019, CFSA has discontinued the two-track system of assigning cases reported to the Hotline, returning to a one-track system with the ending of the use of the DR approach and the FA units.
- ▶ Inclusion of the RED Team practice model – The RED Team model is a teamed approach for reviewing, evaluating and decision-making (RED). The RED Team confers whenever a Hotline worker is unclear whether a Hotline report should be screened in or screened out.
- ▶ Addition of language for reporting sex trafficking to align with current CFSA practice.

CPS Investigations Policy

In April 2020, CFSA revised the CPS Investigations Policy and posted the policy on the CFSA website with the following updates:

- ▶ Staff from the CPS Administration or the Permanency Administration will lead the Removal RED Team meetings on a rotating basis; RED Team removal meetings are held within 24 hours (or the next business day) after a child's removal from the home. Meeting participants explore kinship placement options and steps to expedite reunification.
- ▶ CFSA's Educational Neglect Unit investigates screened-in educational neglect reports to determine interventions and develop a family plan to address chronic absenteeism and underlying issues.
- ▶ CPS must investigate all reports on families with newborns diagnosed with positive toxicology results or fetal alcohol syndrome disorder (FASD); the CPS social worker partners with the caregiver to develop a plan of safe care.

Risk and Safety Assessment

Child safety continues to be the paramount concern for CFSA's CPS Administration. Accurate and ongoing assessment of safety and risk remain a critical function of CPS social workers to include a trauma informed approach and improved strengths-based engagement practices with families. Based on prescribed time frames for investigations, CPS social workers will continue to use formal safety and risk assessment tools such as the *Danger and Safety Assessment* and the *SDM Family Risk Assessment* for all accepted investigations. In line with best practices, the investigative social workers will also continue to conduct ongoing, informal risk and safety assessments during each regular contact and all visits with the families.

Regarding safety in particular, the CPS administration works closely with primary caregivers and the rest of the family to create a safety plan in efforts to ensure that children can remain safely in their homes. If any CFSA assessment indicates that a safety plan is insufficient to address a child's circumstances and there is evidence of imminent danger, CPS will remove the child to ensure their safety.

FY 2021 APSR Updates

The purpose of the Structured Decision Making (SDM) Danger and Safety Assessment (DAS) is to help assess whether any child is likely to be in imminent danger of serious harm or maltreatment, and to determine whether a safety plan can be created to provide appropriate protection from that danger or if the child needs to be removed from the home. The SDM Risk Assessment tool, assesses families for low, moderate, high, or intensive probabilities of future abuse and neglect. If the SDM DAS or the SDM Risk Assessment indicate that a safety plan is insufficient to address a child's circumstances and there is evidence of imminent danger, CPS will remove the child to ensure safety. CFSA will first seek placement with kin. If no kinship resources are available, CFSA will match the child to an appropriate placement resource.

CITIZENS REVIEW PANEL (CRP) REPORT AND CFSA RESPONSE

Per statute,¹³⁸ CRP must submit an annual report to the Executive Office of the Mayor, the DC Council, and CFSA no later than April 30th of each year. Each report summarizes the CRP's annual activities and any related outcomes. Also per statute, CFSA must provide a written response to the CRP report no later than six months after publication. The CRP submitted a May 1, 2018 through April 30, 2019 Annual Report (see attached) to CFSA in May 2019.

FY 2021 APSR Updates

The CRP must submit an annual report that summarizes their annual activities and any related outcomes. The CRP submitted its most recent annual report to CFSA in May 2020. The annual report covers the period from May 1, 2019 through April 30, 2020. CFSA has provided a written response to the CRP report. (See attachments.)

STEPS TAKEN TO ADDRESS THE NEEDS OF INFANTS BORN AND IDENTIFIED AS BEING AFFECTED BY SUBSTANCE ABUSE OR WITHDRAWAL SYMPTOMS RESULTING FROM PRENATAL DRUG EXPOSURE OR FETAL ALCOHOL SPECTRUM DISORDER

¹³⁸ 942 U.S.C. §5106a; D.C. Code §4-1303.51

Changes Made for Implementation of the 2016 Comprehensive Addiction and Recovery Act (CARA)

CFSA makes continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or fetal alcohol spectrum disorder (FASD) as required by CARA of 2016. Prior to the implementation of CARA, CFSA also strengthened its response to substance-exposed newborns by introducing the following two practices in summer 2017, which focused attention on reports of infants affected by prenatal substance abuse and parental substance abuse:

Screening in all reports of infants born with positive toxicology from alcohol and drugs (legal or illegal). These reports no longer go through an additional RED¹³⁹ team screening. Rather, based on the level of risk, the Hotline screening process now requires a referral for a CPS investigation. Prior to CFSA's return to a single track system on April 1, 2019, some of these reports may have been addressed through Differential Response (i.e., the FA pathway).

Screening in all allegations that involve PCP use or exposure, regardless of the age of the child. These reports also do not go through an additional RED team screening. The Hotline automatically assigns these reports for a CPS investigation.

CFSA's current protocol also complies with CARA through the mandated development of an intervention plan, known as "the plan of safe care," for all positive toxicology and FASD referrals. The CPS social worker creates the plan of safe care with the family and then further discusses the plan with the CPS supervisor to ensure that the plan includes supportive services to address the mother's substance use. As well, the plan must show timely evidence of helping the caregiver resolve the substance use issues that resulted in the newborn's positive toxicology results. Plans must also ensure the well-being of the substance-exposed infant. In addition, social workers must ensure that the plan of safe care addresses any other need identified throughout the course of the investigation and beyond.

At the onset, the following steps must be taken during the planning of safe care for a substance-exposed infant and family:

1. CPS social workers visit and assess all substance-exposed infants, talk with the affected parents or caregivers, and conduct safety and risk assessments according to the CPS protocol. The investigative social workers also develop the mandatory plan of safe care described above, including substance abuse treatment information. These plans are designed to keep infants, mothers, and families safe and together.
2. CPS nurse practitioners make good faith efforts to visit the child and family at least twice, including efforts to visit the family and child in the hospital to discuss discharge planning and to ensure that hospital staff shares any medical recommendations with the social

¹³⁹ Descriptions of RED team functions can be found under *General Information: CPS Investigations*.

workers for inclusion into the plan of safe care. There is also at least one visit to the home in order to assess medical needs as well as the infant's home and sleeping environment, and to recommend additional resources and supports as needed.

3. CPS social workers submit a 0-3 early intervention referral to assess the development of the child and to ensure the child's well-being and proper care. Social workers also submit a substance use referral for the affected mother or caregiver. CFSA may also hold an at-risk family team meeting to identify additional family supports.

For those families that require ongoing child welfare intervention, the social worker continues to support the family by incorporating the plan of safe care into the family's case plan.

To aid in preparing CFSA social workers for CARA implementation, CWTA prepared a webinar that provided social workers and supervisors with the detailed steps needed to implement this important practice. Training on CARA is now offered as part of the CTWA pre-service training and the staff has been provided with tip sheets on the appropriate documentation of the plan of safe care. All training efforts are supported by close monitoring and coaching by the supervisor staff.

Multi-disciplinary Outreach, Consultation, and Coordination to Support CARA Implementation

Medical Community Reporting Requirements: In tandem with CARA requirements, hospitals and medical professionals in the community must also enforce the protective requirements outlined in the federal legislation by mandatory reporting to the CPS Hotline whenever a child is born with positive toxicology results. Once CFSA receives such a report, CPS investigates and refers the infant and family for services, which may include referrals to CFSA's CPS nurses, the 0-3 early intervention, and either CFSA's in-house substance abuse specialist or community-based substance treatment services. If there are other indications of need, such as domestic violence or mental health issues, then CFSA also makes those referrals accordingly.

CPS Nurse Referral: Early engagement with CFSA's Health Services Administration, via a CPS nurse referral, reinforces the nurse's partnership with the family to address the family's needs. CPS nurses assigned to these substance-affected families make diligent efforts to visit these families twice in an effort to assess the medical and the health needs of the infants and caregivers responsible for the infants after the birth. When possible, the CPS nurses interface with the medical staff prior to the caregiver and the infant's discharge in order to be informed of any additional medical recommendations for continued health care or support when the caregiver and infant return to the home. The nurses also assess the sleeping environments and educate the family on safe sleep practices.

0-3 Early Intervention Referral: Also known as the ASQ, discussed earlier in this report, CFSA submits these referrals to support the well-being aspects of the substance-affected newborn and to ensure that infants and families at increased risk receive the intervention and supports needed to provide the infant with proper care. For those infants identified at risk of developmental delays, CFSA works with the District's Strong Start Early Intervention Program, which is a comprehensive, coordinated, multidisciplinary system that provides early intervention therapeutic and other services for families with infants and toddlers diagnosed with disabilities and developmental delays.

Substance Use Disorder Services Referral: CFSA collaborates with the DC Department of Behavioral Health (DBH) to provide substance use disorder (SUD) services for individuals affected by SUD. DBH certifies a network of community-based providers in the public behavioral health system to provide such services based on the level of need. Services include detoxification, residential, and outpatient services. DBH also provides a range of prevention and recovery services.

CFSA's OWB substance abuse specialist responds to any in-house substance abuse referral and administers an approved substance abuse screening tool to each referred client. The screening tool specifically identifies individuals who may need a more in-depth substance abuse assessment. CFSA continues to collaborate with DBH and refers clients to the most appropriate services within the District's available treatment continuum of care for achieving and maintaining recovery.

Monitoring Plans of Safe Care to Determine Whether and in What Manner Local Entities Provide Referrals to and Deliver Appropriate Services for Substance-Exposed Infants and Affected Family Members and Caregivers

CFSA tracks the number of Hotline reports for substance-exposed infants through its web-based child information system, FACES.NET. Also tracked are the reporting source, development of the mandated plans of safe care, and the services offered to the impacted infant and family. As previously noted, CFSA requires mandatory referrals on these cases, including referrals to a CPS nurse, the 0-3 early intervention program, and a substance use assessment.

To better track and understand strengths and barriers in compliance, the Agency holds monthly data and practice meetings to discuss CFSA's progress in adhering to CARA and the associated data captured in FACES.NET for this population. In FY 2018 and in FY 2019-Q1, CFSA conducted in-depth case reviews to examine the quality of the plans of safe care. The Agency held these reviews to ensure that the plans provide the specific support needed by the family, and the long-term well-being of the infant. Reviews will continue to take place on a quarterly basis.

CARA CASE REVIEWS

Methodology

During the review window, FY 2019 Q1 (October 2018 to December 2018), 54 referrals were received and accepted of children born with a positive toxicology test.

A 95 percent confidence interval (CI) with a five percent margin of error was applied to the universe of 54 referrals, which produced a sample size of 48 referrals for the FY 2019 Q1 review. The sample of 48 was selected at random; the sample was evenly distributed between the referral types of family assessment and investigation. The forty-eight referrals (n=24 family assessment and n=24 investigations) were distributed across four reviewers.

Reviewers used a review survey tool to gather data and information from documentation in FACES.NET, CFSA's SACWIS system. The review tool included demographic questions such as maltreatment type, drug type, and prior history with an allegation of Positive Toxicology or FASD. In addition, the tool contained questions on safety and risk assessment, the intervention and planning process of the social worker and supervisor, needs of the infants and parents/caregivers, as well as the types of services offered. Moreover, the tool included questions to assess the quality of services to the family and the exposed infant.

Summary of Findings

Of the 48 cases reviewed, the case review reported the following:

24 were family assessment and 24 were CPS investigations

In 98 percent of the referrals (n=47), had positive toxicology of a newborn and 2 percent (n=1) had Fetal Alcohol Spectrum Disorder (FASD)

In 96 percent of the referrals (n=46), the social worker met with the affected parents to assess for safety and in 94 percent of those cases services were deemed necessary

In 96 percent of the referrals (n=46), the social worker assessed the substance exposed infant

In 92 percent of the referrals reviewed (n=44), the social worker completed the SDM Family Risk assessment

In 98 percent of the referrals (n=47), the social worker provided quality assessment through observations of the interaction between infant, caregiver, and others in the home, and review of medical notes, and contact notes

In 71 percent of the referrals (n=34), the social worker discussed safe sleeping practices with parents/caregivers

In 88 percent of the referrals reviewed (n=42), the social worker and the parent jointly created a plan of safe care

- In 56 percent of the referrals reviewed (n=27) it was documented that the social worker followed up with the family within seven days of connecting them to services. The seven-day follow-up visit included referrals to Collaboratives, referrals for substance abuse, nurse visits, clothing vouchers, supporting parent

with Food Stamp application or TANF intake process, transporting parent to local food bank, identifying additional service needs, etc.

CFSA is currently in phase two of the CARA case review process, which focuses on the quality of the plans and service provision alignment with identified intervention needs. In CFSA's examination of data from Phase I and II, recommendations will be suggestions as a part of the continuous quality improvement of the intervention plans themselves.

FY 2021 APSR Updates

Changes Made for Implementation of the 2016 Comprehensive Addiction and Recovery Act (CARA)

In May 2020, the Agency director approved revisions to the CFSA Hotline Policy which includes guidance on handling Hotline reports related to substance-affected caregivers and positive toxicology results for newborns, including diagnoses of FASD. The Hotline worker must screen in all such reports and assign the referrals for CPS investigations.

In addition, the Agency director also approved revisions to the CFSA Investigations Policy which includes guidance on the investigation of reports involving newborns with positive toxicology results or FASD diagnoses. The investigations must include a plan of safe care (i.e., an intervention plan) that includes substance use treatment for the caregiver and referrals to appropriate supportive services or other relevant information.

CPS management also ensures that staff members adhere to CARA requirements through weekly monitoring of the plan for safe care, its development and its documentation. In February 2020, CPS management reissued written guidance set forth in the intervention planning process, the intervention planning template, and the Plan of Safe Care Documentation Tips Sheet to remind and reinforce staff of this important practice.

To ensure additional guidance, staff can refer to the CPS Hotline Procedural Operations Manual (HPOM) and the CPS Investigations Procedural Operations Manual (IPOM). The HPOM is designed specifically for the Hotline worker and provides practical tips, guidance, and hands-on, step-by-step procedures for receiving calls on the Hotline. The IPOM equally provides practical tips, guidance and step-by-step procedures for investigative social workers giving children the immediate attention they need for their safety and protection, followed by long-range planning for their permanency and well-being. CFSA has updated both manuals and posted the June 2020 versions on the CFSA website.

Monitoring Plans of Safe Care to Determine Whether and in What Manner Local Entities Provide Referrals to and Deliver Appropriate Services for Substance-Exposed Infants and Affected Family Members and Caregivers

With improved practice and regular data collection in place, the Agency moved to holding quarterly CARA data and practice meetings in July 2019. The meetings are held to review the CARA data report developed by CFSA's Performance Accountability & Quality Improvement Administration (PAQIA). The CARA report provides a cumulative monthly and quarterly snapshot of CFSA's efforts to properly address and plan for positive outcomes for substance-exposed infants and their families. The report includes such information as number of Hotline referrals received for infants born with a positive toxicology for drugs or FASD, as well as the type of drug indicated for the toxicology results.

Participants in the quarterly CARA team meetings include staff from CFSA's Office of Planning, Policy, and Program Support; PAQIA; CPS Hotline and Investigations; the In-Home Administration, and the Office of Well Being (i.e., the substance abuse specialist, and CPS nurses). Discussions address any practice and performance updates, any next steps to improve data reporting, and any efforts needed to strengthen practice, training needs, etc. Depending on the item, the CARA team will assign next steps to the appropriate team members for follow up. In FY 2019 the team conducted additional CARA reviews that covered Q2, Q3, and Q4.

CARA CASE REVIEWS

Methodology

During the review window capturing FY 2019 Q2-Q4 (January 2019 to September 2019), the Hotline received and accepted 113 unique referrals on children born with a positive toxicology test. CFSA applied a 95 percent confidence interval (CI) with a five percent margin of error to the universe of the 113 referrals.¹⁴⁰

Reviewers gathered the data and documented information from FACES.NET and entered the results in a case review survey tool developed via SurveyMonkey. The case review tool included demographic questions on maltreatment type, drug type, and prior history of any other allegations of positive toxicology or FASD. The tool also contained questions on general referral

¹⁴⁰The final sample size was 95 referrals for the FY 2019-Q2 through Q4 review. CFSA selected the sample of 95 referrals at random; all referrals selected received an investigation. The Agency distributed the 95 referrals across four case reviewers. This round of case reviews included an overhaul of the case review survey tool, based on updates to practice and the FACES.NET CARA management report INT059. The review tool included additional clarification in definitions of the elements captured in the report. The final sample size was 65 combined for Q2 and Q3. For Q4, the final sample size 33.

history, safety and risk assessments, the intervention and planning process of the clinical staff (investigative social worker and supervisor, ongoing social worker and CPS nurse), needs of the infants and parents or caregivers, the types of referrals accepted, and services offered. Lastly, the tool included questions on the quality of services provided to the family and the substance-exposed infant.

As a result of April 2019 practice changes (i.e., the end of the DR approach and FA units), the following modifications were reflected in the survey tool:

- ▶ The Agency eliminated the FA track from its DR system. Therefore, all CARA referrals have since been accepted through the investigations track. The Agency removed all FA-related questions from tool.
- ▶ The CARA management report no longer captured the location (e.g., home or hospital) of nurse visits. Rather, the tool captured a cumulative count of visits, i.e., two mandatory visits a month.
- ▶ Similarly, since babies may be discharged prior to a visit to the hospital, the survey tool focused on capturing the number of visits versus location. The tool also focused on the reasons why an infant was not seen (either in the home or hospital).
- ▶ The CARA management report currently captures prior positive-tox referrals and whether a parent or caregiver has prior positive toxicology or substance-abuse referrals, based on these questions being added to the tool.

Summary Findings

Referral Demographics

Of the 95 referrals, 87 percent (n=83) specified a child from birth up to five days old. Ninety-nine percent of the referrals (n=94) included positive toxicology results for a newborn and one percent (n=1) of the children had diagnoses of FASD. In 18 percent (n=17) of the referrals, the infant was exposed to more than one drug.

Safety and Risk Assessment of Family and Infant

- ▶ In 99 percent of the referrals (n=94), the social worker met with the affected parents to assess for safety. Best practices noted visits to the affected parent in the home or hospital. The Agency requested a courtesy check if the caregiver lived out of jurisdiction.
- ▶ In 99 percent of the referrals (n=94), the social worker visited with all substance-exposed infants and in 98 percent of the referrals (n=93) the social worker was able to assess for the safety of all substance-exposed infants.
- ▶ In 96 percent of the referrals (n=91), the social worker or nurse had the required discussion with the caregiver or parent about safe sleeping practices for the infant.

- ▶ In 80 percent of the referrals (n=76), the social worker discussed the elements of the intervention plan with their immediate supervisor.

Completion of Safety Assessment (with plan if needed)

Safety assessments consider the child's immediate danger. In the universe of the 95 referrals, the assessment deemed most infants (86 percent, n=81) as safe. Eight percent (n=8) were determined to be unsafe, and 4 percent (n=4) were safe with a plan. The Agency was unable to assess 2 percent (n=2), usually due to family being out of jurisdiction.

Although the review determined that most infants in the sample were not in immediate danger, the likelihood of future maltreatment by the caregivers was still high-to-intensive.

- ▶ 76 percent (n=72) of the referrals had a risk level of high or intensive versus only 22 percent (n=20) with a moderate risk level. Again, the Agency was unable to assess 2 percent (n=2), usually due to the family being out of the jurisdiction.

Intervention Planning

- ▶ Of the 95 sample referrals, reviewers identified a total of 87 intervention plans that social workers documented as completed (92 percent). Eight referrals (8 percent) had no plan.
- ▶ Of the eight referrals that did not have an intervention plan, three provided a written explanation. *Example: "The Virginia CPS department has received and accepted the referral for the family. Out of jurisdiction."*

Service Referrals

There are four mandatory service referrals for parents or caregivers with infants who were born with positive toxicology results:

- ▶ CPS nurse referral
- ▶ 0-3 early intervention referral
- ▶ Substance use referral
- ▶ At-Risk/Removal FTM referral

Investigative social workers must complete these referrals within 24 hours of the initial safety assessment.

Of the 95 referrals reviewed, 48 percent (n=46) had a timely CPS nurse referral completed, 42 percent (n=40) had a timely 0-3 Early Intervention referral completed, 34 percent (n=32) had a

timely substance use referral completed, and 27 percent (n=26) had a timely At-Risk/Removal FTM referral completed.

CPS Nurse Visits

Two nurse visits are required for positive toxicology referrals. These visits can occur in the hospital before the infant is discharged, or after discharge in the home. Of the 95 referrals reviewed, 81 percent (n=77) had both visits completed. Of the completed visits, the majority occurred in the caregiver's home rather than in the hospital. There were also some nurse visits that occurred in another location. Other locations included the child's pediatrician's office, a patient rehabilitation facility, and CFSA headquarters (after a removal).

For those infants not visited by a nurse in the home or hospital, the following reasons documented:

1. Baby was already discharged from the hospital - no hospital visit (n=38).
2. Baby remained in the hospital - no home visit (n=5).
3. Baby was out of jurisdiction (MD, VA, etc.) with notification of case closure - no visit (n=2).

Quality

Many referrals in the sample highlighted additional steps taken by either the social worker or the nurse to address the safety and well-being of the infant and the needs of the caregivers. These steps included outreach and follow-up with case managers and service providers in a housing program and at a child speech center, as well as follow-up with mental health providers, substance use treatment providers, and home visitation providers. Social workers and nurses documented discussions with caregivers on safe sleep and on the harmful effects of marijuana smoking during pregnancy as well as the harmful effects of smoking around children. Social workers also provided families with a DC resource list of community services and ensured purposeful connections with extended family of the caregivers so that those extended family members could serve as supportive resources for the infant and the caregiver.

Recommendations

Two key practice recommendations surfaced as part of this review:

- 1. Provide a copy of the intervention plan to parents or caregivers.**

Social workers should be reminded that they must document the fact that they gave a copy of the intervention plan to the parents or caregivers. In most cases, there is evidence that the social worker and caregiver developed the plan together. In such cases, it is logical to conclude that the caregiver would receive a copy of a plan they

agreed to follow. Nevertheless, the social worker must document that the parent or caregiver signed and received a copy of the intervention plan.

2. Educate families on marijuana use during pregnancy.

Reviewers noted a trend that may have an impact on future parent education, i.e., in some of the cases, the parent admitted to using THC during pregnancy because of stress or because the use of THC helped generate an appetite or quell nausea. Practice recommendations included educating pregnant women on the impact of THC on their unborn child, even when THC use is presumed to alleviate certain challenges of pregnancy.

Marijuana and Your Baby Pamphlet Development

The Agency continues to see high percentages of newborns with positive toxicology results related to the use of marijuana. Reports indicate that 73 percent of referrals included positive toxicology for THC. In response to the data, CFSA developed educational material for families on the harms related to smoking marijuana while pregnant, nursing and caring for children. CFSA shared the “Marijuana and Your Baby” pamphlet with the DC Department of Health (DOH) for review and feedback. After incorporating the DOH feedback, CFSA finalized the pamphlet, which is designed for use by CFSA social workers and nurses to share with families. The larger goal will be to coordinate with other District government family-serving agencies so these agencies can also distribute the information to pregnant or parenting caregivers.

Conclusion

The review findings for the 95 sample referrals are part of CFSA’s ongoing examination of plans for the safe care for infants born with positive toxicology results, and the support required for their caregivers to ensure child safety. In addition, these findings serve as part of CFSA’s continuous quality improvement of the intervention planning for this population. CFSA will continue quarterly reviews of these referrals to examine the data and to enhance and develop practice recommendations and service provision as needed.

Technical Assistance Needed to Support Effective Implementation of CARA Provisions.

Presently, CFSA cannot identify any specific need for technical assistance related to CARA’s implementation. CFSA will continue to conduct monthly data meetings, case reviews, and ongoing analyses.

CFSA did not use the increased CAPTA funding to develop, implement and monitor plans of safe care as CFSA has internal measures in place that did not require any additional funding.

MAYOR’S ASSURANCE STATEMENT THAT THE STATE IS IN COMPLIANCE WITH THE PROVISIONS OF SECTION 106(B)(2)(B)(VII)

The Mayor’s Assurance Statement is attached.

DISTRICT OF COLUMBIA STATE LIAISON OFFICER – CAPTA COORDINATOR

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FY 2021 APSR Update
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F. STATISTICAL AND SUPPORTING INFORMATION

CAPTA ANNUAL STATE DATA REPORT ITEMS

THE EDUCATION, QUALIFICATIONS, AND TRAINING REQUIREMENTS FOR CHILD PROTECTIVE SERVICE (CPS) PROFESSIONALS

CFSA’s requirements for hiring child welfare professionals are listed below. Social workers must have a master’s degree in social work from an accredited college and licensing certification from the DC Board of Social Work examiners. In order to advance to supervisory positions, social workers must obtain a licensed clinical social worker certification from the Board and have a minimum of two years of experience in the field of child welfare.

Family Support Workers

Grade 9 Qualifications: Bachelor’s degree

Social Workers

Grade 11 Qualifications: MSW and LGSW, 1-3 years of experience in child welfare social work

Grade 12 Qualifications: MSW and LICSW, 3-5 years of experience in child welfare social work

Supervisors

Grade 13 and 14 Qualifications: MSW and LICSW, five years of experience in child welfare social work, and one year of supervisory experience

Grade 9 Qualifications: Entry Level – Master of Social Work (MSW) and Licensed Graduate Social Worker (LGSW)

Child Protective Service (CPS) Professionals are required to complete at least 80 hours of pre-service training hours, addressing the following topics:

- Foundations for Effective Child Welfare Practice
- Family-Centered Practice
- From Prevention to Permanence
- Teaming with the Legal System
- Danger and Safety Assessment
- CPS Practice Operations
- Worker Safety
- Child Passenger Safety
- FACES.NET training

In addition to classroom training, CFSA Entry Services has a training supervisor who provides on-the-job training and application of concepts and skills learned during the classroom training. The classroom training and on-the-job training alternates weeks.

Also required is 30 hours of annual in-service training. Included in the 30 hours of in-service training in 2018 and 2019 was a re-training for Investigations practice in 2018 and 2019 for all Child Protection Services staff.

DEMOGRAPHIC INFORMATION OF CFSA ENTRY SERVICES STAFF

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| Race | | | | | | | |
|-----------------------------------|-------|-------|----------|--------------|---------------------------|--------------|-------|
| Job Title | Black | White | Hispanic | Asian Indian | Asian or Pacific Islander | Not Reported | Total |
| Family Support Worker | 15 | 0 | 1 | 0 | 0 | 2 | 18 |
| Social Worker | 78 | 11 | 1 | 0 | 3 | 12 | 105 |
| Supervisory Family Support Worker | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Supervisory Social Worker | 18 | 6 | 1 | 1 | 0 | 5 | 31 |

| Race | | | | | | | |
|--------------|------------|-----------|----------|--------------|---------------------------|--------------|------------|
| Job Title | Black | White | Hispanic | Asian Indian | Asian or Pacific Islander | Not Reported | Total |
| Total | 111 | 18 | 3 | 1 | 3 | 19 | 155 |

| Gender | | | |
|-----------------------------------|-----------|------------|------------|
| Job Title | Male | Female | Total |
| Family Support Worker | 13 | 5 | 18 |
| Social Worker | 16 | 89 | 105 |
| Supervisory Family Support Worker | 1 | 0 | 1 |
| Supervisory Social Worker | 2 | 29 | 31 |
| Total | 32 | 123 | 155 |

CASELOAD OR WORKLOAD REQUIREMENTS FOR CPS PERSONNEL

CFSA’s best practice standard for caseload requirements of CPS social workers is a maximum of 12 referrals. Each supervisor on average has four social workers on their team.

JUVENILE JUSTICE TRANSFERS

CFSA and the District’s Department of Youth Rehabilitation Services (DYRS) jointly address challenges and concerns of “dual-jacketed” youth who are tracked and served by both the foster care system and the juvenile justice system. Rather than transfer custody of youth in foster care to the state juvenile justice system, CFSA retains custody of youth in foster care until they exit the foster care system, either by achieving permanency, aging out, or having their commitment terminated by court order.

CFSA collaborates with DYRS to determine the number of youth who are dual-system involved. As of January 11, 2019, there were seven foster care youth with cases involving a dual jacket of neglect, juvenile delinquency, or PINS (persons in need of supervision).

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As of March 31, 2020, there were 11 youth with a placement type of “correctional facility” and were provided services through the DC Department of Youth Rehabilitation Services (DYRS) and CFSA. CFSA continues to validate data with DRYS on an annual basis.

EDUCATION AND TRAINING VOUCHERS

Please see Attachment F for ETV awards for school years 2017-2018 and 2018-2019.

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Please see Attachment D for Education and Training Vouchers awards for school years 2018-2019 and 2019-2020.

INTER-COUNTRY ADOPTIONS AND ADOPTION DISRUPTIONS

As stated earlier, CFSA does not conduct inter-country adoptions, but does handle adoption disruptions that occur for residents of the District. Adoption disruptions are handled as a normal Agency CPS removal. As of the end of FY 2018, there were 15 adoption disruption cases. Of those 15 cases, three of the children entered care in FY 2018. One of the three cases began as an inter-country adoption. This child was adopted from Ethiopia through the Children's Home Society. The remaining 14 children were adopted in the District. The reasons for these adoption disruptions were neglect - unable or unwilling to provide care - and physical abuse.

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As of the end of FY 2019, there were 11 adoption disruption cases. Of those 11 cases, six children entered care in FY 2019. None of those cases were an inter-country adoption. The adoptions for 10 of the 11 children occurred in DC while one child's adoption occurred in another state. Reasons for the adoption disruptions included physical abuse, neglect, child behavior problems, abandonment, and a caregiver's inability to provide care.

MONTHLY CASEWORKER VISIT DATA

CFSA continues to collect and report data on monthly caseworker visits with children in foster care. Data for FY2018 will be submitted to CB by December 16, 2019.

FY 2021 APSR Update

CFSA will submit Monthly Caseworker Visit Data for FY 2020 to the Children's Bureau by December 15, 2020.