



DC Child and Family Services Agency

# Four Pillars Performance Report

## FY 2022



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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DC MURIEL BOWSER, MAYOR

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# INTRODUCTION

## CFSA as a Self-Regulating Agency

The District of Columbia Child and Family Services Agency (CFSA or Agency) has implemented several strategies over the last decade to advance from a compliance-based culture to a culture of best practices and strong continuous quality improvement (CQI). In so doing, in 2021

CFSA successfully exited a 32-year class action lawsuit, *LaShawn v. Bowser*.<sup>1</sup> During the lawsuit, the Center for the Study of Social Policy (CSSP) served as the Court Monitor responsible for independently reviewing the agency's performance and reporting to U.S. District Court Judge Thomas F. Hogan, Plaintiffs (A Better Childhood), CFSA and the public.

Under the Settlement Agreement structuring exit from the LaShawn decree, CSSP served as the Independent Verification Agent (IVA). As the IVA, CSSP validated CFSA's data and provided an assessment of the Agency's public performance reports for two 6-month periods – the first period began January 1, 2021 and ended June 30, 2021; the second began July 1, 2021 and ended December 31, 2021.<sup>2</sup> Both reports include data on performance outcomes based upon CFSA's Four Pillars Performance Framework and specific metrics agreed to by CSSP and the plaintiffs' counsel.

In the assessment of the final July-December 2021 report, the IVA stated "Overall, CFSA continues on the path to meet the requirements of the Settlement Agreement. As mentioned in this chapter, the IVA believes that CFSA's efforts to improve overall performance on outcomes needs to continue, particularly in the areas of placement array, quality time between parents and children, and current efforts to stabilize the workforce. However, CFSA leadership is committed, organized, and has demonstrated that it has built the capacity for continued quality improvement."

During this time period, shortly after the lawsuit was dismissed in June 2021, the Agency experienced an important leadership transition when former director Brenda Donald transitioned from the Agency. Director Donald was an integral force in the achievement of CFSA's exit from the lawsuit, as well as implementation of the Agency's Four Pillars Strategic Framework. To continue institutionalizing innovative practices and improving performance, Mayor Muriel Bowser selected former Principal Deputy Director Robert L. Matthews as the acting CFSA director on June 3, 2021. The DC Council confirmed Director Matthews on January 27, 2022.

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<sup>1</sup>After first entering a Settlement Agreement on August 7, 2020, CFSA then agreed to an Addendum to the Settlement Agreement on April 22, 2021, prior to the lawsuit being dismissed on June 1, 2021. Once the lawsuit was dismissed, the terms set forth in the Settlement Agreement and Addendum to the Settlement Agreement became enforceable as a contract, which covered performance during January 2021-December 2021.

[https://www.acludc.org/sites/default/files/lashawn\\_a\\_et\\_al\\_v\\_bowser\\_et\\_al\\_1222\\_final\\_order\\_of\\_approval\\_of\\_settlement\\_signed\\_by\\_judge\\_thomas\\_f\\_hogan\\_on\\_june\\_1\\_2021.pdf](https://www.acludc.org/sites/default/files/lashawn_a_et_al_v_bowser_et_al_1222_final_order_of_approval_of_settlement_signed_by_judge_thomas_f_hogan_on_june_1_2021.pdf)

<sup>2</sup> During the 2021 contract year, the Plaintiffs had the opportunity to file an action alleging the breach of the Settlement Agreement beginning on the date the first report was received and ending 181 days after the second public performance report was received. No such actions were filed and the Settlement Agreement expired in December 2022.

Director Matthews has continued to lead sustained practice improvements, along with the CFSA team, which have significantly contributed to CFSA becoming a high-performing child welfare agency. Director Matthews' experience, skills, and passion also continue to lead CFSA's ongoing and overall high-performing capacity to self-regulate and self-govern with transparency, authentic leadership, and dedication to intentional learning that includes the CQI-based review and evaluation of the Agency's practice performance.

As part of the Settlement Addendum, in order to exit from the lawsuit CFSA developed (in collaboration with the IVA and in consultation with the plaintiffs' counsel) meaningful metrics that measure CFSA's performance regarding placement stability, family time and social worker family engagement, and permanency, including both reunification and access to subsidized guardianship and adoption. CFSA leadership worked closely with Chapin Hall to develop these meaningful measures that considered research on best practices. The IVA and plaintiffs' counsel approved CFSA's proposed measures on March 29, 2022. In total, there are now 44 measures in the Four Pillars Public Performance Framework, with 42 measures implemented during FY 2022 and included in this report.<sup>3</sup> Some of the new measures are newly developed measures, some measures were part of the Exit and Sustainability Plan (ESP) and/or the Four Pillars Performance Framework during the Settlement Year, and some measures were re-introduced from the prior Implementation and Exit Plan (IEP).<sup>4</sup> The measures that have been re-introduced are those that had been reliably achieved for multiple years and are central to child welfare practice, such as social worker visitation to children and families in-home and children in foster care, and training requirements for social workers, supervisors, and resource parents.

As a result of these combined transitions, there is currently a significant difference between the present reporting of performance and CFSA's previous reporting structure. First, instead of referring to the desired performance level as a benchmark, the desired performance is now referred to as a target. Second, not all measures have performance targets specified at this time. CFSA elected to implement these differences after consulting with Chapin Hall and reviewing the approach of rational target setting (RTS), a methodology created by Dr. Fotena Zirps.<sup>5</sup> In

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<sup>3</sup> Two additional measures focused on an initial visit between children and their parents within 72 hours of separation and social worker visits to identified permanency resources for adoption and guardianship will be implemented around FY 2024. These additional measures will be introduced with STAAND, CFSA's new case record management system which is described further on page 10.

<sup>4</sup> The Implementation and Exit Plan Exit Standards included 80 measures that CSSP reported CFSA's progress on from 2010-2019. The Exit and Sustainability Plan was in effect during the lawsuit from August 2019-December 2020 and removed 56 IEP measures that CFSA had reliably achieved over multiple years.

<sup>5</sup>

[https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewj\\_3\\_\\_1nKX\\_AhW9F1kFHRcgBA0QFnoECA0QAQ&url=https%3A%2F%2Fcommunityhealthnewsdotorg.files.wordpress.com%2F2013%2F02%2Ffractional-target-setting-concept-paper2.doc&usg=AOvVaw1VM-Vb61gtr9YrrTwr2RM3](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewj_3__1nKX_AhW9F1kFHRcgBA0QFnoECA0QAQ&url=https%3A%2F%2Fcommunityhealthnewsdotorg.files.wordpress.com%2F2013%2F02%2Ffractional-target-setting-concept-paper2.doc&usg=AOvVaw1VM-Vb61gtr9YrrTwr2RM3)

this methodology, setting the desired level of performance is an intentional exercise that considers both past performance and context, and how much CFSA can devote to improving performance.

The following past performance and context factors are considered:

- Data (past and current performance)
- Benchmarks (performance from other jurisdictions, national data)
- Mandates, requirements
- Agency aspirational goals
- Gaps between past performance and aspirational goals

The factors associated with how much the Agency can devote to improving performance are related to investments that can be made in the following four areas:

- Policy (federal, state, local)
- Resources (dollars, staff, equipment)
- Focus (strategy, priority, mandate)
- Capacity (training, supervision, leadership)

The exercise to assess and discuss these factors assists leadership and stakeholders in understanding what resources are needed to achieve desired outcomes. Further, the methodology recognizes that there may be a gap between the performance level that CFSA desires overall and what is achievable in the near-term. Therefore, performance targets are utilized instead of performance benchmarks, since performance targets can be updated year to year, which allows for a multi-year plan to reach an aspirational performance level. For additional information on how the methodology incorporates these factors, please see [Dr. Zirps' 2012 paper](#).

Utilizing this approach to set performance targets is preferable to a consensus-based approach or a statistical approach. Risks involved in using a consensus-based approach include limits to full consideration of changes in policy, resources, capacity and focus that are needed to impact performance. As a result, the Agency might produce targets that are socially desirable but not realistic, which is demoralizing to staff and can result in performance targets being ignored. Risks involved in using a statistical method include treating every measure the same,

which assumes past performance is the only factor that will explain future performance. It ignores the impact of new policy, resources, capacity and focus on performance.

CFSA has identified 17 measures throughout the Front Door, Temporary Safe Haven, Well-Being, and Exit to Permanence pillars where RTS will be used to determine the performance target. These measures are either newly developed measures where baseline data must be collected, or they are measures where CFSA was unable to attain the identified benchmark. As a result, the Agency has determined that while the benchmark is socially desirable, it appears to be unrealistic and needs to be re-examined. CFSA continues collecting baseline data and will begin the RTS process to set performance targets for these 17 measures during FY 2024.

This report is the first report covering the entire fiscal year (October 1 – September 30). For the majority of the measures, the reported performance is from January 2022 to September 2022, since the first quarter of the fiscal year (October 2021-December 2021) was covered in the July-December 2021 report. If there is a different time frame, it is specified in the methodology for the measure. The report provides performance data and outcomes on the 42 performance measures included in the Four Pillars Performance Framework in fiscal year (FY) 2022. The measures are organized by CFSA's Four Pillars Framework, which are described further below. Each measure includes an analysis of steps taken to reach the target or the steps taken to address challenges in achieving targets.

## Continuous Quality Improvement

CFSA continues to invest a significant number of resources into its CQI processes in order to create an intentional learning environment that uses data to help improve Agency functions, processes, procedures, and outcomes. CFSA also uses many methods of qualitative and quantitative analysis to evaluate the quality of services, to identify strengths and needs within the service delivery system, and to publish reports that outline concrete information pertaining to the efficacy of services. These efforts are purposed to CFSA's self-regulating system of accountability.

The Agency has also established multiple ongoing forums to discuss performance and root-cause analyses of barriers and strategies in order to address gaps and emphasize strategies to highlight successful practice and performance improvements. These include the Finish Line, the 4 Pillars Huddles, Quality Service Review (QSR) Exit Conferences, qualitative review debriefs, and meetings for specific analyses described further throughout the report.

## Highlights of System and Program Level Resources and Forums

Beginning in FY 2019, CFSA began a multi-year initiative to replace the State Automated Child Welfare Information System (SACWIS), known as FACES.NET with a Comprehensive Child Welfare Information System (CCWIS).<sup>6</sup> The CCWIS replacement of SACWIS modernizes the Agency's data collection, the ability to monitor system effectiveness, and CFSA's capacity to report on performance outcomes. The Agency named the new CCWIS system STAAND (Stronger Together Against Abuse and Neglect in DC) and contracted with Microsoft Consulting Services in FY 2021 to develop the new system. In partnership with Microsoft, CFSA has also trained product owners and subject matter experts to participate in the design and testing of STAAND. STAAND's first release went live in early FY 2023 and included parts of the placement provider licensing modules<sup>7</sup> and Office of Well-Being and Office of Youth Empowerment service referrals. Release 2 is in the design, production and testing process and includes the following modules: intake and investigations, case management, provider and placement management, finance, eligibility, service referrals, and reports.

In terms of quality improvement to staff resources, in late FY 2017 CFSA's Office of Agency Performance, Quality Assurance 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 change centralized system evaluation and CQI activities under one administration, allowing for more effective collection, analysis, and reporting of data and findings. PAQIA leadership shares report results with program staff during debriefing sessions and reviews both strengths in practice and strategies for improvement.

Additional improvements include the FY 2020 development of an Evaluation and Data Analytics (EDA) team under the direction of the Office of Community Partnerships. The EDA team includes a data scientist and a management analyst who collectively support CQI-based evaluations of federal and local prevention programs. Their work initially centered on implementation of the federal Family First and the local Families First DC programs, which are now incorporated in a city-wide prevention framework under the broader umbrella of Thriving Families, Safer Children, currently referred to as Keeping DC Families Together.<sup>8</sup>

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<sup>6</sup> FACES.NET has functioned as the Agency's case management information system where all client data is stored, and payments and reports are generated.

<sup>7</sup> R1 included licensing and re-licensing but not kinship licensing. It improves the process for prospective and current resource parents by providing them a portal to complete and submit their licensing packets and monitor progress towards obtaining their license online. CFSA also provides support to any prospective resource parents who do not have the technological capacity to complete their licensing packets online themselves.

<sup>8</sup> Thriving Families, Safer Children is a national first-of-its-kind program that aims to transform traditional, reactive child welfare systems into one that is designed to support child and family well-being and prevent child maltreatment and unnecessary family separations. The District of Columbia's CFSA local effort is called Keeping DC Families Together. More information about this program is in the Narrowing the Front Door section.

Rounding out the CQI efforts, CFSA also created a Program Outcomes Unit in FY 2020. This unit focuses on data analysis at the program level under the direction of the Office of the Director. The unit comprises data analysts assigned to Agency program areas, who then partner with PAQIA to focus on system-level analyses. PAQIA and OPPPS' Planning Unit also partner with staff from CFSA's Child Information System Administration (CISA), the Program Outcomes Unit, and the EDA team, and any other data analysts from the program areas to cooperatively use Agency data to share goals and activities, and to assess outcomes for children and families in the District's child welfare system. See the Appendix for details on the multiple units and personnel within CFSA that support CQI efforts.

In addition to the above, CFSA has included external stakeholders in its concerted efforts to maintain transparency as part of its self-regulation. These stakeholders include people with lived expertise, community organizations, and DC government sister agency participants of the Keeping DC Families Together Steering Committee. To further intensify its efforts, the Agency has defined "Keeping DC Families Together" as an overall objective to drive forward both the prevention-related work guided by the Steering Committee and the ongoing operations of the Agency.

To meet the objective of "Keeping DC Families Together" in FY 2023, CFSA defined a set of system and program strategic initiatives.<sup>9</sup> These strategic initiatives are designed to provide a set of quarterly goals along with a structure for teams to carry the work forward. The strategic initiatives are targeted projects that will improve CFSA's ability to "Keep DC Families Together" as well as overall performance.

### *Finish Line Meetings*

With support from the Program Outcomes Unit and PAQIA, the program management staff analyze data specific to monthly performance measures during "The Finish Line" monthly meeting. Program managers from Entry Services, the Office of Out-of-Home Supports, and OPPPS serve as the "data champions" who present the collected information to a panel of CFSA leadership (director, deputy directors and the chief of staff). In addition to presenting the data, the champions answer questions posed by the leadership panel and facilitate discussion of

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<sup>9</sup> The Four Agency-Level Strategic Initiatives for FY23 are: (1) Connect kinship families to community-based resources through launch and utilization of Kinship Navigator marketing site and mobile app; (2) Lay the groundwork to launch a community response model and warm line to better keep families together by working with the Thriving Families, Safer Children Steering Committee; (3) Launch STAAND to improve CFSA & partners effectiveness in keeping DC families together, reduce staff administrative time, and replace FACES; (4) Enhance CFSA's recruitment and retention effectiveness to ensure well-equipped Social Work teams can keep DC families together.



strategies used to improve performance, as needed. These meetings were previously more focused on compliance concluded in FY 2022 and have since been replaced in FY 2023 with the CFSA LAB.<sup>10</sup>

### *CFSA 4 Pillars Huddles*

In FY 2022, the Program Outcomes Unit added the “4 Pillars Huddles” to the Agency’s CQI process. These semi-monthly data improvement forums include supervisory social workers presenting information to CFSA staff members on specific data points that are not included in the monthly Finish Line meetings. The purpose of these huddles is to ensure that leadership consistently receives input and insight from the front-line staff, and by extension, ensures ongoing build-ups of supervisory capacity. The programs focus on areas not covered in Finish Line meetings, e.g., Kinship placement analysis, Family Team Meeting outcome analysis, and mental health services and supports. As Finish Line meetings ended in FY 2022 and CFSA LAB is introduced in FY 2023, it is likely that the purpose of this meeting will be folded into CFSA LAB and these separate meetings are unlikely to continue.

### *Quality Service Review Entrance & Exit Conferences*

Starting in FY 2018, CFSA’s QSR Unit improved the QSR feedback loop to ensure program areas were prepared for the QSR process, knew what to expect from the 2-day review, were kept informed during the review of their program area and recognized that the results for each program area would be clearly communicated to program staff, leadership, and stakeholders. The process now includes the following components:

- *Entrance Conference:* Prior to the QSR Unit beginning their reviews of a certain program area, they hold a meeting with that area to describe the QSR process, go over important dates, and let the program area know what information is needed from them in advance. Such information includes verified contact information for the children and family, other caregivers as applicable, and other individuals important to the family and the case outcomes.
- *Debrief:* At the close of each 2-day review, the QSR reviewers meet with the assigned social worker and supervisory social worker. The QSR reviewers provide initial feedback on their review findings, and together with the social worker and supervisor determine next steps that can be accomplished within 30 days.
- *Weekly Case Presentation:* At the close of each week, QSR reviewers present their case and review scores to the QSR program manager and program area leadership. Following this meeting, the QSR Unit finalizes case ratings and assesses inter-rater reliability.

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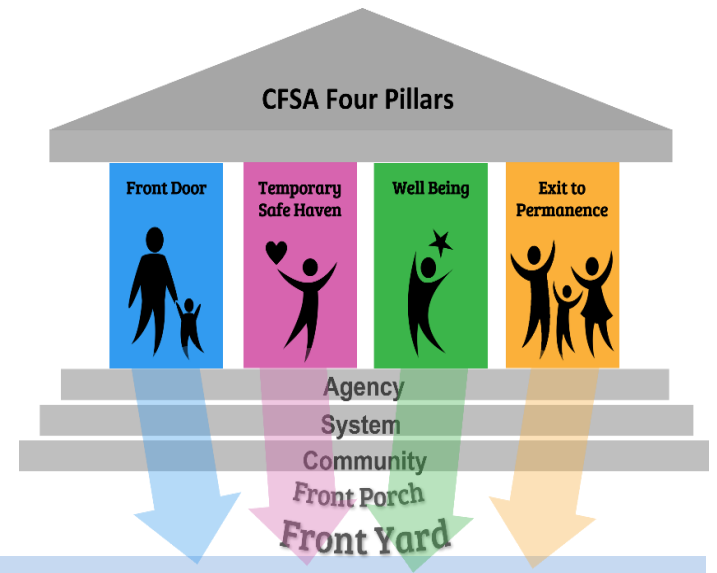
<sup>10</sup> LAB stands for Learning with each other, Accountable to D.C. families, and Building performance systems together. It is a monthly forum open to all-staff that debuted in February 2023. It replaces the prior monthly forum, the Finish Line.

- *Exit Conference:* Once all reviews for the program area are completed and scores finalized, the QSR Unit creates a presentation summarizing the findings. The presentation goes over the ratings in key areas, put the ratings in context of the prior year's performance, and identifies strengths and areas in need of improvement. The program area leadership contributes to the presentation before it is finalized and participates in the presentation with social workers discussing their strategies on cases recognized for strong practice. In addition, leadership speaks to CQI plans to address areas for improvement. The Exit Conference also recognizes social workers with exceptionally high overall ratings or high ratings in certain areas. Exit Conference participants include all staff members within the program area being reviewed, leadership from across the Agency, and stakeholders (such as representatives from the DC Ombudsman for Children).

The QSR findings described later in this report reveal the successful partnerships established between the QSR Unit and the Office of Out-of-Home Support, the Agency's In-Home Administration, and CFSA's contracted private agency partners. These collaborations have promoted quality practice through a weekly feedback loop with all levels of staff to identify strengths, challenges, and themes across cases for ongoing CQI. The partnerships have also provided opportunities to carefully track and monitor program strategies for effectiveness. Both administrations and the private agencies' consistent performance improvement over the past 3 years is due largely to the deliberate emphasis on CQI and the QSR teaming process.

## CFSA Four Pillars Strategic Framework

CFSA's strategic agenda, known as the *Four Pillars*, guides efforts to improve outcomes for children, youth, and families at every step in their involvement with the District's child welfare agency. Each pillar has a values-based foundation, a set of evidence-based strategies, and a series of specific outcome targets.



### Front Door

Children deserve to grow up with their families and should be removed from their birth homes only as the last resort. Child welfare gets involved only when families cannot or will not take care of children themselves. When we must remove a child for safety, we seek to place with relatives first.

### Temporary Safe Haven

Foster care is a good interim place for children to live while we work 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. Institutions don't make good parents. But when we must bring children into care for their safety, we give them excellent support.

### Exit to Permanence

Every child and youth exit 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.

## Methodology

The primary data sources used for this report include but are not limited to the following:

- FACES.NET, the central repository for all client-level information
- Manual databases to capture program-specific information
- Qualitative case reviews and quantitative analysis

As noted earlier, during the *LaShawn* settlement negotiations, the plaintiff, CSSP, and CFSA agreed upon the targets to be included in this report. To inform the Phase 2 Four Pillars Performance Report, PAQIA and the Program Outcomes Unit used multiple quantitative and qualitative data sources. The tracking of these metrics involves a robust CQI process for reviewing data on a broader scope, determining the meaning of the data, and for developing and assessing the strategies used to address identified barriers to ongoing improvement.

### *CFSA conducted the following qualitative reviews during FY 2022:*

- **Assessment of Quality of Investigations:** CFSA conducted a case record review of a statistically significant sample of Child Protective Services (CPS) investigations that closed in March and in September 2022. This review specifically focused on the quality of CFSA's investigative practice.
- **Timely Initiation of Investigations:** CFSA conducted a case record review of all investigations that closed in March, June, and September 2022. This review focused on investigations in which contact was not made with all alleged victim children within 48 hours of the referral to the Hotline. The review specifically assessed whether CPS completed necessary efforts and documented attempts to locate and complete in-person interviews with the alleged victim children within mandated timeframes.
- **Community-Based Services Referral Review:** CFSA conducted a case record review of a statistically significant sample of investigations that closed in March and in April 2022 for families with low or moderate risk and whether they were referred to community-based services if there was a need identified and the family agreed to the referral.
- **Placement Stability Review:** CFSA conducted a case record review of a statistically significant sample of children who were in foster care at the beginning of FY 2022 or who entered or re-entered care during FY 2022, and who had three or more placement moves by the end of FY 2022.
- **Placement of Young Children Review:** CFSA conducted a qualitative review of all children under the age of 12 placed in a congregate setting for more than 30 days at any point during FY 2022.
- **Quality Service Reviews:** The QSR process is a case-based qualitative review that requires interviews with the key stakeholders working and familiar with the child and family whose case is under review. Using a structured protocol, trained QSR reviewers interview

the focus child, caregivers, and stakeholders, in addition to reviewing case documentation from FACES.NET. Reviewers then synthesize the information gathered and rate the child and family’s functioning status as well as system performance to support the child and family. Reviewers provide direct feedback to social workers and supervisors prior to submitting a written summary of findings to expand and justify QSR ratings. QSR reviewers complete the reviews on cases currently open with CFSA’s In-Home Administration, Office of Out-of-Home Support, and each of the CFSA-contracted providers managing cases of children in foster care.<sup>11</sup> QSR reviewers include staff from the QSR Unit within PAQIA and trained reviewers across CFSA and from the private providers. Once the QSR Unit completes the reviews of sample cases from a designated program area, a QSR Exit Conference is held with all staff members in that administration, and Agency leadership. Since July 2022, representatives from the newly created DC Office of the Ombudsman for Children have attended the Exit Conferences as well. The Exit Conference provides all participants with a summary of the reviewed administration’s QSR results, areas of strength and opportunities for improvement. Before concluding the conference, the administration or private agency begins identifying their performance improvement strategies and goals for the following year.

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<sup>11</sup> CFSA-contracted providers in FY 2022 include the National Center for Children and Families for children placed in Maryland and Lutheran Social Services in DC for unaccompanied refugee minors and the Latin American Youth Center in DC for Spanish-speaking families. LAYC elected to end their contract at the end of FY 2022. A new provider for Spanish speaking foster homes will be sought to replace LAYC in FY 2023.

# Year In Review 2022

Figure 1. Year in review 2022

## YEAR IN REVIEW

2022

### Achieved Targeted Performance

Caseloads remained low



99% - 100%

Caseloads for In-Home & Out-of-Home workers remained below caseload max.

Timely medical care received



86% - 100%

Children received health evaluations within 30 to 60 days of entry in foster care.

Stable Housing secured

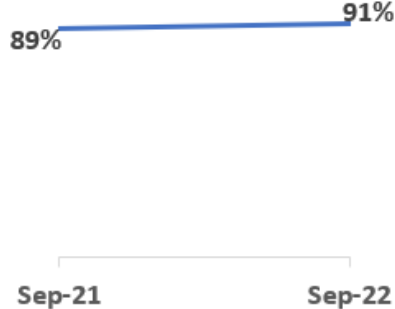


93%

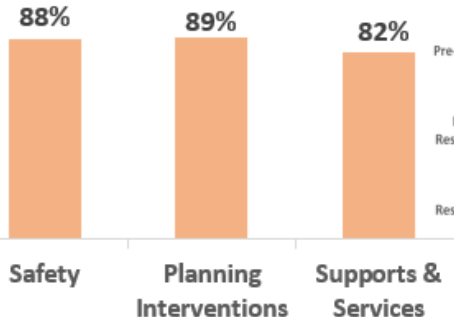
Young adults (age 21) exited foster care with stable housing.

### Performance Stability

Acceptable Investigations trended positively.



Quality Service Review case ratings surpassed the 80% benchmark.



Training targets were met or exceeded.



### No Target Assigned

#### Timely Initiations (60% – 69%) & Timely Closures (49% - 76%)



In January 2022, CFSA implemented a new measure to safely assess all children within 24 to 48 hours of a report; the impact of social worker turnover & reduced staff continued to impact timely initiations of investigations. Residual effects of the pandemic impacted staffing, worker retention, capacity to manage caseloads, and difficulties collaborating with community partners ultimately delaying closures of investigations.

#### Family Engagement with their Children (42% -61%)

New evaluation methods examine when visits do occur, barriers are being identified for FY23, and Permanency Goal Review Meetings (PGRMs) assist with increasing visits when safe.



#### Placement Stability: Kin Placements (28%)

Placement of children with kin within 30 days of entering foster care remains a priority of CFSA with strategies in place to increase kinship placements.

#### Dental Exams (76%)



There is continuous quality improvement (tracking, monitoring, and strategic planning) to mitigate any identified barriers for children receiving timely dental evaluations.



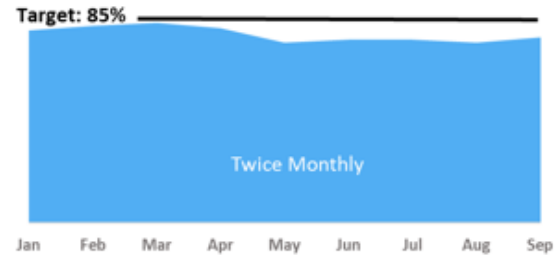
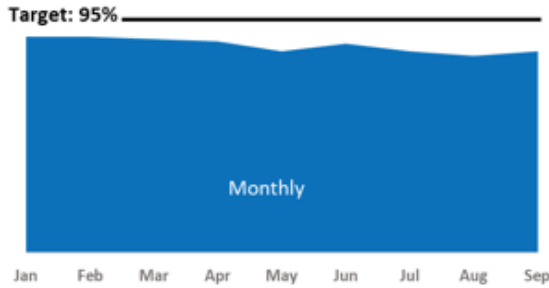
#### Aging out of Foster Care (71%)

New methodology examined the cumulative exits of older youth (18 or older) to determine youth who aged out of foster care and CFSA continues to promote positive permanency for this age cohort.

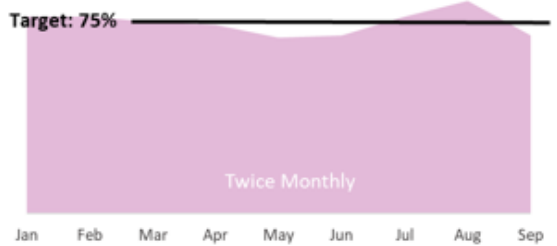
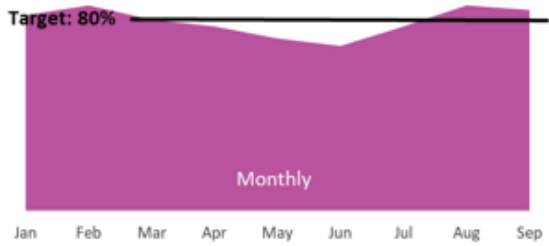
# Year in Review 2022 Continued

## Areas in Need of Improvement

In-Home visits occurred monthly 82% - 90% and twice monthly 75% - 83%



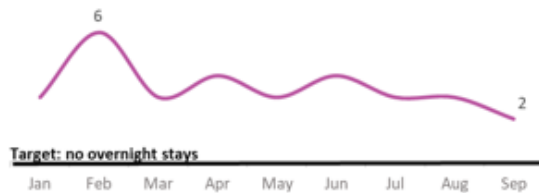
Sibling visits missed the monthly target 4 months and the twice monthly target for 5 months



CPS caseloads ranged between 60% - 97%



Overnight stays at CFSA peaked at 6 between January to September 2022



## Summary Table of Performance

**Table 1. Four Pillars Performance FY 2022**

Front Door			
4 Pillars Indicator	Measure	FY 2022 Performance	FY 2022 Status
1. Timely Initiations  Reporting frequency: Quarterly	Number of youth with investigation initiated within 24 or 48 hours  Note: No performance target set for FY22	March: 41% of closed investigations initiated within 24 hours, 69% initiated within 48 hours  June: 40% of children in closed investigations initiated within 24 hours, 63% of children initiated within 48 hours  September: 40% of children in closed investigations initiated within 24 hours, 60% of children initiated within 48 hours	n/a <sup>12</sup>
2. Timely Closure of Investigations  Reporting frequency: Monthly	Percent of investigations closed within 35 days, or within an approved extension.  Note: no performance target set for FY22	Monthly Visits: Monthly range of 49-76%  January: 57%, February: 69%, March: 76%, April: 73%, May: 60%, June: 51%, July: 49%, August: 60%, September: 68%	n/a
3. Acceptable Investigations  Reporting frequency: Bi-annually	80% of investigations will be of acceptable quality	March: 90% of investigations closed in March had acceptable quality  September: 91% of investigations closed in September had acceptable quality	Achieved
4. Collaborative Engagement #1-Community Based Service Referrals  Reporting frequency: Measure 1: annually	Percent of families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who need and agree to additional supports shall be referred to an appropriate Collaborative or community agency for follow-up.  Note: no performance target set for FY22	55% of families with an identified service need and who agreed to receive services were referred to a community-based service	n/a

<sup>12</sup> There are a total of 17 measures that do not currently have a performance target. See page 12 for more information regarding why there is no target and the process CFSA will be using to set a target once baseline data is established.



## Front Door

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2022 Status
5. Collaborative Engagement #2- New Reports Following Collaborative Case Closure  Reporting frequency: Annually	<b>90%</b> of families will not have a substantiated report for up to six (6) months post-case closure by the Collaborative.	92% of families whose Collaborative case closed in FY 2021 did not have a substantiated repeat report for up to 6 months post case closure by the Collaborative	Achieved
6. Social worker visits to families in-home  Reporting frequency: Monthly	95% of families will be visited monthly by a CFSA social worker or private agency social worker in their home and 85% of families will be visited a second time monthly by a CFSA social worker, family support worker, RDS Specialist (Project Connect), private agency social worker or a Collaborative family support worker at the home, school or elsewhere	<b>Families with 1 visit:</b> January: 90%, February: 90%, March: 89%, April: 88%, May: 84%, June: 87%, July: 84%, August: 82%, September: 84%  <b>Families with 2<sup>nd</sup> visit:</b> January: 80%, February: 82% March: 83%, April: 81%, May: 75%, June: 76%, July: 76%, August: 75%, September: 77%	Not Achieved
7. In-Home safety assessments (QSR)  Reporting frequency: Annually	80% of the in-home sample will have an acceptable rating on two QSR indicators: Child Safety <sup>13</sup> and Planning Interventions: Safety/Protection. <sup>14</sup>	88% of In-Home cases reviewed in FY 2022 received an acceptable rating on Child Safety and Planning Interventions: Safety and Protection	Achieved
8. New Reports While In-Home  Reporting frequency: Bi-annually	No more than 9.5% of open In-Home cases will experience a new substantiated investigation during the current In-Home case.	7% of open in-home families experienced a new substantiated investigation during their open In-Home Case	Achieved

<sup>13</sup> The *Safety* indicator is a Child and Family Status Indicator within the QSR protocol. Safety will be considered “acceptable” when all sub-parts – home, school, community, and other – are considered to be acceptable.

<sup>14</sup> The *Planning Intervention* sub-part, *Safety and Protection* is a Practice Performance Indicator within the QSR protocol.

## Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	Achieved
9. Social Worker Visits to Children in Foster Care  Reporting frequency: Monthly	95% of children in out of home care will receive monthly visits by their social worker.  At least 50 percent of monthly caseworker visits occur in the residence of the child	<b>Social Worker (SW) Visits: Monthly range of 92-96%</b> January: 94%, February: 93%, March: 93%, April: 92%, May: 93%, June: 96%, July: 95%, August: 96%, September: 95%  <b>Placement SW Visits: Monthly range of 86-92%</b> January: 90%, February: 89%, March: 90%, April: 89%, May: 89%, June: 87%, July: 88%, August: 92%, September: 86%	Partially achieved <sup>15</sup>
10. Family Engagement with their Children  Reporting frequency: Monthly	Percent of children with the goal of reunification with weekly visitation with the parent with whom reunification is sought.  Note: no performance target set for FY22	Monthly Visits: Monthly Range of 42- 61% January 2022, 48% February 2022, 61%, March 2022, 56% April 2022, 55%, May 2022, 42% June 2022, 48%, July 2022, 47% August 2022, 46%, September 2022, 47%	n/a
11. Family Engagement with the Agency: Reunification  Reporting frequency: Monthly	Percent of parents with monthly visitation with the social worker while the goal is reunification  Note: no performance target set for FY22	January: 68%, February: 65%, March: 60%, April: 59%, May: 55%, June: 66%, July: 66%, August: 62%, September: 59%	n/a
12. Sibling Visits  Reporting frequency: Monthly	80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.	Monthly visits: Monthly range of 70 – 87% Twice monthly visits: Monthly range of 67 – 81%  Monthly Visits: January: 83%, February: 87%, March: 81%, April: 78%, May: 73%, June: 70%, July: 78%, August: 87%, September: 85%  Twice monthly visits: January: 75%, February: 75%, March: 73%, April: 72%, May: 67%, June: 68%, July: 75%, August: 81%, September: 68%	Not achieved
13. Sibling Placement  Reporting frequency: Monthly	Percent of children who enter foster care with all of their siblings or within 30 days of their siblings and who are placed with some of their siblings  Note: no performance target set for FY22	January: 74%, February: 73%, March: 73%, April: 73%, May: 73%, June: 76%, July: 76%, August: 76%, September: 78%	n/a

<sup>15</sup> This measure is labeled partially achieved since during each month the placement social worker visits exceeded 50 percent, but the agency did not exceed the 95 percent benchmark for monthly visits to children each month.

## Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	Achieved
<p>14. Placement Stability: For Children Entering Care (entry cohort)</p> <p>Reporting frequency: Annually</p>	<p>XX% of kids who do not change placements in first 0-3 months, 3-6 months, 6-9 months, etc.</p> <p>Note: no performance target set for FY22</p>	<p>During CY2020, percentage of kids who experienced their first placement change from all placement types do not change placements in:</p> <ul style="list-style-type: none"> <li>0-3 months: 52%</li> <li>3-6 months: 13%</li> <li>6-9 months: 14%</li> <li>9-12 months: 13%</li> <li>12-15 months: 2%</li> <li>15-18 months: 2%</li> </ul>	n/a
<p>15. Placement Stability: For Children in Care (point-in-time)</p> <p>Reporting frequency: Annually</p>	<p>a. Among children in care on the 1<sup>st</sup> day of the FY, XX% with 1, 2 or 3+ placements for:</p> <ul style="list-style-type: none"> <li>- Children in care 0 – 3 months</li> <li>- Children in care 3 – 6 months</li> <li>- Children in care 6 – 9 months</li> <li>- Children in care 9 – 12 months</li> <li>- Children in care 12 – 15 months</li> <li>- Children in care 15 – 18 months</li> </ul> <p>b. Among children who enter care in FY, XX% with 1, 2, or 3 placements for:</p> <ul style="list-style-type: none"> <li>- Children in care 0 – 3 months</li> <li>- Children in care 3 – 6 months</li> <li>- Children in care 6 – 9 months</li> <li>- Children in care 9 – 12 months</li> </ul> <p>Note: no performance target set for FY22</p>	<p>a. Among the 616 children in care as of 1<sup>st</sup> day of FY:</p> <ul style="list-style-type: none"> <li>-24% had 1 placement by end of FY</li> <li>-18% had 2 placements by end of FY</li> <li>-58% had 3 or more placements by end of FY</li> </ul> <p>b. Among the 177 children who entered/re-entered care during FY22:</p> <ul style="list-style-type: none"> <li>-46% had 1 placement by end of FY</li> <li>-29% had 2 placements by end of FY</li> <li>-25% had 3 or more placements by end of FY</li> </ul>	n/a
<p>16. Placement Stability: Kin Placements for Children Entering Care</p> <p>Reporting frequency: Quarterly</p>	<p>Percent of children placed with kin within 30 days of entering care</p> <p>Note: no performance target set for FY22</p>	<p>During FY22 28% of all youth who entered care and remained in care for at least 8 days were placed with kin within 30 days of entering care.</p> <ul style="list-style-type: none"> <li>Q1: 18%</li> <li>Q2: 26%</li> <li>Q3: 26%</li> <li>Q4: 53%</li> </ul>	n/a

## Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	Achieved
17. Emergency Shelter  Reporting frequency: Monthly	No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.	Between January and September 2022, there were 8 placements in an emergency, short-term or shelter facility or foster home for more than 30 days, experienced by 7 unique children.	Not Achieved
18. Overnight Stays  Reporting frequency: As occurs	No child shall stay overnight in the CFSA Intake Center or office building.	Between January and September 2022, there were 31 overnight stays at CFSA, experienced by 17 unique children.	Not Achieved
19. Placement of Young Children in Most Family-Like Setting  Reporting frequency: Bi-annual review	No children under 6 years of age will be placed in a group care non-foster home setting without appropriate justification that the child has exceptional needs that cannot be met in any other type of care.  No children under 12 will be placed in congregate setting for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a home-like setting and the setting has a program to meet the child's specific needs.	Between January and September 2022, there were 7 children between 6 and 12 who were in congregate care settings, and all seven were appropriate.	Achieved
20. Out-of-Home Safety assessments (QSR)  Reporting Frequency: Annually	80% of the out-of-home sample will have an acceptable rating on two QSR indicators: Child Safety <sup>16</sup> and Planning Interventions: Safety/Protection. <sup>17</sup>	FY2022: 88% rated acceptable (64 out of 73)	Achieved
21. Services to Families & Children (QSR)  Reporting Frequency: Annually	In 80% of cases, appropriate services, including all services identified in a child's or family's safety plan or case plan, shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. Performance is based on acceptable ratings for all sub-parts of the QSR Supports and Services indicator.	FY2022: 82% rated acceptable (109 out of 133)	Achieved

16 See FN 13.

17 See FN 14.

## Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	Achieved
22. Case Planning (QSR)  Reporting Frequency: Annually	80% of cases reviewed will achieve an acceptable rating on the Quality Service Reviews (QSR) Planning Intervention Indicator, which focuses on planned strategies and actions through which life changes for a child and family are produced. Performance is based on acceptable ratings for all sub-parts of the QSR Planning Intervention indicator.	FY2022: 89% rated acceptable (118 out of 133)	Achieved
23. Foster Care Bed Surplus  Reporting Frequency: Monthly	CFSA will maintain a 10% surplus of foster care beds.	Range of 20% to 26% surplus of foster care beds	Achieved

## Well-Being

4 Pillars Indicator	Standard	FY 2022 Performance	Achieved
24. Timely Health Exams  Reporting frequency: Monthly	85% of children in foster care shall receive a full medical evaluation within 30 days of placement.  95% of children in foster care shall receive a full medical evaluation within 60 days of placement.	January: 86%; February: 100%; March: 100%; April: 97%; May: 96%; June: 90%; July: 89%; August: 89%; September 89%  January: 94%; February: 100%; March: 100%; April: 100%; May: 98%; June: 94%; July: 91%; August: 93%; September: 96%	Achieved
25. Timely Dental Exams  Reporting frequency: Bi-annually <sup>18</sup>	Percent of children who received a full dental evaluation within 60 days of placement.  Note: no performance target set for FY22	Between January to September 2022, 76% completed dental exams within 60 days of placement.	n/a
26. Graduation from High School  Reporting frequency: Annually	Percent of 12 <sup>th</sup> graders in care who graduate from high school.  Summer school and GED programs are included.  Note: no performance target set for FY22	87% of 12 <sup>th</sup> graders graduated	n/a

<sup>18</sup> For this transitional year, the data is reported once for the 9-month period.

## Well-Being

4 Pillars Indicator	Standard	FY 2022 Performance	Achieved
27. Employment or Internship Experiences  Reporting frequency: Annually	Percent of youth aged 18 years and older shall have an employment or internship experience.  Note: no performance target set for FY22	45 percent of youth aged 18 years and older had an employment or internship experience in 2022 for 30 days or longer.	n/a

## Exit to Permanence

4 Pillars Indicator	Standard	FY 2022 Performance	Achieved
28. Permanency in 12 Months for:  a. Children Entering Foster Care (8 days-11 months) b. Children In Foster Care (12 - 23 months) c. Children In Foster Care (24+ months)  Reporting frequency: Annually	a. Percent of children who achieved permanency (reunification, kinship guardianship, adoption or non-relative guardianship) within 12 months after entry for children entering during a 12-month period.  b. Percent of children who achieved permanency within 12 months as of the 1 <sup>st</sup> day of a 12-month period for children in care 12 to 23 months as of the 1 <sup>st</sup> day.  c. Percent of children who achieved permanency within 12 months as of the 1 <sup>st</sup> day of a 12-month period for children in care 24+ months as of the 1 <sup>st</sup> day.  Note: no performance target set for FY22	a. 20% of children who entered foster care for the first time in FY2021 and who remain in foster care for eight days or longer achieved permanency by September 30, 2022.  b. 51% of children who were in foster care for more than 12 months but less than 23 months on September 30, 2021, achieved permanency by September 30, 2022.  c. 37% children who were in foster care for 24 months or longer on September 30, 2021, achieved permanency by September 30, 2022	n/a
29. Moving Children Toward Finalized Adoption/Guardianship  Reporting frequency: as of September 30, 2022	Of total children with goal of adoption and guardianship: <ul style="list-style-type: none"> <li>the #, % of children with a goal of adoption or guardianship who have an adoption or guardianship petition filed</li> <li>the #, % of children with a goal of adoption or guardianship who do not have an adoption or guardianship petition filed.</li> </ul> Note: no performance target set for FY22	Of the 196 children with either a goal of adoption (n=142) or a goal of guardianship (n=54), 39% (n=76) had an adoption petition or guardianship motion already filed.	n/a

## Exit to Permanence

4 Pillars Indicator	Standard	FY 2022 Performance	Achieved
30. Aging out of foster care  Reporting frequency: Bi-annually	Percent of kids who exit care in a 12-month period (e.g., a FFY), who were age 18-21 at exit, what XX% age out of care (vs. other types of exit).  Note: no performance target set for FY22	71% of youth aged 18 or older exited foster care due to aging out	n/a
31. Exiting Care with Stable Housing  Reporting frequency: Bi-annually	88% of children will age out of foster care with stable housing.  Exclusions from denominator includes children who are incarcerated or in abscondence on the date their case closes	93% of children exited foster care with stable housing	Achieved
32. Enrollment in/completing vocational training or a certification program  Reporting frequency: Bi-annually	Percent of applicable older youth who were enrolled in or completed vocational training or a certification program.  Note: no performance target set for FY22	100% of youth maintained enrollment or completed a vocational training or certification program.	n/a
33. Graduation from College  Reporting frequency: Annually	Percent of the children who started college 5 years prior who graduated  Note: no performance target set for FY22	33% of youth who started college 5 years prior graduated during FY 2022.	n/a

## Creating a Supported Workforce

Measure	Jan – Dec 2021 Performance	FY 2022 Performance	Achieved
34. Child Protective Services Caseloads  Reporting frequency: Monthly	90% of investigators and social workers will have caseloads that are not greater than 12 cases. No individual investigator shall have a caseload greater than 15 cases.	Monthly range of 60% - 97% of CPS workers met the caseload requirements.  January: 94%, February: 97%, March: 93%, April: 68%, May: 63%, June: 60%, July: 81%, August: 95%, September: 80%	Not Achieved

## Creating a Supported Workforce

Measure	Jan – Dec 2021 Performance	FY 2022 Performance	Achieved
35. In-Home Caseloads Reporting frequency: Monthly	90% of social workers will have caseloads that are not greater than 15 cases. No individual social worker shall have a caseload greater than 18 cases.	100% of social workers met the caseload requirement each month. No social worker had a caseload of more than 18.  January: 100%, February: 100%, March: 100%, April: 100%, May: 100%, June: 100%, July: 100%, August: 100%, September: 100%	Achieved
36. Out of Home and Private Agency Caseloads Reporting frequency: Monthly	90% of social workers will have caseloads that are not greater than 15 cases. No individual social worker shall have a caseload greater than 18 cases.	Monthly range of 99%-100% of ongoing workers met the caseload requirement each month. No social worker had a caseload of more than 18.  January: 100%, February: 100%, March: 100%, April: 100%, May: 99%, June: 100%, July: 100%, August: 100%, September: 99%	Achieved
37. Pre-service training for Direct-Service Staff Reporting frequency: Annually	90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training	95% of newly hired CFSA and private agency direct service staff received 80 hours of pre-service training in 90 days.	Achieved
38. In-Service Training for Direct Service Staff Reporting frequency: Annually	80% of CFSA and private agency direct service staff shall receive the required annual in-service training.	57% of CFSA and private agency direct service staff received 30 hours of required annual in-serving training	Not Achieved
39. Pre-Service Training for Direct-Service Supervisory Staff Reporting frequency: Annually	90% of newly hired CFSA and private agency supervisors shall complete 40 hours of pre-service training on supervision of child welfare worker within 8 months of assuming supervisory responsibility	75% of newly hired CFSA and private agency supervisors received 40 hours of pre-service training within 8 months of assuming supervisory responsibility.  Note: measure looks at supervisors hired between 11/1/20 through 10/30/21 who were scheduled to complete their 8 months of training between 7/1/2021 through 6/30/22.	Not Achieved
40. In-Service Training for Direct-Service Supervisory Staff Reporting frequency: Annually	80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive at least 24 hours annual in-service training	71% of CFSA and private agency supervisors and administrators who have casework responsibility received at least 24 hours annual in-service training.	Not Achieved



## Creating a Supported Workforce

Measure	Jan – Dec 2021 Performance	FY 2022 Performance	Achieved
41. Pre-Service Training for Resource Parents  Reporting Frequency: Bi-annually	95% of CFSA and contract agency resource parents will receive 30 hours of pre-service training prior to their initial license date.	100% of CFSA & contract agency resource parents received 30 hours of preservice training prior to initial license date.	Achieved
42. In-Service Training for Resource Parents  Reporting frequency: Bi-annually	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.	95% of foster parents whose licenses were renewed received 30 hours of in-service training.	Achieved



## NARROWING THE FRONT DOOR

For over a decade, CFSA has been on a journey of transformation, moving purposefully away from a system primarily focused on foster care to a system that supports and strengthens families in their communities. As CFSA has increased its investments in community-based prevention and bolstered its partnerships with the District's health and human services agencies, the Agency has also experienced a 71 percent

reduction in the number of children in foster care from a high of 2,092 on the last day in FY 2010 to 537 as of the end of FY 2022.<sup>19</sup> In the last 5 years, the foster care population declined from 989 children in care as of the end of FY 2016 to 537 children in care as of the end of FY 2022, a 46 percent decrease. This decline suggests a positive outlook for families served by CFSA in the District of Columbia as it coincides with a sharp increase in the city’s population from about 604,000 in 2010 to 689,545 in 2020, per the data released by the U.S. Census Bureau.<sup>20</sup> However, the children who enter foster care are disproportionately children of color, specifically Black children. In FY 2022, overall, 1.58 children per 1,000 children in the District entered foster care. The entry rate for Black children was 3.7 children per 1,000 children, compared to 0.1 children per 1,000 children for White children.<sup>21</sup>

CFSA’s prevention activities focus on families at various stages of service needs and involvement with the Agency, either in the Front Yard, on the Front Porch, or in the Front Door, as defined in Table 2 below. However, based on systemic experience and research, CFSA recognizes that there is still the potential for a child to enter foster care unless appropriate interventions occur (as needed) during any of the various stages of need. Key partners in the District’s prevention array include the Healthy Families/Thriving Communities Collaboratives (Collaboratives).<sup>22</sup>

**Table 2. Primary, Secondary and Tertiary Prevention in CFSA’s Prevention Array**

Primary Prevention: Front Yard	Secondary Prevention: Front Porch	Tertiary Prevention: Front Door
<i>Families not known to CFSA</i>	<i>Families known to CFSA without a currently open case</i>	<i>Families known to CFSA with an open case</i>
Families in the Front Yard have no child welfare involvement and face challenges that could put them at risk of coming to the Agency’s attention. Two primary examples of Front Yard families include young parents (under age 25)	Families on the Front Porch have experienced a Child Protective Services (CPS) investigation or open case, but the investigation or case has closed, and families are now receiving services	Families at the Front Door include those with either an open In-Home case working toward case closure or with an open Family Court-involved Out-of-Home (foster care) case working toward reunification. At times,

<sup>19</sup> The terms “child” and “children” refer to clients from birth to age 20.

<sup>20</sup> <https://data.census.gov/cedsci/all?q=washington,%20dc>.

<sup>21</sup> Source: Kids Count Data Center (<https://datacenter.kidscount.org/data#DC/3/0/char/0>) and FACES data. The population data for youth in the District uses data from July 1, 2021, the most recent year of data available in the Kids Count Data Center. Entries are using FACES data from FY 2022.

<sup>22</sup> The Collaboratives are strategically located in five neighborhoods in the District that have high representation of families in contact with the child welfare system. CFSA co-locates social workers and community-based nurses to serve the local neighborhoods.

Primary Prevention: Front Yard	Secondary Prevention: Front Porch	Tertiary Prevention: Front Door
<i>Families not known to CFSA</i>	<i>Families known to CFSA without a currently open case</i>	<i>Families known to CFSA with an open case</i>
with young children (birth-6) experiencing homelessness and grandparents responsible for caring for their children’s children. Although these families are not currently connected to the child welfare system, they may be connected to one of CFSA’s five contracted community-based Collaboratives, 11 Family Success Centers, or six Community-Based Child Abuse Prevention (CBCAP) partners. Families may also be receiving stipends through the Grandparent Caregivers or Close Relative Caregivers Program.	to care for their children safely in the community, without CFSA involvement.	families may have short-term needs requiring additional community-based supports provided by a Collaborative. Collaboratives provide these specific services and team with the CFSA social worker to support the successful closure of the CFSA case.

In October 2019, the District became the first jurisdiction in the nation to receive federal approval for a child welfare Title IV-E Prevention Plan. This approval allowed CFSA to smoothly transition from 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 modify its plan as appropriate and to expand this work.

CFSA implemented its Family First plan on October 1, 2019. In FY 2020, the Children’s Bureau approved CFSA’s request to incorporate two model approaches in the plan, Motivational Interviewing and Parents as Teachers,<sup>23</sup> which the Title IV-E Prevention Services Clearinghouse had supported. As required by the law, the Agency subsequently developed family-specific prevention plans for eligible families with open CFSA cases and families referred by CFSA to any of the five neighborhood-based Collaboratives. In January 2023, CFSA submitted an amendment to its Family First plan for federal approval. The amendment proposes including *children and their families experiencing or at risk*

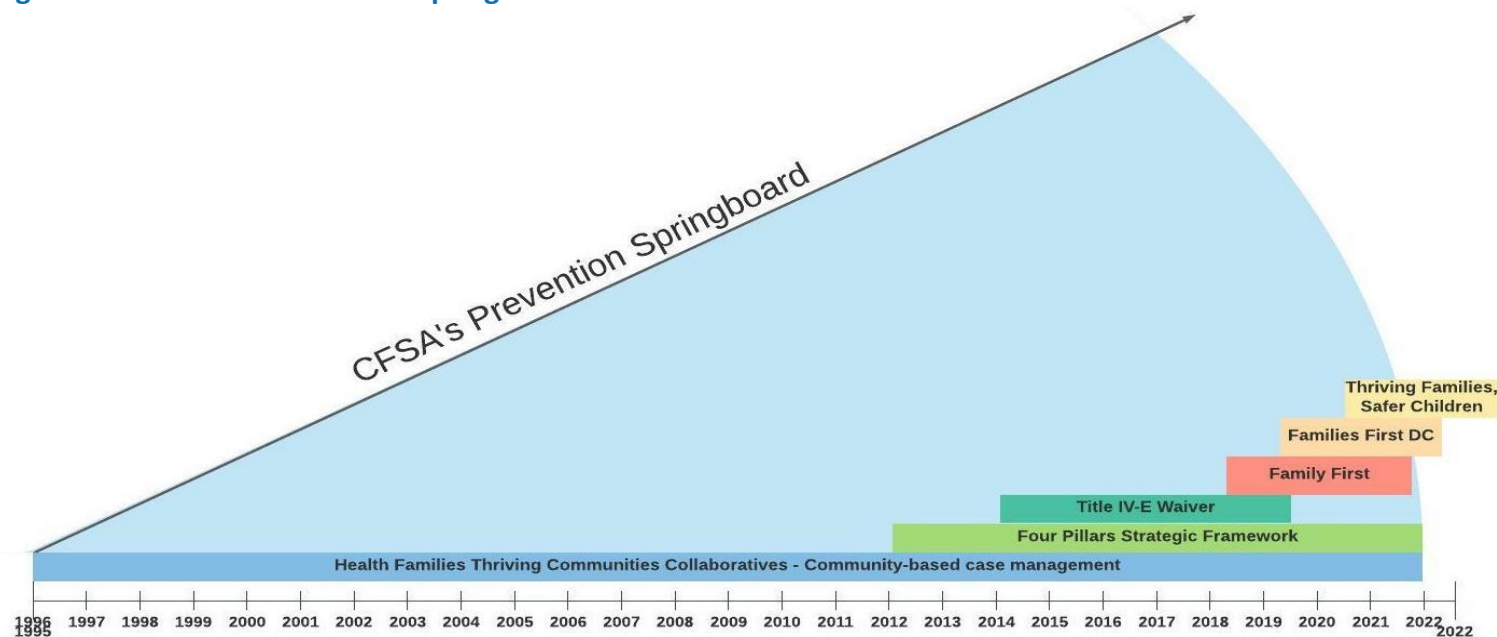
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<sup>23</sup> Motivational Interviewing is an established evidenced-based client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors. Parents as Teachers is a home-visiting model that provides services to families with children from prenatal care through early childhood development.

of experiencing homelessness as a new Family First prevention-eligible candidate population. As of May 2023, the Children’s Bureau is still reviewing the proposed amendment.

This prevention work began over 20 years ago with the Agency’s partnership with the Healthy Families Thriving/Communities Collaboratives and continues as the springboard to current and future prevention efforts (see Figure 5 below). To prepare for the future, CFSA has focused on the development of programming for families not known to CFSA, including programming through CFSA partnerships with other District human services agencies, non-profit agencies, and the community at large. All programming focuses on strengthening families and preventing families from coming to the attention of, and getting directly involved with, the District’s child welfare system. These programming efforts are occurring through Families First DC, and through the District’s participation in *Thriving Families, Safer Communities*.<sup>24</sup>

**Figure 2. FSA’s Prevention Springboard**



<sup>24</sup> Families First DC (FFDC) 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. FFDC was implemented at the beginning of FY 2021. 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 in Wards 7 and 8 where barriers to well-being, economic opportunity, and achievement are most acute. Starting in FY 2022, CFSA will expand Families First DC to the Carver-Langston neighborhood in Ward 5.

While CFSA’s prevention efforts include a larger primary prevention array (i.e., families in the Front Yard), the eight performance metrics from the Front Door Pillar focus on families both on the Front Porch and at the Front Door.

### *Data trends-Child Protective Services Investigations and Children Served in In-Home*

From January 1, 2022, to September 30, 2022, the 24-hour CFSA Child Abuse and Neglect Hotline received 12,848 calls. Of these calls, the Hotline accepted 3,099 for investigation, and 325 that the Hotline worker linked to an already open investigation. The Hotline entered the remainder of the calls as Information & Referrals or I&Rs (i.e., reports that refer the caller to services or activities provided by other public agencies or public service providers, n=340), or the Hotline worker screened out the calls, (i.e., the calls did not concern abuse or neglect or did not contain enough information for a CPS response to occur, n=9,084).

During this same time frame, CPS completed investigations on 3,188 referrals.<sup>25</sup> CPS substantiated allegations of maltreatment or risk of maltreatment per District law and policy for 23 percent (n=731) of the investigations. This percentage of substantiated allegations is consistent with past years.

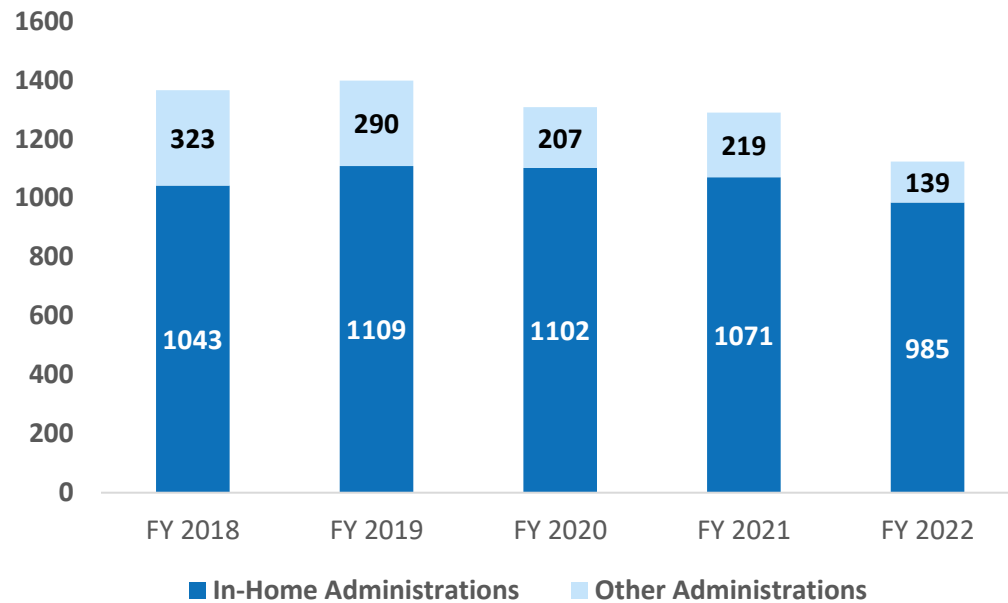
Between 2017 and 2022, CFSA monitored a range of 1,124 to just under 1,400 children each year (as of September 30<sup>th</sup> of each year) residing at home with their biological families. The children served by the In-Home Administration comprise most of these children, with a range of just under 1,000 children served as of the end of 2017 to a high of just over 1,100 children served as of the end of FY 2019. By the end of FY 2022, the In-Home Administration was serving 985 children in their homes. Children are served by the In-Home Administration whenever there is a substantiated CPS investigation with a high or intensive risk level but there are no imminent safety concerns requiring the separation of children from their biological parents or legal guardians and placement into foster care.

Also, by the end of FY 2022, the Agency provided in-home services to an additional 139 children via other administrations, including within CFSA and CFSA’s contracted private agency partners. These children were either reunified with their parents after placement in foster care and were being monitored for a short period of time while in protective supervision status, or their siblings were separated from the biological parent, but the safety risks were not present for all the children and some siblings were being monitored in the home of their parents.

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<sup>25</sup> The number of investigations completed includes referrals accepted during FY 2022 and referrals accepted in FY 2021 that were still open at the beginning of FY 2022.

**Figure 3. Children Served In-Home, CY 2017-2022**



Source: FACES.NET report CMT404

The demographics of children served in-home as of the end of FY 2022 indicate that there are slightly more female children (52 percent) than male children (48 percent).<sup>26</sup> An equal percentage of children (37 percent) fall between birth-5 years and 6-12 years old.

**Table 3. Demographics of Children Served In-Home FY 2022**

Gender	Number	Percent
Female	544	52%
Male	580	48%
<b>Total</b>	<b>1124</b>	<b>100%</b>
Race	Number	Percent

<sup>26</sup> Five children did not have their gender indicated in FACES.NET

American Indian/Alaskan Native	1	0%
Black	852	76%
Native Hawaiian or Other Pacific Islander	0	0%
Unable to Determine/Unknown	0	0%
Unknown	137	12%
White	134	12%
<b>Total</b>	<b>1124</b>	<b>100%</b>
<b>Ethnicity</b>	<b>Number</b>	<b>Percent</b>
Hispanic	125	11%
Non-Hispanic	861	77%
Unknown	138	12%
<b>Total</b>	<b>1124</b>	<b>100%</b>
<b>Age</b>	<b>Number</b>	<b>Percent</b>
Birth to 5	419	37%
6 to 12	420	37%
13 to 17	252	23%
18 to 20	33	3%
<b>Total</b>	<b>1124</b>	<b>100%</b>

Source: FACES.NET report CMT404 & CMT362

There are a total of eight measures in this section.

The Agency achieved the following four measures during this performance period:



- Acceptable Investigations
- Collaborative Engagement #2: New Reports Following Collaborative Case Closure
- In-Home Safety Assessments
- New Reports While In-Home

The following measure was not met during this performance period:

- Social Worker Visits to Families In-Home

The following 3 measures do not have a performance target set at this time:

- Timely Initiations
- Timely Closure of Investigations
- Collaborative Engagement #1: Community Based Service Referrals

## 1. Timely Initiations

### **Measure**

Child Protective Services (CPS) investigations of alleged child abuse and neglect shall be initiated within 24-48 hours after receipt of a child maltreatment report to the Hotline or the discussion of barriers and next steps for assessing child safety shall be completed and documented within 5 days of the close of the 48-hour initiations window.

### **Methodology**

The methodology for this measure has been updated for FY 2022. Under the previous *LaShawn V. Bowser* lawsuit, this measure looked at initiations as in-person contact with identified victim children within 48 hours. The unit of analysis was then at the referral level, i.e., all children/youth had to be initiated within the timeframe for the referral to count as having received timely initiation. D.C. Code states that all children identified as being in the household should be interviewed face-to-face within 24 hours.<sup>27</sup> For FY 2022 and beyond, CFSA will report on the number of children interviewed within 24 or 48 hours and the unit of analysis is at the child level, i.e., each child is counted individually. There is no target assigned for this measure at this time.

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<sup>27</sup> Title 4 - Public Care Systems. Chapter 13 - Child Abuse and Neglect. Subchapter I - Prevention of Child Abuse and Neglect. Part A - Reporting Abuse and Neglect. § 4-1301.04

To assess performance, CFSA analysts used FACES.NET data to identify whether investigations that closed during a given month included contact with all children within 24 to 48 hours. On a quarterly basis, CFSA is expected to complete a qualitative review on any children not interviewed within 48 hours to determine and document the barriers to initiating the investigation. Social workers' efforts to address those barriers must also be documented. Trained CFSA reviewers utilized a structured survey instrument to conduct a case record review of the investigations where children were not seen within 48 hours. The instrument assessed whether CPS made all applicable efforts to interview or observe all alleged victim children. When the review confirms that documentation of identified barriers and sufficient efforts to overcome the barriers occurred, then timely investigation will be considered as "initiation met." In a limited number of investigations, reviewers found that there was an error in the FACES.NET report and the child was interviewed within 48 hours; these are added to the compliance total.

During FY 2022, the management report required several rounds of updates due to the updated methodology and errors identified during testing of the new report. An accurate report was not available until September 2022. For this year, the months reported will be the months in which the qualitative review was completed: March 2022, June 2022, and September 2022. The March 2022 report continued to use the referral as the unit of analysis. Effective as of the June 2022 review, reporting was shifted from initiations status by referral to each child linked to a referral within the 24 and 48-hour initiation timeframe. There were no changes in practice in efforts to interview all children (i.e., initiating the investigation). Starting in the FY 2023 reporting period, the quantitative data for each month during the fiscal year will be reported. The qualitative review and examination of barriers will continue to occur quarterly.

### ***FY 2022 Performance***

In March 2022, CPS initiated 41 percent of closed investigations within 24 hours (n=164/398) and 69 percent of closed investigations within 48 hours (n=276/398) of a child maltreatment report received by the Hotline.<sup>28</sup> In June 2022, CPS initiated 40 percent of children included in closed investigations within 24 hours (n=252/625) and 63 percent of children included in closed investigations within 48 hours (n=392/625) of a child maltreatment report received by the Hotline.<sup>29</sup> In September 2022, CPS initiated 40 percent of children included in closed investigations within 24 hours (n=170/428) and 60 percent of children included in closed investigations within 48 hours (n=258/428) of a child maltreatment report received by the Hotline.<sup>30</sup>

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<sup>28</sup> The 69 percent includes 10 referrals where the review determined that the children were in fact interviewed face-to-face within 48 hours, although the report did not count the referral as compliant.

<sup>29</sup> The 63 percent includes 7 children where the review determined that the children were in fact interviewed face-to-face within 48 hours, although the report did not count the referral as compliant.

<sup>30</sup> The 60 percent includes 6 children where the review determined that the children were in fact interviewed face-to-face within 48 hours, although the report did not count the referral as compliant.

## **Historical Information**

Historically, CFSA did not consider an initiation complete unless an investigative social worker had interviewed the alleged victim child outside the presence of the alleged maltreater, or there was documentation of good faith efforts to see the alleged victim child when the investigator had been unable to locate the child. Assessing compliance with this standard required measuring specific practice components, i.e., interviewing all alleged victim children alone, and completing the “good faith efforts” checklist.<sup>31</sup>

In October 2020, CFSA implemented new practice changes for initiating investigations and assessing child safety within 48 hours of a report. The new practice shifted away from the good faith efforts checklist to utilizing clinical decision-making to guide the investigative social worker’s efforts to locate and interview children and family within 48 hours of the referral to the Hotline. The practice changes included more frequent check-ins with supervisors prior to going into and while in the field in order to support increased collaborative problem-solving and decision-making. In addition, investigative social workers and CPS supervisors participated in focused clinical discussions after the close of the 48-hour initiations window to examine any barriers to initiation and plan next steps to assess the safety and well-being of victim children.

In January 2022, CFSA implemented a new measure for initiating investigations and assessing all children in the home for safety within 24 to 48 hours of a report. The new measure does not currently have a performance target but will report on observed performance and provide supplemental information regarding efforts made to interview children who were not seen within the 24 to 48-hour initialing period. The new measure did not change practice or documentation protocols.

Several factors continued to impact performance in the past year. Similar to other jurisdictions across the United States, CFSA experienced a significant number of resignations during the global health pandemic, resulting in increased vacancies and turnover. Unfortunately, this decrease in social workers subsequently led to an increase in caseloads and a rise in employee burnout. As more social workers left the workforce, there were also challenges in recruitment. As of March 2023, CPS had 46 vacancies comprising 39 social workers, 6 supervisory social workers, and 1 program manager. This number represents a doubling in vacancies since December 2021. To address staff shortages, CFSA has established strong recruitment strategies that include (1) hiring a designated recruiter who will primarily focus on social workers, (2) attending local career fairs, (3) partnering with local colleges and universities and related professional organizations to advertise job openings and recruit qualified candidates, (4) improving the Agency’s current interview and onboarding process, and (5) establishing a pipeline of candidates who will be ready for hiring, e.g., social workers waiting for final licensure and considerations for relocation.

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<sup>31</sup> “Good faith efforts” included documentation of multiple attempts at various times over the course of 2 or more days to contact the child and family. When efforts were exhausted and the social worker was still unable to make contact (e.g., secured building, school out of session, or family out of jurisdiction), the good faith efforts applied and timely initiations were met.

## Analysis

In 69 percent (n=276/398) of investigations closed in March 2022, CPS made face-to-face contact with all children within 48 hours; 41 percent of the timely initiations occurred within 24 hours (n=164/398). In 20 percent (n=79) of the investigations, CPS made necessary efforts to initiate the investigation even though contact was not made with all alleged victim children. In 63 percent (n=392/625) of investigations closed in June, CPS made face-to-face contact with all children within 48 hours; 40 percent (n=252/625) occurred within 24 hours. Among the children not interviewed within 48 hours, CPS made necessary efforts to initiate the investigation for 21 percent (n=133) of these children, even though contact was not made with all children. In 60 percent (n= 258/428) of investigations closed in September, CPS made face-to-face contact with all children within 48 hours; 40 percent occurred within 24 hours (n=170/428). In 24 percent (n=103) of the investigations, CPS made necessary efforts to initiate the investigation and documented barriers even though contact was not made with all children.

Efforts to initiating referrals included but not limited to:

- Making several home and school visit attempts to gain access to the families.
- Contacting the reporting source of the referral in attempts to confirm allegations and to gain additional information not recorded in the referral.
- Reviewing information systems (FACES, QuickBase and ACEDS) to obtain additional information on the families.<sup>32</sup>
- Obtaining additional family emergency contact information from the schools and or daycare providers when applicable.
- Requesting a diligent search on those families having limited or incomplete demographic information in the referral.<sup>33</sup>
- Contacting the Police if safety concerns were identified in the referral.
- Requesting assistance from other shifts to engage the families in attempts to initialing referrals.

There are frequently multiple barriers to initiating investigations as well as multiple efforts to overcome the barrier per referral or child. Most common barriers to initiating referrals included but not limited to:

- Inability to access children/family.
- Unable to locate children/family.

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<sup>32</sup> Automated Client Eligibility Determination System (ACEDS) of the DC Department of Human Services

<sup>33</sup> The diligent search process begins after a social worker submits a referral to the Diligent Search Unit (DSU). The referral includes all known information regarding parents and relatives. A trained, authorized DSU investigator uses government and non-governmental resources to locate and identify clients. Resources include but are not limited to the Department of Motor Vehicles, law enforcement databases, and social media.

- Incomplete contact referral information provided at time of intake.
- Parent would not engage with agency.
- Locked building unable to access family.
- Child(ren)/Family out-of-jurisdiction.
- Lack of staff coverage needed to initial referrals.

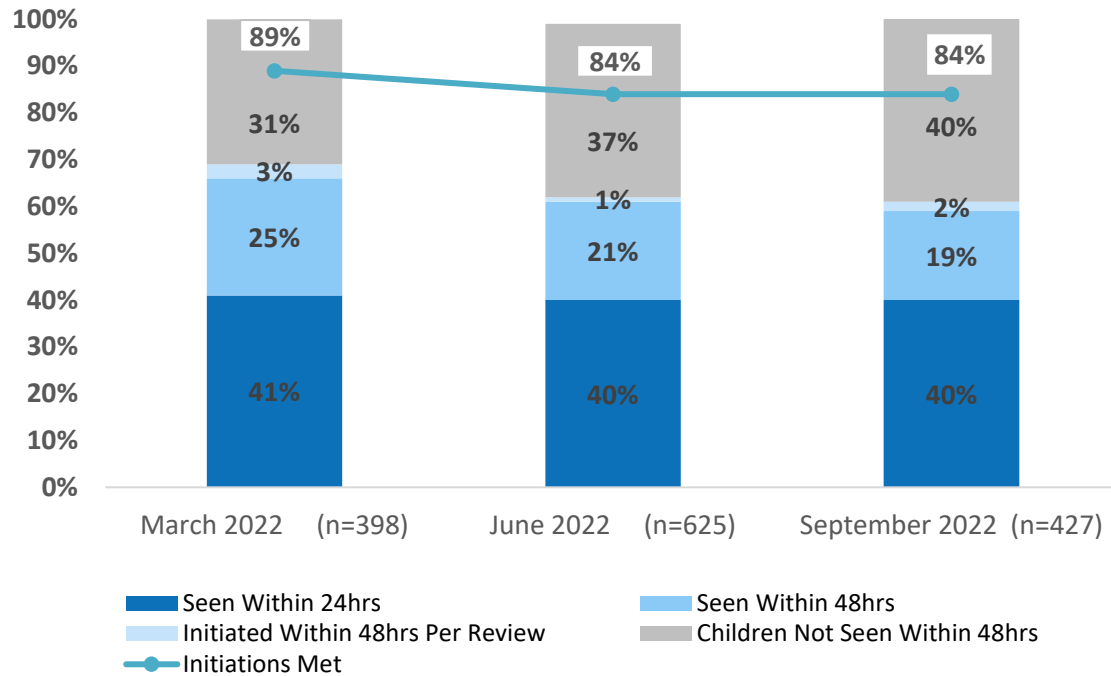
An overview of performance by review period is outlined in the figure below.

**Table 4. Timely Initiations Performance Breakdown, Fiscal Year 2022**

<b>Audit Outcome</b>	<b>March 2022 (By Referral)</b>	<b>June 2022 (By Child)</b>	<b>September 2022 (By Child)</b>
All alleged children were seen within 24 hours.	164 (41%)	252 (40%)	170 (40%)
All alleged children were seen within 24-48 hours.	102 (25%)	133 (21%)	80 (19%)
All alleged children were interviewed within 48 hours, per the qualitative review.	10 (3%)	7 (1%)	8 (2%)
<b>Total compliance occurred for timely initiations within 48 hours.</b>	<b>276 (69%)</b>	<b>392 (63%)</b>	<b>258 (60%)</b>
Initiations were met with sufficient barriers and efforts documented, even though contact was not made with all alleged children per review.	79 (20%)	133 (21%)	103 (24%)
<b>Total compliance plus sufficient barriers and efforts documented per qualitative review.</b>	<b>355 (89%)</b>	<b>525 (84%)</b>	<b>361 (84%)</b>
Total non-compliance for timely initiations within 48 hours.	43 (11%)	100 (16%)	67 (16%)
<b>Total Applicable Children/Referrals for Measure</b>	<b>398 (100%)</b>	<b>625 (100%)</b>	<b>428 (100%)</b>

Source: CFSA Administrative Data, FACES.NET report INT052 and secondary review of administrative data to validate completion of initiation efforts

**Figure 4. Timely Initiations Performance Breakdown, Fiscal Year 2022**



Source: CFSA Administrative Data, FACES.NET report INT052 and secondary review of administrative data to validate completion of initiation efforts

CFSA strives to increase the number of children interviewed within 24 and 48 hours. Following each CQI review, the Quality Assurance team within PAQIA leads a debrief with CPS administrators, program managers, and supervisors. During the debriefs, participants discuss high-level findings, observations, and recommendations from the review. PAQIA also provides a comprehensive report to CPS with the percentage of investigations that were closed within the 48-hour timeframe, the completion rates for assignment consultations and clinical discussions, and barriers to initiation that were identified during clinical discussion meetings. CPS subsequently identifies next steps to address any identified systemic barriers to timely initiation. The main systemic barriers are the high number of vacancies in Child Protective Services, which impacts a social worker’s ability to quickly initiate the case, especially if multiple efforts are required. Supervisory social workers have also been tasked with initiating referrals to provide support. The lack of staff is also a challenge to designing a strategy to address this barrier, but supervisory social workers have also been tasked with initiating referrals to provide support. Additional barrier identified included identifying and following up on next steps during the assignment consultation, in addition to the completion and documentation of the clinical discussion between the social worker and the assigned supervisory social worker within 5 days of the clinical consultation.

Given the methodological changes for FY 2022, there were delays in the report accurately reflecting the changes. For 2023, the 2022 delays in analyzing data outcomes created challenges to assessing whether performance improved between 2022 to 2023. To mitigate these challenges, the June and September 2022 data will serve as baseline data. According to the baseline data, there was an 11 percentage-point decline of acceptable initiations of CPS investigation from the June 2022 review. Given the nuanced circumstances and unique barriers to timely initiation for each child and family, CFSA's Entry Services administration continues to increase supervisory support and incorporate clinical decision-making as a means of improving the Agency's performance for timely initiations.

### ***Conclusion***

N/A, no performance target has been assigned at this time.

## **2. Timely Closures**

### ***Measure***

CPS investigations will be completed within 35 days or within the approved extension timeframe. There was no performance target set for FY 2022, RTS will be used to set this performance target in the future.

### ***Methodology***

To assess performance, analysts used FACES.NET data to identify how many investigations closed within 35 days of the Hotline's acceptance of the referral. CFSA also collected data on investigations closed beyond 35 days based on supervisory approval for an extension. The reasons for approval included (1) delays in receipt of critical information, (2) receipt and acceptance of a new investigation during an ongoing investigation, (3) barriers to identifying, locating, or contacting the client, (4) involvement of law enforcement, (5) out-of-jurisdiction referrals, or (6) a child fatality. Extensions are available for 15 days, and most reasons are eligible for a total of 2 extensions. Involvement with law enforcement and child fatality are eligible for an unlimited number of extensions.

### ***FY 2022 Performance***

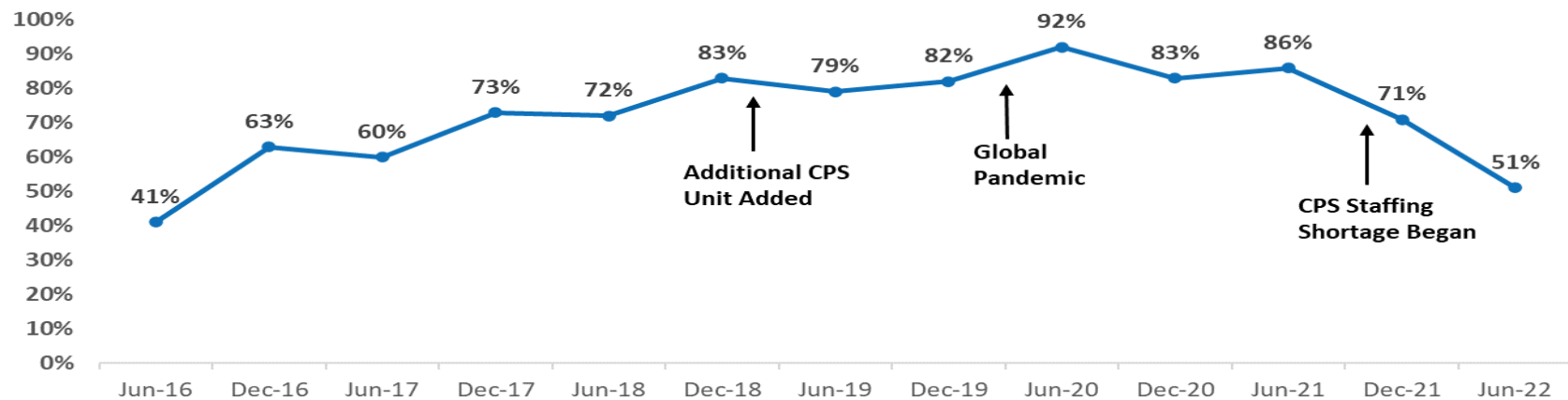
**A monthly range of 49 to 76 percent** of investigations closed within 35 days.

### ***Historical Information***

The timely completion of quality investigations is pertinent to achieving the current performance measure. Overall, the immediate safety of the child and the accuracy of a final investigative decision is what is deemed to be of the utmost importance. Timely closures of investigations allow for families to have a fair and expeditious conclusion to a child welfare investigative response and minimizes inactive open referrals. Achieving this investigative standard requires the collaboration of CPS social workers with various core and collateral

contacts, as well as other investigative partners such as Metropolitan Police Department.<sup>34</sup> In 2018, CFSA evaluated CPS social worker staff capacity in comparison with CPS caseloads and staff leave. The results demonstrated a significant need to increase the total number of full-time CPS investigative social workers. This increase would provide relief for the strain on personnel resources and allow more capacity for CPS to access adequate investigative resources when social workers are out for both planned and unplanned leave. Increased social worker capacity and lower caseloads directly and positively impact the timeliness of closed investigations. The Agency implemented the recommendation to increase CPS capacity in FY 2018, adding over 50 additional social workers to CPS units. As anticipated, there was an immediate, positive impact on closure rates of investigations. During the 2-year period prior to the increase in staff (December 2015-December 2017), performance ranged from 44 percent to 73 percent. In the 2-year period following the increase in staff, performance ranged from 72 percent to 83 percent. With the onset of the global pandemic in early 2020, the landscape of CPS investigations changed, and a series of new barriers impacted timely completion of investigations and social worker retention. At a minimum, those barriers included public health and socioeconomic factors specific to CFSA’s population. In FY 2022, CPS was allotted a total of 201 full-time social workers (to include supervisory social workers in addition to investigative social workers) but only 117 of these positions were filled, creating a 42 percent staffing shortage that has immediately impacted the ability to close investigations in a timely fashion.

**Figure 5. Timely Closures of CPS Investigations, June 2016-June 2022**



Source: CFSA Administrative data and FACES.net report INV004

<sup>34</sup> Core contacts include the alleged victim children, alleged maltreater, reporter and educational and medical contacts. Collateral contacts include any individuals who could share additional information to assist CPS in making a finding regarding the allegations, and could include non-offending caretakers, extended family, teachers, medical professionals, service providers, etc.

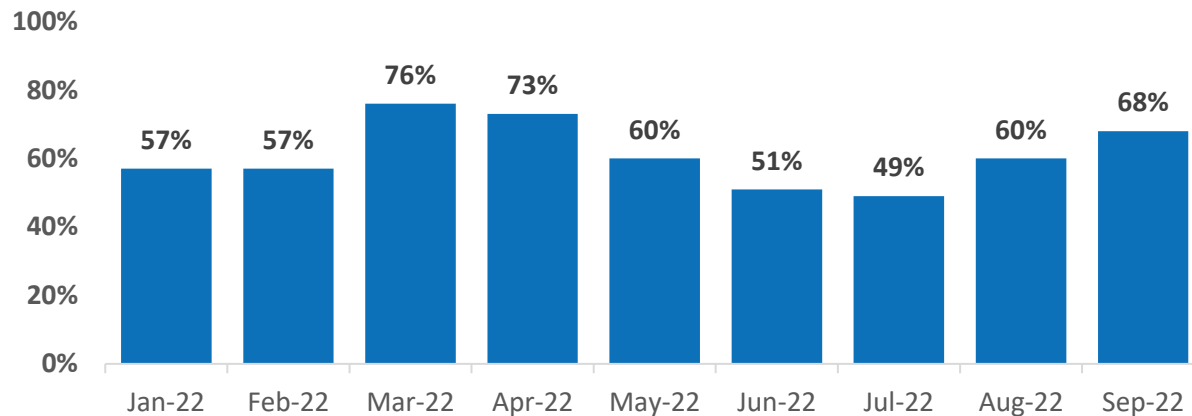


## Analysis

During the January – September 2022 monitoring period, monthly performance ranged from 49 to 76 percent of investigations closing within 35 days. Due to the pandemic, CFSA and CPS specifically continued to struggle with limited staff and retention. CPS investigators were frequently out on unplanned and extended leave partially or fully, which impacted the assignment and timely completion of new referrals. These challenges also impacted the management of equitable, manageable caseloads. Staff shortages contributed to social workers carrying higher caseloads which impeded social workers' ability to complete all necessary tasks for the timely closure of investigations. Access to required information (e.g., educational and medical documentation) was arduous because school and medical office staff were not as easily available as they were during pre-pandemic reporting periods. The additional need to team with outside stakeholders, such as law enforcement, was also affected by internal and external staff capacity. These pertinent challenges to accessing resources delayed closures of investigations, especially regarding the need for collaborative efforts to achieve timely and safe investigation closures.

To improve future performance, program managers are holding weekly supervision to discuss barriers to timely closures. Program analysts from the Program Outcomes Unit send the CPS supervisors weekly notification of investigations approaching exceeding status so that they can address concerns prior to reaching the investigation backlog. There are also weekly clinical staffings with program managers for referrals that have reached day 30 and beyond. CFSA has implemented recruiting strategies to increase staff, and within the CPS administration, managers focus on teaming to provide the current staff with greater support (e.g., Big RED meetings).<sup>35</sup>

**Figure 6. Timely Closures of CPS Investigations, January 2022-September 2022**



Source: *FACES.net* report INV004

<sup>35</sup> Big RED meetings are a collaborative teaming meeting to assist in completing exceeding investigations by overcoming barriers with supervisory support.

### **Conclusion**

Non-applicable since no performance target is assigned at this time.

## **3. Acceptable Investigations**

### **Measure**

**80 percent** of investigations will be of acceptable quality as measured by a qualitative review.

### **Methodology**

CFSA conducted a case record review to assess the quality of practice of a statistically significant sample of CPS investigations that closed during a given month. Trained reviewers examined the investigations with a 95 percent confidence interval and +/- 5 percent margin of error. The review utilized a structured survey instrument and focused on the following five primary activities: (1) interviews with core contacts, including the alleged child victim, non-victim children who live in the home, alleged maltreater, and reporter; (2) interviews with collateral contacts who may have information relevant to the allegations, e.g., law enforcement, other adults in the home, relatives, or neighbors; (3) collection of information regarding the child's health and educational status; (4) assessment of safety and risk; and (5) identification of, and linkage to, services to prevent the separation of children from their homes.

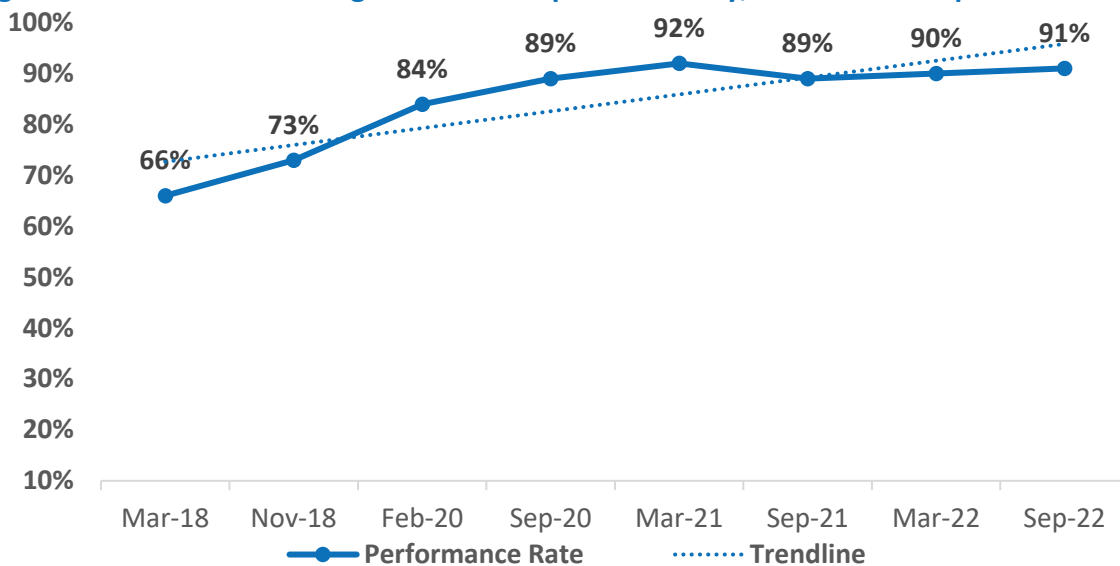
### **2022 Performance**

The Agency conducted two qualitative reviews during 2022. **90 percent** (n=171/190) of the investigations that closed in March 2022 were of acceptable quality, while **91 percent** (n=131/144) that closed in September 2022 were of acceptable quality.

### **Historical Information**

The 2010 LaShawn Implementation and Exit Plan (IEP I.A.2.) defined the performance standard for acceptable investigations in its current form. In 2012, a case record review of a statistically significant sample of investigations that closed in October 2012 revealed that 62 percent (n=136/219) of the investigations demonstrated acceptable quality. Beginning in 2018, CFSA began to see an upward trajectory of performance, compared to a consistent history of not meeting the benchmark. Since then, performance has significantly improved, especially in January 2020 when for the first time, acceptable investigations both reached and exceeded the required 80 percent standard for level of performance.

**Figure 7. Closed Investigations of Acceptable Quality, Mar. 2018 – Sep. 2022**



Source: CFSA Administrative data and FACES.net report INV004

### Analysis

Performance reached its highest peak with 92 percent in March 2021. CFSA has continued to exceed the required Exit Standard of 80 percent for the last four performance periods with insignificant variation of 1 to 3 percent from the peak performance in March 2021.

Of the 19 investigations in March 2022 that were not of acceptable quality, the two most frequent reasons included (1) investigative social workers not interviewing one or more key collateral contacts (n=9), and (2) information obtained during interviews with core contacts was insufficient (n=8). Of the 13 investigations in September 2022 that were not of acceptable quality, the two most frequent reasons included (1) investigative social workers not interviewing one or more core (n=8) contacts, and (2) investigative social workers not interviewing one or more (n=7) key collateral contacts. For the 19 referrals rated as unacceptable in March 2022 and the 13 referrals rated as unacceptable in September 2022 reviewers could identify multiple reasons for unacceptability. Consistent with the 2022 qualitative reviews, one of the top reasons for unacceptable practice was not interviewing one or more key collateral contacts. Entry Services continues to address this finding by reinforcing during the CPS Supervisory Performance Oversight Meeting and 1:1's that social workers and family support workers document all collateral contacts to include attempts and for supervisors to ensure that the collateral contacts have been completed and entered in FACES when reviewing investigations for approval and closure.

Nonetheless, it is significant that CFSA has continued to exceed the acceptable investigations standard during this year since there has been a significant social worker shortage. While the social worker shortage has impacted achievement of the CPS caseloads measure, as well as timely initiation and timely closure measures, the results of these qualitative reviews demonstrate that expectations for quality investigative practices continue to be upheld.

### **Conclusion**

CFSA considers this measure **achieved**.

## **4. Collaborative Engagement #1-Community Based Service Referrals**

### **Measure**

The number of families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who need and agree to additional supports shall be referred to an appropriate Collaborative or community agency for follow-up. There was no performance target set for FY 2022, RTS will be used to set this performance target in the future.

### **Methodology**

To assess performance, reviewers used data from FACES.NET to examine a statistically significant (95 percent confidence interval) random sample (n=184) of investigations that closed in March and April 2022 with a low or moderate risk assessment level. From this sample, Quality Assurance and program staff counted those investigations with a referral tracked in the Community Portal (n=17) as compliant with the measure and not subject to further review.<sup>36</sup>

Staff individually reviewed each remaining investigation to determine whether documentation (i.e., FACES.NET contact notes) provided evidence of three practice expectations: (1) the investigative social worker or family identified a service need during the course of the investigation, (2) the family agreed to accept a referral for services, and (3) the Agency linked that family to an appropriate service provider. Staff removed investigations from the sample whenever an investigative social worker, family or reviewer indicated no need for services, or if the social worker identified a service need but the family refused to participate in the service. The final analysis included investigations in which a reviewer identified a service need that was not identified by the investigative social worker or the family (n=19). Reviewers considered those investigations as not compliant with the measure.

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<sup>36</sup> The Community Portal is a shared database between CFSA and the Collaboratives that was introduced in October 2019 with the advent of Family First.

The denominator consists of all investigations in which an investigative social worker or family identified a service need during the investigation, and the family agreed to the service need, or the reviewer identified the need during the review process. The numerator is the number of investigations where the investigative social worker documented the family's agreement to a service referral and the Agency linked the family to an appropriate provider to meet the identified needs. Reviewers counted investigations as compliant with the measure whenever the Community Portal included a tracking of the service referrals. Reviewers added these investigations both to the denominator and numerator in the final measurement analysis.

### ***FY 2022 Performance***

In March and April 2022, CFSA submitted referrals for services for **55 percent** (n=30/55) of families who needed and agreed to services at the closing of a CPS investigation and who had a low or moderate risk level.

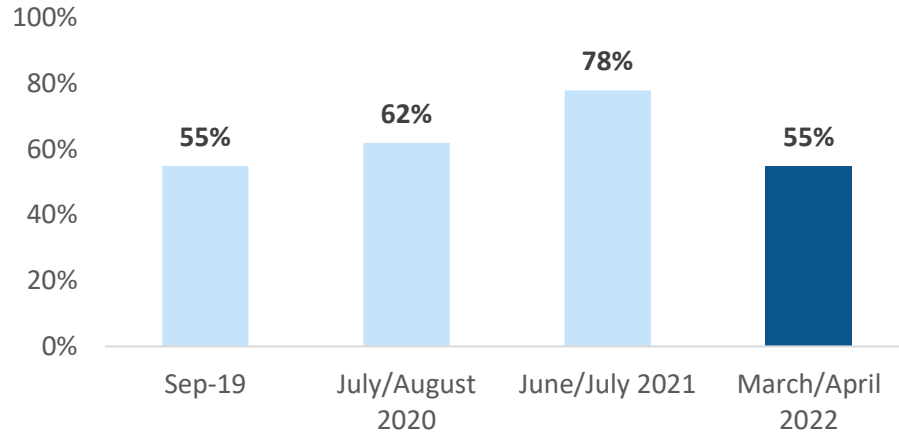
### ***Historical Information***

The last review examined families with CPS investigations closed in June and July 2021. During this review, 78 percent (n=52) of families with a low or moderate risk level who needed and agreed to services received referrals for those services.

### ***Analysis***

Of the 184 investigations reviewed, 116 reviews were excluded from the sample due to the investigative social worker, family or reviewer identifying that the family did not have any service needs. In addition, 13 referrals were excluded due to the social worker identifying a service need but the family refusing to participate in the identified service. The denominator (n=55) comprises the 38 investigations that were subject to analysis by reviewer survey after exclusions, added to the 17 investigations in which a needed service referral was verified through the Community Portal. The numerator is the number of reviewed investigations in which documentation indicated a needed service referral was made by the social worker (n=13) combined with the confirmed service requests (n=17) from the Community Portal (n=30). These results are a 23 percentage-point decrease from the prior review completed in June and July 2021. Further, the results break the trend of improved performance in each year since the review completed in 2020, indicating that CFSA is linking fewer families to the Collaboratives or a community-based service provider for follow-up services.

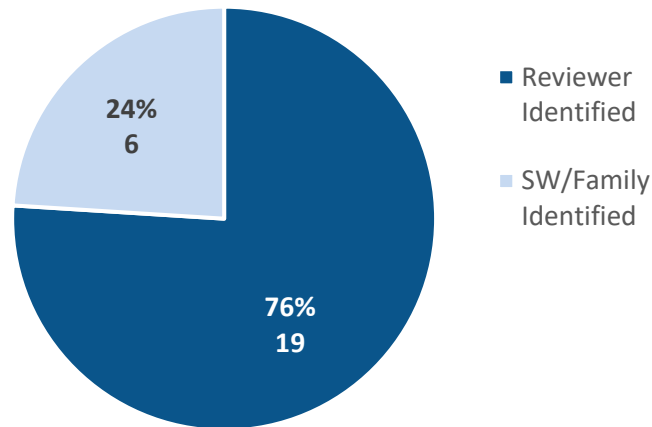
**Figure 8. Percentage of Families Linked to Needed Services**



Source: CFSA Administrative Data

Of the 25 investigations reviewed that did not meet the performance expectation, reviewers found unidentified service needs in 76 percent (n=19/25). This is an increase from last year, where the reviewer identified a family need that had not been identified by the social worker or family during the course of the investigation in 56 percent (n=9/16). Mental health services for both children and adults were the most identified unmet needs for families, mirroring the top identified needed services in both the 2020 and 2021 reviews. Entry Services' management indicated that the drop in service linkage was most likely due to staff shortages, both of investigative social workers and support staff, caused by the ongoing COVID-19 pandemic.

**Figure 9. Referrals Not Meeting Performance Expectations**



Source: CFSA Administrative Data

**Conclusion**

N/A, no performance target is assigned at this time.

**5. Collaborative Engagement – New Reports Following Collaborative Case Closure**

**Measure**

**90 percent** of families will not have a substantiated repeat report for up to 6 months post-case closure by the Collaborative.

**Methodology**

The Office of Community Partnerships identifies the universe of all Front Porch and Front Door Collaborative case closures in a fiscal year and assesses whether those closures are followed by a new substantiated report within 6 months.<sup>37</sup>

<sup>37</sup>The Office of Community Partnerships uses the Levenshtein algorithm to measure the similarities between family names, and then identifies the matches across datasets.

### ***FY 2022 Performance***

Overall, 92 percent (n=349/379) of families whose Collaborative case closed in FY 2021 did not have a substantiated repeat report for up to 6 months post-case closure by the Collaborative.

### ***Historic Information***

In August 2021, CFSA assessed that only 6 percent (N = 13 families) of all Front Porch and Front Door families who had a Collaborative case closure between October 1, 2019, and September 31, 2020, also had a CPS referral and substantiation within 6 months of the Collaborative case closure. The significance of this measure lies in its ability to gauge the effectiveness of the Collaboratives' programs in preventing instances of child abuse and neglect. The fewer families returning to CFSA's attention after receiving services, the greater the likelihood that the Collaboratives have a positive impact on the families' protective factors. For definitions of the Front Porch and Front Door, please refer back to the introduction to this section on page xx.

### ***Analysis***

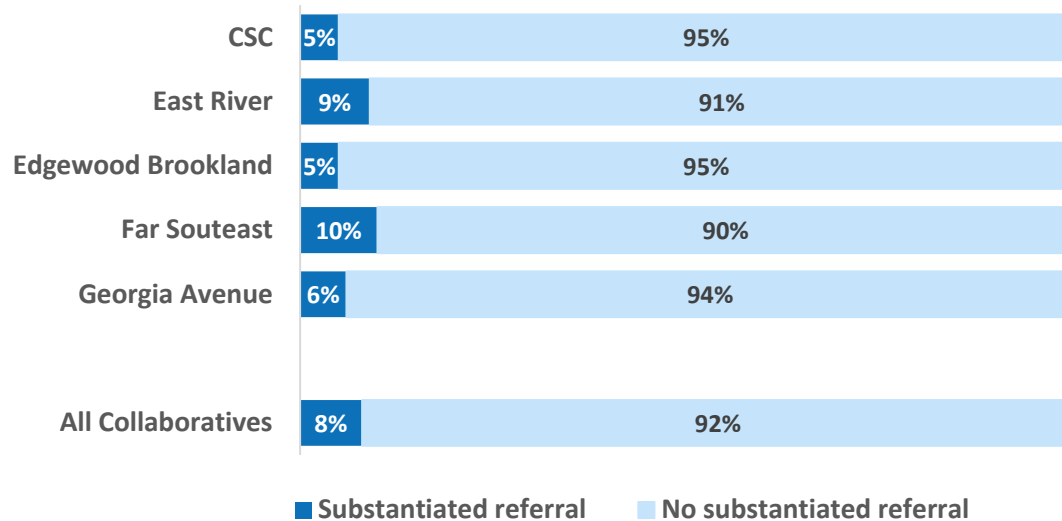
Overall, CFSA met the benchmark for this measure for the second reporting period in a row. However, there was a slight increase in the percentage of families who returned to CFSA's attention within 6 months of a Collaborative case closure: 6 percent in FY 2020 versus 8 percent in FY 2021. Ten percent of families served by the Far Southeast Family Strengthening Collaborative in Ward 8 were more likely to return to CFSA's attention than families served by other Collaboratives.<sup>38</sup>

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<sup>38</sup> The Far Southeast Collaborative serves residents in Ward 8.



**Figure 10. Substantiated Referrals within 6 Months of FY21 Collaborative case closure<sup>39</sup>**



Source: CFSA Administrative Data and Collaborative Data

It is important to note some limitations with the current metric. First, it assumes that risk factors are equally distributed among families served by the Collaboratives. This assumption does not hold to any reasonable scrutiny. Moreover, previous research has shown that the average Structured Decision Making (SDM) score is not the same across all Collaboratives. Second, the methodology currently used does not include a comparison group. To reliably assess the Collaboratives’ performance, CFSA should compare the likelihood of any given family returning to CFSA’s attention in comparison with various populations, including families who did not receive Collaborative services. CFSA is exploring ways to improve the methodology, including having a comparison group.

**Conclusion**

CFSA considers this measure **achieved**.

<sup>39</sup> Collaborative Solutions for Communities serves Wards 1 and 2; Georgia Avenue Family Support Collaborative serves Wards 3 & 4; Edgewood/Brookland Family Support Collaborative serves Wards 5 & 6; East River Family Strengthening Collaborative, Inc. Serves Ward 7; and Far Southeast Family Strengthening Collaborative, Inc. Serves Ward 8.

## 6. Social Worker Visits to Families In-Home

### *Measure*

**95 percent** of families will be visited monthly by a CFSA social worker or private agency social worker in their home, and **85 percent** of families will be visited a second time monthly by a CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker at the home, school or elsewhere.

### *Methodology*

To assess performance, reviewers used FACES.NET data to identify which cases had the required number of visits. For cases managed by the In-Home Administration, which includes over 90 percent of the cases included in the measure, the Agency documents the primary barrier to completing the required number of visits. For every family that does not receive the expected number of visits, the supervisor responsible for the case identifies the primary barrier to completing the expected visits once they have consulted the social worker. The reviews, which began in May 2021, occur monthly.

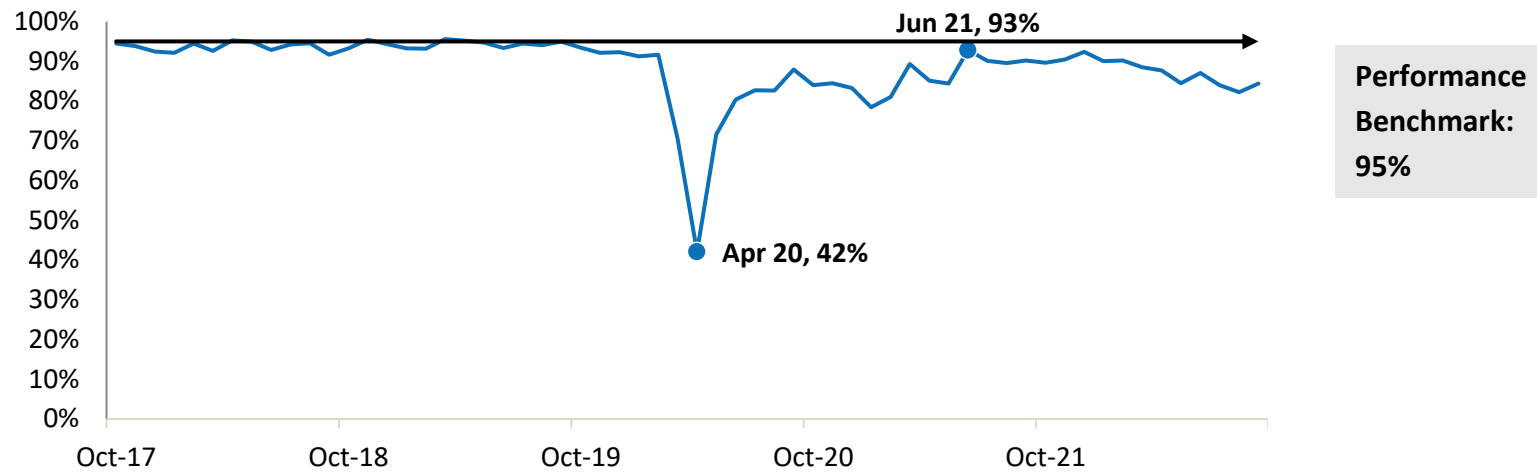
### *FY 2022 Performance*

Between January and September 2022, the monthly performance for completing the first visit ranged between **82 percent** and **90 percent**. For the second visit, monthly performance ranged between **75 percent** and **83 percent**.

### *Historical Information*

For the first visit, leading up to the pandemic, CFSA hovered at or near the benchmark. Visits then declined steeply in April 2020 and partially rebounded in subsequent months as the Agency adapted practice protocols to comply with pandemic safety requirements.

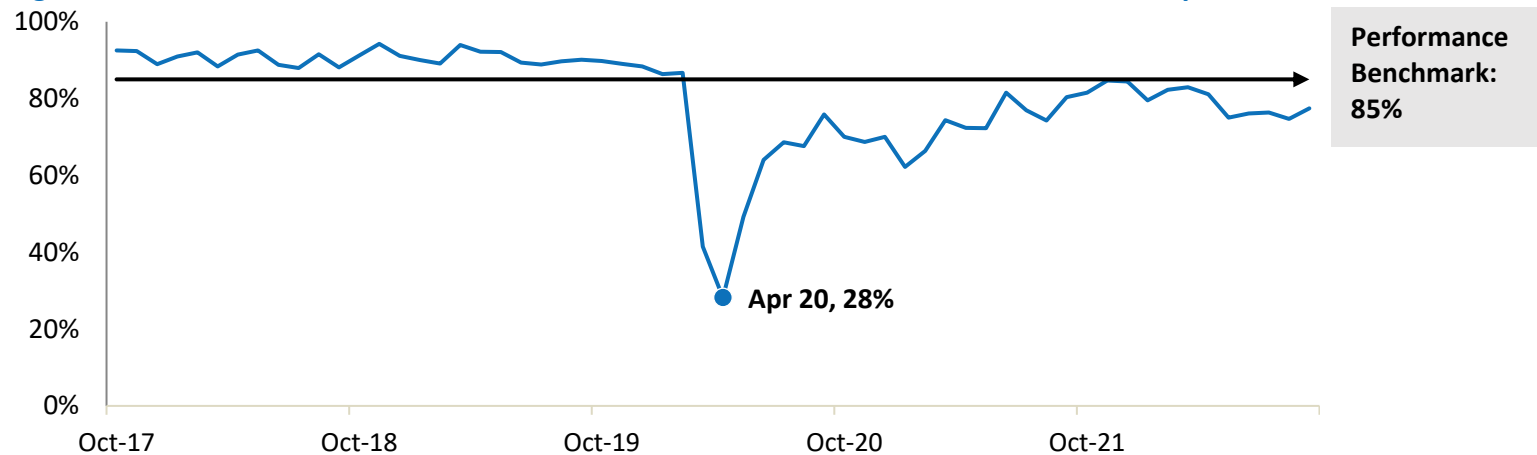
**Figure 11. Families visited by the Social Worker in the home at least once, October 2017-September 2022**



Source: FACES.NET Management Report CMT166

In June 2021, CFSA reached 93 percent for the first visit, the performance of which was both more in line with pre-pandemic performance and it also represented a high point since the onset of the pandemic. June 2021 was the first reporting month after the missed visits barrier review process began in May 2021. Performance for the second visit follows essentially the same trajectory with one exception – pre-pandemic, CFSA nearly always performed above the 85 percent second visit benchmark.

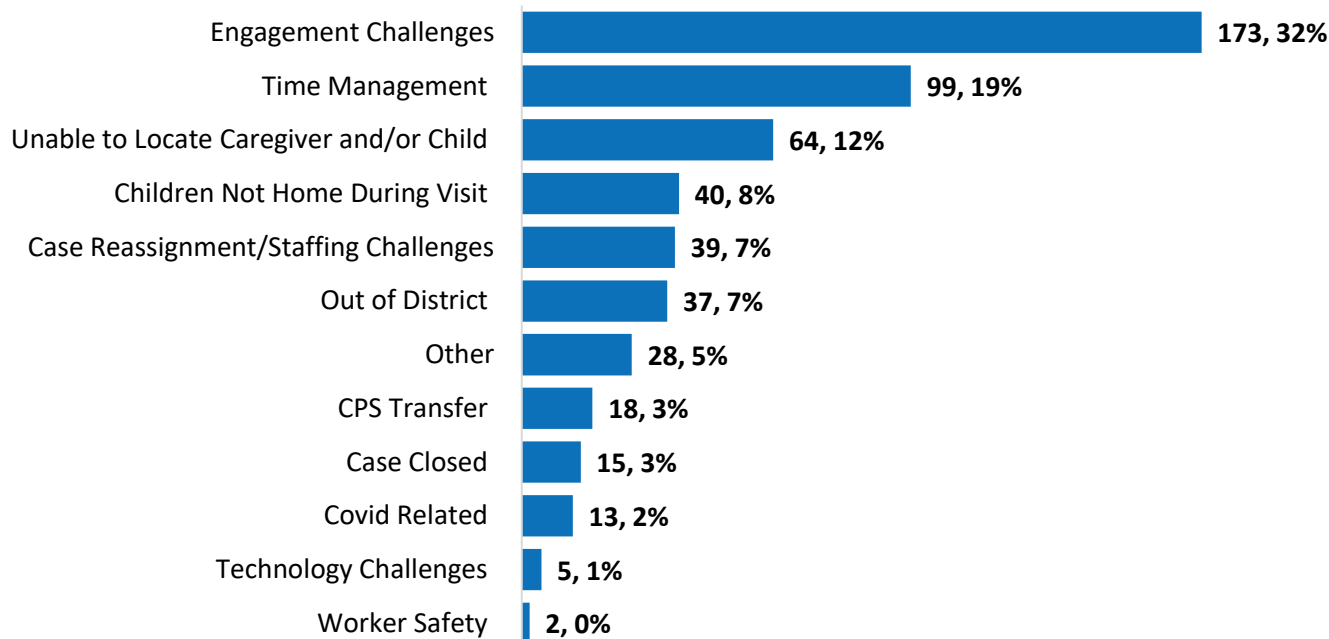
**Figure 12. Families visited at least twice with one visit in the home, October 2017-September 2022**



Source: FACES.NET Management Report CMT166

For the months between May 2021 and September 2022, the most common barrier to completing a visit with an In-Home family was engagement of the family. These challenges included social workers who were unable to complete visits either because (1) the family did not communicate or engage with the worker, cancelled visits, was a no show, failed to reschedule timely, or was not present for an unannounced visit; or because (2) the building was locked, and no family contacts had an operable phone preventing contact and subsequent access to the residence.

**Figure 13. Barrires to Completing Visits, May 2021-December 2021**

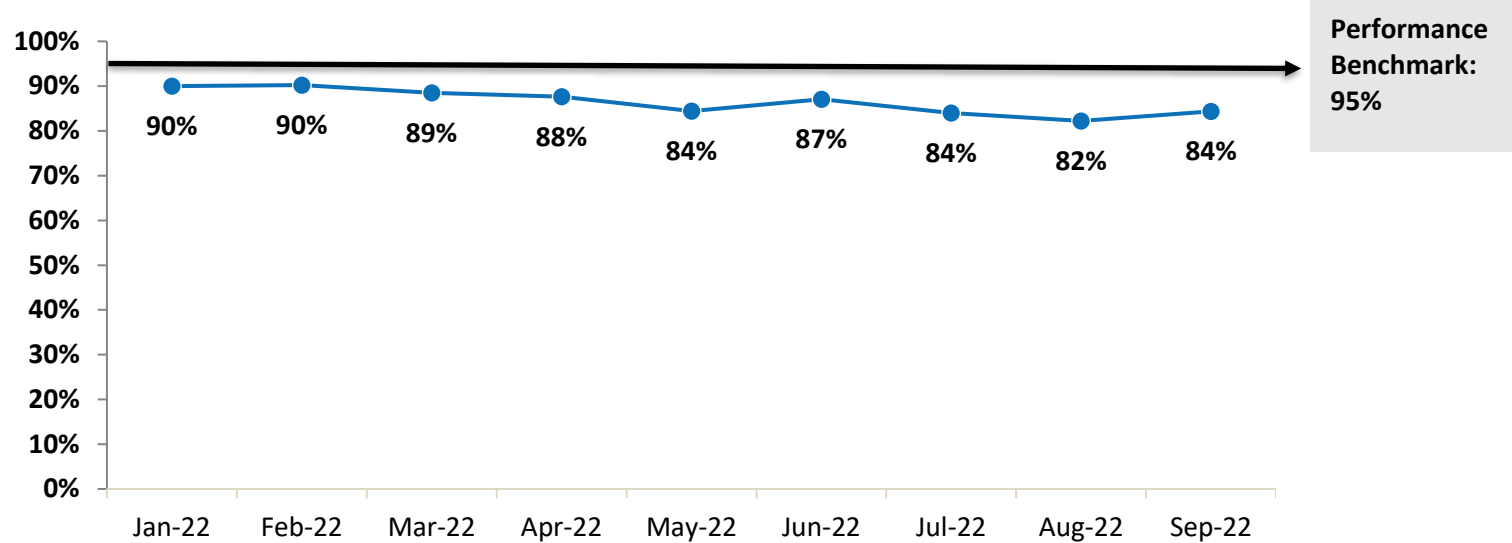


Source: CFSA Manual Data

### Analysis

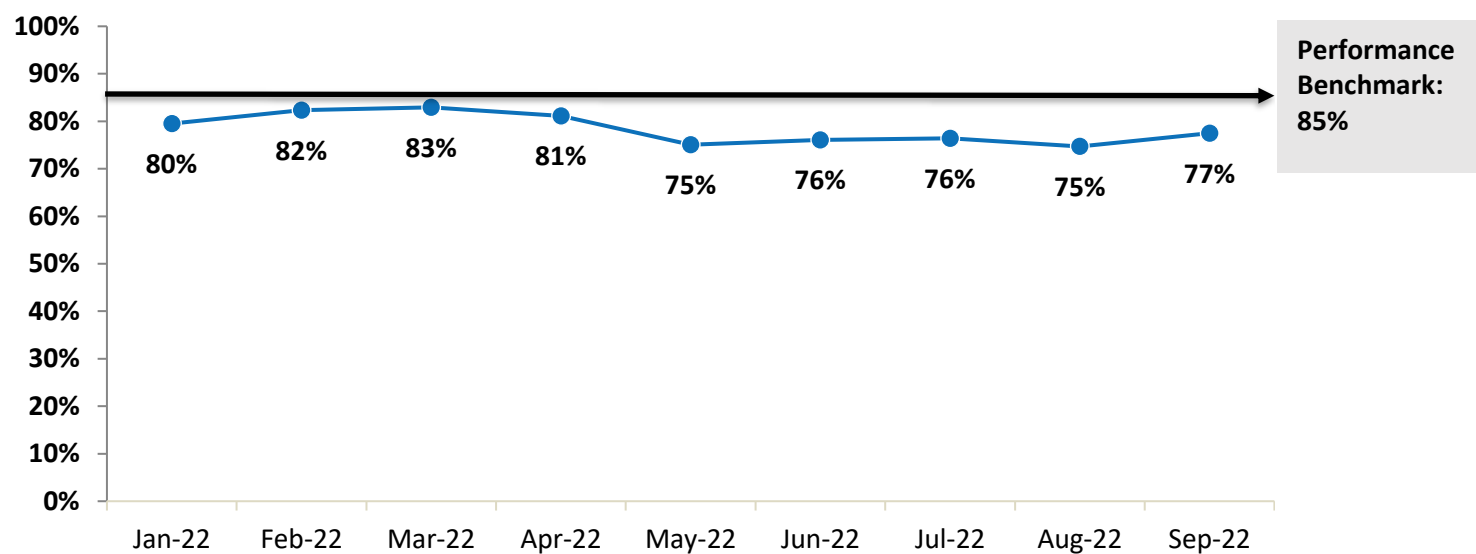
For the period of analysis (January through September 2022), benchmark performance was generally higher in the first half (January-April) than the second (May-September). Between January and April 2022, the first visit ranged between 88 percent and 90 percent, and the second visit ranged between 80 percent and 83 percent. In contrast, between May and September 2022, the first visit ranged between 82 percent and 87 percent, and the second visit ranged between 75 percent and 77 percent.

**Figure 14. Families visited by the social worker in the home at least once, January-September 2022**



Source: FACES.NET Management Report CMT166

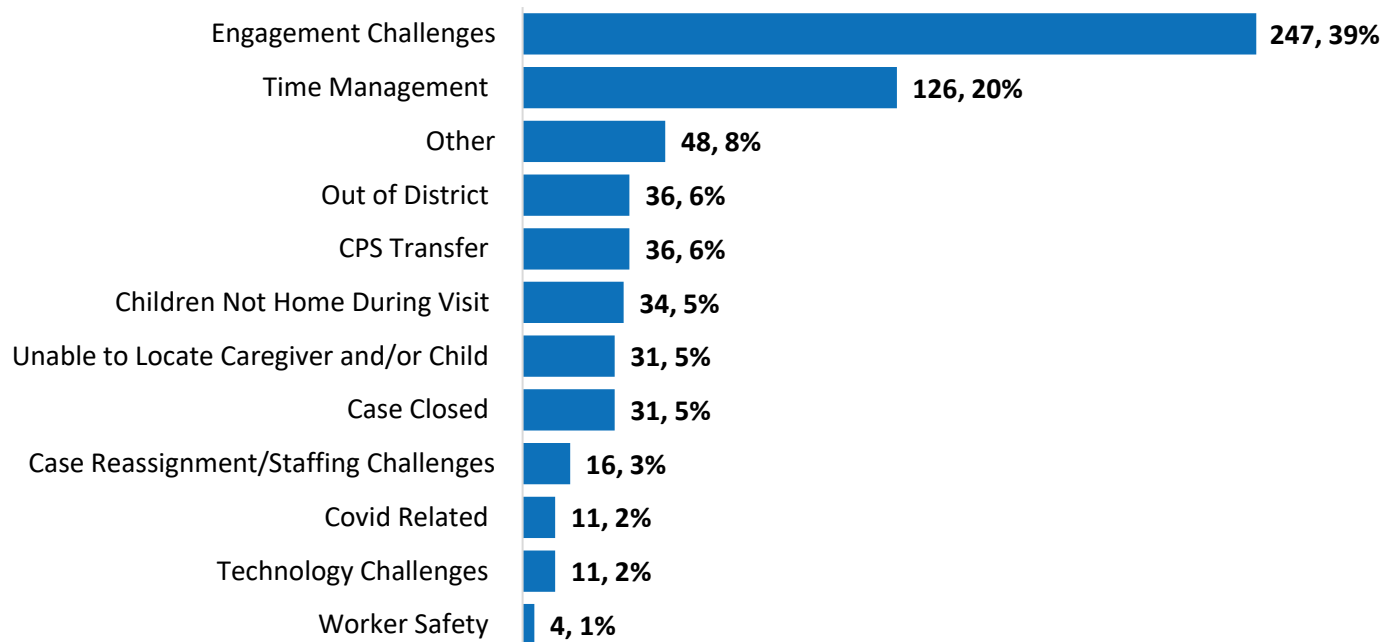
**Figure 15. Families visited at least twice with one visit in the home, January-September 2022**



Source: FACES.NET Management Report CMT166

The most common barriers to completing visits for the period of analysis remain broadly consistent with the full range of available data going back to May 2021. Between January and September 2022, 39 percent of responses identified engagement challenges and 20 percent identified time management, representing the top two barriers. Subsequently, the In-Home Administration developed a tip sheet to assist social workers in addressing both of these barriers (see Appendix B).

**Figure 16. Barriers to Completing Visits, January-September 2022**

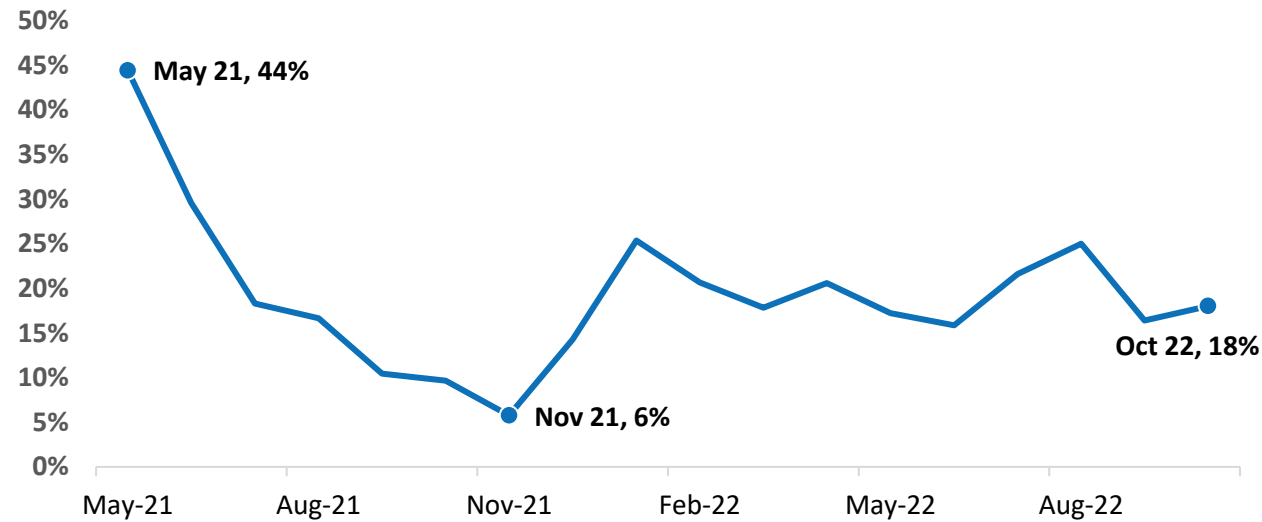


Source: CFSA Manual Data

Month-over-month, engagement challenges remain the top barrier to completing visits with families. The goal when a social worker engages a family is to build trust and respect, and they are encouraged to speak to clients with authenticity, listen to them, exercise patience and consistency, use empathy, and suspend judgement. Some common strategies to address engagement challenges are to manage caregiver expectations (for example by clearly communicating how often you need to meet with them or informing the caregiver of their option to appeal if they disagree with the substantiation), to conduct unannounced visits, to team with family members or other supports, and to escalate the case to your supervisor when a pattern of engagement challenges emerge. In addition, when family engagement continues to

be a barrier to case planning, the agency can also review whether it is appropriate to involve the court through community papering.<sup>40</sup> Time management, the second most common response, indicates that the social worker either failed to complete the visits or failed to document the visit in FACES.NET in a timely manner. Since implementing the barrier review process, supervisors have noted that time management has declined as a reason for missed visits, indicating that social worker performance is much less often the hurdle to completing visits.

**Figure 17. Share of responses where "Time Management" is the primary barrier, May 2021-September 2022**



Source: CFSA Manual Data

In-Home leadership has also noted case reassignment and staffing turnover as a challenge to completing visits. Social workers and supervisors resigning or going on extended leave necessitated a higher-than-expected number of case reassignments and temporary coverage. Reassignment can disrupt the flow of case management activity and it takes time for new or covering workers to establish good working relationships with families.

### **Conclusion**

CFSA considers this measure **not achieved**.

<sup>40</sup> Community papering is a process to seek court ordered services and interventions for the family through the Family Neglect Court. The purpose is to support the safety of children who remain in the care of their family members. It is an alternative to placing a child in out-of-home care. CFSA considers community papering if concerns for the safety of the child increase and parental engagement remain challenging.

## 7. In-Home Safety Assessments (Quality Service Reviews)

### **Measure**

80 percent of cases reviewed in the annual QSR sample will receive an overall acceptable rating for safety.

### **Methodology**

To assess annual performance on In-Home cases, CFSA uses ratings from two QSR protocol indicators: *Child Safety* (under the protocol domain of Child Status), and *Planning Interventions: Safety and Protection* (under the protocol domain of System Performance). For performance to achieve this measure, QSR reviewers must assess, determine, and rate both indicators as acceptable. (The reviewers rate indicators on scores between 1-6. Scores of 4-6 are acceptable while scores of 1-3 are unacceptable).

The QSR Unit and other staff, analyze scores of randomly selected In-Home cases reviewed throughout the year. Prior to FY 2022, reviewers analyzed QSR data based solely on the calendar year. Starting in October 2022, reviewers have been analyzing scores based on the fiscal year. This switch in years did not impact the In-Home cases since the QSR Unit typically reviews In-Home cases during the spring and summer months, which occur within the calendar and fiscal years.

Reviewers base QSR ratings on interviews with social workers, children and parents, and other key stakeholders (i.e., other household members, teachers, and service providers). To determine whether Agency practice has met or exceeded this measure's 80 percent benchmark, reviewers examine social work practice and performance. Reviewers also examine documentation to assess practice.

### **FY 2022 Performance**

QSR reviewers rated **88 percent** (n=53/60) of the In-Home sample cases as acceptable for the *Child Safety* and the *Planning Interventions: Safety and Protection* indicators.

### **Historical Information**

Assessing children and families for safety is one of the central charges for child welfare workers. Therefore, CFSA included this measure in the 2010 IEP. While still under the lawsuit, CSSP and CFSA worked together to revise a previous methodology that focused on documentation versus actual caseworker practice performance. The Agency subsequently tested a variety of methodologies, including case record reviews. As a result, in 2019 CSSP and CFSA revised the methodology to include QSR ratings – which are based both on the review of documentation, and on interviews with caseworkers, children, parents, and other key stakeholders. This revised methodology continues and more accurately assesses practice performance.

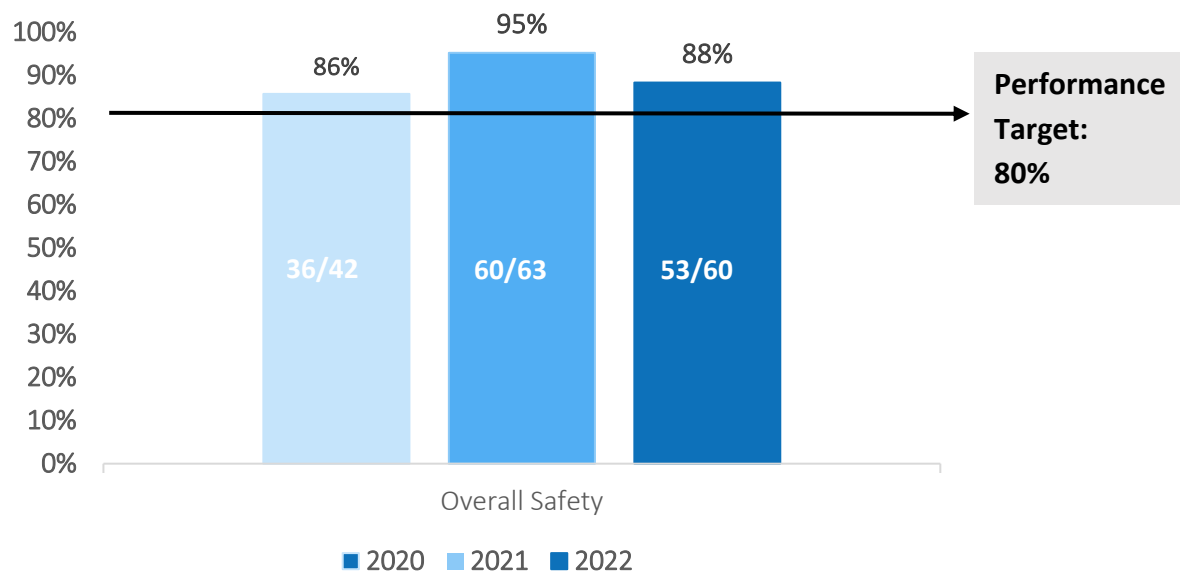


CFSA has exceeded the benchmark of 80 percent from CY 2020 to FY 2022 for In-Home cases. In CY 2020, the QSR Unit reviewed 42 In-Home cases. Of these cases, reviewers rated 86 percent (n=36) as acceptable for both indicators. In CY 2021, the QSR Unit reviewed 63 In-Home cases. Of these cases, reviewers rated 95 percent (n=60) as acceptable for both indicators.

### Analysis

In FY 2022, overall, practice for this measure maintained acceptable ratings.

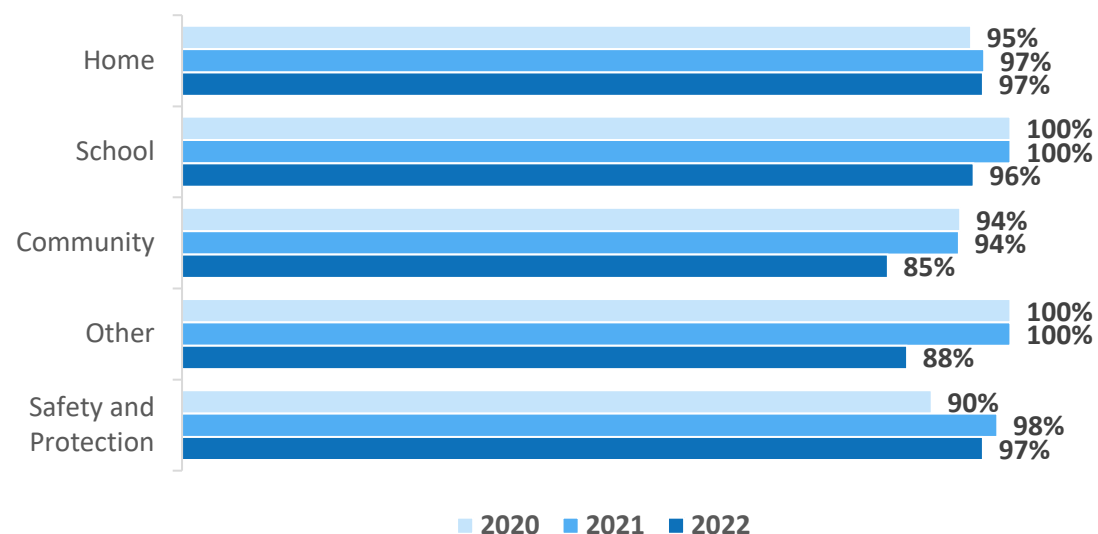
**Figure 18. In-Home Safety Assessments, 2020-2022.**



Source: Quality Service Reviews manual data, 2020-2022.

The In-Home administration had some fluctuation in practice between CY 2020 and CY 2022. In CY 2021, In-Home had a 9 percentage-point increase from CY 2020, but then in FY 2022 there was a 7 percentage-point decrease. The decline in FY 2022 was due to the overall ratings decline in two Child Status domain indicators: *Safety in the Community* and *Safety in the Home*. For example, in CY 2021, reviewers rated 94 percent (n=15/16) of In-Home cases as acceptable for the indicator *Safety in the Community*. In FY 2022, reviewers rated 85 percent (n=23/27) as acceptable. In CY 2021, reviewers rated 97 percent (n=61/63) of the cases as acceptable for the indicator *Safety at Home* and remained at 97 percent (58 out of 60) in FY 2022. For the *Child Safety* indicator (ratings for Safety in the Home, School, Community and Other), QSR reviewers rated 97 percent (n=58/60) of the cases as acceptable in FY 2022. These data outcomes reveal that CFSA social workers regularly assess for and ensure children’s safety.

**Figure 19. In-Home Safety Assessments by Subpart, CY 2020 – FY 2022**



Source: Quality Service Reviews manual data, 2020-2022.

### **Conclusion**

CFSA considers this measure **achieved**.

## **8. New Report of Substantiated Abuse or Neglect While Being Served In-Home**

### **Measure**

**No more than 9.5 percent** of families with open In-Home cases will experience a new substantiated investigation during their current In-Home case.

### **Methodology**

The numerator is the number of unique families that have had a new substantiated report during an open In-Home case. Even if a family has more than one additional substantiated investigation, they will only be counted in the numerator once. The denominator is the cumulative number of families served by the CFSA In-Home Administration from January-September 2022.

### ***FY 2022 Performance***

Seven percent (n=51/701) of open In-Home cases experienced a new substantiated investigation during their open In-Home case from January-September 2022.

### ***Historical Information***

During January-June 2021, 8 percent (n=51/622) of open In-Home cases experienced a new substantiated investigation during their open In-Home case. Seven percent (n=42/621) of open In-Home cases experienced a new substantiated investigation during their open In-Home case from July-December 2021. The previous methodology changed in January 2021 to now include the cumulative number of families served by the In-Home Administration rather than the former point-in-time number of families receiving services as of the end of the reporting period. The methodology was changed due to a system improvement in Tableau (an interactive data visualization software) that enabled CFSA to calculate the cumulative number of families and children specifically served by CFSA's In-Home Administration during designated time frames. Previously, CFSA did not have this capability and used point-in-time data on the number of families and children receiving services. Using the cumulative number of families provides a more accurate look at the proportion of families receiving new substantiations than the data provided through a point-in-time count. As a result, CFSA does not have historical information to compare performance prior to January 2021.

### ***Analysis***

CFSA looked further at the number of months between when the case first opened and when the referral that led to additional substantiated findings occurred. For 58 percent (n=32) of new reports, the referral was made within 1 day to 3 months of case assignment. Of the 32 new referrals within that time frame, 56 percent (n=18) had a referral within the first month of the case opening. At that point, the social worker would still be working to build rapport with the family, assess family needs, and develop the case plan and team to assist the family in completing their case plan goals. Thirty-five percent (n=19) of the remaining new referrals happened within 4-to-12 months of the case opening. A few new substantiated referrals (7 percent, n=4) occurred more than 13 months after the case open date. The distribution of new referrals after the case open date has been consistent with the pattern observed for January-June 2021 and July-December 2021. Four families experienced more than one substantiated allegation between January-September 2022. All four families received two substantiated investigations. No family experienced more than two substantiated allegations during this time frame.

**Table 5. *Length of Time between Case Opening and New Substantiated Referrals for Families served by CFSA In-Home Administration, January-September 2022***

Timeframe	# of referrals	% of referrals
0-3 months	32	58%
4-6 months	9	16%
7-9 months	7	13%
10-12 months	3	5%
13+ months <sup>41</sup>	4	7%
<b>Total</b>	<b>55</b>	<b>100%</b>

Source: FACES.NET Management Report CMT

When the CPS Hotline screens in a report for an investigation for a family with an open In-Home case, In-Home’s involvement during the investigation includes:

- The Hotline supervisor notifies the assigned In-Home social worker and supervisor.
- Whenever possible, the In-Home and the assigned CPS investigative social workers consult together prior to the initiation of the CPS investigation. During this consultation, the two social workers determine whether the In-Home social worker’s participation in the CPS interviews will benefit or complicate the investigation process.
- Regardless of the In-Home social worker’s participation, the CPS investigator follows up with the In-Home social worker during the investigative process – particularly with any information that will help inform case practice – including the safety assessments of all children, the safety plan (if one is created), and new allegations or incidents and their relationship to the allegations that initially lead to the In-Home case opening.
- During all CPS investigations, the CPS investigator will complete a structured decision-making (SDM) risk assessment tool. If the family’s risk level increases due to investigation findings, the frequency of the In-Home team’s monthly contact (i.e., level of service) may also increase.
- Based on CPS’s assessment, findings, and disposition, the CPS and In-Home social worker and supervisor discuss recommendations and plan for continued work with the family. This discussion will include the family’s response to the investigation.
- When the new CPS investigation leads to an additional substantiated finding on an open In-Home case, the CPS and In-Home teams’ assessment play a critical role to evaluate a child’s safety and risk and determine what strategies or interventions could ameliorate or prevent further child abuse and neglect.

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<sup>41</sup> This group ranges 13-32 months.

- One intervention may be community papering, which is a process to seek court ordered services and interventions for the family through the Family Neglect Court. The purpose is to support the safety of children who remain in the care of their family members. It is an alternative to placing a child in out-of-home care. CFSA considers community papering if concerns for the safety of the child increase and parental engagement remain challenging. Court ordered services include compelling parents to enter substance abuse treatment, ordering a parent to desist from harmful behavior (e.g., a domestic violence protective order), or compelling a medical evaluation or treatment to ensure the health of a child. When services are mandated by a court order and conditions in the home environment that threaten the safety of a child cannot be controlled despite the agency's reasonable efforts, a child could be separated from the home and subsequently placed into out-of-home care.

### ***Conclusion***

CFSA considers this measure **achieved**.



## TEMPORARY SAFE HAVEN

Foster care is a temporary living situation for children who are unsafe due to parents or other relatives being unable to provide care. When children enter foster care, CFSA prioritizes family-based foster care, particularly kinship care that provides the most connection to family. CFSA works to have a child's first placement with kin and, when not available, CFSA strives to have the best match with a family-based resource parent. To a much lesser extent and when the structure and expertise of round-the-clock staff is required, CFSA may place older youth in congregate care facilities.

Whether in a family-based or congregate care setting, the intent of foster care is to provide a temporary safe, stable, and caring environment for the child while their parents address the reasons why the child was separated from their care. Social workers monitor the safety of children in foster care through monthly visitation (at a minimum). Social workers facilitate visits between parents and children within the first week of foster care, including visits with siblings if the Agency needed to place a sibling group in different foster care placements. The Agency ensures that children and families continue visits with one another on a weekly basis. Social workers also engage, support, and assess parents with a goal of reunification and monitor progress on case plan goals with at least monthly visits.

Case planning is a collaborative process. Together, the family along with their supports and providers, and the social worker identify next steps and services that will help the family achieve the identified permanency goal for the child. As noted, the preferred permanency goal for children is reunification with their family as quickly (and as safely) as possible. When reunification is not possible, CFSA seeks to find a safe and loving, permanent home through adoption or legal guardianship. For older youth, CFSA may determine that the most appropriate goal is Another Planned Permanent Living Arrangement (APPLA).<sup>42</sup> In such cases, the Agency ensures a transition to adulthood with the youth establishing lifelong connections to at least one responsible, nurturing adult.

Overall, the placement array must accommodate the wide variety of needs of the District's foster care population. Some youth will not be able to be initially placed with kin or in a traditional family-based resource home. For some of these youth, they might need the additional structure and round-the-clock support of a group home or a more restrictive level of care to meet their therapeutic needs. When a child enters the foster care system and requires observation to determine the most appropriate placement and service needs, CFSA has Stabilization, Observation, Assessment, and Respite Care (SOAR) homes. SOAR homes are professional resource parent homes caring for not more than two children to provide temporary care for up to 90 days. This period of observation allows the Agency to better determine children's needs and therefore to make an informed decision about the placement match that will maximize placement stability and well-being.

To successfully achieve placement stability CFSA must also provide strong supports to resource parents and ensure that resource parents have the necessary skills to care for the unique needs of each child placed in their home. To this end, CFSA has created a business process

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<sup>42</sup> The U.S. Congress coined the term APPLA during the writing of the Adoption and Safe Families Act (ASFA), based on a federal concern for youth who were languishing indefinitely in the foster care system. APPLA is only a viable permanency option if CFSA documents a compelling reason for why it would not be in the interests of the youth to return home, or to be referred for termination of parental rights, or placed in a pre-adoptive home with a fit and willing relative, or with a legal guardian [Title III, Section 302 of the Adoption and Safe Families Act of 1997, approved November 19, 1997; PL 105-85, 42 USC 675(5)(C) and Establishing the Goal of Alternative Planned Permanent Living Arrangement Policy).

called, Placement Stabilization Staffings.<sup>43</sup> These stabilization staffings focus on children newly entering or re-entering care, as well as for children with certain types of replacements. During these staffings, required participants are resource parent support workers who serve as facilitators and convene the resource parent or congregate care staff, social worker, and other team members<sup>44</sup> as necessary to identify and discuss the child’s medical, educational, social, and behavioral characteristics and needs, as well as the strategies, services, and supports that will promote a positive and stable placement experience.

There are a total of 15 measures in this section.

The following five measures were achieved during this performance period:

- Placement of Young Children in Most Family-Like Setting
- Out-Of-Home Safety Assessments (QSR)
- Services to Families and Children (QSR)
- Case Planning (QSR)
- Bed Surplus

The following measure was partially achieved:

- Social Work Visits to Children in Foster Care

The following three measures were not achieved during this performance period:

- Sibling Visits
- Emergency Shelter
- Overnight Stays

The following six measures do not have a performance target set at this time:

- Family Engagement with their Children
- Family Engagement with the Agency

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<sup>43</sup><https://cfsa.dc.gov/publication/program-placement-matching>

<sup>44</sup> Optional participants invited to attend staffing may include: the child, their parents, kin, current or former resource providers, and the Guardian Ad Litem (GAL).

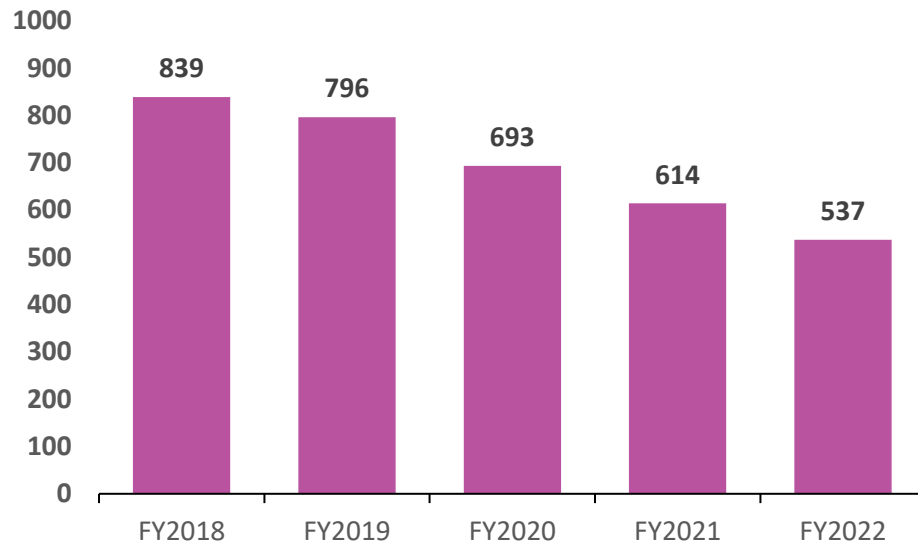


- Sibling Placement
- Placement Stability for Children Entering Care (Entry Cohort)
- Placement Stability for Children in Care (Point-In-Time)
- Placement Stability: Kin Placements for Children Entering Care

## Data Trends: Children in Out-of-Home Placement

The number of children placed in foster care continues to decline. Between FY2018 through FY2022, CFSA had a 36 percent decrease in population (n=839 and n=537, respectively). This decrease is due to increased prevention efforts that support families without separation and increased exits to positive permanency for those who are in foster care. See Figure 20 below.

**Figure 20. Children in Out-of-Home Placement as of FY2018-FY2022**

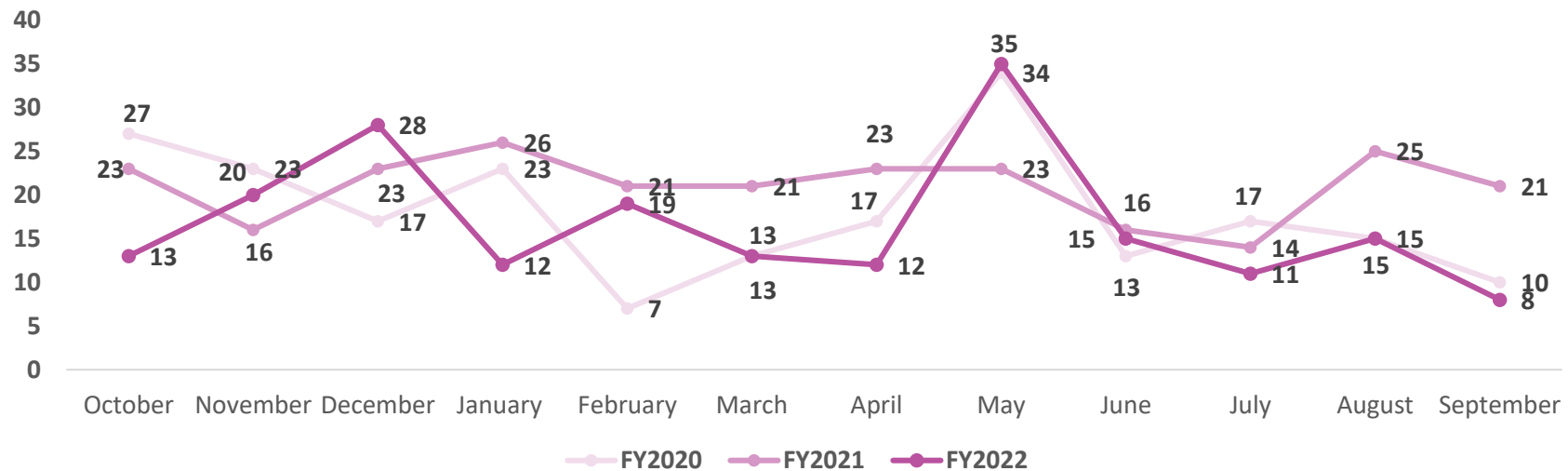


Source: FACES.NET report CMT232

Figure 21 below shows the trends of entries and re-entries into care for fiscal years 2020 through 2022. In total, 2022 saw the lowest entries and re-entries into care at 201. Average monthly performance for entries and re-entries into foster care was 21 entries/re-entries per month

in 2021 with a decline to 17 entries/re-entries per month by 2022. Re-entries had the lowest performance in June and July of 2022 at zero for each month.

**Figure 21. Entries to Foster Care in FY2020-FY2022**



Source: FACES.NET report PLC155

Figure 21 shows basic demographic information for the children in Out-of-Home care as of September 30, 2022. Of the 537 children where race data is reported, African American children account for 88 percent of all children in foster care, overrepresented in the DC foster care system when compared to the 2021 racial composition of the District as reported in National KIDS COUNT data (African-Americans account for 52 percent of DC population under the age of 18).<sup>45</sup> The two largest age groups of children are children between the ages of birth to 5 (28 percent) and 6 to 12 years old (25 percent).

<sup>45</sup> <https://datacenter.kidscount.org/data/tables/103-child-population-by-race?loc=10&loct=3#detailed/3/any/false/574,1729,37,871,870,573,869,36,868,867/68,69,67,12,70,66,71,72/423,424>

**Figure 22. Demographics of Children in Out-of-Home Care**

Gender	Number	Percent <sup>46</sup>
Female	291	54%
Male	246	46%
<b>Total</b>	<b>537</b>	<b>100%</b>
Race	Number	Percent
Asian	2	<1%
Black or African American	473	88%
Native Hawaiian, Other Pacific Islander	1	<1%
White	10	2%
Unable to Determine	2	<1%
No Race Data Reported	47	9%
<b>Total</b>	<b>537</b>	<b>100%</b>
Ethnicity	Number	Percent
Hispanic	82	15%
Non-Hispanic	389	72%
Unable to determine	1	<1%
Unknown	65	12%
<b>Total</b>	<b>537</b>	<b>100%</b>
Age Group	Number	Percent
Birth to 5	151	28%
6 to 12	136	25%
13 to 17	129	24%
18 to 20	121	23%
<b>Total</b>	<b>537</b>	<b>100%</b>

Source: FACES.NET reports PLC010, PLC156 as of September 30, 2022.

<sup>46</sup> Totals may not add up to 100 percent due to rounding.

Of the children separated from their homes of origin, 56 percent of these children were residents of Wards 7 and 8.<sup>47</sup> Conversely, the Wards with the smallest number of removals are Ward 2 (n=7), and Ward 3 (n=6); each comprise one percent of the foster care population. Detailed information regarding the placement of children in foster care is provided later in this section.

## 9. Social Work Visits to Children in Foster Care

### **Measure**

95 percent of children in foster care will receive monthly visits by their social worker. At least 50 percent of monthly caseworker visits will occur in the residence of the child.

### **Methodology**

The methodology for this measure was updated for FY 2022 to align with the federal guidelines for social worker visits to children in foster care.<sup>48</sup> CFSA uses a FACES.NET management report to track performance on this measure. The numerator is the number of children with one visit by the social worker for the first part of the measure, and the number of children with at least one visit occurring in the residence of the child for the second part of the measure. The denominator is the number of children in foster care. Children in the following categories are excluded from this measure: children placed more than 100 miles from the District, children in missing, absent or runaway status for the entire month, and children in care for less than 8 days.

The management report was fully updated in August 2022. Prior to the report including the updated methodology, an analyst within the Program Outcomes Unit calculated the updated measure using the raw data from the report for the months January 2022 through July 2022.

### **FY 2022 Performance**

During the January 2022-September 2022 timeframe, the performance target for children receiving monthly visits by their social worker was met for 5 out of the 9 months. The range of performance for this measure was from 92 percent to 96 percent. During this timeframe, the number of social workers completing visits at the child's residence exceeded the target for all 9 months. The range of performance for this measure was from 86 percent to 92 percent.

### **Historical Information**

This methodology was newly introduced for FY 2022 reporting and therefore historical data is not listed.

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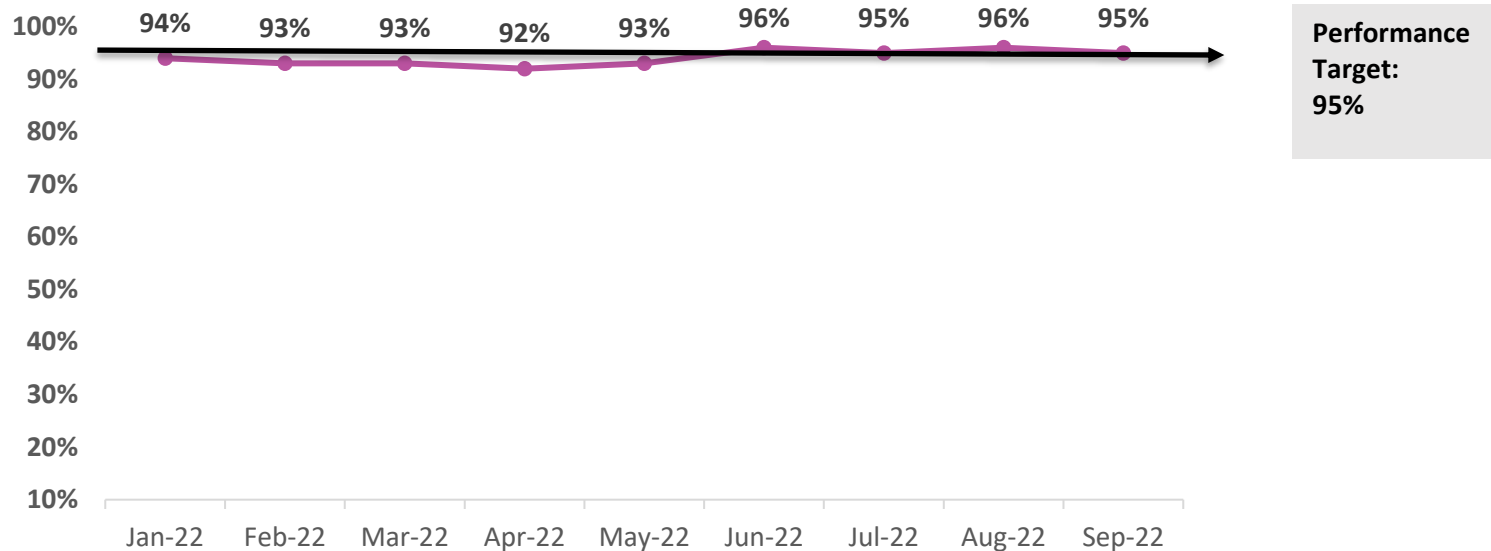
<sup>47</sup> D.C. ward boundaries were updated effective January 1, 2022. Data by ward in this report is reflective of the old ward boundaries.

<sup>48</sup> [Social Security Act Section 424](#)

## Analysis

Out of the 9 months of data collected, the Agency achieved the expected performance for completion of social worker visits to children in foster care for 4 months of the review period, and during each month from June to September 2022.

**Figure 23. Completion of Monthly Visits by the Social Worker, January 2022-September 2022**



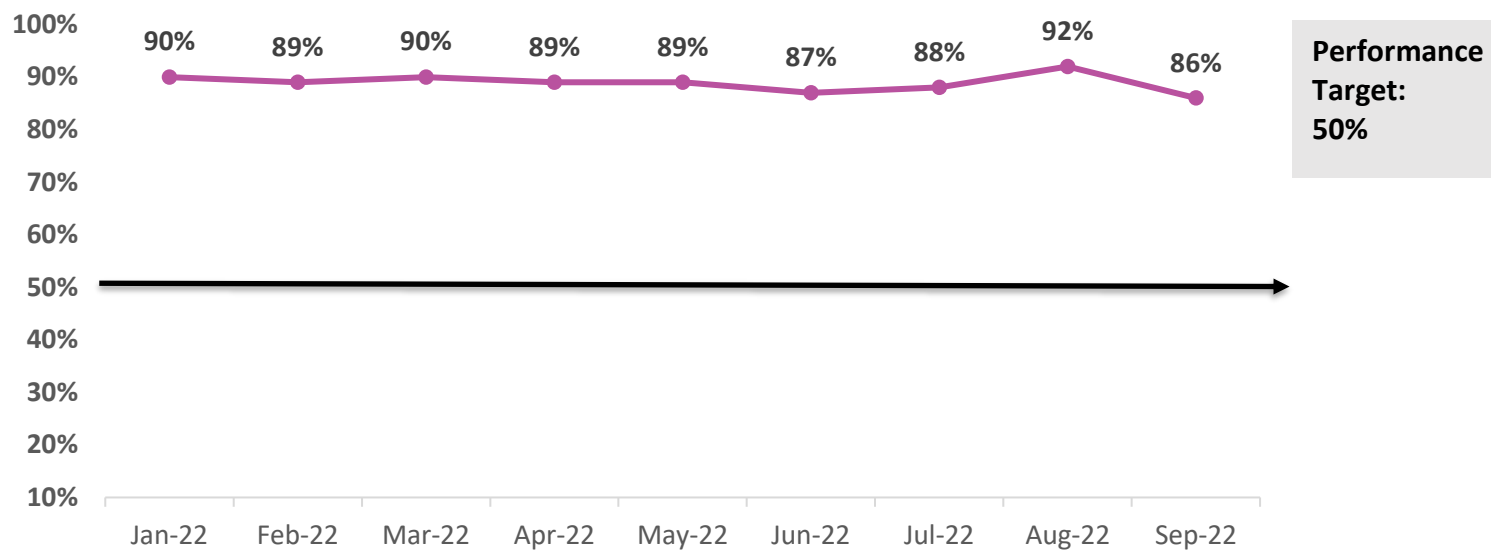
Source: CFSA Administrative Data, FACES.NET report CMT165

The performance during the first half of the year fell between 1-3 percentage points short of the target. CCM&S program managers reported that a challenge during the first several months was that the FACES management report and internal Tableau dashboard had not yet been updated to reflect the updated visitation requirements. Weekly supervision and the updated reports/dashboards helped the system achieve and maintain the performance target. During September 2022, analysts within the Program Outcomes Unit trained CFSA and CFSA-contracted private agency supervisors on how to identify the primary barrier for social workers to complete visits that were missed. Analysts then started full collection of this data in October 2022. The barriers to completing visits, along with the identified strategies to overcome these barriers, will be included in the next report.<sup>49</sup>

<sup>49</sup> Barriers that will be captured in future reports include: engagement challenges, youth refused, incarceration, goal has changed or goal change is recommended, unable to locate parent, court order putting the visits at the youth's discretion, youth is in missing, absent or runaway status, case reassignment or staffing challenges, social worker performance, COVID related challenge, parent or child is out of the district, and parent is hospitalized.

The Agency achieved the target for completing social worker visits with the children at their residence each of the 9 months and exceeded the target by a minimum of 36 percent points. During the majority of the *LaShawn vs. Bowser* lawsuit, the expectation was that a high percentage of children would be seen monthly in their residence. The data from this performance period demonstrate that CFSA continues this practice and regularly assesses the safety of children in their foster care placements, including comprehensive assessments of the child's needs and practice performance to maintain or improve placement stability.

**Figure 24. Completion of Monthly Home Visits by the Social Worker, January 2022-September 2022**



Source: FACES.NET report CMT165

### **Conclusion**

CFSA considers this measure **partially achieved**.

## 10. Family Engagement with their Children (formerly Parent-Child Visits)

### ***Measure***

The number of children with the goal of reunification who have weekly visitation with the parent with whom reunification is sought. There was no performance target set for FY 2022, RTS will be used to set this performance target in the future.

### ***Methodology***

To assess performance, CFSA collected monthly data, using FACES.NET reports to identify which cases had the required number of visits. A visit is defined by those children in foster care with a goal of reunification who engaged either in-person or virtually (according to their circumstances) with their primary or secondary caregivers. The number of children with the goal of reunification who completed at least four visits during the month fulfilled the compliance measure for that month. The number of children who did not have at least four completed visits within a month did not fulfill the compliance measure.

Previously, CFSA utilized the reporting data from “Missed Visits Efforts” by completing a qualitative audit to determine compliance. In those instances, analysts gave comprehensive documentation credit towards compliance when the social worker completed all required steps to facilitate a visit but the visit did not occur due to circumstances outside the social worker’s control. In the updated methodology, analysts include data only when the visits did occur.

### ***2022 Performance***

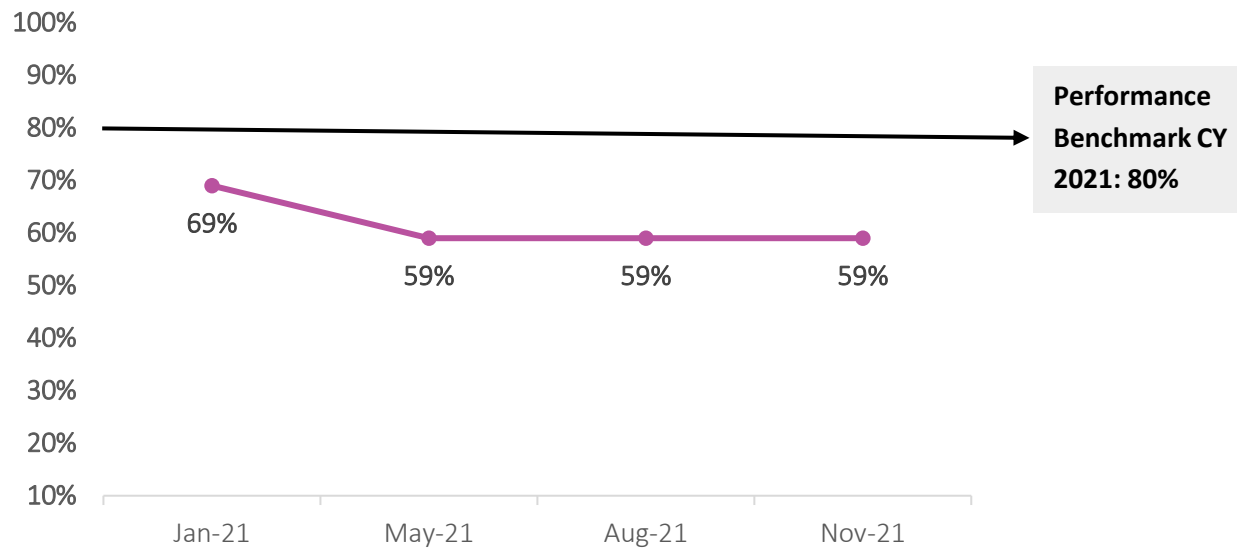
For the monthly range between January 2022 and September 2022, caregivers’ engagement with their children occurred **42 to 61 percent** of the time for children in foster care who had a goal of reunification with that caregiver.

### ***Historical Information***

CFSA has historically experienced challenges in meeting this standard. Analysts reported previous performance on this measure by selecting one month each quarter and completing a Missed Visit Efforts audit for all children who were reported as noncompliant during the months selected. During the previous reporting period, analysts reported this measure’s performance at 59 percent for the months audited (August 2021 and November 2021). Further, analysts identified barriers and challenges to completing the required number of monthly visits for the cases that did not have completed visits and did not meet an exception. The top three challenges to completing visits for both months of the review included parents’ resistance to engage with the Agency, parents not confirming the standing weekly visit time and having a history of no-shows, and parents not showing up at the agreed-upon visit time for that week. Some of these barriers reflect current challenges

towards regular visitation, and some reflect conditions that existed prior to the child’s separation and placement in foster care. For example, CFSA may have substantiated the parent of the child entering care as an unwilling caregiver, or infants may enter the system prior to the parent establishing a strong attachment.

**Figure 25. Completion of Parent-Child Visits, CY 2021**



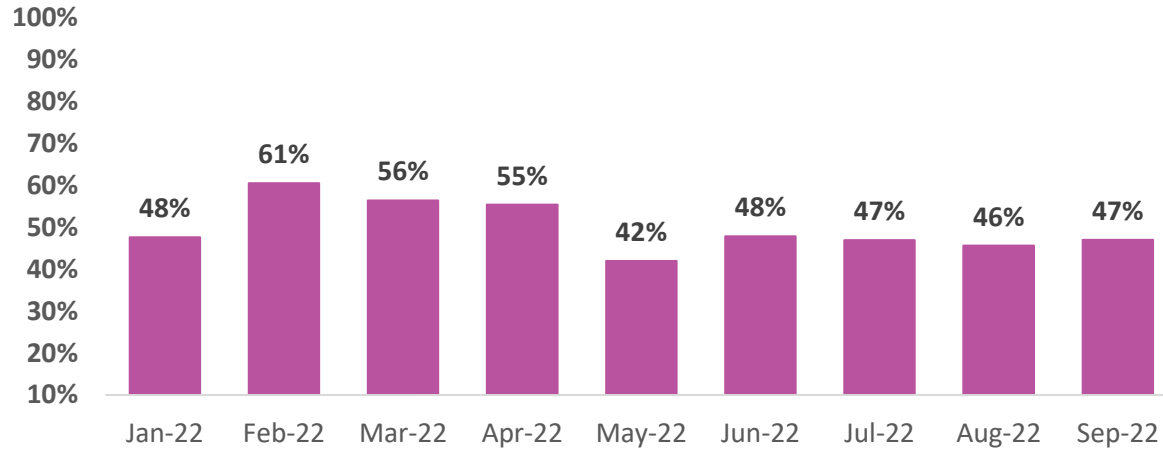
Source: FACES.NET Management Report CMT012

**Analysis**

Performance data for the January 2022 to September 2022 review period peaked in February 2022 at a rate of 61 percent. Performance on this measure was lowest in May 2022 (42 percent). The average performance for this measure during this timeframe was 50 percent.



**Figure 26. Family Engagement with their Child(ren), FY 2022**



Source: FACES.NET Management Report CMT012

While the children who received all four required visits per month did not exceed 61 percent of the children applicable for this measure, many children still have had one-to-three visits with their parents. For example, a range of 14 to 24 percent of children had two to three visits each month, thus not achieving full compliance with this measure. In monthly Permanency Goal Review Meetings (PGRMs), the Agency is also monitoring progress towards reunification and allowing for unsupervised visits as soon as it is safe to do so, often recommending multiple visits a week as the parents’ schedules allow.

In the past, as noted, CFSA used the Missed Visit Efforts’ audit to identify the barriers in cases where the four required visits did not occur. During September 2022, Program Outcomes Unit analysts trained CFSA and CFSA-contracted private agency supervisors on how to identify the primary barrier for social workers to complete visits that were missed.<sup>50</sup> Analysts then started full collection of this data in October 2022 and it will be included in the next Agency Public Performance Report.

**Conclusion**

N/A no performance target at this time.

<sup>50</sup> The barriers include engagement challenges, youth refused, incarceration, goal has changed or goal change is recommended, unable to locate parent, court order putting the visits at the youth’s discretion, youth is in missing, absent or runaway status, case reassignment or staffing challenges, social worker performance, COVID related challenge, parent or child is out of the district, and parent is hospitalized.

## 11. Family Engagement with the Agency A: Reunification (formerly Parent-Worker Visits)

### **Measure**

The number of parents whose children have a goal of reunification and who have at least one visit per month with the social worker from when the child enters care until the goal changes. There was no performance target set for FY 2022, RTS will be used to set this performance target in the future.

### **Methodology**

To assess performance, CFSA used monthly FACES.NET data to identify cases that had the required number of visits. The number of parents whose children had a goal of reunification and experienced at least one completed visit with a social worker during the month was considered compliant for that month. The number of parents who did not have at least one completed visit with a social worker within a month was not compliant. Previously, CFSA utilized the reporting of “Missed Visits Efforts” and completed a qualitative audit to determine compliance for this measure. In those instances, analysts gave comprehensive documentation credit when the social worker had completed required steps to facilitate the visit but the visit did not occur due to circumstances outside the social worker’s control. In the updated methodology, analysts use data only from the visits that did occur. In addition, CFSA extended the timeframe for tracking visits from the first 9 months after a child was separated to the entire time that the child had a goal of reunification. In addition, CFSA decreased the data collection for frequency of the visits and requirements for who could complete the visits from two visits (one needed to be completed by a social worker but the second could be completed by other CFSA staff members<sup>51</sup>) to one visit per month that the social worker must complete.

### **2022 Performance**

For a monthly range between January 2022 and September 2022, family engagement with the Agency occurred for 55 to 68 percent of the time for parents of children in foster care who had a goal of reunification.

### **Historical Information**

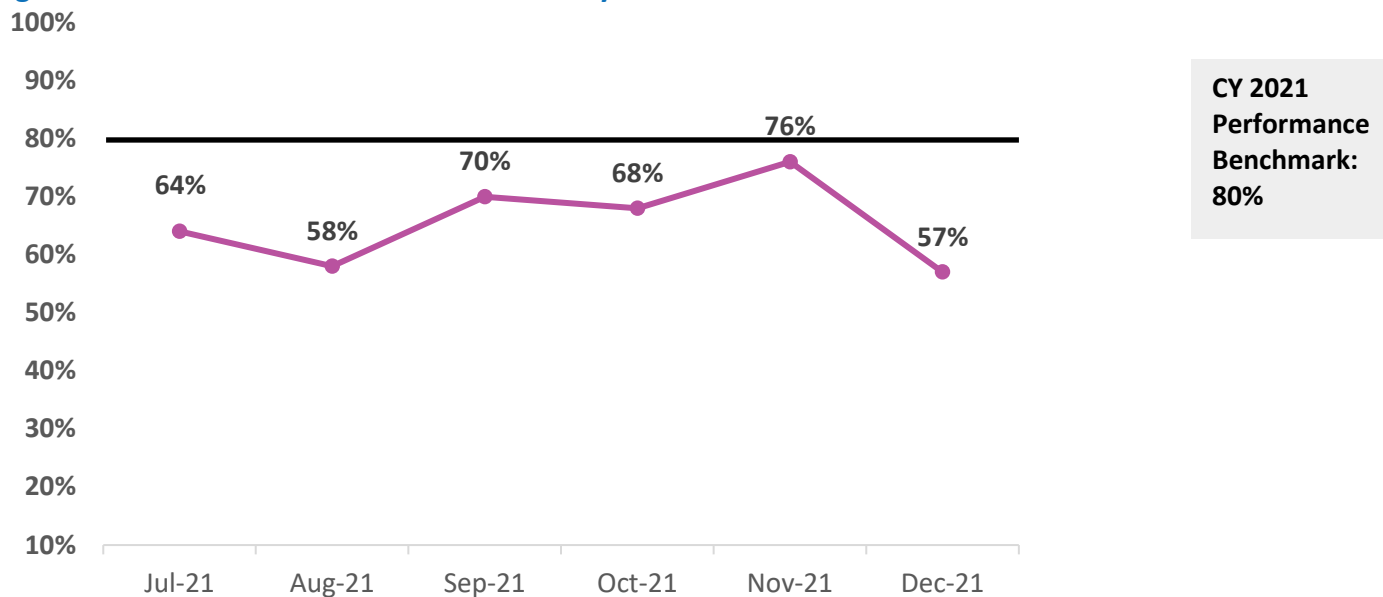
Performance data for the July to December 2021 period (using the old methodology) peaked in November 2021 at a rate of 76 percent but dipped to the lowest percentage in December 2021 (57 percent). Performance on this measure fluctuated between 10 to 15 percentage points below the benchmark, including further dips below the benchmark in August 2021 and December 2021.

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<sup>51</sup> In the old methodology, one visit completed by a Family Support Worker, Nurse Care Manager, PEER Advocate, Project Connect worker or Recovery Specialist could count towards the required two monthly visits.

Analysts identified barriers and challenges to completing the required number of monthly visits for cases that did not meet an approved exception. The most prevalent barrier to completing parent and Agency visits was parent refusal to engage. Analysts also identified documentation issues as a barrier for approval of Missed Visit Efforts, including efforts documented by social workers that were duplicative in nature, despite the social worker’s familiarity and knowledge of the case.

**Figure 27. Households with Twice Monthly Visits between Workers and Parents with Goal of Reunification, July – December 2021**

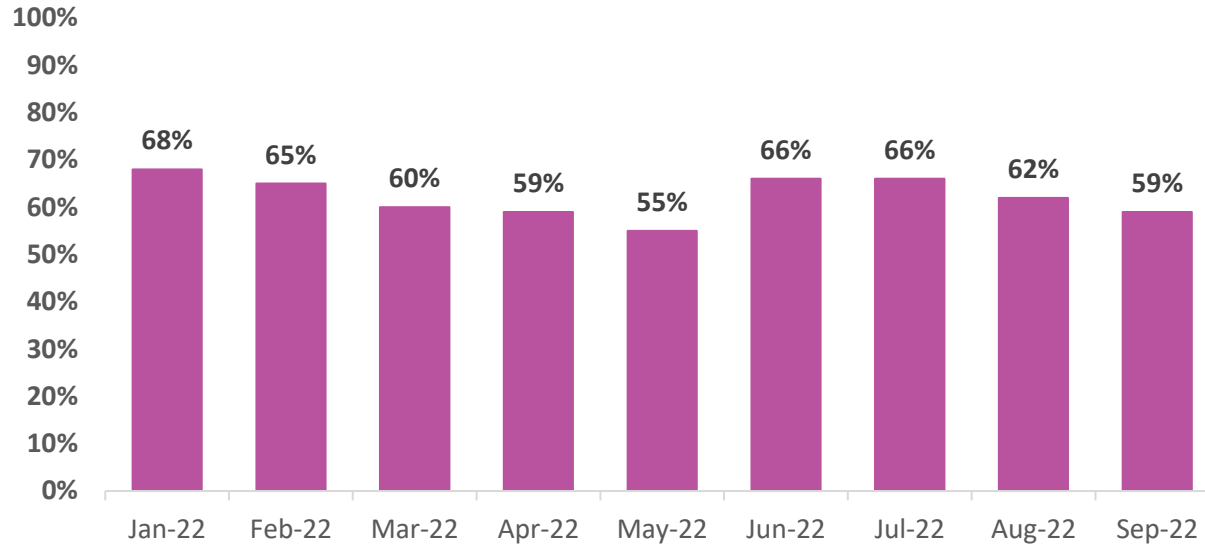


Source: CFSA Administrative Data, FACES.NET report CMT267, and findings from CFSA internal audit with IVA validation of Missed Visits Efforts during select months

**Analysis**

Performance data for the January 2022 to September 2022 review period peaked in January 2022 at a rate of 68 percent. Performance on this measure dipped to its lowest in May 2022 (55 percent). The average performance for this timeframe was 62 percent.

**Figure 28. Family Engagement with the Agency (Reunification), FY 2022**



Source: FACES.NET Management Report CMT267

In the past, CFSA used the Missed Visit Efforts audit to identify the barriers in cases where the one required visit did not occur. That practice stopped as of January 2022. During September 2022, analysts within the Program Outcomes Unit trained CFSA and CFSA-contracted private agency supervisors on how to identify the primary barrier for social workers to complete any visits that were missed. Analysts then started full collection of this data in October 2022. The barriers to completing visits, along with the identified strategies to overcome these barriers, will be included in the next report.<sup>52</sup>

For this measure, CFSA is specifying “one” as the minimum number of expected visits. The rationale behind one visit per month is to provide greater flexibility for clinical assessment and judgement regarding best practices. In many instances, the needs of the children and family will require additional visits beyond the specified minimum. Hence, the needs of the child and family will drive visit frequency, along with consultation with the supervisor and other members of the team. The Agency also continues to encourage other CFSA professionals to visit

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<sup>52</sup> Barriers that will be captured in future reports include engagement challenges, youth refused, incarceration, goal has changed or goal change is recommended, unable to locate parent, court order putting the visits at the youth’s discretion, youth is in missing, absent or runaway status, case reassignment or staffing challenges, social worker performance, COVID related challenge, parent or child is out of the district, and parent is hospitalized.

with and engage parents to support this measure. Other professionals may include family support workers, a parent advocate, parent partnership specialists, recovery specialists, Project Connect resource development specialists, etc.

### **Conclusion**

N/A, no performance target has been set at this time.

## **12. Sibling Visits**

### **Measure**

80 percent of children shall have monthly visits with their separated siblings and 75 percent of children shall have twice monthly visits with their separated siblings

### **Methodology**

To assess performance, CFSA utilizes data from FACES.NET. Children placed apart from their siblings should have at least twice monthly visitation with some, or all, of their siblings unless documented that the visitation is not in the best interest of the children.

### **2022 Performance**

A monthly range of 70 to 87 percent of applicable children had at least one monthly visit with their separated siblings. A monthly range of 67 to 81 percent of applicable children had twice monthly visits with their separated siblings.

### **Historic Information**

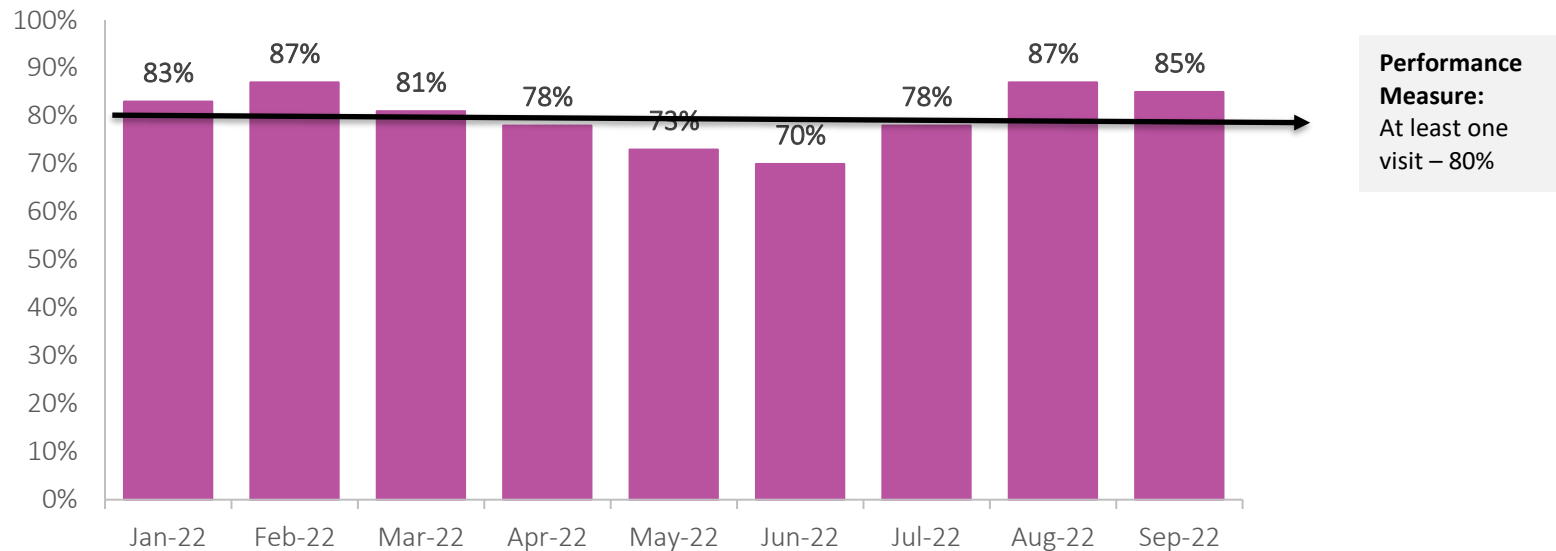
Since this measure returned to public reporting in 2021, performance on children visits with their separated siblings was met for both measures during the January-June 2021 and July-December 2021 performance periods, i.e., at least one monthly visit for 80 percent of the children and twice monthly visits for 75 percent. At the conclusion of the IEP, this measure had been met for 13 consecutive monitoring periods.

### **Analysis**

During the 9-month monitoring period, CFSA achieved the goal of providing at least one monthly visit to children and their separated siblings in 5 months, and twice monthly visits in 4 months. Although the target was missed by a small margin (2-3%) in some months for both measures, CFSA did not reliably meet either part of the measure due to several significant factors. These include youth declining ongoing visits with siblings, difficulties with engagement, age gaps among siblings, impacts related to Covid-19, out-of-district placements, and situations where siblings

are incarcerated or have run away.<sup>53</sup> The percentage of children who received at least one visit and twice monthly visits continued to fluctuate throughout the reporting period, between 70-87% and 67-81%, respectively. The data suggests that while most children in foster care receive at least one visit, the frequency of twice monthly visits was more inconsistent during this review period which was influenced by the aforementioned factors. Successful achievement of this measure for those months involves engagement of resource parents to set up video or in-person get togethers between separated siblings based on three considerations: (1) the assessment of safety or risk for the siblings' health during the pandemic, (2) the children's ability to see each other through parent-child visits for those with a goal of reunification, and (3) the established relationships between older youth siblings and their ability to see each other independent of the Agency.

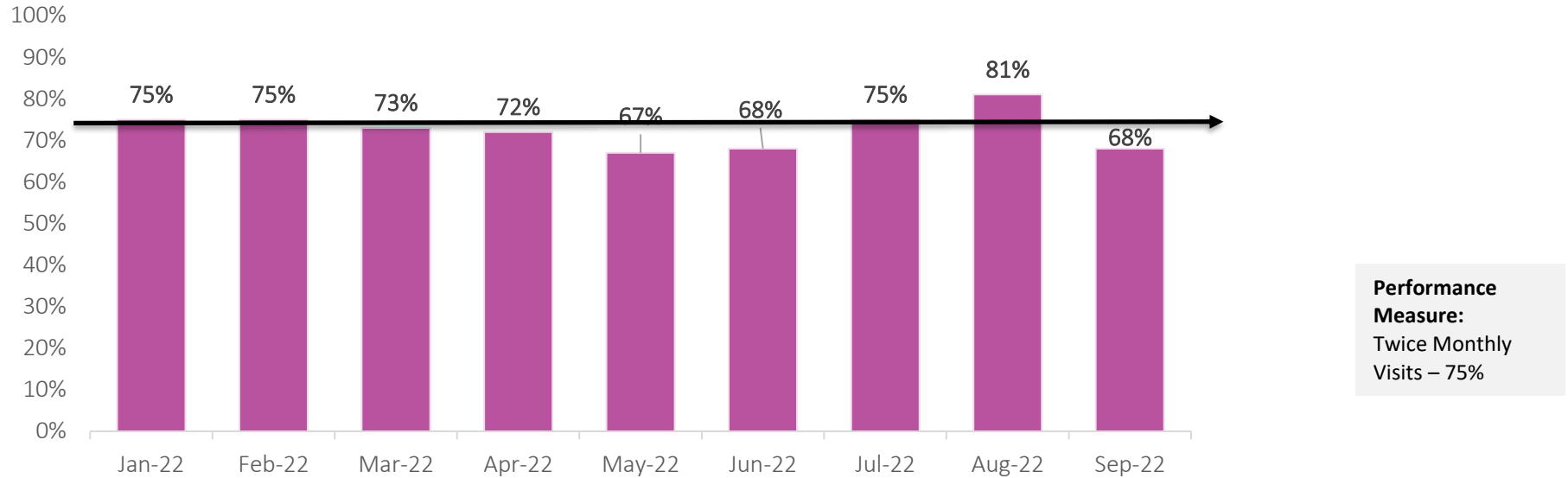
**Figure 29. Children with At Least One Required Visit with their Separated Siblings, January – September 2022**



Source: FACES.NET Management Report CMT219

<sup>53</sup> Difficulties with engagement is defined as the worker was unable to complete visit because: (1) the family did not communicate or engage with the worker, cancelled visits, was a no show, failed to reschedule timely, or was not present for an unannounced visit, or (2) the building was locked and no family contacts have an operable phone making the residence inaccessible. Age gaps among siblings can present a challenge if there is an older sibling who is a teenager who was removed from the home prior to the younger sibling being born, and siblings never lived in the same household together.

**Figure 30. Children with Twice Monthly Required Visits with their Separated Siblings, January – September 2022**



Source: FACES.NET Management Report CMT219

**Conclusion**

CFSA considers this measure **not achieved**.

**13. Sibling Placement**

**Measure**

The percent of children who enter foster care with all or some of their siblings or within 30 days of their siblings and who are placed with all or some of their siblings. There was no performance target set for FY 2022, RTS will be used to set this performance target in the future.

**Methodology**

To assess performance, analysts used data from FACES.NET. The measurement logic includes children placed with one or more siblings in traditional foster homes and either traditional or therapeutic group homes. Children placed in the following placement types are excluded from the measure: children in runaway status for more than 30 days, a correctional facility, diagnosed as developmentally disabled, a residential treatment facility, a hospital, college, teen parent program, or not in a legal placement.

## FY 2022 Performance

A monthly range of **73 to 78 percent** of applicable children were placed with one or more siblings.

## Historical Information

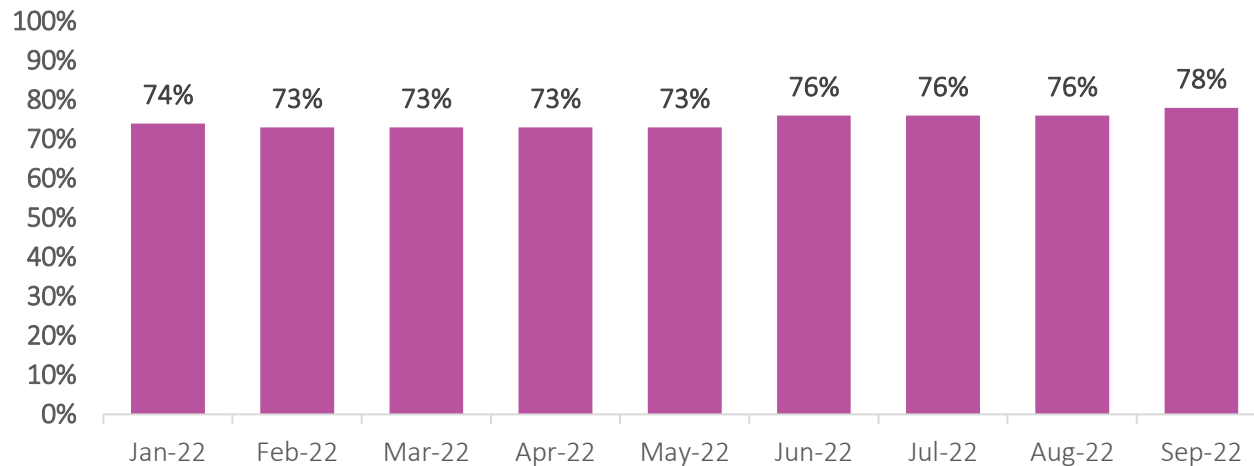
The Agency removed this measure from the *LaShawn* lawsuit due to the Agency reliably meeting the measure. The Agency reintroduced the measure in FY 2022 due to the placement of sibling sets in the same home being an important child welfare practice and Agency value.

## Analysis

Maintaining connections to siblings when children enter foster care mitigates some of the trauma experienced during separation and can help children sustain their family connections and supports. CFSA promotes sibling relationships by placing siblings together and ensuring regular visitation if they are placed apart.

Over the months of January to August, the number of total eligible children in the calculations ranged from 189 to 219. The percentage of children placed with siblings remained relatively stable at 73 to 76 percent. The practice of placing siblings together showed improvement over time with performance in the first 5 months landing at 73 to 74 percent, improving to 76 percent from June to August 2022, and ending the year at the highest performance of 78 percent. The data suggest that a significant portion of the children in foster care are being placed with their siblings, which is a positive outcome for the maintenance of family connection, overall well-being and development of the children.

**Figure 31. Sibling Placed Together, January 2022-September 2022**



Source: FACES.NET report PLC251



## **Conclusion**

N/A (no performance target assigned at this time).

## **14. Placement Stability – Children Entering Foster Care**

### **Measure**

The percentage of children who entered care for the first time during the year and experienced a placement change within the first 0-3 months, 3-6 months, 6-9 months, etc. up to 15-18 months.

### **Methodology**

This measure uses methodology created by Chapin Hall at the University of Chicago and utilizes the Multistate Foster Care Data Archive (FCDA). CFSA submits administrative data to Chapin Hall twice per year. At the time of analysis, the most recent data available in the FCDA included entries and placement changes through December 31, 2021. This analysis focuses on the youth who entered care in calendar year 2020, since not enough time has passed to fully observe the initial placement moves for children who entered in 2021.

The analysis focuses on the percentage of children entering care for the first time during the year and their initial placement moves within different types of care settings. The types of care settings are foster care, kinship, congregate care, and "other".<sup>54</sup> The data are broken down into 3-month intervals, ranging from 0-3 months up to 15-18 months. The analysis is based on the length of time from entering care to the first change in placement. Following this analysis is a "step up/step down" analysis that looks at the quality of the move from the first placement to the subsequent placement and looks at whether the subsequent placement was in a more or less restrictive setting.

### **2020 Performance**

Over half (52 percent) of the children who first entered care in 2020 had their initial placement change within the first 3 months, regardless of placement type. An additional 13 percent of children experienced their first placement change within 3-6 months after entering care, while 14 percent of children experienced their first placement change at 6-9 months after entering care. Thirteen percent of the children experienced their first placement change 9-12 months after entering care. Regarding placement changes by type within the first three months of care, 84 percent of children in "other" placements experienced a move while 64 percent of children in congregate experienced a move within 3 months. For those children in a traditional family-based foster care setting, 52 percent moved within the first 3 months. Children first placed in a kinship home had the most placement stability, with only 4 percent having their initial placement move within the first 0-3 months of care.

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<sup>54</sup> Chapin Hall's data dictionary defines Other placement type other than congregate, foster care or kinship care. Some examples include correctional facilities, hospital settings, college, vocational programs and youth residing in unlicensed placements.

## Historic Information

From 2017 to 2019, across all types of placements, there was a consistent trend in initial placement changes for children entering care for the first time. Between 45 to 52 percent of the children experienced an initial placement change within the first 3 months, while an additional 13 to 25 percent experienced their initial placement change within 3 to 6 months of entering care. However, these percentages vary greatly when looking at individual placement types. Children who were first placed in a kinship home had very low rates of placement changes either within the first 3 months (3 to 13 percent) or within 3-6 months (0 to 15 percent). Children placed in congregate or “other” placement settings experienced initial placement changes at a much higher rate (33 to 64 percent, and 81 to 90 percent, respectively) within the first 3 months.<sup>55</sup> Children first placed in a family-based traditional foster care placement also experienced a high rate (42 to 52 percent) of placement moves within the first 3 months while 13 to 27 percent of the children experienced their first placement change within 3 to 6 months of entering care. There were some variations in the percentages of initial placement changes within other time intervals based on specific types of placements, but the overall trend remained consistent across the 3 years.

**Table 6. Placement Stability: Percentage of Children Entering Foster care During 2017-2020**

Placement Type	Year	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months
All Types	2017	45%	25%	9%	3%	0%	3%
	2018	47%	21%	9%	13%	6%	6%
	2019	46%	21%	9%	8%	1%	11%
	2020	52%	13%	14%	13%	2%	2%
Congregate Care	2017	54%	67%	50%	0%	0%	0%
	2018	33%	14%	0%	0%	0%	8%
	2019	47%	20%	13%	0%	0%	0%
	2020	64%	0%	50%	0%	0%	0%
Foster Care	2017	42%	27%	8%	4%	0%	4%
	2018	50%	27%	13%	15%	8%	5%
	2019	47%	26%	10%	11%	2%	16%

<sup>55</sup> This comparison does not include the rate at which children first placed in congregate or “other” placement settings had their initial placement move within 3-6 months, due to the very small number of children who were in care for 3 months and who had not yet experienced their first placement change.

	2020	52%	13%	13%	11%	0%	3%
Kinship	2017	13%	0%	0%	0%	0%	0%
	2018	3%	3%	0%	13%	4%	8%
	2019	7%	11%	8%	4%	0%	5%
	2020	4%	15%	9%	10%	6%	0%
Other	2017	81%	0%	40%	0%	0%	0%
	2018	90%	50%	0%	0%	0%	0%
	2019	81%	0%	0%	0%	0%	0%
	2020	84%	17%	20%	50%	0%	0%

Source: FCDA

**Table 7. Placement Stability: Number of Children Entering Foster Care During 2017 - 2020.**

Placement Type	Year	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months
All Types	2017	107	33	9	3	0	3
	2018	141	34	11	15	6	6
	2019	118	30	10	8	1	10
	2020	89	11	10	8	1	1
Congregate Care	2017	7	4	1	0	0	0
	2018	7	2	0	0	0	1
	2019	9	2	1	0	0	0
	2020	7	0	2	0	0	0
Foster Care	2017	77	29	6	3	5	3
	2018	114	30	11	11	1	3
	2019	86	25	7	7	0	9
	2020	50	6	5	4	0	1
Kinship	2017	2	0	0	0	0	0

	2018	1	1	0	4	1	2
	2019	2	3	2	1	0	1
	2020	1	4	2	2	1	0
Other	2017	21	0	2	0	0	0
	2018	19	1	0	0	0	0
	2019	21	0	0	0	0	0
	2020	31	1	1	2	0	0

Source: FCDA

### **Analysis**

The tables above show the percentages of children in different placement types who experienced their initial placement change within various time frames (0-3 months, 3-6 months, 6-9 months, 9-12 months, 12-15 months, and 15-18 months). The denominator gets smaller for each timeframe as there are fewer children who have yet to experience an initial placement change, and therefore much of this analysis focuses on the largest group of children, i.e., those experiencing a placement change within the first 3 months of entering care.

When looking at all placement types combined, the percentage of children experiencing placement changes in the first 3 months of care increased over the years. From 2017 to 2019, around 46 percent of the children entering care experienced an initial placement change within 3 months of entering care, while in 2020 52 percent of children entering care experienced an initial placement change within the same time frame. However, as the number of children entering care continues to decrease each year, the percentage will be more sensitive with a smaller n.

In 2020, according to placement type, children initially placed in “other” placement settings had the highest percentage (84 percent, n=31/37) of placement changes within the first 3 months, followed by children placed in a congregate care settings (64 percent, n=7/11). In comparison, children initially placed in a traditional family-based foster care setting had a higher percentage (52 percent, n=50/96) of placement changes than children placed in a kinship care setting (4 percent, n=1/27), but a lower rate than children first placed in a congregate care or “other” settings. These discrepancies demonstrate that initial placements in kinship settings present the highest degree of stability for children entering care.

For all placement types, the percentage of children who entered in 2020 and experienced their initial placement changes within the first 3-6 months of care remained relatively high, ranging from 13 percent to 17 percent across different placement types. Congregate care placement settings had the highest percentage (50 percent, n=2/4) of children who experienced placement changes during the 6 to 9-month period. Traditional family-based foster care and kinship care settings each had similar percentages of children who experienced placement

changes during the 6 to 9 and 9 to 12-month periods. Children initially placed in a foster care setting experienced an initial placement change during each of these periods (n=5 for 6-9 months and n=4 for 9-12 months) while 9-10 percent of children initially placed in kinship care experienced an initial placement change either during the 6 to 9 months or 9 to 12-month periods (n=2 for both time periods). For children in "other" placement settings, 20 percent (n=1/5) experienced an initial placement change during the 6 to 9-month period. The percentage of children who experienced placement changes during the 9 to 12-month period was even higher for this placement type (50 percent, n=2/4) in 2020.

**Table 8. Timing of Initial Placement Change for Children Entering Care in 2020, by Percentage of Children**

Placement Type	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months
All Types (N=171)	52%	13%	14%	13%	2%	2%
Congregate Care (N=11)	64%	0%	50%	0%	0%	0%
Foster Care (N=96)	52%	13%	13%	11%	0%	3%
Kinship (N=27)	4%	15%	9%	10%	6%	0%
Other (N=37)	84%	17%	20%	50%	0%	0%

Source: FCDA and Administrative Data

**Table 9. Timing of Initial Placement Change for Children Entering Care in 2020, by Number of Children**

Placement Type	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months
All Types	89	11	10	8	1	1
Congregate Care	7	0	2	0	0	0
Foster Care	50	6	5	4	0	1
Kinship	1	4	2	2	1	0
Other	31	1	1	2	0	0










Source: FCDA and Administrative Data

**Placement Stability: Step-up and Step-down Analysis of Children entering foster care in 2020**

While CFSA’s data shows a significant amount of placement moves within the first 3 months of a child entering foster care, these moves are not necessarily placement disruptions or negative moves. They could have been positive and planned, i.e., moving children from an initial congregate care placement to a less restrictive traditional family-based foster care setting, or moving a child from either a congregate setting or family-based foster care setting to a kinship placement setting. CFSA considers both of those examples as a desirable “step down” placement change in the best interest of the child. A less desirable change would be a “step up” placement change, e.g., where a child goes from a less restrictive placement setting such as a kinship placement to a congregate care setting or “other” setting such as residential treatment. Children and youth might experience a step up during a placement change because their needs require a higher level of care.

It’s crucial to examine the subsequent placement for the children who experienced a change in order to determine the appropriateness of that change, placement stability factors, and placement matching, regardless of whether the initial placement change occurred within the first 3 months, or any of the other time frames (3-6 months, 6-9 months, etc.). The table below provides information on how children transitioned between different types of out-of-home care placements, looking at all time frames between the initial and the subsequent placement. This information is critical for the Agency to develop strategies for improvement, and to make informed decisions for increasing the number of children experiencing a “first placement – best placement” option.

**Table 10. Step-up and Step-down Analysis of Children entering foster care in 2020 from Initial Placement to Subsequent Placement**

Initial Placement	Subsequent Placement			
	Congregate/ Group Care	Foster Care	Kinship	Other
Congregate/ Group Care	44%	 56%		
Foster Care	 5%	62%	 29%	 5%
Kinship	 10%	 80%	10%	
Other	 3%	 83%	 9%	6%

Source: FCDA and Administrative Data

The data above allows for a substantive analysis of the quality of moves, including steps up and steps down, for a child's initial and subsequent placement setting. Among the children initially placed in a congregate care setting, 44 percent remained in the same type of placement for their subsequent placement, while 56 percent experienced a step down to a traditional family-based foster care home. For those initially placed in family-based foster care, 5 percent experienced a step up to a congregate care setting. Sixty-two percent moved within the array of family-based foster care placements (i.e., a lateral move to another foster care home), while 29 percent stepped down in placement to a kinship caregiver. Five percent experienced a step up to "other" placement settings.

Children placed in kinship care are in the most stable placement type. Over the 18 months covered in this analysis 10 out of 27 children initially placed in a kinship home experience a subsequent placement. As kinship care is the least restrictive placement, any other placement type would be considered a step-up. Of the children with an initial kinship placement who have a second placement, 80 percent step up to family-based foster care with non-kin. Ten percent remained in kinship care but moved to another family member's home. Ten percent experienced a step up to a congregate care setting.

Lastly, for children initially placed in "other" placement settings, 83 percent stepped down to a family-based foster care setting, while 9 percent stepped down to a kinship care setting. Six percent remained in the "other" placement setting while 3 percent stepped up to a congregate care setting.

This analysis helps to identify trends and areas for improvement to ensure that children are placed in the most appropriate and stable caregiving arrangements to meet their needs. As noted, if a placement move must occur, CFSA prefers to move children from a restrictive congregate care or "other" placement setting to a less restrictive and generally more stable placement setting such as family-based foster care or kinship care. With the exception of children initially placed in kinship settings (for whom there is no step-down option), the data shows there are high proportions of children who are being laterally moved from one placement type to another placement of the same type. These lateral moves are most clearly seen for children initially placed in a traditional family-based foster care setting where 62 percent of all the initial moves were to another foster home. For children initially placed in a congregate care setting, 44 percent moved to another congregate care setting as the subsequent placement. While these placement changes may be necessary to better meet the child's unique needs, the children nonetheless are experiencing placement instability, rather than an improvement in circumstances by moving from an institutional group setting into a family, or from a previously non-relative family to residing with kin. Recognizing the crucial importance of placement stability for children already experiencing a traumatic separation from the home, CFSA continues its ongoing dedicated work towards identifying and licensing kin in order to be able to increase the proportion of children who are able to live with relatives as their first placement. Whenever that option is not immediately available, the Agency continues its due diligence to ensure children are stepped down from Congregate care, non-relative foster care, and "other" placement settings and placed with kin.

In conclusion, children who initially entered foster care in DC from CY 2017 to CY 2020 had high rates of experiencing an initial placement move within the first 6 months of entering foster care for family-based foster care, congregate care, and "other" settings. However, children

initially placed in kinship care had much lower rates of initial placement changes within the first 6 months. When looking at the second placement for these children, while some experienced a step down into a more appropriate setting, many experienced a lateral move into the same type of placement setting with other family members. Again, CFSA will continue to promote timely identification of available kin at the time of separation and assist family members toward expedient licensing of kinship homes in order to maintain the low rates of placement instability with this least restrictive placement type.

### **Conclusion**

N/A (no performance target has been assigned at this time).

## **15. Placement Stability: For Children in Care (point-in-time)**

### **Measure**

Performance measure for reduction of multiple placements for the following cohorts of children in care:

#### **1. Among children in care on the 1st day of the fiscal year (October 1<sup>st</sup>), the percent with 1, 2 or 3+ placements for:**

Children in care 0 – 3 months

Children in care 3 – 6 months

Children in care 6 – 9 months

Children in care 9 – 12 months

Children in care 12 – 15 months

Children in care 15 – 18 months

#### **2. Among children who entered care in fiscal year, the percent with 1, 2, or 3 placements for:**

Children in care 0 – 3 months

Children in care 3 – 6 months

Children in care 6 – 9 months

Children in care 9 – 12 months

There was no performance target set for FY 2022, RTS will be used to set this performance target in the future.



This will be accompanied by a qualitative analysis on the children with 3 or more moves. The qualitative analysis will be informed by the CFSR 3: Permanency Outcome 1, Item #4 – *Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?*<sup>56</sup>

## **Methodology**

To assess performance, analysts used data from FACES.NET. The universe includes children in placement during the fiscal year who received room and board services for at least 8 days. The measurement logic excludes the following types of settings: respite (if the child returns to their previous provider), hospital stays, college, children in runaway status, and children placed less than 8 days in care.

The universe of children includes two cohorts. The first cohort is the children served as of the last day of FY 2021 (September 30, 2021) as the base population for children in care. The analysts examined the total number of first cohort placements from when the children were separated until the end of FY 2022 (September 30, 2022), or upon their exit from foster care prior to the end of the fiscal year. A second cohort includes the children who entered or re-entered care during FY 2022. Analysts counted the total number of second cohort placements by the end of FY 2022, or upon the children’s exit from foster care prior to the end of the fiscal year.<sup>57</sup>

There is no performance target set at this time.

This quantitative analysis of placement changes is accompanied by a qualitative analysis of children with three or more moves. FACES management report PLC259 identified a total of 406 children in foster care with three or more placement changes from the number of children in foster care as of October 1, 2021 (n=355) and from those who entered or re-entered foster care during FY 2022 (October 1, 2021-September 30, 2022, n=51). From that universe, PAQIA focused on the 112 children with three or more moves during FY 2022. Analysts further identified a statistically significant random sample of 80 of these children with three or more moves during FY 2022 to review.<sup>58</sup> Reviewers included staff from PAQIA, the Program Outcomes Unit, and CCM&S (including both case-carrying staff and Placement staff).

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<sup>56</sup> See On Site Review Instrument, <https://www.cfsrportal.acf.hhs.gov/resources/round-4-resources/cfsr-round-4-instruments-tools-and-guides>

<sup>57</sup> This second cohort of children who entered care in FY 2022 differs from the children discussed in measure 14, Placement Stability for Children Entering Care: 1) the data is pulled from FACES.NET and not processed through Chapin Hall’s Foster Care Data Archive database enabling analysis of more recent information, 2) this measure includes entries and re-entries while Chapin Hall data only includes initial entries, 3) Measure 14 examines only when the initial placement change occurs, and this measure includes if multiple placement changes have occurred, and 4) entries are categorized by fiscal year rather than calendar year.

<sup>58</sup> 90 percent confidence level, 5 percent margin of error.

Reviewers completed a Survey Monkey tool that involved evaluating each placement change by reviewing FACES.NET contact notes, provider notes, and court documents. Reviewers evaluated the documentation for the following purposes: 1) to determine whether each move was a positive move (i.e., a move into a less restrictive placement, or a move that moved children towards their permanency goal, such as a pre-adoptive placement), or a negative move (i.e., a placement disruption or move into a more restrictive placement setting); 2) to identify either explicit or implicit circumstances affecting the reasons for the move; and 3) If the move was a placement disruption, whether there were any documented interventions, or whether staff attempted to prevent the disruption and preserve the child's placement.

### ***FY 2022 Performance***

Cohort 1: The Agency had served a total of 616 children as of October 01, 2021 (1st day FY 2022). Among the children, by the end of FY 2022 (September 30, 2022), 58 percent (n=355) had three or more placements, while 24 percent (n=149) and 18 percent (n=112) children had one placement or two placements, respectively.

Cohort 2: A total of 177 children entered or re-entered foster care during FY 2022. Among the children, by the end of FY 2022 (September 30, 2022), 46 percent (n=82) had one placement, while 29 percent (n=51) and 25 percent (n=44) children had two placements or three or more placements, respectively.

### ***Historical Information***

N/A, this measure is newly developed for FY 2022.

### ***Analysis***

The analysis provides insight into the relationship between the duration of time a child has been in foster care and the number of placements they have experienced. It helps to identify how stable the placements are for children entering care and to determine areas where improvements can be made to reduce the number of placement changes.

For Cohort 1 (children in care as of 1<sup>st</sup> day of the fiscal year), the table presents the results of an analysis of the duration of time that the children were in foster care (“Duration in Foster Care”) and the number of placements they experienced. The duration of time in foster care is broken down into 3-month increments, plus the children who have been in care for 24 months or longer (0-3 months, 4-6 months, 7-9 months, etc.).

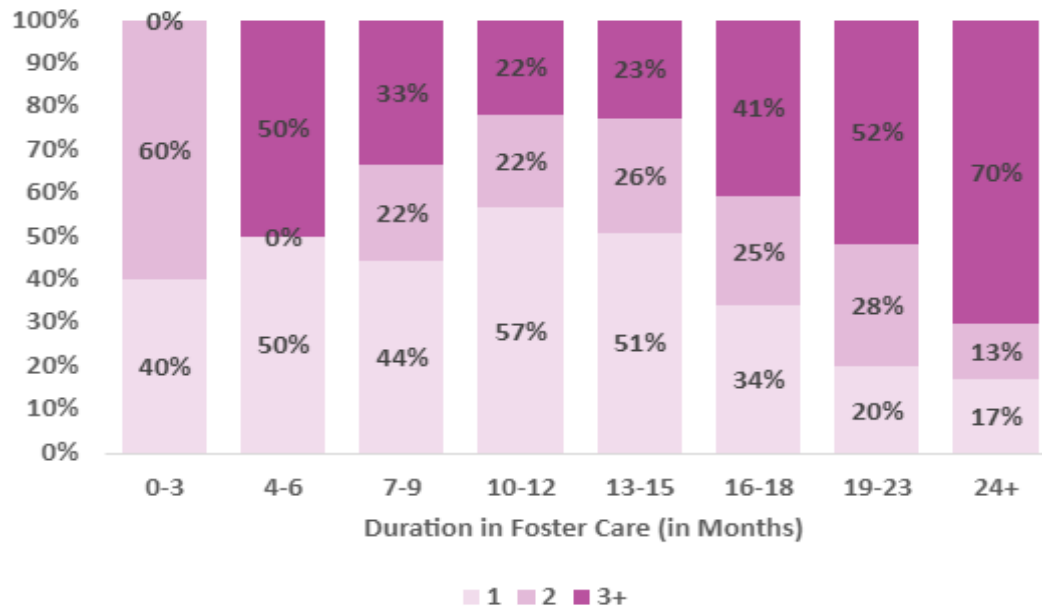
**Table 11. Children in care as of October 1, 2021 (1st day of FY 2022), by Number of Placements and Duration in Foster Care as of September 30, 2022 (end of FY 2022)**

Duration in Foster Care	1 Placement	2 Placements	3+ Placements	Total Children
0-3 months	2	3	0	5
4-6 months	1	0	1	2
7-9 months	4	2	3	9
10-12 months	13	5	5	23
13-15 months	29	15	13	57
16-18 months	20	15	24	59
19-23 months	16	23	42	81
24+ months <sup>59</sup>	64	49	267	380
<b>Total</b>	<b>149</b>	<b>112</b>	<b>355</b>	<b>616</b>

Source: FACES.NET report PLC259

<sup>59</sup> The range of months in care for these children was 24 months to 239 months.

**Figure 32. Placement Stability for Cohort 1: Percentage of Children in Care on the 1<sup>st</sup> day of FY 2022 with Multiple Placements**



Source: FACES.NET report PLC259

These data represent the distribution of the number of placements experienced by children in foster care as of October 1, 2021. The Agency’s goal is to minimize placement moves and stabilize placements for children in foster care. Our analysis focuses on the children in care for at least 10-12 months due to the small numbers of children in care 0-3 months (n=5), 4-6 months (n=2), and 7-9 months (n=9). These children exited care prior to the end of fiscal year. Overall, the trend suggests that as the duration of foster care increases, the likelihood of children having multiple placements also increases. Prior to children being in care for 16 to 18 months, fewer than one in four children had three or more placements. However, once they were in foster care for 16 to 18 months and longer, the rate of three or more placements grows exponentially more (40 percent, 52 percent, and 70 percent respectively).

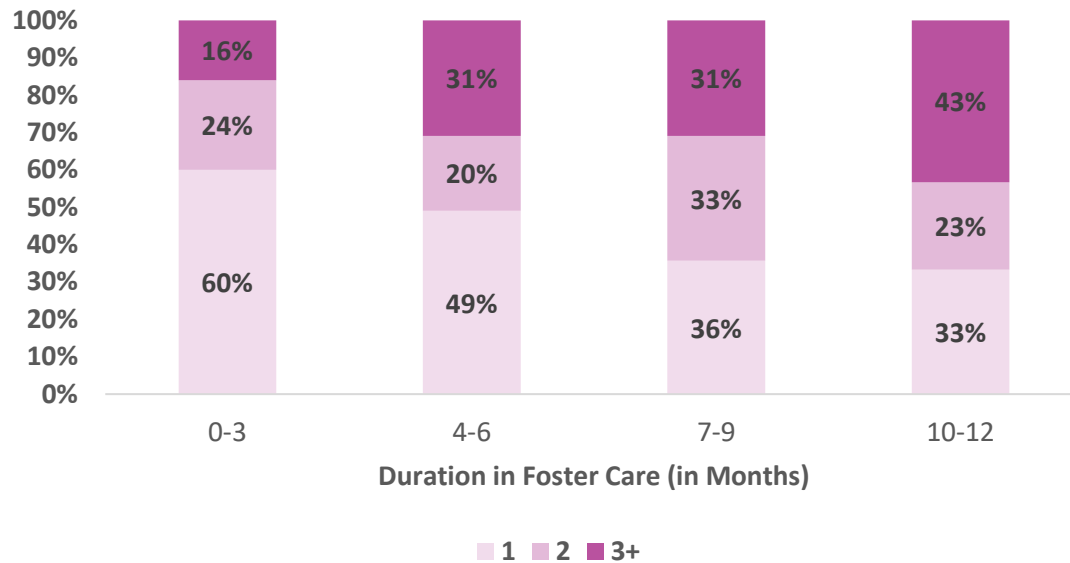
For Cohort 2 (children who enter care within the fiscal year), the table below illustrates the total number of placements experienced by these children by the duration of time in care. The duration of time in foster care is broken down into four ranges (0-3 months, 4-6 months, 7-9 months, and 9-12 months). The range does not go beyond 12 months since these children all entered in FY 2022.

**Table 12. Children who Entered or Re-Entered Care in FY 2022, by Number of Placements and Duration in Foster Care**

Duration in Foster Care	1 Placement	2 Placements	3+ Placements	Total Children
0-3 months	30	12	8	50
4-6 months	27	11	17	55
7-9 months	15	14	13	42
10-12 months	10	7	13	30
<b>Total</b>	<b>82</b>	<b>44</b>	<b>51</b>	<b>177</b>

Source: *FACES.NET* report PLC259

**Figure 33. Placement Stability for Cohort 2: Percentage of Children who entered care in FY 2022 with multiple placements**



Source: *FACES.NET* report PLC259

The above graph suggests, as the duration of time in foster care increases, the likelihood of children having multiple placements also increases. Up until 10-12 months, in each subgroup the largest group of children experienced one placement. However, as early as the 4-6 month time-period, about one in three children who entered or re-entered care had experienced three or more placements.

CFSA's Placement Unit has been closely monitoring children within Cohorts 1 and 2 to ensure that CFSA and the private providers are supporting both the resource parent and the child, specifically children who are on their second placement. The Placement Unit is also examining whether the Agency is using appropriate stabilization efforts to prevent the possibility of a third move. These efforts are described further in the qualitative review portion of this measure. The Agency has established a protocol for stabilization meetings to be held within specific timeframes for various placement scenarios. This protocol includes meeting within 10 business days of children entering care, or within 5 business days for re-placements, such as when a child experiences a second move within the first 12 months of entering care. Additionally, meetings are held when a child is discharged from a psychiatric or medical hospitalization, a psychiatric residential treatment facility, or a correctional setting, and the child is transitioning to a resource home or congregate care facility.

### **Qualitative Review**

Prior to this review, PAQIA had not completed a qualitative review of placement stability for several years. During this initial step to resume qualitative reviews of placement stability, reviewer feedback indicated some challenges in accessing and understanding child level case data. Some reviewers identified that the circumstances surrounding a child or youth's placement changes occurred in several different places in FACES.NET, which contributed to confusion as to the circumstances and outcomes of many of the moves documented. This confusion occurred when information in one place contradicted information documented elsewhere, or there was missing or incomplete information in one place compared to another, e.g., contact notes<sup>60</sup> and FACES.NET placement screens. This review revealed that a significant amount of placement stabilization efforts completed by the agency and service providers are conducted through email, text, phone calls and during in-person meetings that are not documented in FACES.NET. Therefore, many attempts to stabilize placements couldn't be reflected in this analysis.

Placement provider notes (also in FACES.NET but separate from social worker contact notes) were reported as being the most comprehensive and clear documentation of placement changes when present. However, those notes are currently only completed only by CFSA re resource parent support workers. Private agencies are not contractually required to complete provider notes, and do not currently complete them.

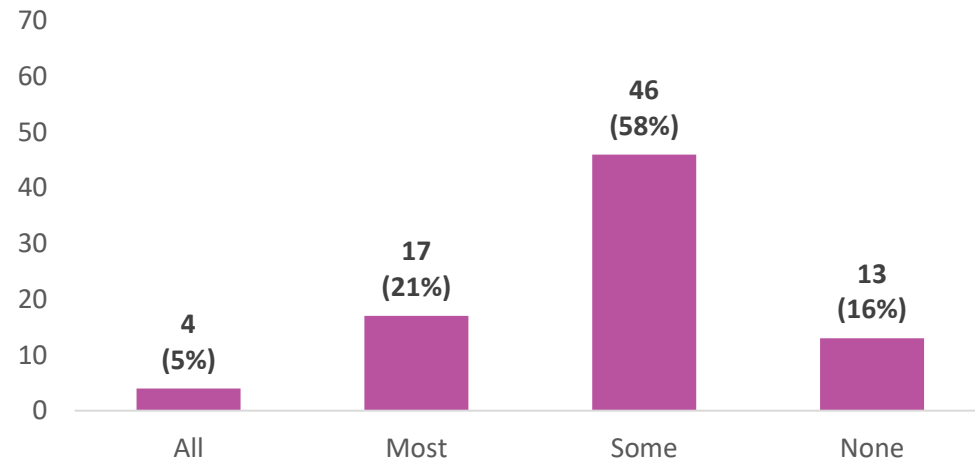
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<sup>60</sup> Notes entered in FACES.NET by CFSA and private agency staff documenting their interaction with or on behalf of the children and families on their caseload, including visits in the home or community, telephone calls, e-mails, etc.

The lack of consistently clear, comprehensive documentation identifying factors that negatively impacted placement stability, along with the Agency’s efforts to address them, challenges the analytical process for determining systemic areas in need of growth. Reviewers also found that many of the placement changes identified in FACES.NET should have been documented as something other than a change, such as temporary respite care (8 percent, n=36) and FACES.NET service line changes in which the child never left the placement (6 percent, n=26).<sup>61</sup> In addition, CFSA is currently counting non-paid placements (such as a correctional facility) towards the total number of children’s placements. Per the Children’s Bureau<sup>62</sup>, these do not count towards placement totals.

Evaluating the FY 2022 placement changes for each of the 80 children, for 58 percent (n=46) of the children, the reviewers determined that “some” of the moves were positive (i.e., moving towards children’s case or permanency plan goals). Of the remaining youth, 26 percent (n=21) of the children experienced moves which were “all” or “mostly” positive, and 16 percent (n=13) experienced moves in which “none” were “positive”.

**Figure 34. Were children’s placement changes positive and consistent with achieving the child’s permanency or case plan goals?**



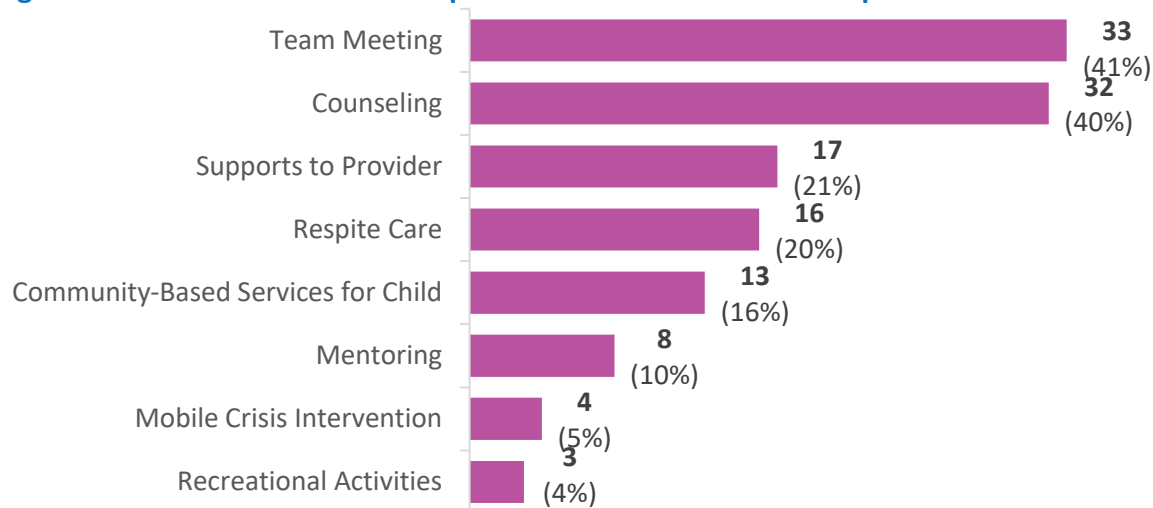
Source: Placement Stability Review Survey Monkey Data

<sup>61</sup> A service line indicates the type of placement and determines the payment that is sent to the placement provider. Instances in which a service line could change when a child did not actually move can include (but are not limited to) children staying with kin in an unlicensed placement and the kin successfully obtaining licensure, or a youth giving birth to a child and the service line changing to accommodate increased payment to the resource parent for the youth’s child.

<sup>62</sup> The federal agency under the United States Department of Health and Human Services’ Administration for Children and Families that focuses on improving child abuse prevention, foster care, and adoption.

Of the 421 separate placement changes for the 80 children, reviewers determined that 252 (60 percent) of the moves were negative moves, i.e. either a placement disruption (n=235, 56 percent) or a planned move to a more restrictive placement (n=17, 4 percent).<sup>63</sup> In 79 (34 percent) of the 235 placement disruptions, reviewers found documentation of attempted efforts made to prevent the disruption.<sup>64</sup> During the review, the reviewers documented for each child what kinds of interventions were put in place to prevent placement changes. The figure below shows the responses given for the 80 children; team meetings and mental health/counseling services for the youth were the most frequently documented interventions. During the Placement Stability Qualitative Review Debrief, program managers from CCM&S and the Placement Administration reflected on how only the placement disruption prevention activities that included the resource parent or client were documented in FACES.NET. Other ongoing activities occurring between the case-carrying team and Placement Administration were often not reflected in FACES.NET. These activities included Placement Office Hours and Hot Button Meetings, among others. Placement Office Hours are monthly meetings held with each CCM&S program manager and the supervisory social workers to discuss placement needs and challenges, any potential disruptions where stabilization efforts can be attempted, information regarding resource parents' strengths and needed areas of growth, and pending moves of children in care to reunification or to successful reunification. The Hot Button meeting is also held monthly with administrators and program managers from Office of Well-being (OWB), CCM&S and Placement to review high-needs youth, which can include discussing placement stability as needed.

**Figure 35. Documented Attempts to Prevent Placement Disruptions**



Source: Placement Stability Review Survey Monkey Data

<sup>63</sup> The total of 421 placement changes includes the 62 instances where it appeared in FACES as a placement change but the review found that it was temporary respite or the service line changed but child did not move.

<sup>64</sup> Staff may have introduced more than one intervention for each disruption.



In summary, this initial placement review demonstrates that there are some data quality concerns with the total number of placements experienced by children in foster care, including an overcounting of some types of placements. The Agency will incorporate this knowledge and work to ameliorate the data quality issue with the launch of STAAND. A further challenge is the lack of comprehensive documentation in FACES.NET regarding the factors leading to placement changes and efforts to prevent placement disruptions. To address this challenge in STAAND, the Agency plans to develop screens so that all parties (social work teams, resource parent support workers, and resource development specialists) within the Placement Administration are documenting efforts regarding placement stability in one place rather than in multiple places as has been occurring in FACES.NET. The consolidation of data will clearly set expectations regarding what should be documented regarding placement stability. To continue to promote improved placement stability, CFSA will continue efforts described in other areas of this report to improve the array of placement options to ensure that the Agency is able to meet the specialized needs of children.

### ***Conclusion***

N/A, no performance target assigned at this time.

## **16. Placement Stability: Kin Placements for Children Entering Care**

### **Measure**

The percentage of children placed with kin within 30 days of entering care. Note: no performance target is set for FY 2022

### **Methodology**

To assess performance, CFSA used FACES.NET data to identify the total number of entries into care during the fiscal year and to identify the number of children placed with licensed kinship resource parents within 30 days of entry. Children in care for less than 8 days are excluded from this measure.

### **FY 2022 Performance**

During FY 2022 there were 201 entries and re-entries of 200 unique children. Of these 200 children, 183 remained in care for at least 8 days. Of those 183 children, 28 percent (n=51) were placed with kin within 30 days of entering care.

## ***Historical Information***

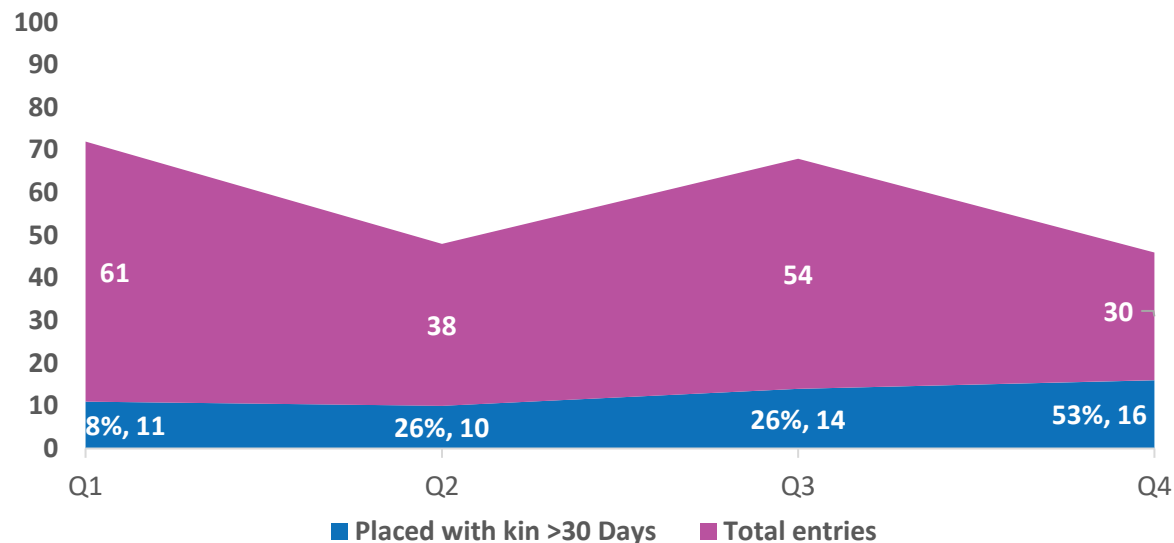
Of all children who came into care in FY 2021, CFSA placed 26 percent with kin within 30 days. The District of Columbia defines “kinship care” as care by a relative (by blood, marriage, or adoption) or close family friend for children in foster care. By identifying kin as possible or immediate caregivers, children who have been (or may be) separated from their parents stay attached to their family and maintain those family ties. CFSA’s Diligent Search Unit is one of the chief resources for identifying kin, as well as the Family Team Meeting unit prior to children entering care. In instances where a child must be separated, and potential kin providers have been identified, the Kinship Family Licensing unit (KFLU) will issue an Emergency Temporary License (ETL) that lasts for 150 days to place the child with that relative or fictive kin. While assessing for an ETL, CFSA conducts background clearances, phone and in-person home assessments, in addition to completing a lead inspection (if the child is 0-6 years old and the potential kin resides in DC). If necessary, KFLU will utilize CFSA resources to provide bedding and other essential items to support the placement. After the home is approved for placement and a temporary license is generated, CFSA conducts a placement stabilization staffing to devise a plan to stabilize the home with CFSA’s support. The provider must also participate in the kinship-specific training, Caring for Our Own, if they reside in DC. The provider is assigned a licensing social worker and resource development specialist to guide them through the process of obtaining a full kinship foster care license. If the potential kin provider resides in Maryland, the case is transferred over to the National Center for Children and Families (NCCF) immediately after the emergency temporary license is granted. The primary difference in issuing an emergency temporary license for Maryland homes is that lead inspections are not required prior to the temporary license approval in accordance with the Code of Maryland Regulations (COMAR), whereas in the District of Columbia, lead tests must be completed prior to licensure. In addition, kinship families with a Maryland emergency temporary license are encouraged to take the Caring for Our Own pre-service training but are also able to take NCCF’s pre-service training for all resource parents if they are not able to attend the training hosted by CFSA. If the identified potential kin reside outside of DC or Maryland, CFSA initiates an Interstate Compact on the Placement of Children (ICPC). The kin must achieve licensure with their local jurisdiction and receive ICPC approval before the child can be placed.

## ***Analysis***

During FY 2022, 28 percent (n=51) of all children who entered care were placed with kin within 30 days of entry, a 2 percentage-point increase from the prior fiscal year. Of those 51 children, just 6 percent (n=4) had placement moves post kinship placement after an average of 60 days with the kin provider (two youth were with kin less than 20 days, two were with kin greater than 110 days). In the figure below, the number of children placed with kin within 30 days is consistent from FY 2022 Q1 through Q3 and then higher in FY 2022 Q4. The reason for the increased number of children placed with kin in Q4 is that there were 4 sibling groups which accounted for 11 of the 16 children first placed with kin. These large sibling groups, and kin who could accommodate their placement, resulted in an increased proportion of entries

during this quarter being placed with kin within 30 days. This positive upward trend in FY 2022 comes after CFSA’s Kinship Administration implemented the following strategies to increase kinship placements. These efforts included 1) collaborating with the Child Welfare Training Academy (CWTA) in FY 2021 to develop and provide continuing education units for case-carrying CFSA and CFSA-contracted social worker training on kinship resources, 2) providing NCCF licensing staff with technical assistance on screening and assessing potential kinship resources and completing kinship licensing packets, and 3) provided training to Entry Services staff on completing phone assessment screenings to identify viable kin prior to or immediately upon a child’s separation from the home.

**Figure 36. Children Who Entered Care and Were Placed with Kin Within 30 Days, FY 2022**



Source: CFSA Administrative Data and FACES.NET report CMT390

In addition to the 51 children placed with kin within 30 days in FY 2022, CFSA placed another 20 with kin outside of the 30 days, i.e., between 36 days to over 200 days after the children entered or re-entered care. The average number of days was 105 for placement.

**Conclusion**

N/A, there is no target assigned at this time.

## 17. Placement in an Emergency Shelter

### **Measure**

No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days

### **Methodology**

To assess performance, CFSA used FACES.NET data and manual data to identify which children remained in an emergency, short-term, or shelter facility or foster home for more than 30 days, and whether moving a child before 30 days would or would not be in the child's best interest.

### **FY 2022 Performance**

CFSA did not achieve performance during the January through September 2022 monitoring period. Between January and September 2022, the Agency placed seven unique children (there were eight stays for more than 30 days that involved seven children) in an emergency, short-term, or shelter facility or foster home for more than 30 days.<sup>65</sup>

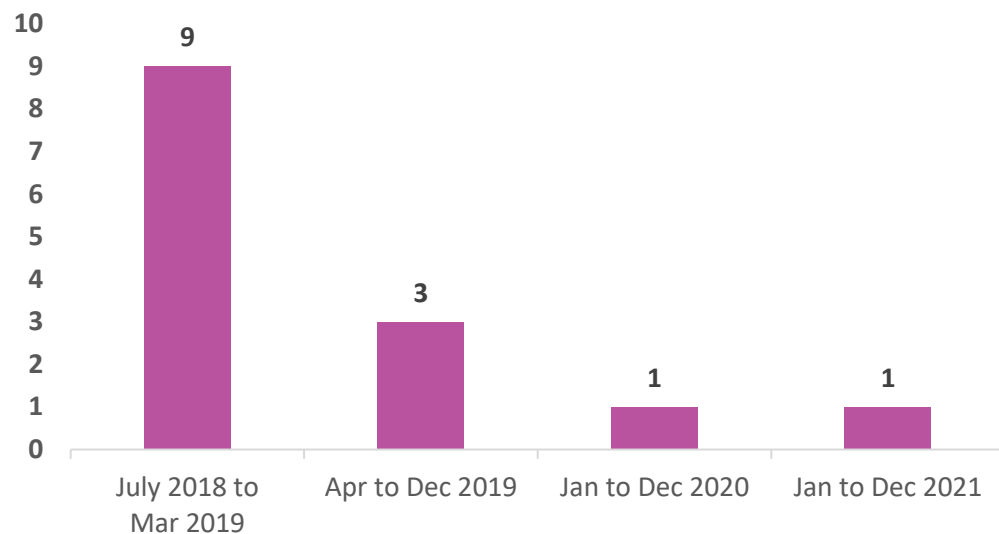
### **Historical Information**

CFSA's performance on this measure continued to improve and became consistent through 2021. Between July 2018 and March 2019, there were nine children in an emergency shelter for 30 days or more. Beginning in April 2019, the number of children staying in emergency shelters beyond 30 days decreased for three consecutive performance periods. Since 2020, emergency placements have been stable with only one child placed in an emergency placement beyond 30 days within each calendar year.

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<sup>65</sup> Due to a lack of availability at residential treatment facilities, two of these youth were approved by CFSA's leadership to remain at Sasha Bruce Emergency Shelter as the best placement at the time for both of the youth.

**Figure 37. Emergency Shelter Stays for more than 30 Days, 2019-2021**



Source: CFSA Administrative and Manual Data

### **Analysis**

CFSA placed seven unique children in an emergency shelter for more than 30 days from January through September 2022. One youth experienced two episodes of placement in an emergency shelter for more than 30 days. CFSA has continued to prioritize partnering with Sasha Bruce Youthwork to comprehensively assess children’s needs and facilitate long-term placements immediately after placement in an emergency shelter. Teenagers and youth with intensive needs (due to instability, trauma, or an extensive history with the Agency), have the least available placement options. In Q4 of FY 2021 and Q1 of FY 2022, the private provider Children’s Choice and Children’s Guild ended their contracts with CFSA. During FY 2022, CFSA put out a request for proposals (RFP) for a private provider to fulfill the intensive foster care contract previously held by Children’s Choice. CFSA awarded the child-placing agency PSI the contract on July 6, 2022, and began placing children in PSI homes at the end of September 2022. PSI’s contract includes 36 beds, which increased placement options for our youth who require a higher level of care.

There was a total of 61 instances where CFSA placed children in an emergency shelter during this performance period. Of the total 27 unique children, all were older youth (13-18) with an average age of 14 years old. Of the 27 unique children, 52 percent (n=14) were female. There

were eight episodes of placements that lasted longer than 30 days with a median of 46 days and a range of days between 33 – 136 days for the placement. At the time of discharge, two youth went to a non-licensed placement, two went to a SOY (Specialized Older Youth) placement, two was placed with a traditional resource family, and one went into missing child status.

### **Conclusion**

CFSA considers this measure **not achieved**.

## **18. Overnight Stays**

### **Measure**

No child shall stay overnight in the CFSA office building.

### **Methodology**

To assess performance, CFSA notifies the leadership team within 24 hours of any instance in which a child remains overnight at the CFSA office building. Notifications include the reason for the overnight stay and the details of the Agency’s concerted efforts to secure appropriate placement.

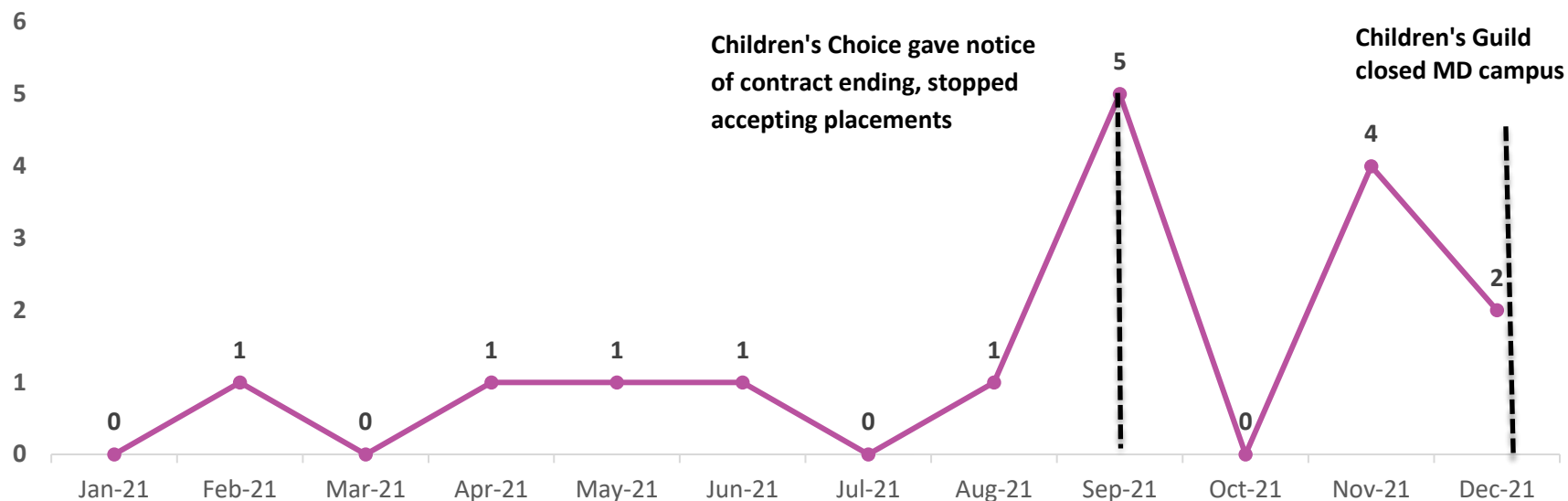
### **FY 2022 Performance**

Between January and September 2022, 17 children experienced 31 overnight stays at CFSA.

### **Historical Information**

The last reporting period, July to December 2021, concluded with an increase of 12 children staying overnight during the January to June 2021 monitoring period when four children stayed overnight at the CFSA office building. The current performance (17 children with overnight stays) and the most recent performance continues to show a significant decrease in the number of overnight stays from its height in 2019 when there were 33 children who experienced a total of 62 overnight stays between April and December 2019.

**Figure 38. Overnight Stays, January-December 2021**



Source: CFSA Administrative and Manual Data

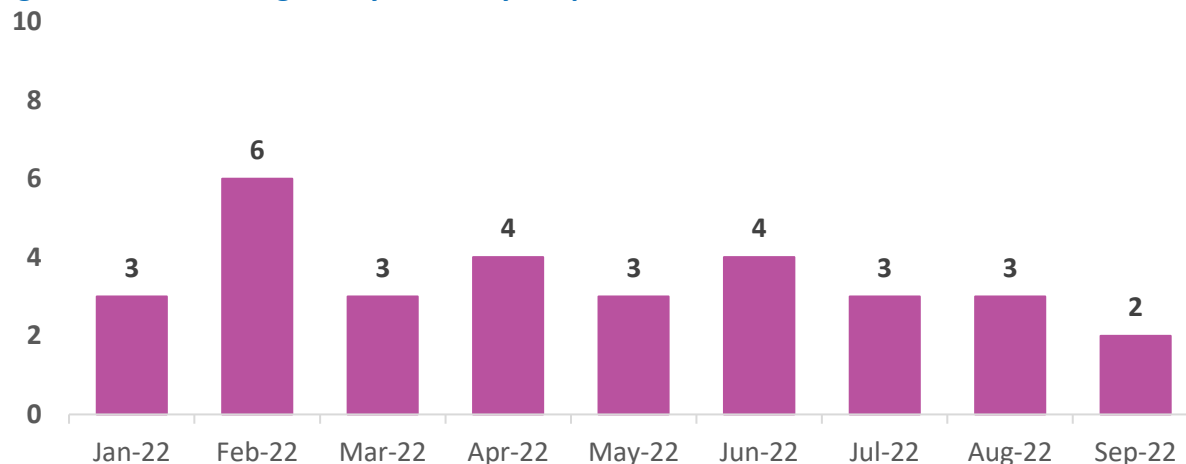
**Analysis**

There were 17 unique children who experienced a total of 31 overnight stays. Of these children, 82 percent (n=14) were teenagers, ages 13-19, in addition, two children ages 5-10 experienced an overnight stay. Of the total children, nine were male and eight were female. Thirteen of the 17 children had an extensive history with the Agency or exhibited behaviors that were unsafe for placement in a traditional setting at the time of the overnight stay. CFSA struggled to identify placements that could meet the intensive needs of these youth. Many of the youth were banned from group homes and emergency shelters due to severe mental health challenges that led to physical assault on staff and other residents as well as major property damage. Additionally, a significant number of resource parents declined placement for youth due to the behaviors. In 12 instances, CFSA identified a placement at the time of the overnight. However, on half of those occasions the youth refused the placement. In the other six instances, the resource parent was unable to be reached at the time of placement.

During this performance period, CFSA continued to feel the impact of losing the contracts of Children’s Choice (36 beds) and Children’s Guild (6 beds). During FY 2022, Boys Town (24 beds) and the Latin American Youth Center (10 beds) decided not to exercise their contract option years to continue service. CFSA retains the contracts with Youth for Tomorrow (3 beds) and Sasha Bruce (4 beds). However, neither facility can hold beds specifically for CFSA’s youth. Additionally, the National Center for Children and Families (NCCF) underwent some staff changes, including the number of resource parents requesting only younger children.

CFSA is developing multiple placement options for the older youth and children with behavioral challenges who can be harder to place. CFSA has a new intensive care provider, PSI (36 beds), whose contract began in July 2022 but where placements did not begin until September, 2022. CFSA has placed 11 teenagers in PSI foster homes as of January 2023 date. CFSA is also developing a Bridge Program. The Bridge program will be for youth ages 12-17 entering or re-entering care, as well as youth currently in foster care in need of re-placements. While in this placement setting, youth will receive intensive assessments along with observations during short-term care, i.e., 60 days, to ensure that children and youth are appropriately matched in their subsequent placement. Additionally, CFSA is onboarding a therapeutic group home for males and females aged 13-21, with a maximum capacity of 6.<sup>66</sup> CFSA is supporting a district-wide effort led by DBH to open a Psychiatric Residential Treatment Facility (PRTF) within 50 miles of DC. The PRTF will serve up to 30 youth, including both males and females. This would allow youth with severe mental health and behavioral needs to receive treatment and support in close proximity to their families. In addition, this effort will help to improve placement stability efforts as youth with specialized treatment needs may be separated from their families, experience placement disruptions in resource or guardianship homes; or have difficulty remaining in the community due to unmet service needs. The figure below shows the number of overnight stays experienced by children in foster care each month from January 2022 to September 2022.

**Figure 39. Overnight Stays, January - September 2022**



Source: CFSA Administrative and Manual Data

**Conclusion**

CFSA considers this measure **not achieved**.

<sup>66</sup> The therapeutic group home target population is youth with serious challenges with placement in resource families who engage in verbal and physical aggression, have multiple mental health diagnoses, school refusal, substance use, and commercial sexual exploitation (CSEC) concerns.



## 19. Placement of Young Children in Most Family-Like Setting

### **Measure**

No children under 6 years of age will be placed in a group care non-foster home setting without appropriate justification that the child has exceptional needs that cannot be met in any other type of care. No children under 12 years of age will be placed in a congregate care setting for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a home-like setting and that the congregate care setting has a program to meet the child's specific needs.

### **Methodology**

For any children who met the above requirement, a multidisciplinary review team reviewed social worker, medical, and mental health documentation to determine if the placement setting was a necessity for the young child and continued to be so for the duration of the review period. The review team included representatives from the Office of Well-Being administration and the Performance Accountability and Quality Improvement Administration (PAQIA). From January through September 2022, there were seven children who met the threshold to be reviewed due to age and placement.

### **FY 2022 Performance**

100 percent of the seven children reviewed were found to be placed in what was unanimously determined to be an appropriate setting for their critical medical and/or mental health needs.

### **Historical Information**

The last time that this measure was reviewed as part of the performance report was during the July 2018 through March 2019 performance period. During the review, CFSA and Center for the Study of Social Policy (CSSP) found that all of the young children who were placed in a non-family-like setting were in fact placed in the most suitable setting due to their specific specialized needs. Due to CFSA's success in meeting this measure, CFSA and CSSP negotiated that it would not include the measure in the Exit and Sustainability Plan (ESP). The measure was also not part of the Four Pillars Performance Framework in 2021. CFSA reintroduced this measure for FY 2022 to demonstrate the continued commitment to place children in the most family-like setting possible. CFSA will continue to monitor and review each young child who is placed in a non-family like setting for necessity and appropriateness.

### **Analysis**

The measure requires that no child under the age of 6 be placed in group care, non-foster-home settings for any period without appropriate justification. During the current monitoring period, there were no children under the age of 6 that were placed in a congregate care setting. This measure further requires that no child under the age of 12 be placed in a congregate care setting for more than 30 days without appropriate justification of exceptional needs or special treatment. Between January thru September 2022, seven children between the ages of 6 and 12 were placed in congregate care settings for more than 30 days, which included hospital and other medical facilities for treatment of health conditions as well as psychiatric residential treatment facilities for treatment of behavioral health diagnoses. CFSA staff

from PAQIA, Office of Well-Being, and the Health Services Administration reviewed these placements and determined that all those children had specialized needs that required placement within those settings, such as the need for a high number of nursing hours or specialized medical equipment (for children in medical settings) and due to the aggression and other unsafe behaviors exhibited by children towards themselves and others (for children in psychiatric residential treatment facilities). In addition, CFSA was able to successfully discharge some of the seven children back into the community prior to the end of FY 2022. This extensive multi-disciplinary review demonstrated the significant efforts to which CFSA staff utilizes all available community resources (such as frequent teaming meetings to monitor progress with treatment or lack thereof and provide the current caregivers with support, utilizing different therapeutic treatment modalities, increasing the intensity of the therapeutic treatment, revisiting diagnoses for accuracy and completeness, seeking second opinions on diagnoses and medications, and the use of acute inpatient psychiatric care) to effectively treat the children in the community prior to seeking a more restrictive placement setting. The review also demonstrated the Agency's efforts to step down (move the children to a less restrictive setting) the children back into the community when appropriate.

### **Conclusion**

CFSA considers this measure **achieved**.

## **20. Out-of-Home Safety Assessments**

### **Measure**

80 percent of cases reviewed in the annual QSR sample will receive an overall acceptable rating for safety.

### **Methodology**

To assess annual performance on Out-of-Home cases (from both CFSA and the private agencies) CFSA uses ratings from two QSR protocol indicators: *Child Safety* (under the domain of Child Status) and *Planning Interventions: Safety and Protection* (under the domain of System Performance). For performance to achieve this measure, QSR reviewers must assess, determine, and rate both indicators as acceptable. (The reviewers rate indicators on scores between 1-6. Scores of 4-6 are acceptable while scores 1-3 are unacceptable).

The QSR Unit and other staff analyze scores of randomly selected Out-of-Home cases reviewed throughout the calendar year. Prior to FY 2022, reviewers analyzed QSR data based solely on the calendar year. Starting in October 2022, reviewers have been analyzing scores based

on the fiscal year. Accordingly, reviewers reported the private agencies' data in the July – December 2021 Public Performance report but are also reported again for the FY 2022 data.<sup>67</sup>

Reviewers base QSR ratings on interviews with social workers, children and parents, and other key stakeholders (i.e., other household members, teachers, and service providers). To determine whether Agency practice has met or exceeded this measure's 80 percent benchmark, reviewers examine social work practice and performance. Reviewers also examine documentation to assess practice.

### **2022 Performance**

QSR reviewers rated **88 percent** (n=64/73) of the Out-of-Home sample cases as acceptable for the *Child Safety* and the *Planning Interventions: Safety and Protection* indicator.

### **Historical Information**

Assessing children and families for safety is one of the central charges for child welfare workers. Therefore, CFSA included this measure in the 2010 Implementation and Exit Plan. While still under the lawsuit, CSSP and CFSA worked together to revise a previous methodology that focused on documentation versus actual caseworker practice performance. The Agency subsequently tested a variety of methodologies, including case record reviews. As a result, in 2019 CSSP and CFSA revised the methodology to include QSR ratings – which are based both on the review of documentation, and on interviews with caseworkers, children, parents, and other key stakeholders. This revised methodology continues and more accurately assesses practice performance.

CFSA has exceeded the benchmark of 80 percent from CY 2020 to FY 2022 for Out-of-Home cases. In CY 2020, the QSR Unit reviewed 81 Out-of-Home cases. Of these cases, reviewers rated 98 percent (n=79) as acceptable for both indicators. In CY 2021, the QSR Unit reviewed 80 Out-of-Home cases. Of these cases, reviewers rated 93 percent (n=74) as acceptable.

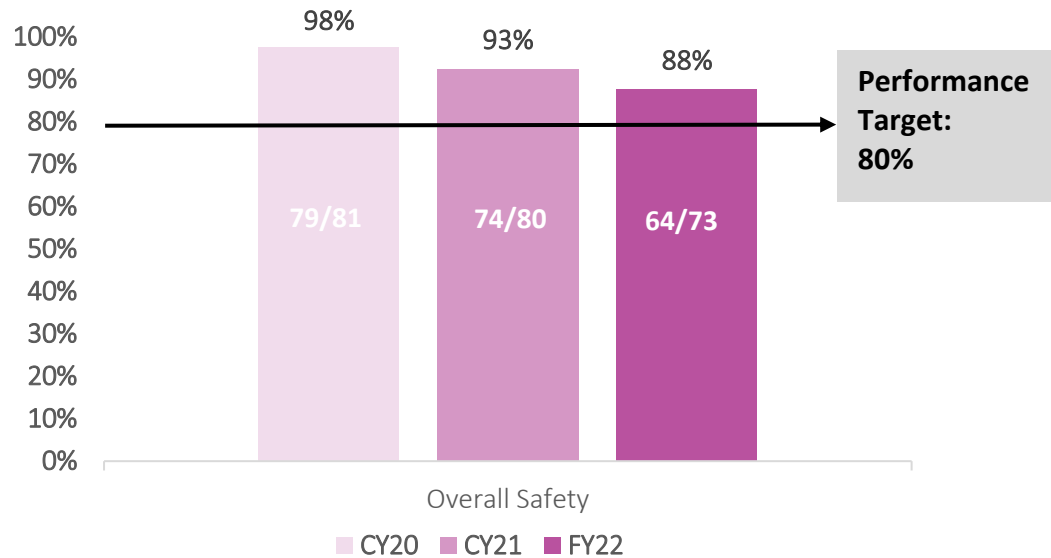
### **Analysis**

In FY 2022, overall, practice for this measure maintained acceptable ratings.

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<sup>67</sup> The private agencies were reviewed between October-December 2021, which falls within CY 2021 and FY 2022 Quarter 1.

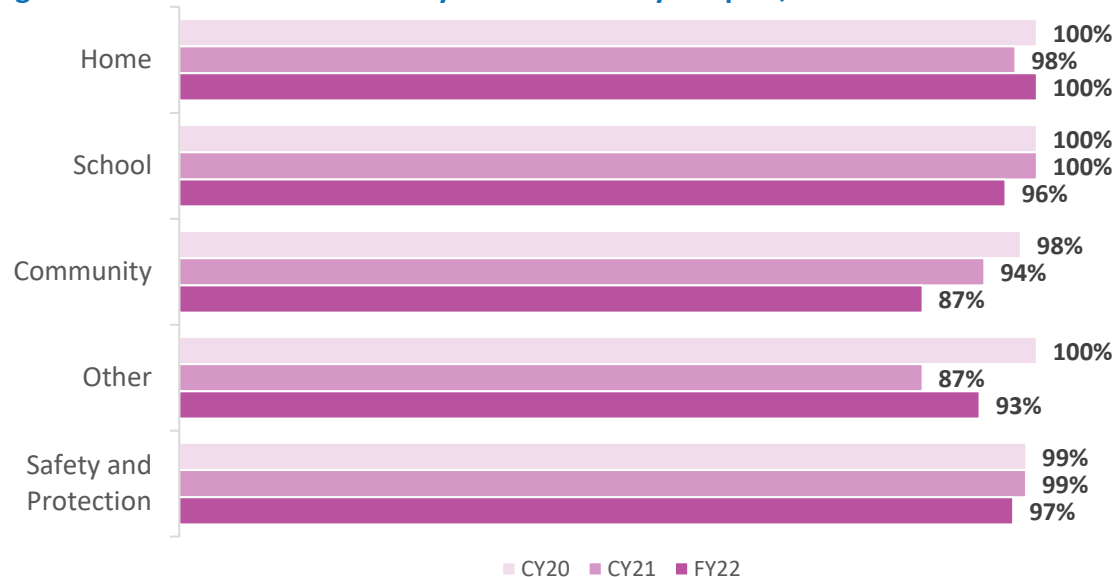
**Figure 40. Out of Home Performance on Safety Assessments, CY 2020-FY 2022**



Source: Quality Service Reviews manual data, 2020-2022.

The Out-of-Home administration had a slight decline in performance in each year between CY 2020 and FY 2022. In CY 2021, Out-of-Home had a 5 percentage-point decrease from CY 2020. In FY 2022, there was another 5 percentage-point decrease, demonstrating a 10 percentage-point total decrease in practice ratings over the 3-year period. The decline in FY 2022 was due to the overall decline in the Child Status domain indicator: *Safety in the Community*. In CY 2021, reviewers rated 94 percent (n=46/49) of Out-of-Home cases as acceptable for the indicator *Safety in Community* while in FY 2022, reviewers rated 87 percent (n=39/45) as acceptable. In CY 2021, reviewers rated 98 percent (n=78/80) of the cases as acceptable for the indicator *Safety in Home* while in FY 2022, reviewers rated 100 percent (n=73/ 73) of the cases as acceptable. For the *Child Safety* indicator (ratings for Safety in the Home, School, Community and Other), QSR reviewers rated 97 percent (n=71/73) of the cases as acceptable in FY 2022. These data outcomes reveal that CFSA social workers regularly assess for and ensure children’s safety.

**Figure 41. Out-of-Home Safety Assessments by Subpart, CY 2020 – FY2022**



Source: Quality Service Reviews manual data, 2020-2022.

**Conclusion**

CFSA considers this measure **achieved**.

**21. Services to Families and Children**

**Measure**

In **80 percent** of cases, tailored services, including all services identified in a child or family’s safety plan or case plan, shall be offered along with an offer of instruction or assistance to children and families regarding the use of those services. Performance is based on the Quality Service Review (QSR) indicator, *Implementing Supports and Services*.

**Methodology**

The QSR protocol’s indicator, *Implementing Supports and Services* (under the domain of System Performance), measures CFSA’s performance on appropriate service provision to families and children in order to promote their safety, permanency, and well-being.

For the case to receive an overall acceptable rating, the QSR specialists must rate as acceptable the supports and services provided to the child, mother, father, and caregiver (when applicable). The Agency uses QSR data to assess this performance on a case-by-case basis both for In-Home and for Out-of-Home cases. During the course of the QSR interviews, reviewers determine the appropriateness of the service referrals for meeting an individual family's needs, as well as the family's participation in the service and the service's effectiveness in promoting the achievement of permanency goals and a family's stabilization.

Previously CFSA gathered QSR data on the calendar year. As of FY 2022, CFSA is reporting on data for the fiscal year. Accordingly, reviewers reported the private agencies' data in the July – December 2021 Public Performance report but are also reporting again for the FY 2022 data.

### **2022 Performance**

In FY 2022, QSR specialists rated 82 percent (n=109/133) of the combined sample of In-Home and Out-of-Home cases as acceptable for the indicator, *Implementing Supports and Services*.

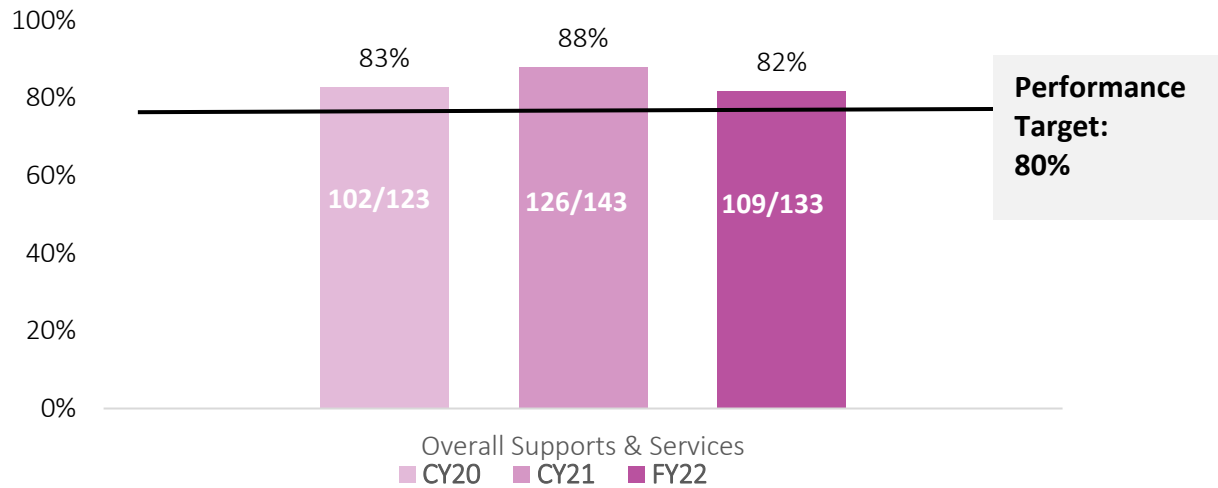
### **Historic Information**

Services to families and children to promote safety, permanency, and well-being continue to be central to CFSA's work. CFSA consistently achieved maintenance on this measure for the combined In-Home and Out-of-Home sample of cases for the past 3 years. Ratings both met and exceeded the 80 percent benchmark with 83 percent of the cases rated as acceptable in CY 2020 to 88 percent of the cases rated as acceptable in CY 2021.

### **Analysis**

Overall, the Agency continued to exceed the 80 percent benchmark with 82 percent of cases receiving an acceptable rating for implementation of supports and services.

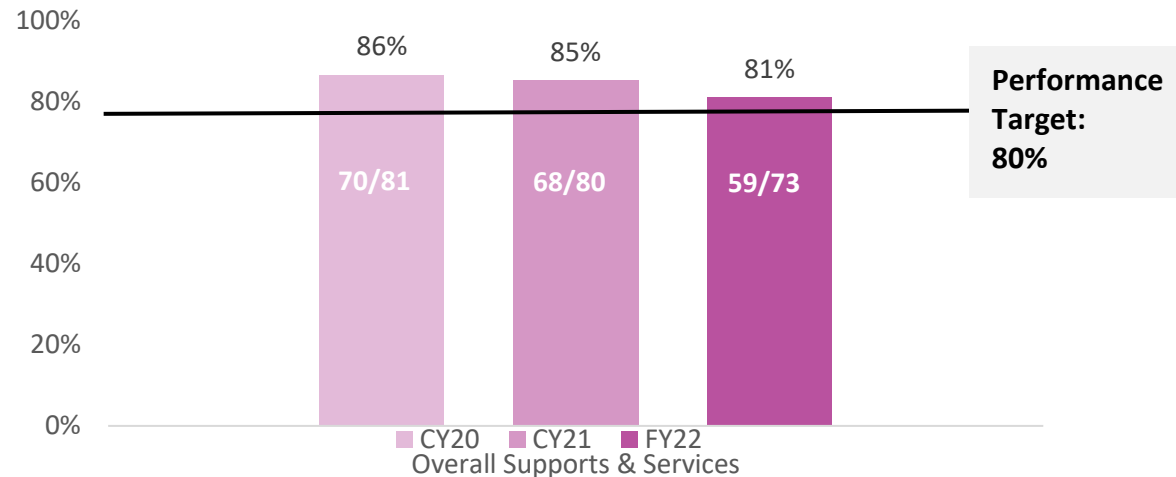
**Figure 42. Overall Performance, Implementing Supports, and Services, CY 2020-FY 2022**



Source: Quality Service Reviews manual data, 2020-2022

In FY 2022, the QSR Unit reviewed 73 Out-of-Home cases with an acceptable rating of 81 percent (n=59/73). In CY 2021, reviewers rated 85 percent (n=68/80) of the cases as acceptable. This CY 2021 data set for acceptable ratings was a one percentage-point decrease from CY 2020 (86 percent, n=70/81).

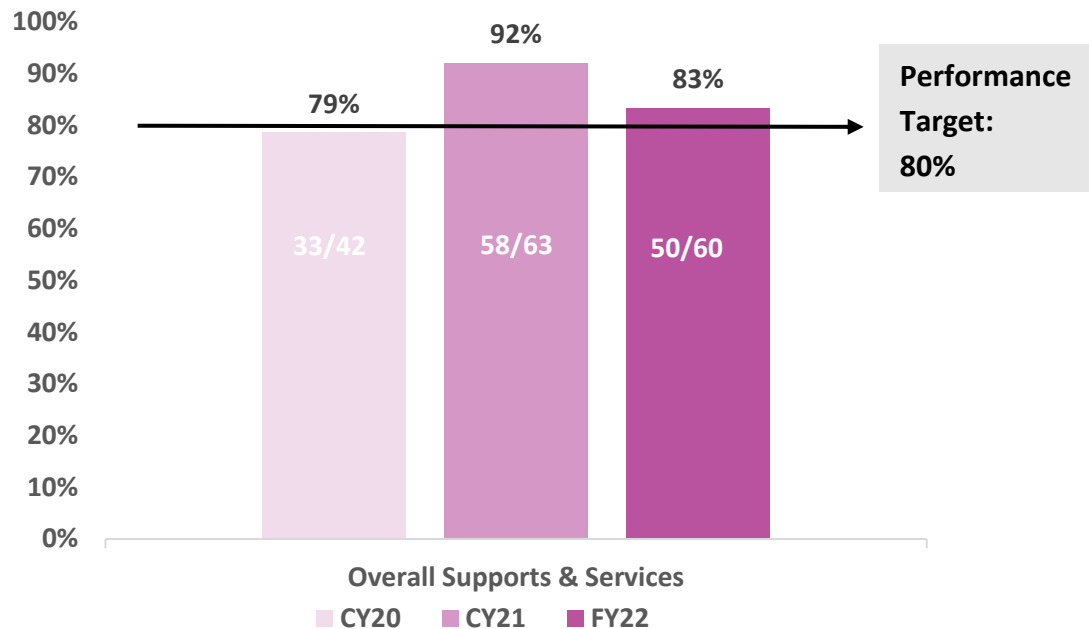
**Figure 43. Out-of-Home Performance on Supports & Services, CY 2020 – FY 2022**



Source: Quality Service Reviews manual data, 2020-2022.

In FY 2022, the QSR Unit reviewed 60 In-Home cases and rated 83 percent (n=50/60) as acceptable, which was a 9 percentage-point decrease from CY 2021 when 92 percent (n=58/63) of the cases were acceptable. The CY 2021 overall rating was a 13 percentage-point increase from the rating in CY 2020, which narrowly missed the 80 percent benchmark at 79 percent.

**Figure 44. In-Home Performance on Supports & Services, CY 2020 – FY 2022**

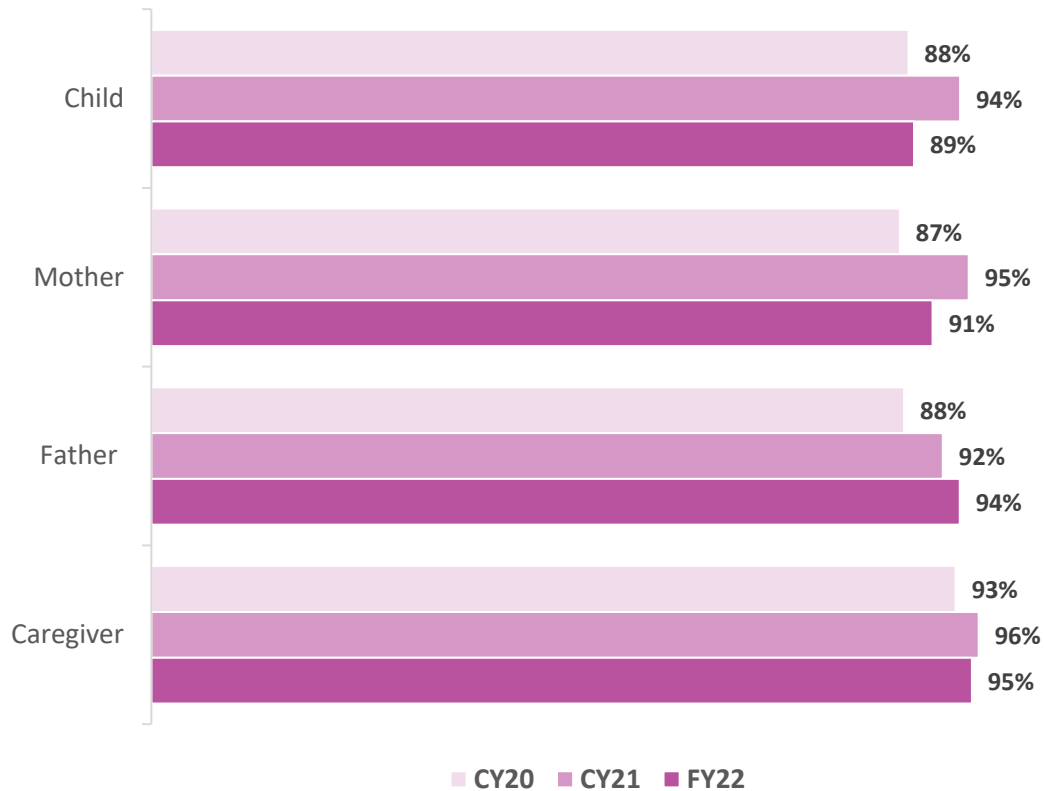


Source: Quality Service Reviews *manual data, 2020-2022*

CFSA achieved the required level of performance for the third year. Examining the data by individual subparts, FY 2022 overall performance for In-home and Out-of-Home was 89 percent (n=117/132) acceptable for supports and services provided to children. For mothers receiving supports and services, reviewers rated 91 percent (n=79/87) of the cases as acceptable. For fathers receiving supports and services, reviewers rated 94 percent (n=31/33) of the cases as acceptable. For substitute caregivers (Out-of-Home cases only), reviewers rated 95 percent (n=41/43) of the cases as acceptable for supports and services.



**Figure 45. Overall Performance on Supports and Services by Subpart, CY 2020-FY 2022**

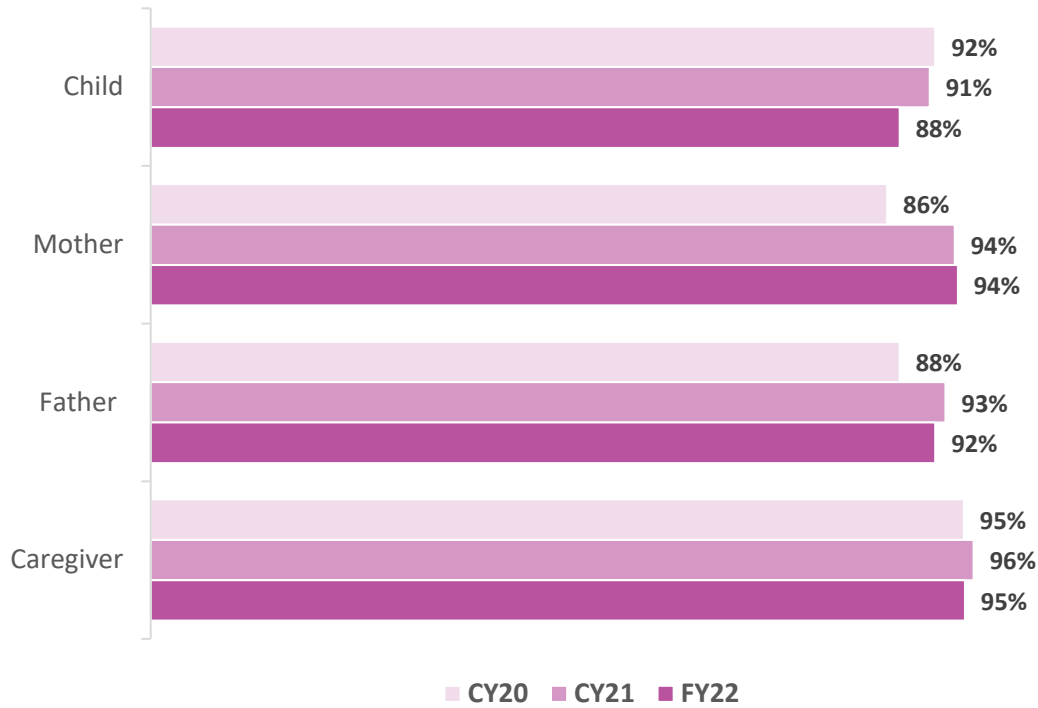


Source: Quality Service Reviews manual data, 2020-2022

In FY 2022, the QSR Unit rated 81 percent (n=59/73) of the out-of-home cases as acceptable on all subparts of the *Implementing Supports and Services* indicator. Specifically, for children, Out-of-Home had 88 percent (n=63/72) of the cases received acceptable ratings. For mothers, 94 percent (n=33/35) of the cases received acceptable ratings, and for fathers, 92 percent (n=11/12) of the cases received acceptable ratings. Reviewers rated 95 percent (n=41/43/) of the cases involving substitute caregivers (out-of-home cases only) as acceptable for implementation of supports and services.<sup>68</sup>

<sup>68</sup> Substitute caregiver is only rated for out of home cases.

**Figure 46. Out-of-Home Performance on Supports & Services by Subparts, CY 2020 - FY2022**



Source: Quality Service Reviews manual data, 2020-2022

Overall, 83 percent of In-Home cases reviewed received an acceptable rating on all subparts of the *Implementing Supports and Services* indicator (2 percentage points higher than Out-of-Home). Specifically, in FY 2022, In-Home had 90 percent (n=54/60) of the cases rated as acceptable for the child. For mothers, reviewers rated 88 percent (n=46/52) of the cases as acceptable, and for fathers, 95 percent (n=20/21) as acceptable. Fathers have steadily improved on this indicator.

**Figure 47. In-Home Performance on Supports & Services by Subparts, CY 2020 - FY2022**



Source: Quality Service Reviews manual data, 2020-2022

Although overall performance ratings in FY 2022 were slightly above the 80 percent benchmark, individual performance on each subpart was significantly above the benchmark. There is evidence to indicate a strong array of supports and services matched the intervention strategies identified in the child and family’s current service and case plans. Services were substantially helping the child and family meet their needs and make progress toward planned outcomes. Moreover, caregivers were engaged in the case planning process and the Agency addressed identified needs to support stabilization for children.

**Conclusion**

CFSA considers this measure **achieved**.

## 22. Case Planning

### **Measure**

80 percent of cases will achieve an acceptable rating on the Quality Service Reviews (QSR) *Planning Interventions* indicator.

### **Methodology**

The QSR protocol indicator, *Planning Interventions* (under the domain of System Performance), measures CFSA's performance on the appropriateness and quality of case planning. The indicator looks at performance across In-Home and Out-of-Home cases. The methodology utilizes reviewer ratings from the *Planning Interventions* indicator and focuses on the specific planning activities related to advancing the case goals that ultimately drive the family's permanency objectives.

Prior to FY 2022, reviewers analyzed QSR data based solely on the calendar year. Starting in October 2022, reviewers have been analyzing scores based on the fiscal year. Accordingly, reviewers reported the private agencies' data in the July – December 2021 Public Performance report but are also reporting again for the FY 2022 data.<sup>69</sup>

### **2022 Performance**

In FY 2022, QSR reviewers rated 89 percent (n=118/133) of the In-Home and Out-of-Home case sample as acceptable for the *Planning Interventions* indicator.

### **Historic Information**

In CY 2020, 91 percent (n=112/123) of the combined case sample received an acceptable rating. In CY 2021, 94 percent (n=134/143) of the cases received an acceptable rating.

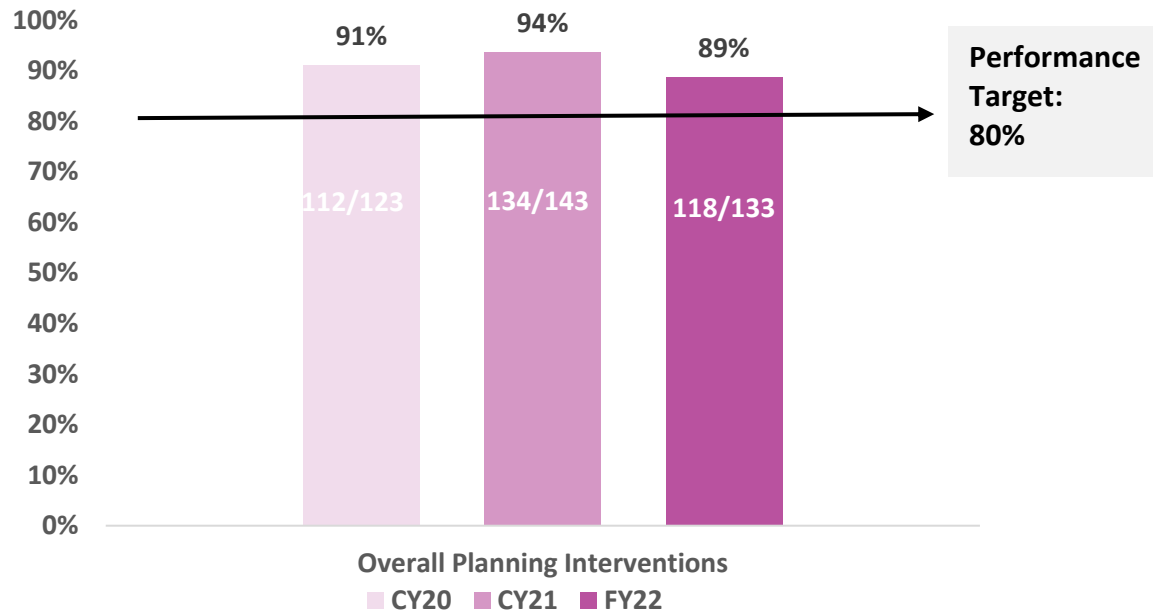
### **Analysis**

CFSA achieved this measure with both In-Home and Out-of-Home case ratings reaching or exceeding the benchmark for the third consecutive year. The FY 2022 QSR findings on In-Home and Out-of-Home cases revealed that strategies are meeting identified needs to support safety, permanence, and well-being for children. Through effective case planning, families are receiving the appropriate services and supports to enhance their ability to address their identified needs. Overall performance exceeded the benchmark from CY 2020 – FY 2022.

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<sup>69</sup> The private agencies were reviewed between October-December 2021, which falls within CY 2021 and FY 2022 Quarter 1.

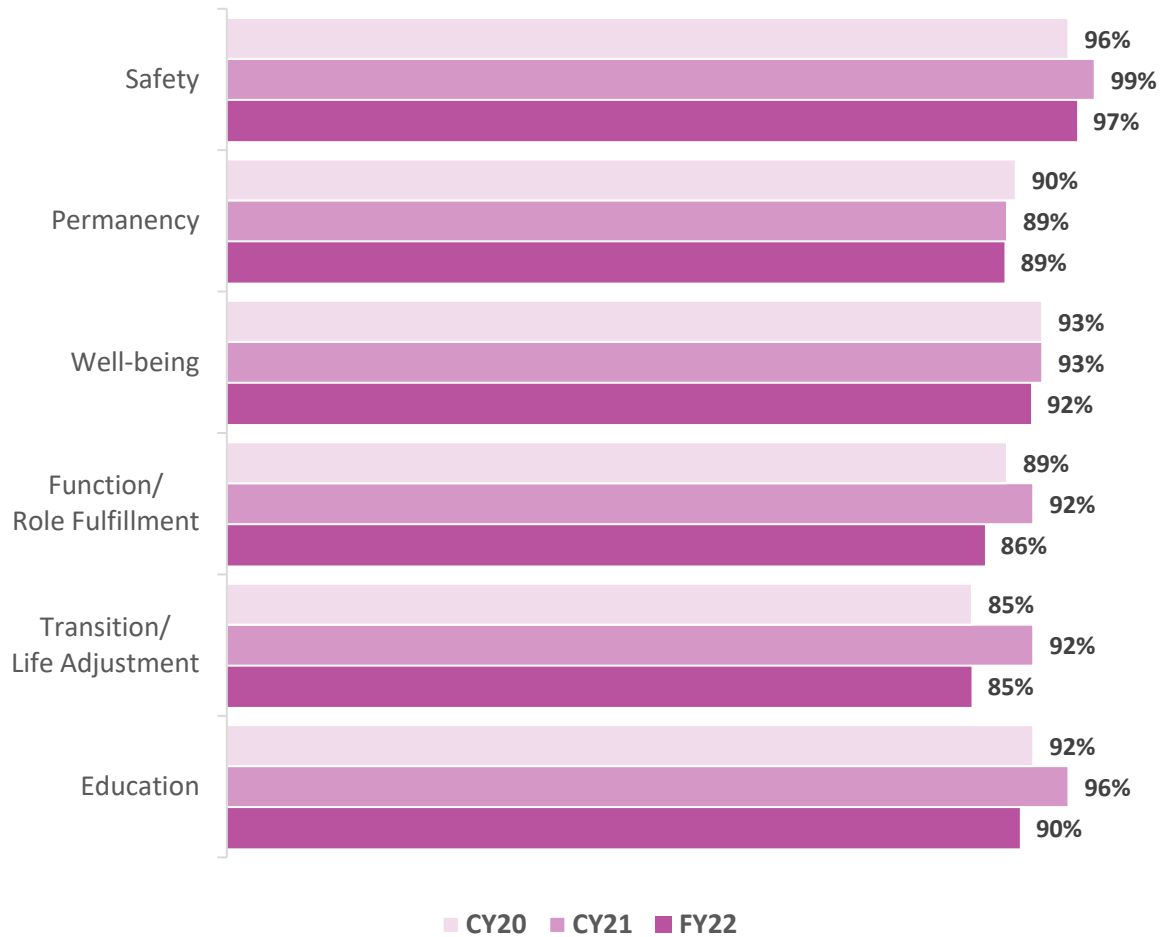
**Figure 48. Overall Performance on Planning Interventions, CY 2020 – FY 2022**



Source: Quality Service Reviews manual data 2020-2022

CFSA demonstrated consistent and effective planning to assist families’ positive life outcomes by achieving measurable and meaningful goals for children and families. The QSR protocol indicators, *Planning for Safety*, *Planning for Well-Being*, and *Planning for Education* (under the domain of System Performance) consistently received acceptable ratings over 90 percent over the past 3 years. This achievement indicates the Agency’s commitment to protecting children from exposure to harm in the child’s daily settings, to attaining and maintaining good physical and mental health status, and to providing the appropriate support needed to improve academic performance.

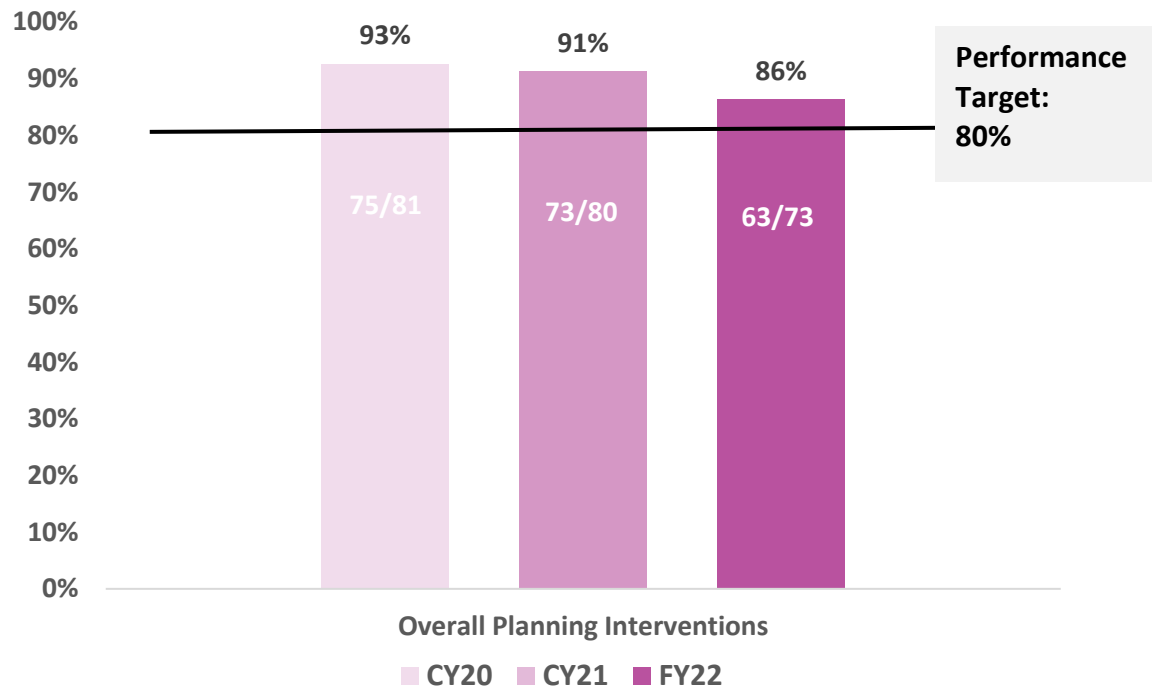
**Figure 49. Overall Performance on Planning Interventions by Subparts, CY 2020 – FY 2022**



Source: Quality Service Reviews manual data 2020-2022

Although Out-of-Home cases consistently met the 80 percent benchmark, there was a slight decline in practice from CY 2020 to FY 2022. In FY 2022, the QSR Unit rated 86 percent (n=63/73) of the Out-of-Home cases as acceptable for the *Planning Interventions* indicator. However, in CY 2021, reviewers rated 91 percent (n=73/80) as acceptable, and in CY 2020, reviewers rated 93 percent (n=75/81) as acceptable.

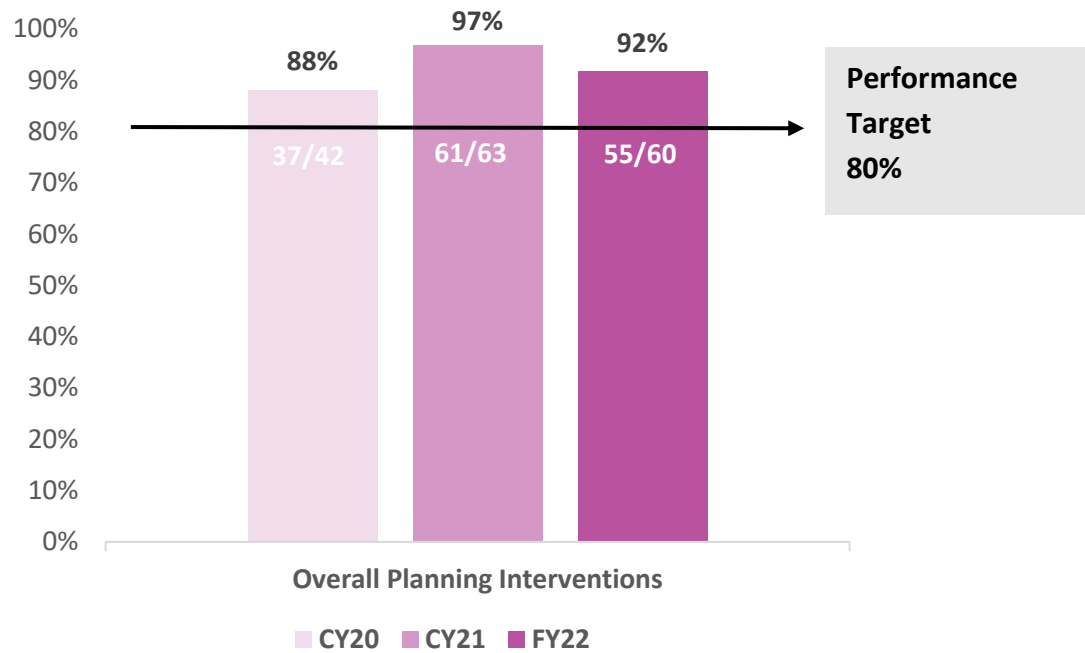
Figure 50. Out-of-Home Performance on Planning Interventions, CY 2020 – FY 2022



Source: Quality Service Reviews manual data 2020-2022

CFSA has achieved the required level of performance for In-Home cases for the third consecutive year. In FY 2022, 92 percent (n=55/60) of the cases received acceptable ratings for *Planning Interventions*. In CY 2021, reviewers rated 97 percent (n=61/63) of the cases as acceptable while in CY 2020, 88 percent (n=37/42) of the cases received an acceptable rating.]

**Figure 51. In-Home Performance on Planning Interventions, CY 2020 – FY 2022**



Source: Quality Service Review manual data, 2020-2022

Practice findings demonstrate that teaming and engagement were effective and birth parents functioned as partners in the case planning process. The Agency supported and incorporated birth parents’ choices regarding case goals and objectives through consistent engagement in the case planning process. This collaborative teaming process with families contributed to intervention strategies that resulted in support and services that were culturally and clinically appropriate for children and families In-Home and Out-of-Home. Effective teaming helped families outline their objectives for sustainable positive outcomes such as stabilizing mental health illness, increase parenting capacity to care for their children after exiting the child welfare service system.

**Conclusion**

CFSA considers this measure **achieved**.



## 23. Foster Care Bed Surplus

### **Measure**

CFSA will maintain a 10 percent surplus of foster care beds.

CFSA will report on new licensed homes and bed capacity during the time frame, as well as any homes closed and any decrease in bed capacity (net result). There will be no target for increase or net change.

Reporting on closed homes and decreased bed capacity includes the reason the homes closed.

CFSA will also report on targeted efforts to increase capacity within specialized placement types, as needed, such as SOAR homes, TIPP homes or other newly identified placements.<sup>70</sup>

### **Methodology**

Analysts utilized data from FACES.NET to evaluate performance using a measurement logic that uses the number of children placed in foster homes and the number of homes with an active license during each reporting month. Foster homes with an active license in states other than DC and MD, where no children were placed, were excluded from the report. For homes with a listed bed capacity, analysts multiplied the number of homes by the capacity count to determine the total capacity of beds. However, if the total number of children exceeded the capacity count, the count of children was used as the total capacity. For homes that had no listed bed capacity or a listed bed capacity of zero, these homes have a counted capacity of one.

### **FY 2022 Performance**

From January 2022 to September 2022, the percentage of unoccupied foster care beds varied throughout the reporting period. Although CFSA observed a minor rise in unoccupied beds from May to August, overall, the number of unused beds remained quite consistent (**20 to 26 percent**).

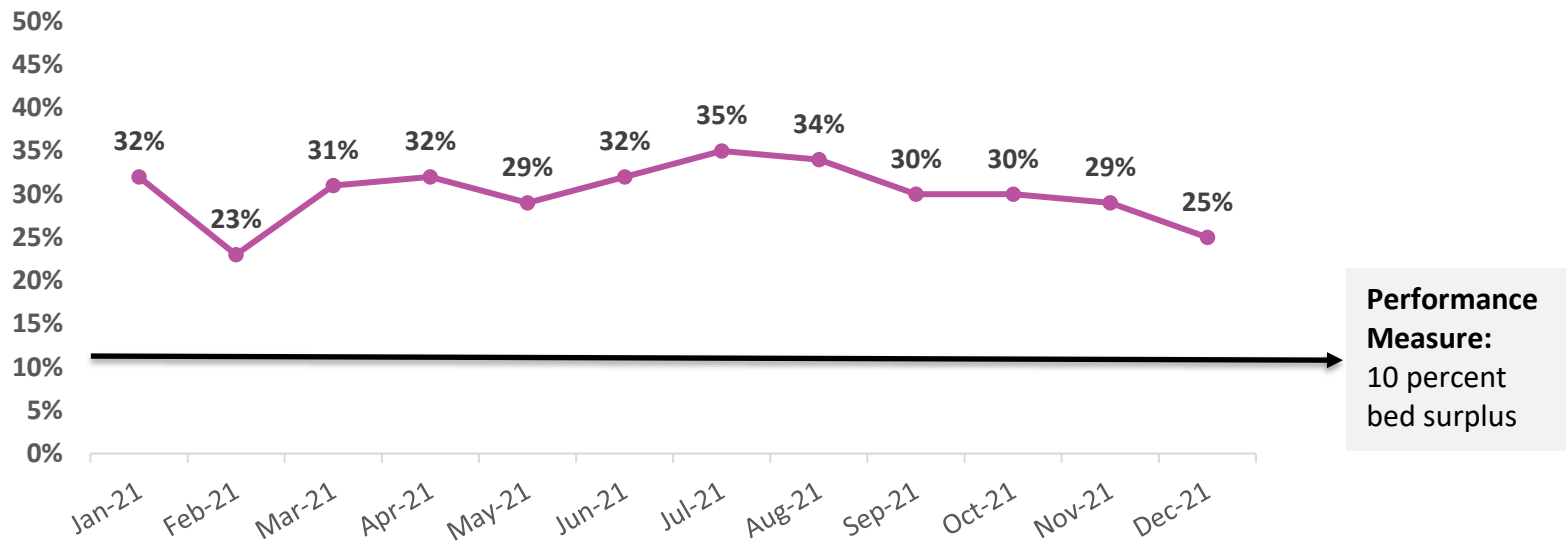
### **Historical Information**

CFSA has maintained more than a 10 percent surplus of foster care beds throughout the January to December 2021 reporting period, including a monthly surplus ranging from 23 to 35 percent.

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<sup>70</sup> SOAR (Stabilization, Observation, Assessment and Respite) homes provide temporary care for up to 90 days. These homes are particularly appropriate for children who need an array of comprehensive assessments prior to the Agency being able to appropriately identify the best placement match for the children's exact needs. TIPP (Trauma Informed Professional Parents) are compensated to provide specialized foster care. CFSA requires that no TIPP works more than 20 hours per week outside of the home, allowing for dedicated time to the care of the children and youth in these homes. TIPP care for children ages eight and up who have experienced significant trauma and have presented specific mental or behavioral health concerns that have impeded success in a traditional foster care setting.

**Figure 52. Bed Surplus, January – December 2021**



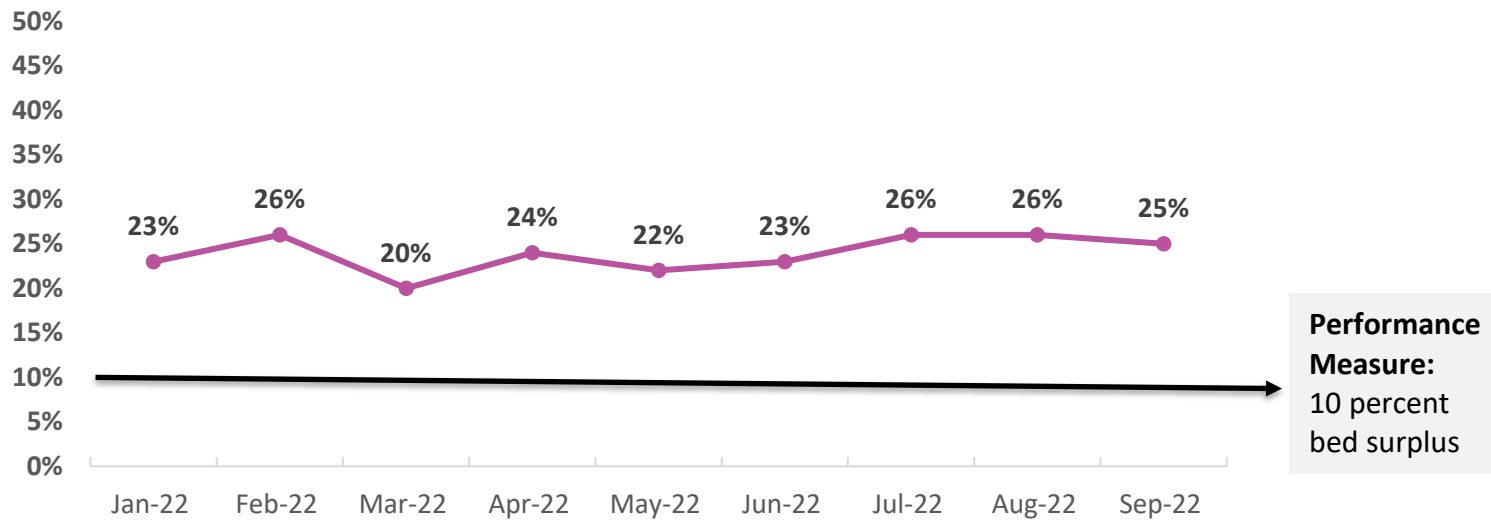
Source: FACES.NET Management Report PRD141

From the onset of FY 2021 through Q3 (June 2021), CFSA tracked monthly data on new family-based homes and new bed capacity, as well as homes and beds that closed and the reasons for closure. For this tracking, both kinship foster homes and non-kinship homes are included. There were 126 new resource homes licensed with a capacity of 171 beds, but 141 homes with a capacity of 215 beds also closed, resulting in a net loss of 15 homes and 44 beds. The loss was primarily due to the positive outcomes of the closure of kinship homes where children had achieved permanency with their kinship parent or through successful reunification. However, other closures included resource parent requests.

**Analysis**

The below figure represents the percentage of unused foster care beds during each reporting period from January 2022 to September 2022.

**Figure 53. Foster Care Bed Surplus, January 2022-September 2022**



Source: FACES.NET Management Report PRD141

CFSa consistently exceeded the goal of having a 10 percent bed surplus with a monthly range of 20 percent to 26 percent bed surplus, or a minimum of 112 unused beds to a maximum of 160 unused beds. (See the *Placement Capacity Compared to Census as of Last Day of the Month* report in the appendix for detailed month-by-month information.) In calculating capacity, the Agency removed the number of children in kinship homes, and the number of licensed kinship beds since these placements are not typically available for all children in foster care but are licensed to meet a specific placement need for an identified child. This calculation includes the number of homes or providers licensed at a point in time (as of the last day of the month) and does not reflect the number of homes or providers who are available for placements because the calculation does not account for resource parents who are temporarily unavailable for reasons to include vacation, home renovations, and sickness. Resource parent’s temporary unavailability is not tracked in FACES.NET and therefore is challenging to incorporate into this measure. CFSa plans to add the ability to more accurately track the excess available homes with the implementation of STAAND.

To ensure adequate capacity, CFSa also tracks new family-based homes and beds on a monthly basis across its own facilities and contracted providers. CFSa also tracks the number of homes and beds that are closed each month, along with the reason for closure. In FY 2022 (October 1, 2021 - September 30, 2022), CFSa licensed 120 new resource homes with a total capacity of 171 beds across the family-based placement

continuum. Among those new homes, 67 were kinship homes, while the remaining 53 were traditional homes. However, 179 homes with a total capacity of 294 beds closed during the same period, resulting in a net loss of 59 homes and 123 beds.

The end of CFSA's contract with Children's Choice in December 2021 also led to the closure of 38 homes and 81 beds, representing a significant loss (22 percent of homes and 28 percent of beds).<sup>71</sup> The end of the LAYC contract at the end of September 2022 led to a smaller loss of 4 homes and 8 beds. Of the home closures, 28 percent (n=51) closed due to children achieving permanency. Of these homes, 39 were kinship homes and 12 were non-relative foster homes. Resource parent requests (such as health issues, family changes, no longer interested, retirement, moved out of DC, and concerns for COVID-19 safety issues) accounted for the closure of 46 percent (n=82) of the home closures.

CFSA also tracks the number of homes licensed for specialized placement types and their usage. These include the following placement types:

- In 2019, CFSA established the placement option of SOAR homes (Stabilization, Observation, Assessment, and Respite) with professional resource parents specifically trained in trauma-informed caregiving (described below). SOAR homes provide temporary care for up to 90 days. These homes are particularly appropriate for children who need an array of comprehensive assessments prior to the Agency being able to appropriately identify the best placement match for the children's exact needs. As of September 30, 2022, there were two SOAR resource parents providing a total of four beds. Three children were residing in a SOAR home.
- Intensive foster care – This contract serves children of all ages in need of a family-based setting but experiencing (or likely to experience) placement instability. Either risk or history of placement instability may have been based on such factors as a history of physical or verbal aggression, step-down from a diagnostic or psychiatric residential treatment facility, or current mental health diagnoses. This contract was previously held by Children's Choice and in July 2022, the Agency awarded the contract to PSI Family Services who won the solicitation, for 40 beds. PSI began accepting placements at the end of FY 2022.
- Pregnant and Parenting Youth (PPY) Foster Parents – CFSA has always prioritized placement of its PPY population with relatives first, then in traditional foster homes, and lastly, in an independent living program. In 2018, the Agency developed a program of professional resource parents who contract directly with CFSA and subsequently receive special training to care for pregnant and parenting youth. As of June 30, 2022, the PPY program included one resource parent and three beds, occupied by two parenting teens and their children.
- Professional Resource Parents – In 2021, CFSA expanded its placement array to include trauma-informed professional parents (TIPPs), who, like PPY and SOAR foster parents, are compensated to provide specialized foster care. Based on the unique needs of children with adverse childhood and traumatic experiences, CFSA requires that no TIPP works more than 20 hours per week outside of the

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<sup>71</sup> PSI was awarded the contract for intensive foster care (total of 36 beds) in July 2022 and started accepting placements in September 2022. Lutheran Social Services was awarded the contract for Spanish-speaking homes in September 2022 and started accepting placements in January 2023.

home, allowing for dedicated time to the care of the children and youth in these homes. TIPPs care for children ages eight and up, who have experienced significant trauma and have presented specific mental or behavioral health concerns that have impeded success in a traditional foster care setting. As of September 30, 2022, there were four TIPPs providing a total of nine beds, providing placement for seven children. In addition to a TIPP home currently located in Maryland, NCCF operates another professional parent program. NCCF selects its own professional foster parents (PFPs) based on the PFP’s demonstration of exceptional commitment to supporting children and youth with the most severe behaviors. PFPs provide emergency placement, assessment, advocacy, and support toward positive permanency. As of September 2022, there are three PFP homes providing a total of seven beds, providing placement for five children.

- Specialized Opportunities for Youth (SOY) – In 2017, CFSA developed the SOY program to match specially trained CFSA foster parents with youth who have had challenges in a traditional family-based setting due to behavioral or mental health needs. Aged 13 to 20, SOY youth require parents who are skilled in working with teens and young adults and can support them in learning required independent living skills. As of June 30, 2022, there were seven SOY homes with 18 beds, providing placement for 14 youth.

**Table 13. Usage of Specialized Placement Types as of September 30, 2022**

Specialized Placement Type	Number of homes	Number of beds	Available Capacity as of 9/30/2022
SOAR	2	4	0
PPY	1	3	1
TIPP	4	9	2
PFP	3	7	2
SOY <sup>72</sup>	7	18	4

**Conclusion**

CFSA considers this measure **achieved**.

<sup>72</sup> Specialized Opportunities for Youth (SOY) are beds in family based foster homes to provide stability and support to youth with behavioral challenges who require significant clinical interventions and services. SOY resource parents take an additional 30 hours of training, including: Trauma 101 & 102, Managing Adolescent Behaviors, Human Trafficking, and other trainings geared to work effectively with the target population.



## WELL-BEING

The tenet for this pillar is that 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 with an increased baseline of well-being than when they entered. The programs and services included in the Well-Being pillar are primarily supported through CFSA's Office of Well-Being (OWB). 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 is largely responsible for activities that support the physical, emotional, developmental,



and behavioral health of children in foster care. Under the purview of OWB, the Healthy Horizons Assessment Center (HHAC) provides medical screenings, comprehensive medical exams, assessments, and referrals for the health of children and youth in foster care.

There are four measures for this pillar.

The following measure was achieved during this review period:

- Comprehensive medical evaluations

The following measures do not have a performance target set at this time:

- Timely Dental Exams
- Employment or Internship experiences
- Graduation from high school.

## 24. Comprehensive Medical Evaluations

### ***Measure***

**85 percent** of children in foster care shall receive a full medical evaluation within 30 days of placement; **95 percent** of children in foster care shall receive a full medical evaluation within 60 days of placement.

### ***Methodology***

To assess performance, CFSA analysts used FACES.NET management reports for tracking data compliance with this measure.

### ***FY 2022 Performance***

There was a monthly range of 86 to 100 percent for children receiving a full medical evaluation within 30 days of entering care; and a monthly range of 91 to 100 percent for children receiving a full medical evaluation within 60 days of entering care.

### ***Historic Information***

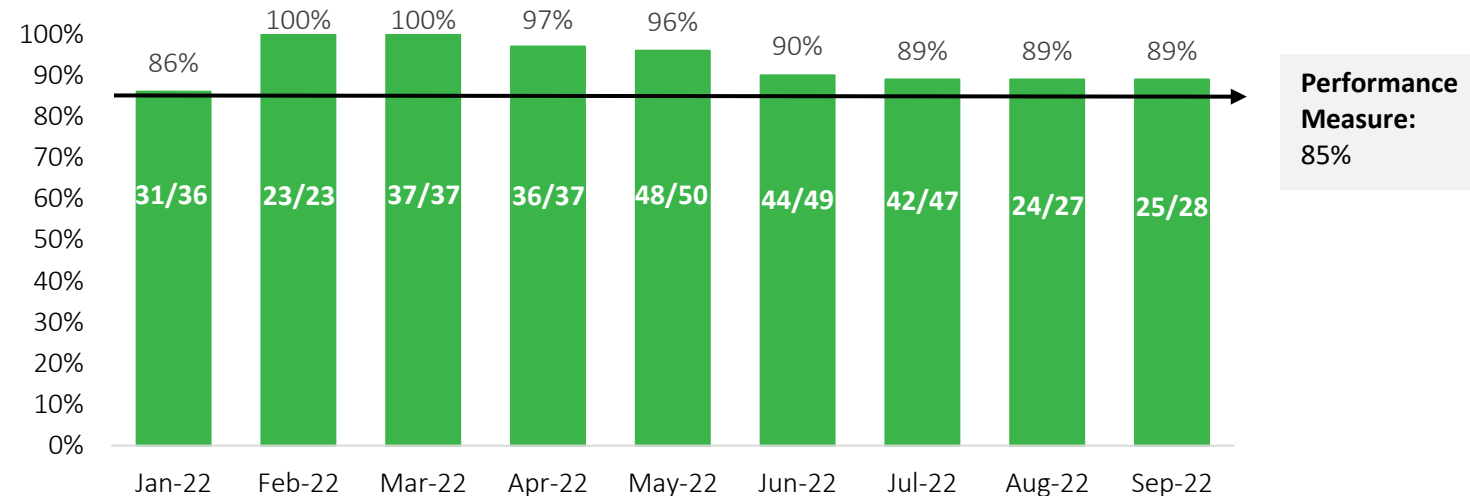
CFSA and its private partners are responsible for supporting, promoting, and planning for the overall well-being of children in foster care, including their receipt of appropriate and routine medical care. CFSA's Office of Well-Being, which includes the onsite Healthy Horizons Assessment Center (HHAC), is largely responsible for activities that support the physical, emotional, developmental, and behavioral health of children in foster care. HHAC in particular allows for medical evaluations and screenings to be scheduled as needed with walk-in appointments available, usually with minimal wait times. Due to CFSA regularly meeting this measure, the measure was not part of the

*LaShawn* Exit and Sustainability Plan (ESP) and was not reported on during the ESP.<sup>73</sup> However, the Agency reinstated the measure in 2021 for CFSA’s public performance reporting to ensure that CFSA is holistically reporting on children’s health evaluations upon their entry into care. During the last monitoring period from July to December 2021, CFSA achieved 85 to 96 percent within 30 days of placement (meeting the required performance all 6 months) and between 88 to 100 percent for evaluations completed within 60 days of placement (meeting the required level for 4 out of 6 months). CFSA considered the months in which the measure was narrowly missed to be insignificant variations due to the small population of 40 applicable children in the last month of 2021. As a result, each child represented 2.5 percentage points. Therefore, this measure was achieved during the last monitoring period.

### Analysis

Within the 9-month period for which staff reported on data for children receiving medical evaluations within 30 days of placement, CFSA met the required performance for all 9 months; CFSA met the required performance for 5 out of the 9 months for children receiving medical evaluations within 60 days of placement.

**Figure 54. Percentage of Children in Care with Full Medical Evaluation at 30-Days**

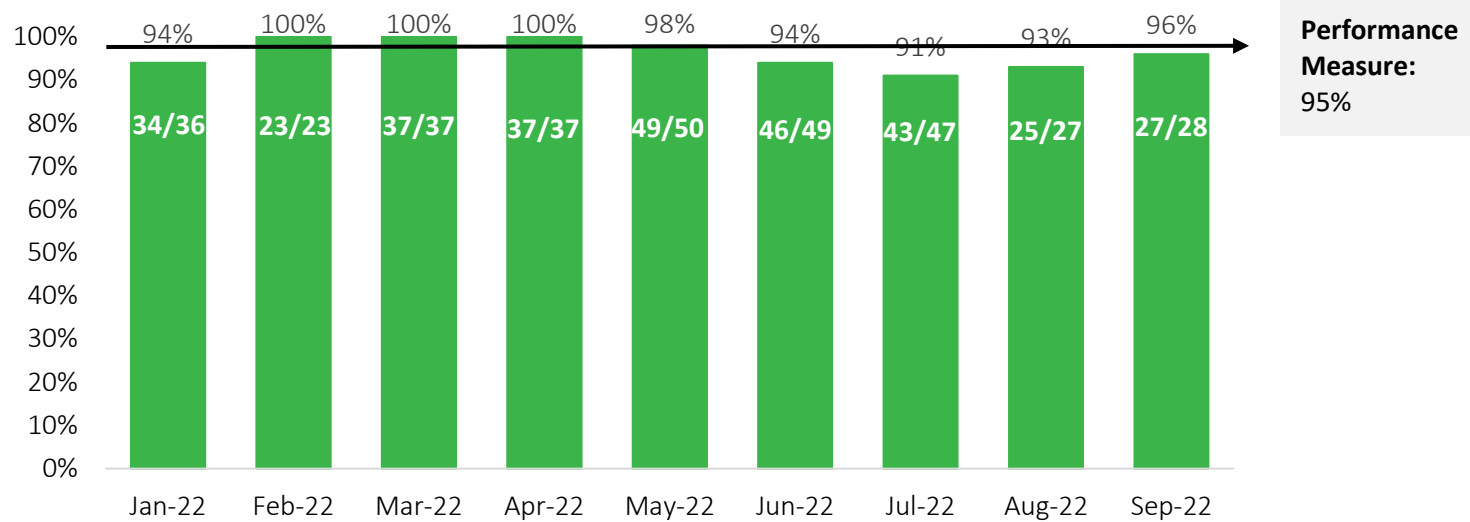


Source: FACES.NET Management Report HTH005

<sup>73</sup> *LaShawn A. vs [the District of Columbia]* was a Federal class action suit that was filed in 1989 on behalf of the children served by the District’s child welfare system. The litigation required several reforms and modified expectations until the case settled in 2021.



**Figure 55. Percentage of Children in Care with Full Medical Evaluation at 60-Days**



Source: FACES.net report HTH005

CFSA identified the following barriers for the total 13 youth who did not meet the 60-day benchmark over the 9-month period:

- Four youth aged 15 and 16 were in missing/absent/runaway status for several months.
- Three youth between the ages of 11 and 15 refused to be screened for a medical evaluation.
- Three youth between the ages of 12 and 17 were unstable in their respective placements and getting them to any scheduled appointments was a challenge.
- Two infants under a year old completed medical evaluations, but their documentation was not provided to the agency to enter it timely in FACES.NET.
- One youth aged 13 did not re-enter foster care but had a placement change and was identified in the system incorrectly due to a FACES data entry error.

In summary, several complicating factors impacted the benchmark, including refusals to complete medical evaluations, missing/absent/runaway status, placement instability, and data entry error. CFSA expects all children to receive a comprehensive medical evaluation when they enter care and for children to receive a screening when they change placements. Medical appointments are easy to schedule within the 30- and 60-day benchmark timeframes given the accessibility of HHAC as a well-being resource. CFSA staff work diligently

with families to assist with rescheduling missed appointments, providing transportation when necessary to facilitate appointments, and coordinating any additional follow-up appointments to complete a timely medical examination when necessary.

### **Conclusion**

CFSA considers the months in which the measure was narrowly missed to be insignificant variations due to the small population of under 50 applicable children in each of the months the benchmark was missed. As a result, each child represents 2 percentage points or greater. Therefore, this measure is considered **achieved**.

## **25. Comprehensive Dental Evaluations**

### **Measure**

Children in foster care shall receive a full dental evaluation within 60 days of placement. There was no performance target set for FY 2022, RTS will be used to set this performance target in the future.

### **Methodology**

While this performance measure existed under the Implementation and Exit Plan (IEP), *LaShawn* Exit and Sustainability Plan (ESP), and during the Settlement Agreement in 2021, the methodology changed for FY 2022. Instead of tracking compliance on a monthly basis, due to the low number of applicable children entering or re-entering care, CFSA is now tracking this measure twice a year with a cumulative count. For this transitional year that included 9 months instead of 12 months, the Agency assessed performance once for all children who entered or re-entered care. Due to the pending transition to STAAND, the prior FACES.NET management report was not updated to reflect the new methodology in FY 2022. CFSA analysts combined the raw data from each monthly report to create the full 9-month data set and calculated compliance for each child within 60 days of entering or re-entering care.

### **FY 2022 Performance**

**Seventy-six percent of children** (93 out of 122) received a full dental evaluation within 60 days of entering care.

### **Historic Information**

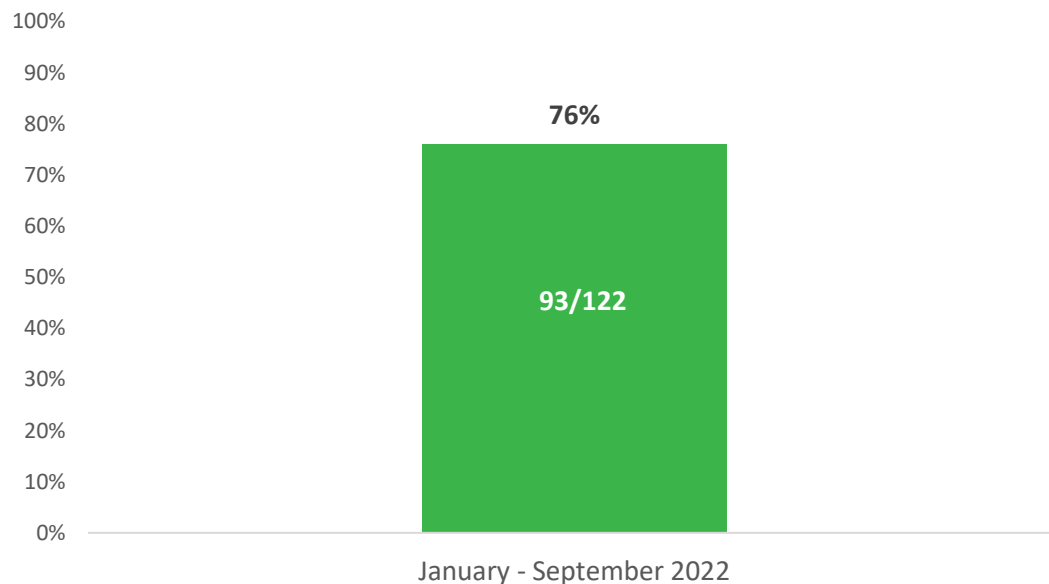
CFSA and its private partners are responsible for supporting, promoting, and planning for the overall well-being of children in foster care, including their receipt of appropriate and routine dental care. The benchmark for this measure changed from the ESP to the Settlement Agreement reached between the parties. As part of the former IEP and the ESP, the three benchmarks for assessing performance for this measure was 25 percent of children shall receive a full dental evaluation within 30 days of placement; 50 percent of children shall receive a full dental evaluation within 60 days; and 85 percent of children shall receive a full dental evaluation within 90 days of placement. Upon the implementation of the Four Pillars Performance Framework in 2021, this measure was revised to include only the percentage of children with a dental evaluation within 60 days. The benchmark was also raised from 50 percent to 75 percent. During the last monitoring period

from July to December 2021, CFSA had a monthly range of 40 to 64 percent for children receiving a full dental evaluation within 60 days of entering care. CFSA considered this measure not achieved and noted the residual effects of the pandemic which continued to create challenges related to the availability of appointments with dental care providers.

### Analysis

During the current monitoring period, a cumulative 76 percent of children received a full dental evaluation within 60 days of entering care between January and September 2022 (see Figure ##). This percentage includes seven children whose dental evaluations were completed in a timely fashion but not accurately captured in the system due to untimely data entry issues.

**Figure 56. Children Receiving Dental Evaluations within 60 Days of Entry, January 2022-September 2022**



Source: FACES.net report HTH005

CFSA identified and tracked the barriers for every child who did not achieve this measure. Of the 29 total children, the most frequently identified barrier was the first available appointment with dental care providers falling outside the 60-day timeframe for 11 children. There were also five youth, aged 12 to 17 who were in missing/absent/runaway status during the timespan the dental evaluation was to be completed. CFSA continued to recognize challenges with rescheduling dental appointments within the 60-day timeframe for three children. Analysts identified two instances where social worker performance issues were a barrier and two other instances where the dental appointments were completed after 60 days. Other circumstantial issues that created barriers to achieving this benchmark included client

cancellation, hospitalization of a child, or youth who were unstable in their placement, delaying completion of a dental evaluation within the 60-day timeframe.

CFSA's Health Services Administration (HSA) implemented a continuous quality improvement (CQI) plan to mitigate the identified barriers for children receiving dental evaluations within 60 days of a child's placement. For example, HSA completed biweekly reviews of the FACES.NET management report for this measure. In addition, after 20 days of a child entering foster care, HSA sent an initial reminder to the child's assigned social worker to schedule the child's dental examination. HSA then sent a follow-up reminder 10 days later. Lastly, HSA sent a third reminder to the social worker's program manager if there was no response to the out-of-compliance notifications. Further, at the time of a child's comprehensive medical evaluation, HSA sent the child's social worker, family support worker (FSW), and resource parent (RP) a reminder to schedule the child's dental examination. To further facilitate scheduling, the back of the Cleared for Placement form includes a current list of dental providers. The social worker, FSW, or RP also received the dental verification form. HSA also posted dental scheduling reminders in the Healthy Horizons Assessment Center's waiting area. Moreover, HSA has partnered with Howard University to add the hospital as an additional provider for children in foster care. HSA also plans to meet with office managers at the most utilized dental offices in neighborhood areas to develop prioritization of dental verification forms to improve documentation and data entry issues.

CFSA plans to continue its CQI strategies and closely monitor children who are not receiving their dental evaluations within 60 days of entry into foster care. The sample of children in this population is small, which significantly impacts the monthly performance numbers. A cumulative percentage of all children within a nine-month period was determined to provide a better synopsis of performance. CFSA currently monitors this data monthly and intends to continue closely tracking barriers for children who haven't had their dental evaluations. CFSA analysts and program staff along with Agency leadership plan to reset the benchmark for this measure through RTS.

### **Conclusion**

N/A no performance target is assigned at this time.

## **26. Graduation from High School**

### **Measure**

All 12<sup>th</sup> graders in foster care shall graduate from high school. There was no performance target set for FY 2022, RTS will be used to set this performance target in the future.

### **Methodology**

To assess performance, CFSA utilizes manual data retained by the Office of Youth Empowerment (OYE). This measure utilizes all graduates as the numerator and all 12<sup>th</sup> graders as the denominator. This population is defined as all youth who started the 12<sup>th</sup> grade at the beginning

of the school year. For this report, all youth who started 12<sup>th</sup> grade in August 2021 and who graduated by September 2022 are included in the measure. This timeframe gives the youth the opportunity to complete summer school, including credit recovery programming if needed. Youth who enter and exit the foster care system during this timeframe are also counted in this measure. Youth who pass the general education degree (GED) exam are added into both the numerator and denominator; these youth may be in the 12<sup>th</sup> grade at the beginning of the school year or may qualify to take the GED exam through completion of GED prep courses. CFSA analysts reviewed the OYE data to determine each youth's enrollment and graduation status for the full school year.

### **2022 Performance**

**87 percent** of 12<sup>th</sup> graders (n=27/31) graduated from high school in 2022.

### **Historical Information**

Historically, CFSA has seen a decline in graduation rates during the previous two fiscal years. As the population of 12<sup>th</sup> graders continued to show a decline, the number of graduates declined as well. Both OYE and the Office of Well-Being (OWB) offer an array of educational services to encourage academic progress for youth in foster care. While OWB alone provides tutoring, transportation, and mentoring services, both OWB and OYE assign educational specialists to support youth during their academic career. Specialists also engage a youth's team to ensure delivery of academic services, supports, and interventions where needed.

CFSA has negotiated agreements with DC's Office of the State Superintendent and Maryland's Prince George's County Public Schools (PGCPS) to access the standardized test scores of all District youth in foster care who are required to take standardized tests while attending DC Public Schools (DCPS), Public Charter Schools (DCPCS) and PGCPS. The scores provide an indicator of each participating youth's reading and math proficiency levels. CFSA reported on the results during the Agency's DC Council FY 2022-2023 Performance Oversight Hearing responses.<sup>74</sup>

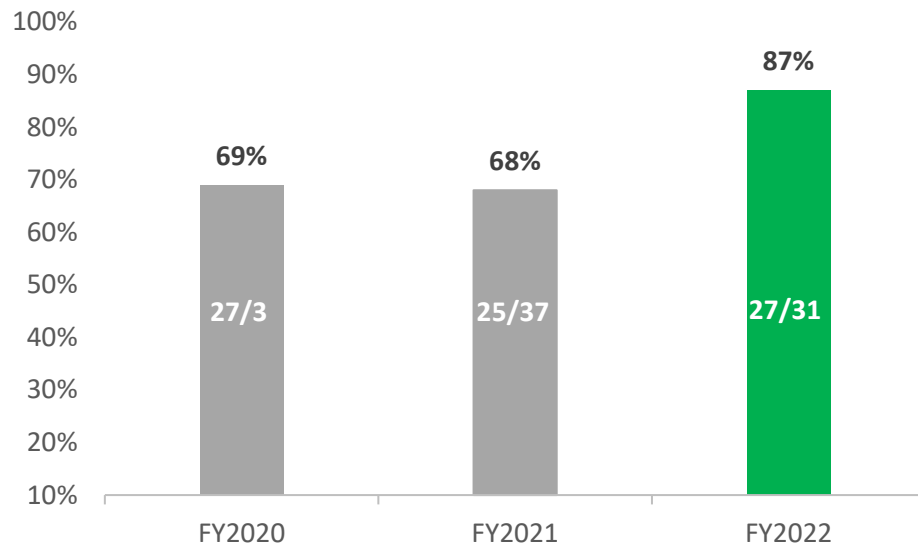
### **Analysis**

During this review period, 31 youth were either in 12<sup>th</sup> grade or eligible to complete the GED test. Twenty-six youth received their high school diplomas by the close of the fiscal year, and one youth successfully passed the GED test. The average age for the youth represented in this measure was 18 years at the start of the 2021-2022 school year, with a range of 17 through 20 years. The number of youth eligible to graduate at the start of the school year continues to show a decline while the number of graduates has shown improvement in FY 2022 with 87% of 12<sup>th</sup> graders graduating from high school.

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<sup>74</sup> [https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions\\_2-17-2023-FINAL-1.pdf](https://dccouncil.gov/wp-content/uploads/2023/02/CFSA-FY22-Performance-Oversight-Hearing-Pre-Hearing-Responses-to-Questions_2-17-2023-FINAL-1.pdf) (page 85)

**Figure 57. Youth graduating from high school, FY 2021-FY 2022**



Source: FACES.NET Management Report EDU002 and CFSA Manual Data

Barriers to graduating from high school for youth in foster care included overall academic performance and school attendance. A total of four youth who started the school year in the 12<sup>th</sup> grade did not graduate. Of these four youth, three had missing credits and one youth stopped attending school toward the end of the school year.

The three youth with missing credits had less than two credits to complete and can still meet their graduation requirements in FY 2023. During the 2022-2023 school year, all four youth remained enrolled in high school either through a DCPS program, PGCPs program, or online high school coursework. The Agency always encourages youth to receive diplomas prior to exiting foster care due to the increase of expectations of adulthood.

To resolve educational barriers and challenges for older youth, CFSA supports their decisions and guides them through the available options to achieve their educational goals.

**Conclusion**

N/A due to no performance target being assigned at this time.

## 27. Employment or Internship Experiences

### **Measure**

Youth aged 18 years and older shall have the opportunity to participate in an employment or internship experience. There was no performance target set for FY 2022, RTS will be used to set this performance target in the future.

### **Methodology**

To assess performance, CFSA utilizes manual data retained by the Office of Youth Empowerment (OYE) and data from FACES.NET. These data include all youth in foster care who reached the age of 18 or older during 2021. Analysts exclude any youth who are in missing status or incarcerated for at least half of the review period, as well as youth who are diagnosed with severe intellectual disabilities or who are receiving services through the Department of Disability Services. In FY 2022, the methodology was updated to require that youth must complete at least 30 days at the employment or internship opportunity to be counted as compliant for the measure.

### **2022 Performance**

**45 percent** of youth aged 18 years and older (n=76/168) had an employment or internship experience in 2022 for 30 days or longer.

### **Historical Information**

CFSA created this measure for the Agency's FY 2018 Four Pillars Scorecard. The target during that year was 60 percent with 51 percent of youth in general achieving employment or internship experience. In FY 2019, the target was decreased to 55 percent with actual performance at 46 percent. The Agency reconsidered the methodology for this measure and modified it in FY 2020 to consider only youth ages 18 years and older, since youth under the age of 18 should be focused on completing high school.

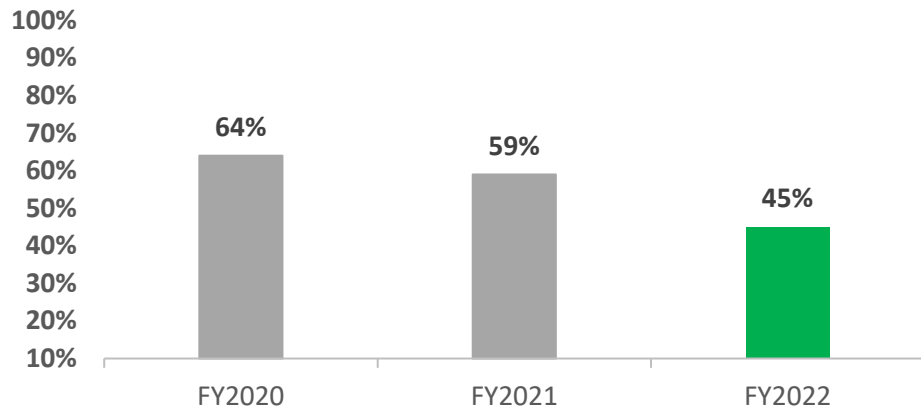
CFSA youth participate in various employment and internships within their community. One highly recognized employment program that occurs each summer for youth to gain employment experience is the District's Summer Youth Employment Program (SYEP). SYEP is a locally funded initiative that provides District youth, ages 14 to 24, with an enriching summer employment experience through subsidized placements in the public and private sectors. OYE also administers an internship program at several host sites throughout the community. Internship settings include media firms, financial institutions, tutoring providers, children's rights organizations, technology organizations, businesses, and health care organizations. Youth participate in the internship programs to gain valuable work experience in varying career areas and to increase their employable skills. OYE staff and CFSA social workers continue to support youth in these employment and internship endeavors as a part of case management services.

In FY 2021, there were 163 youth aged 18 or over who met the measure’s criteria. Of these 163 youth, 59 percent (n=96) were either employed full and part-time (n=80) or participated in an internship (n=16). The barriers to participation for the youth who did not have an employment or internship experience included full-time attendance at school, refusals to participate in the employment or internship opportunities, or other personal issues. CFSA continues to encourage all youth to become productive citizens through employment and internship avenues but still considers their educational needs to be the primary focus.

### Analysis

In FY 2022, CFSA served 178 youth who were aged 18 years or older in foster care. The Agency excluded 10 youth from this measure either because of severe disabilities, incarceration, or missing status. Of the 168 youth included in the measure, 49 were employed (both full and part-time) and 15 participated in an internship during FY 2022. An additional 12 youth participated in both employment and internship opportunities in FY 2022. CFSA improved the methodology for this measure in collaboration with the IVA and consultation with the plaintiff. Starting with this performance period, CFSA added a timeframe for participation in this measure. All youth who were reported as having an employment or internship experience in FY 2022 were involved with these opportunities for 30 days or more. However, due to this change in methodology, it is challenging to compare performance across years. The FY 2022 data will serve as baseline data for future years.

**Figure 58. Youth Aged 18 and Over with Employment Experience, FY 2022**



Source: CFSA internal tableau data, FACES.net reports and manual data

### Conclusion

N/A, no performance target has been set at this time.





## EXIT TO PERMANENCE

The key value undergirding this pillar is for every child to exit foster care as quickly as possible to a safe, well-supported family environment or a life-long connection. All older youth in particular, need to exit with the skills to succeed as self-sufficient, independent adults.

One of the six measures that fall under Exit to Permanence Pillar was achieved:

- Exiting care with stable housing

The following five measures do not have a performance target set at this time:

- Permanency in 12 Months by Cohort
- Moving Children Toward Finalized Adoption/Guardianship
- Aging out of Foster Care
- Enrollment in/Completing Vocational Training or a Certification Program
- Graduation from college

### *Strategies for Improving Permanency*

In FY 2020, CFSA launched the **Permanency Tracker data system** as a notable effort to monitor and improve permanency outcomes for children. The Permanency Tracker provides up-to-date, accessible information on the status of any child on their path to permanency, as well as information on children’s progress to permanency. The Agency developed the system using MicroStrategy after an internal Agency analysis identified **74 key milestones from separation to reunification, adoption, or guardianship**, of which only 23 percent were accessible in FACES.NET. The remaining 77 percent of the milestones were held as manual data by eight different program areas. The Permanency Tracker has enabled CFSA to combine the manual data with what is held in FACES.NET, presenting a more comprehensive view of permanency practice and progress.

### *Eight Key Permanency Milestones*

CFSA also uses the Permanency Tracker as a management tool to identify case-specific as well as systemic barriers to permanency. While the system holds more than 50 metrics, its “Timeline Dashboard” enables monitoring of progress on eight milestones that are particularly critical:

1. **Completion of a Removal Family Team Meeting (FTM).** This intervention, undertaken shortly after a child comes into care, is used to build early parental engagement. The information shared, and the relationships developed during the removal FTM can have significantly positive impacts on the case, especially in the early months.
2. **Completion of a 1:1 orientation.** This early meeting between a member of the PEER Unit and the caregivers from whom a child was separated supports understanding of Agency processes and requirements, and further solidifies parental engagement as the case gets underway.<sup>75</sup>

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<sup>75</sup> The PEER (Parent Engagement, Education and Resources) Support Unit comprises CFSA staff with first-hand caregiver experience with the child welfare system.

3. **Movement of a family to unsupervised visitation.** Unsupervised visits between parents and children are a necessary precursor to reunification. This step should be taken as soon as safely possible for the family.
4. **Notice to the court of a goal change recommendation.** As soon as the Agency has determined that reunification is no longer a viable permanency goal, a formal goal change recommendation must be made. For adoption cases, this recommendation sets in motion the required Ta.L. evidentiary hearing process.<sup>76</sup>
5. **The filing of an adoption petition.** For children with a goal of adoption, until a petition has been filed by the intended permanency resource, further legal progress on the case is effectively stalled.
6. **The filing of a guardianship motion.** For children with a goal of guardianship, until a motion has been filed by the intended permanency resource, further legal progress on the case is effectively stalled.
7. **The completion of the adoption or guardianship trial.** A child for whom a petition or motion has been filed cannot progress towards finalization until the trial is completed.
8. **Finalization of an adoption or guardianship by the court.** Following the trial, the Agency’s submission of a final report and the court’s issuance of a final decree are required to close the case.

### *Using the Milestones to Improve Practice*

Each of the above milestones has a target that was developed based on 8 months of baseline data. Using these targets as guideposts, managers can track where individual children are “stalled” in their progress to permanency and develop and implement case-specific solutions. Managers also determine where their units and teams may be struggling to make or sustain progress. In addition, the Permanency Tracker provides CFSA with the newfound capacity to identify with greater specificity the source of delays in permanency, whether within the Agency or outside it, such as in the court and legal systems. The following examples are included:

- CFSA has been able to increase the rate of unsupervised visits by using the data on this metric to push for practice adjustments in units where the intervention was not prioritized.
- Agency analysts reviewed the guardianship caseload against the metrics to ascertain case-by-case whether the guardianship goal is appropriate. As needed, case-carrying social workers then worked towards a goal change.
- CFSA has used subsidy timing data to identify whether delays occurred within the referral process, the negotiation process, or the completion of the subsidy. Staff then adjusted communications and duty structures to address the trouble spots. The Agency put into

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<sup>76</sup> In a December 2016 case (“In re Ta.L.”), the D.C. Court of Appeals held that parents have the right to an evidentiary hearing before the court changes the goal of a case away from reunification. The ruling in Ta.L. means that to change a child’s permanency goal, the agency must serve notice of a plan to change the goal and prevail in the hearing.

place a streamlined subsidy process in February 2022. By March 2023, data revealed that a 60 percent decrease had occurred for the timing of submission for a subsidy referral.

- The Agency is providing the courts and other external parties with data on timeliness of key milestones to support improvements. Milestones include the scheduling of trials and hearings, the filing of petitions and motions, the issuance of findings and the finalization of adoptions and guardianships.

The Agency designed the Permanency Tracker to function as an iterative tool that is responsive to practice changes and needs. CFSA will continue to assess how it can best be used to promote timely permanency for children and youth in foster care.

### *Permanency Goals Review Meetings*

**A Permanency Goal Review Meeting (PGRM)** is a brief, multi-disciplinary case review aimed at identifying barriers to permanency and charting a course for resolving them. CFSA holds PGRMs for all children in foster care at the following intervals, which have been strategically selected to maximize impact on case progress:

- **100-Day PGRMs** are held when a child reaches 100 days in foster care or 100 (or more) days in protective supervision.
- **Targeted PGRMs** are held approximately every 3 months, starting when a child has been in foster care for 9 months, and as long as they have a goal of reunification, adoption, or guardianship.

During a PGRM, assigned social workers, managers, agency attorneys and program area specialists identify barriers to permanency and develop strategies to overcome them. The barriers and next steps from each PGRM are held in the Permanency Tracker system (described above).

PGRM data provide nuance to simple exit rates by specifying the challenges children and families face as they seek permanency. For example, during this review period, CFSA held 1006 PGRMs for children in foster care.<sup>77</sup> During these reviews, the following barriers were most frequently identified:

- Parenting capacity (32 percent of reviews)
- Parental mental health (26 percent)
- Parental substance abuse (22 percent)

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<sup>77</sup> Does not include PGRMs held for children living at home under protective supervision.

- Challenges for the identified adoption or guardianship resource, such as licensing barriers or concerns about the child’s behavior (28 percent)
- Housing (9 percent)
- No identified permanency resource for children with a goal of adoption or guardianship (23 percent)

PGRM information enables more accurate decision-making about resource allocation within CFSA and informs a stronger advocacy agenda with sister agencies and community partners.

## 28. Timely Permanency

### **Measure**

The percentage of children who achieved permanency (reunification, kinship guardianship, adoption, or non-relative guardianship) in 12 months for the following cohorts:

- a. Permanency is achieved (through reunification, adoption, guardianship, or living with a relative) within 12 months of children entering foster care.
- b. Permanency is achieved within 12 months as of the first day of the fiscal year, October 1, 2021, for children who have been in foster care for at least 12 months but not more than 23 months.
- c. Permanency is achieved within 12 months as of the first day of the fiscal year, October 1, 2021, for children who have been in foster care for at least 24 months.

### **Methodology**

To evaluate performance, analysts used cohort data from FACES.NET that aligns with the Children's Bureau - District of Columbia Child and Family Services Review (CFSR 4) data profile AFCARS<sup>78</sup> submission as of December 21, 2022. Prior to FY 2022, CFSA used a measure that also had three cohorts, but with slightly different logic. The cohorts excluded children who had re-entered care and included youth over the age of 18. Finally, the second two cohorts had different timeframes. CFSA has now adopted the methodology used in the CFSR data profile method. No performance target is assigned at this time.

### **FY 2022 Performance**

- a. Cohort 1: **20 percent** of children who entered foster care for the first time in FY 2021 and who remained in foster care for 8 days or longer achieved permanency by September 30, 2022.

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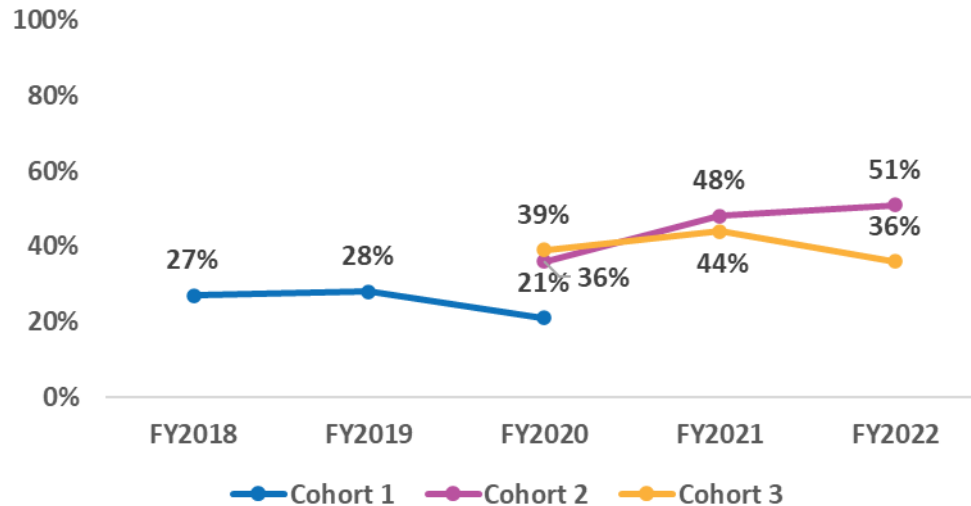
<sup>78</sup>The Adoption and Foster Care Analysis and Reporting System (AFCARS) is a federal reporting database used for policy development and program management.

- b. Cohort 2: **51 percent** of children who were in foster care for more than 12 months but less than 23 months on September 30, 2021 achieved permanency by September 30, 2022.
- c. Cohort 3: **37 percent** children who were in foster care for 24 months or longer on September 30, 2021 achieved permanency by September 30, 2022.<sup>79</sup>

### Historical Information

Timely achievement of permanency for children in foster care is crucial for their well-being. Figure 57 indicates CFSA’s performance on this measure, as provided by the Children’s Bureau in the CFSR Data Profile. The Children’s Bureau uses only 3 years of data for their data profile for history. The data profile for Cohort 1 is accessible for FY 2018 to FY 2020, while for Cohorts 2 and 3, the data profile is available for FY 2020 to FY 2022.

**Figure 59. Children Exiting to Permanency by Cohort**



Source: Children’s Bureau (CFSR 4) data profile, published February 2023.

<sup>79</sup> This result differs from the CFSR 4 Data Profile published by the Children’s Bureau by 1 percent, due to an additional child being featured in the numerator in CFSA’s data calculations. This is likely due to late data entry of a child’s exit to permanency during the specified time frame.

## Analysis

While CFSA does not have a target set for these three cohorts at this time, CFSA's performance declined this year for Cohort 1 and Cohort 3. There was a slight improvement in performance for Cohort 2. Further details for each cohort include a breakdown by age group below.

**Table 14. Children Exiting to Permanency by Cohort and Exit Reason as of September 30, 2022**

Length of time in out-of-home care	Total # in cohort	Total Exits to Permanency (by 9/30/22)	Exit to Reunification	Exit to Guardianship	Exit to Adoption
Cohort 1: Children Entering Care during a 12-month period	229	45 (20%)	43 (96%)	2 (4%)	NA
Cohort 2: Children in Care more than 12 and less than 23 months	110	56 (51%)	15 (27%)	4 (7%)	37 (66%)
Cohort 3: Children in Care for 24 months or longer	178	65 (37%)	9 (14%)	10 (15%)	46 (71%)

Source: FACES.NET data

### Cohort 1: Permanency for Children Entering Care during a 12-month period

Of the 229 children who entered foster care in FY 2021 and remained in foster care for 8 days or more, 20 percent (n=45) of the children exited to positive permanency by September 30, 2022 (see Figure XX and Table XX). This performance is slightly lower than the previous year's performance of 21 percent.

The data analysis indicates that the percentage of children who achieved permanency differed by age group. Specifically, children between birth to 5 years old had the lowest percentage of exits to permanency (18 percent), while the highest percentage of exits was seen in the 6 to 12 age group (24 percent). The 13 to 17 age group had a slightly lower percentage of exits (19 percent) compared to the 6 to 12 age group and was only one percent higher than the birth to 5 years old group.

**Table 15. Permanency Achieved by Age Group for Cohort 1**

Age on 1 <sup>st</sup> Day	Total children in population	# of Children who Exited within 12 months	% of Children who Exited within 12 Months
0-5 years	112	20	18%
6-12 years	64	15	24%
13-17 years	53	10	19%
<b>Total</b>	<b>229</b>	<b>45</b>	<b>20%</b>

Source: FACES.NET data



Cohort 2: Permanency for Children in Care more than 12 and less than 23 months

For the 110 children who had been in care more than 12 months and less than 23 months on September 30, 2021, 51 percent (n=56) had achieved permanency by September 30, 2022 (see Figure XX and Table XX). This performance is an increase from the previous year's performance of 48 percent. Children between birth to 5 years old had the highest percentage of exits to permanency (62 percent), while the second highest percentage of exits was seen in the 6 to 12 age group (56 percent). The 13 to 17 age group had a much lower percentage of exits at 30 percent.

**Table 16. Permanency Achieved by Age Group for Cohort 2**

Age on 1 <sup>st</sup> Day	Total children in population	# of Children who Exited within 12 months	% of Children who Exited within 12 Months
0-5 years	52	32	62%
6-12 years	25	14	56%
13-17 years	33	10	30%
<b>Total</b>	<b>110</b>	<b>56</b>	<b>51%</b>

Source: FACES.NET data

Cohort 3: Permanency for Children in Care for 24 months or longer

For the 178 children who had been in care 24 or more months on September 30, 2021, 36 percent (n=65) of the children achieved permanency by September 30, 2022 (see Figure XX and Table XX). This performance represents a slight decline from the previous year's performance of 44 percent. Children between birth and 5 years old had the highest percentage of exits to permanency, i.e., 72 percent of the children exited to permanency within 12 months of the beginning of the fiscal year. The second highest percentage of exits was seen in the 6 to 12 age group (48 percent). Again, the 13 to 17 age group had a much lower percentage of exits at 13 percent.

**Table 17. Permanency Achieved by Age Group for Cohort 3**

Age on 1 <sup>st</sup> Day	Total children in population	# of Children who Exited within 12 months	% of Children who Exited within 12 Months
0-5 years	32	23	72%
6-12 years	66	32	48%
13-17 years	80	10	13%
<b>Total</b>	<b>178</b>	<b>65</b>	<b>37%</b>

Source: FACES.NET data



Looking across the three cohorts, almost all the exits to permanency (96 percent) during the first 12 months after entry (Cohort 1) were to reunification. Only 4 percent (n=2) of the children exited to guardianship. In the second cohort, 27 percent (n=15/56) continued to exit to reunification. However, for both Cohort 2 and Cohort 3, the largest group of exits were to adoption, i.e., 66 percent (n=37/56) of the exits in Cohort 2 and 71 percent (n=46/65) of the exits in Cohort 3. The smaller number of exits to guardianship reflects the Agency's position that adoption is more permanent and therefore more desirable.

Across each cohort, low permanency rates were experienced by children aged 13 to 17. Children from birth to 5 years old were less likely than children ages 6 to 12 and 13 to 17 to obtain permanency within 12 months of their separation from caregivers. CFSA considers one possible reason being related to very young children's higher rate of vulnerability. In addition, children aged birth-5 have a higher rate of exits to adoption than other positive permanency exit reasons, and the legal processes associated with finalizing adoptions takes longer than 12 months. In the last three fiscal years, a total of 292 children between the ages of birth to 5 have exited foster care to positive permanency, with 56 percent (n=163) exiting to adoption, 42 percent exiting to reunification (n=123), and 2 percent (n=6) exiting to guardianship. Nonetheless, these young children were more likely than any other age group to obtain permanency in both Cohorts 2 and 3. For Cohort 2 and Cohort 3, the older the children were, the less likely they were to obtain permanency within 12 months of the first day of the fiscal year. While there are many factors that can influence a child's journey through the foster care system, positive permanency is a critically important outcome for children and the Agency continues all efforts to support children in achieving this goal.

### **Conclusion**

N/A (no performance target assigned at this time).

## **29. Moving Children toward finalized Adoption/Guardianship**

### **Measure**

Of the total children with a goal of adoption and guardianship, the number and percentage of children who have an adoption petition or guardianship motion filed.

There is no target for this measure.

### **Methodology**

The numerator is the number of children with a goal of adoption or guardianship who have a petition or motion already filed. The denominator is the total number of children with a goal of adoption and guardianship.

Data for children who do not have a petition or motion filed are further broken down into those children with an identified permanency resource and those children for whom the Agency is actively recruiting a permanency resource.

### ***FY 2022 Performance***

As of September 2022, there were 196 children with either a goal of adoption (n=142) or a goal of guardianship (n=54). Of these children, 39 percent (n=76) had an adoption petition or guardianship motion already filed.

### ***Historical Information***

This measure is new as of FY 2022 and therefore there is no historical data available.

### ***Analysis***

As of September 30, 2022, FACES.NET reports a total of 142 children with a goal of adoption and 54 children with a guardianship goal. Of the children with a goal of adoption, 44 percent (n=62) of the children had an adoption petition already filed. Of the total 54 children with a goal of guardianship, 26 percent (n=14) of the children had a guardianship motion already filed.

It is rare for an adoption petition or guardianship motion to be filed immediately after a goal is changed to adoption or guardianship. At the time of a goal change, if a child is placed in a home willing and able to provide permanency, the court will grant party status to the identified resource parent, which permits the perspective guardian or adoptive parent to participate in legal proceedings involving the child. The resource parent must then identify counsel, either through the Family Court's Council for Children of Abuse and Neglect (CCAN) Office (if the resource parents meets the income requirements), or through assistance from the social worker and the guardian *ad litem* (GAL).

In the latter case, the social worker and GAL partner with the resource parent to identify an attorney who will accept the Agency's voucher or who will accept payment for their work as part of the ultimate subsidy. The attorney then submits an Entry of Appearance document to the court, which establishes the attorney's representation of the resource parent. The attorney also prepares the motion for guardianship or the petition for adoption and files the legal documentation accordingly. After the attorney is appointed, it takes the court approximately two months to process the adoption petition.

As of September 30, 2022, 16 children had assigned permanency goals of adoption for less than 2 months. Four children had an assigned goal of guardianship, also for less than 2 months. Among the children who had a goal of adoption for more than 2 months, 45 percent (n=57/126) had a petition filed. Among the children who had a goal of guardianship for 2 months or longer, 28 percent (n=14/50) had a motion filed.

If the Agency identifies a permanency resource who has not committed to adoption or guardianship by filing a petition or motion (respectively), the social work team will meet with the resource parent and his or her attorney. Meeting participants discuss any barriers to

achieving permanency for the child. The social work team (and the resource parent's attorney) answer any of the resource parent's questions, as well as describing available resources that may help the resource parent to finalize the goal (e.g., supportive services offered by CFSA's Post-Permanency Unit). If there is still ambivalence on the part of the resource parent, or on the part of the child, CFSA may submit a referral for tailored therapy sessions (as appropriate) to assist the child and resource parent to process the ambivalence and potentially move forward toward finalization of the adoption or guardianship goal.

When there is no identified permanency resource for a child with an adoption or guardianship goal, the social work team may submit an additional diligent search request along with case mining potential relative or fictive kin resources (since circumstances may have changed from previous contact with kin). The social work team may also engage other adults with established relationships to the child, e.g., teachers or coaches who may be willing to consider adoption or guardianship.

For adoption in particular, Agency guidelines require a referral for recruitment to identify a permanency resource within 60 days after the goal change to adoption. For the 69 children who had a goal of adoption for 2 months or longer but did not have a petition filed, CFSA referred 57 percent (n=39) to the Specialized Recruitment Unit. This unit is responsible for creating a timely adoption plan and for outlining the path to permanency within 95 days from the date the goal changes to adoption.<sup>80</sup> Until a petition is filed, the recruiter conducts staffing and updates the plan every 90 days as part of the timely adoption plan. Each plan is unique to the child's needs, but all include searches for adoptive resources if no individuals have yet been identified, attempts to match children with adoptive families, and assistance when a resource is identified, i.e., helping to expedite the preparation of the pre-adoptive home.

Once the court waives confidentiality, the Agency can initiate a child-specific public recruitment search through sister agencies in other jurisdictions, adoption websites, or other appropriate adoption recruitment mechanisms. When potential adoptive families are identified, the assigned recruitment worker meets with the GAL, social worker, and supervisory social worker to select a first choice for the child. If the child is of age and it is developmentally appropriate, the child may choose to participate in the decision. Once the first choice is made, a "background conference" with the selected family is held. During this conference, the Agency gathers and shares detailed information through a discussion with the selected family, social worker, GAL, and any providers supporting the child. If the Agency and the pre-adoptive parent move forward, the recruitment worker develops a transition plan with graduated visitation, carefully considering the child's unique needs. The transition period often lasts about 6 weeks but may be longer or shorter. The Recruitment Unit staff also make monthly visits to the child to support the social worker and to assist with the child and the pre-adoptive family's transition. CFSA also offers adoption support services via a referral for the pre-adoptive family.

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<sup>80</sup> A timely adoption plan is not required or necessary if a child has an identified adoptive resource who has filed a petition or signed a "Letter of Intent" to file a petition.

In FY 2022, there were 30 children who had a goal of adoption for 2 months or longer with no petition and no recruitment referral for a median length of 7 months. There are barriers that can delay completion of the referral to adoption recruitment unit within the 60 day time frame: (1) there was an identified resource parent who had not filed a petition yet; (2) the identified resource parent moved from DC to Maryland or vice versa and had not yet completed the steps for an updated foster parent license prior to filing an adoption petition; or (3) the social work team was still assessing and ruling out potential kinship resources. In FY 2022, there were 30 children who had a goal of adoption for 2 months or longer with no petition and no recruitment referral for a median length of 7 months.

Since guardianship does not grant a permanent legally-established parent-child relationship, guardianship is not CFSA's first choice as a permanency option when reunification with caregivers cannot be achieved. Accordingly, CFSA only recommends guardianship after ruling out adoption as a viable option. The following circumstances might result in the Agency ruling out an adoption goal and recommending a guardianship goal instead:

- A child is placed with kin who do not want to move forward with adoption due to parental ties or other relevant family dynamics.
- The marital status of a child's resource parents prevents adoption.<sup>81</sup>

Unlike adoption, where children can be matched with anyone seeking to adopt, guardianship only occurs with individuals related or already known to the children (i.e., kin, current or former foster parents, or other supports such as coaches, teachers). Due to these differences, there are no additional guardianship staffing resources such as a guardianship recruitment unit.

The 36 children who had a goal of guardianship for 2 months or longer had a median length of 18 months in care with a guardianship goal. Forty-four percent (n=16) had either an identified resource for guardianship with the Agency working to alleviate barriers to filing the guardianship motion, or the Agency was further exploring multiple potential resources. The remaining 56 percent (n=20) did not have an identified resource. For 11 of these children, CFSA was considering a goal change to APPLA (Alternative Planned Permanent Living Arrangement) as a more appropriate goal.

CFSA is concerned with children lingering in foster care with a goal of guardianship but with no identified guardianship resource, and updated business processes to promote more timely and permanent legal guardianships:

- a. Guardianship shall not be recommended if a prospective guardian has not been identified for the youth. Under some very limited circumstances, and only with approval of the deputy director, this requirement may be waived.

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<sup>81</sup> While CFSA has a policy on engaging incarcerated parents, the policy does not extend to an incarcerated spouse of a foster parent. Without engagement of a spouse, CFSA would not proceed with adoption. In addition, even if the incarcerated spouse was not charged with child maltreatment, a felony charge might impact adoption proceedings. In such a case, CFSA would encourage guardianship. If the spouse were released and fulfilled all licensing requirements, etc., adoption could possibly be an option in the future.

- b. Pursue kin identification and engagement efforts from a child’s entry into foster care throughout their time in care, so that kin can be prioritized as guardianship resources and competing motions are avoided. Non-kin guardianships can be pursued if kin are not available and/or there are demonstrable reasons why a non-kin caregiver cannot adopt the child.
- c. If a child is younger than age 14, the approval of the Deputy Director of Out-of-Home Support is required prior to making a goal change recommendation to the Family Court. A case staffing with the Deputy Director, to include the AAG, is the mechanism for securing approval.
- d. If the prospective guardian is struggling with or does not follow through with steps needed to become a guardian, the social worker shall raise these concerns during supervision and/or they will be discussed during a Permanency Goal Review Meeting (PGRM) to determine whether the goal is viable, or a change should be recommended.
- e. In the case of a finalized guardianship that disrupts, CFSA may recommend continuation of the goal of guardianship as long as all other permanency goals have been ruled out and a prospective guardian has been identified.

### **Conclusion**

N/A, no target is assigned at this time.

## **30. Aging out of Foster Care**

### **Measure**

The indicator measures the number of 18 to 21-year-old youth who age out of foster care in a 12-month period.

The Agency adopted new methodology for this measure and therefore did not set a target for this timeframe.

There was no performance target set for FY 2022, RTS will be used to set this performance target in the future.

### **Methodology**

To assess performance, CFSA analysts used FACES.NET administrative data to determine the number of youth aged 18 or older who exited foster care from January to September 2022. Based on the total number of 18+ youth exiting foster care, analysts then determined the percentage of youth aged 18 or older who aged out during the same time period.

### **2022 Performance**

Of all youth aged 18 or older who exited foster care from January to September 2022, **71 percent** (n=29/41) aged out of foster care.

## **Historic Information**

Previously, CFSA measured performance for this indicator utilizing all children who exited foster care during the reported timeframe. That performance reported only the percentage of youth aging out from the entire exiting foster care population. Older youth continue to represent the smallest population in CFSA foster care as the overall foster care population continues to decline.

Even though older youth in foster care are less likely to achieve positive permanence, CFSA continues to seek permanence through reunification with the birth family, legal guardianship (often with relatives) or adoption. During the July to December 2021 review period, three 18-year-old youth achieved permanence through guardianship (n=2) and reunification (n=1). One 19-year-old youth achieved reunification.

CFSA works to ensure that every youth in care has a relationship with a caring adult committed to providing life-long guidance and support. There is a vast service array to support preparing older youth for adulthood, including Youth Transition Planning, Court Appointed Special Advocates (CASA) and Capital Area Asset Builders (CAAB)<sup>82</sup>, among others. Prior to aging out, youth participate in the 21 Jumpstart Review, which is a meeting between the youth and their supportive network where participants identify the resources needed to prepare the youth to age out of foster care, and to support them after their exit from foster care. The 21 Jumpstart Review occurs once youth turn 20 ½ years old. Lastly, CFSA also provides youth with aftercare services that are available for youth until they reach 23 years old. Aftercare services include case management and supportive services provided to youth leading up to their turning 21 and for two calendar years following their transition from the foster care system. Housing assistance, employment/vocational information, guidance on accessing public services and parenting support as needed are examples of services provided.

## **Analysis**

During January 2022-September 2022, CFSA's foster care system had a cumulative total of 733 children, of which 130 youth were aged 18 or older. At the close of FY 2022, 535 children remained in foster care of which 120 were youth aged 18 or older.

Forty-one older youth aged 18 or older exited foster care during this review period. Twenty-nine of these older youth exited foster care by aging out. Of these 29 youth, 19 were 20 years old while 10 youth were 21 years old. For the 19 youth who were 20 years old, these youth

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<sup>82</sup> Transition planning begins when children enter foster care. The Youth Transition Planning (YTP) Meeting begins at the age of 15 for all children in foster care and continue until they transition from foster care. The Capital Area Assess Builders (CAAB) program in partnership with CFSA, provides a market matched savings program to CFSA foster care youth ages 15-21.

aged out between one day and 6 months prior to their 21<sup>st</sup> birthday. In most cases,<sup>83</sup> youth who leave foster care significantly earlier than their 21<sup>st</sup> birthday have achieved stability and have proven to the Agency and the Family Court that they are able to function independently (within an established support system), established through reviewing court reports, contact notes and 21 JumpStart meeting notes for youth who exited prior to their 21<sup>st</sup> birthday.

Ten older youth exited care through positive permanence (reunification, guardianship, or adoption). Three youth achieved reunification at age 18 (n=2) and age 19 (n=1). Five youth achieved guardianship at age 18 (n=3) and age 20 (n=2). Two youth, ages 18 and 19, were adopted.

**Table 18. Children 18 and Over Exiting Due to Positive Permanency, January 2021-September 2022**

Exit Type	January-June 2021	July-December 2021	January-September 2022
Reunification	1	2	3
Guardianship	5	2	5
Adoption	4	0	2

Source: FACES.NET Management Report CMT367

**Conclusion**

N/A, no performance target has been assigned at this time.

**31. Exiting Care with Stable Housing**

**Measure**

**88 percent** of youth who exit care due to aging out will age out with stable housing.

**Methodology**

For this measure, the Agency defines stable housing as a youth having a lease, a housing agreement with a family member or friend, or a youth enrolled in a transitional housing program. Placement in a homeless shelter or “couch surfing” between multiple locations is not considered stable housing. To assess performance, CFSA utilizes data from FACES.NET as well as manual data retained by staff from OYE’s Aftercare Services program. OYE and CFSA analysts examined the OYE data, first to determine the number of youth exiting care and then, to

<sup>83</sup> Exits that fall outside this category include exits due to the death of a youth, or youth who are incarcerated and for whom the release date is significantly beyond the youth’s 21<sup>st</sup> birthday.

determine their whereabouts at the time of exit. Exclusions included any youth who were in runaway status or incarcerated at the time of exit.

### **2022 Performance**

**93 percent (n=26/28)** of the youth who aged out of foster care did so with stable housing.

### **Historic Information**

CFSA met or exceeded this measure annually from FY 2018 through FY 2020. Because of COVID and legislation extending foster care for youth who had reached age 21 during the pandemic, the Agency missed this measure by 1 percentage point during the last reporting period. Still, CFSA considered the measure achieved because of the special circumstances CFSA employed to respond to COVID needs. CFSA continues to provide appropriate resources and services to support housing needs for older youth exiting care. CFSA attributes the success of older youth exiting care with stable housing to OYE's Aftercare Services. Services include a CFSA liaison to Wayne's Place Transitional Youth Housing program, which was established through a partnership between CFSA and the District's Department of Behavioral Health. Wayne's Place is a specialized housing program to prevent homelessness among youth ages 18-24 who meet the eligibility criteria. Residents receive educational and job support, training in money management, and other life skills. In addition to Wayne's Place Transitional Youth Housing Program, other housing supports include the Rapid Housing program, which directly facilitates a youth's capacity to obtain stable housing after exiting from foster care, and the Family Unification Program (FUP) voucher assists with financial and housing-focused services to prevent homelessness and maintain permanent housing for participants. OYE's Generations Unit and referrals to the Making Money Grow program further support a youth's capacity to obtain stable housing after exiting from foster care.

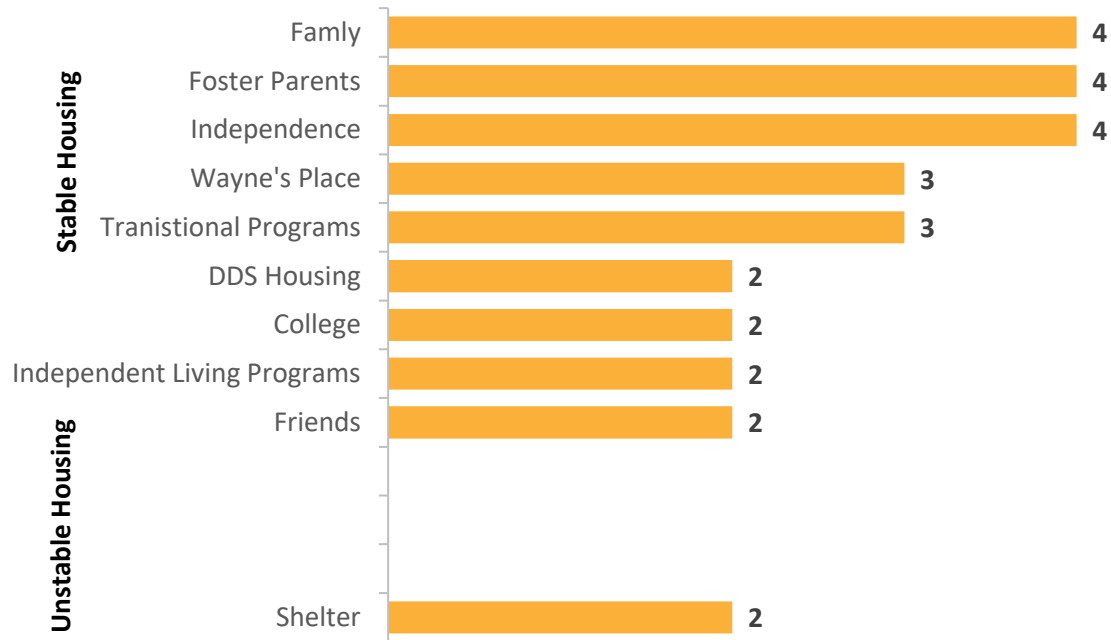
### **Analysis**

During this review period, 29 youth aged out of foster care. Analysts excluded one youth from this indicator because the youth was in a missing/runaway status at the time of their exit. Twenty-six youth achieved stable housing at the time of their exit. Two of the youth were unable to secure stable housing at the time of their exit and were residing in a shelter. These same two youth were still connected to Aftercare Services through CFSA and continued to work toward achieving stable housing.

Most youth who aged out resided with family (n=4), foster parents (n=4), or independently (n=4). Additional housing options included transitional housing (n=3), Wayne's Place (n=3), housing through the District's Department on Disability Services (n=2), college (n=2), independent living programs (n=2) and with friends (n=2). Previously, most youth who aged out secured stable housing at Wayne's Place (n=12) or with foster parents (n=8) so the data for this reporting period is a notable change with more stable housing options utilized.



**Figure 60. Housing upon Aging Out for Exits in FY 2022**



Source: FACES.NET Management Report CMT367 and manual data

**Conclusion**

CFSA considers this measure **achieved**.

**32. Enrollment in/Completing Vocational Training**

**Measure**

Applicable older youth will be enrolled in or would have recently completed vocational training or a certification program. There was no performance target set for FY 2022, RTS will be used to set this performance target in the future.

**Methodology**

To assess performance, CFSA utilizes manual data retained by the Office of Youth Empowerment (OYE). CFSA analysts examine the OYE data to determine the following status for each youth during the monitoring period: 1) the youth was enrolled in a program, 2) the youth completed a program, or 3) the youth withdrew from a program.

### ***2022 Performance***

**100 percent** of the youth (n=9) who were enrolled in a vocational training or certification program maintained their enrollment or completed the training or certification program.

### ***Historic Information***

CFSA and private agency social workers are responsible for requesting assistance from OYE after identifying any older youth who are disconnected from productive life activities (education, vocational training, employment, etc.). Either the supervisory educational resource specialist or the LifeSet supervisor will follow up with the social worker to identify the most appropriate next steps for the youth.

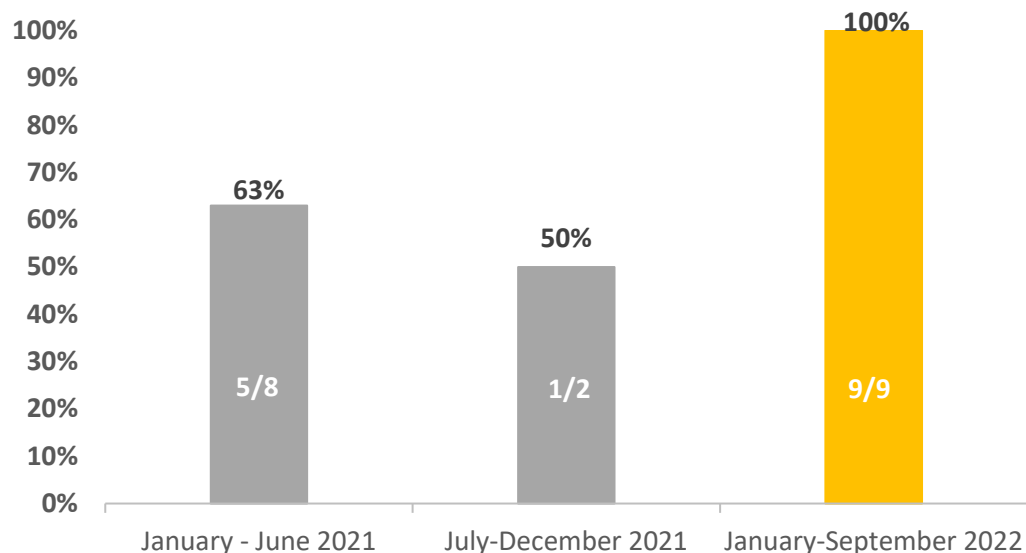
OYE provides several different programs for interested and eligible youth. The LifeSet program, for example, is a comprehensive, evidence-based program that assists older youth with remaining engaged or re-engaging with productive life activities such as vocational programming/training, education, employment, and career opportunities. These opportunities are designed to help youth to prepare for adulthood and self-sufficiency as they transition out of foster care. CFSA also provides internship programs as well as employment opportunities through the Department of Employment Services (DOES) and the Rehabilitation Services Administration (RSA). For youth interested in pursuing a vocational trade, OYE partners with public and private job-training programs and employers to offer youth opportunities for work experience, vocational training, certification, and sustainable employment. Social workers can assist youth with enrolling in these programs and can seek additional information and knowledge about vocational and certificate programs from the Independent Living Team within OYE.

Two youth continued their vocational training or certification program during the July through December 2021 monitoring period. Although one youth completed medical assistant training, another youth transitioned to employment without completing their vocational plumbing program. There were no additional youth enrolled in vocational training or certification programs during the previous monitoring period.

### ***Analysis***

Nine youth either completed (n=4) or continued (n=5) their vocational training or certification programs during this review period. None of these youth were enrolled in vocational training or certification programs at the close of the last reporting period (July-December 2021). Two youth completed phlebotomy training. Two other youth completed eyelash certification training. One youth completed medical assistant training. The five youth who continued their vocational training remained in their respective vocational training and certification programs at the close of this review period. An update for these youth will be reported in the next review period concerning their enrollment and completion status.

**Figure 61. Youth Enrolled/Completed Vocational Training, January 2021-September 2022**



Source: Manual data from OYE

CFSA notes that there has been low utilization of vocational training and certification programs.<sup>84</sup> In recent years, CFSA introduced LifeSet as a program to work specifically and more intensively with disengaged youth. However, there are specific enrollment criteria and youth must be willing to actively participate. The program is not designed for youth with significant mental or behavioral health diagnoses. Youth continue to have the choice to explore other options such as attending college or seeking employment.

In order to further improve the provision of vocational services to interested and eligible youth, OYE has intentionally partnered with DOES. As of March 2022, the CFSA - DOES liaison is part-time on-site at CFSA headquarters. As CFSA identifies youth who could benefit from supportive services, the liaison will assist in identifying employment and internship opportunities and ensure proper placement within DOES programs. Specifically, the liaison will identify placement and referral into the following programs:

- The In-School Program provides academic enrichment activities, work-readiness skills, leadership development, and other resources. This program supports eligible youth who are transitioning from high school to attend either post-secondary education, advanced training, unsubsidized employment, or a military career.
- The Out-of-School Program provides key career or internship opportunities for youth who may have dropped out of school.

<sup>84</sup> Prior to and including FY 2019, typically 35 children or more participated in vocational training opportunities.

- The Pathways for Young Adults Program provides vocational and internship opportunities geared toward the placement of youth who seek short-term opportunities that will develop into long-term career prospects.

### **Conclusion**

N/A; there is no performance target at this time.

## **33. Graduation from College**

### **Measure**

**Youth** who started college 5 years prior will graduate (i.e., 20 percent of all youth who started college in 2017 should have graduated by 2022).

### **Methodology**

To assess performance, CFSA utilizes manual data retained by OYE. OYE monitors and updates each youth's academic progress through the financial support given from the Chafee Education and Training Voucher (ETV). Youth are required to submit their academic performance in order to receive this funding. OYE provides the data at the end of the fiscal year to account for youth completing summer school. CFSA analysts review the OYE data to determine each youth's enrollment and graduation status for the full school year.

### **2022 Performance**

**33 percent** (n=5/15) of youth who started college in 2017 graduated from college by 2022.

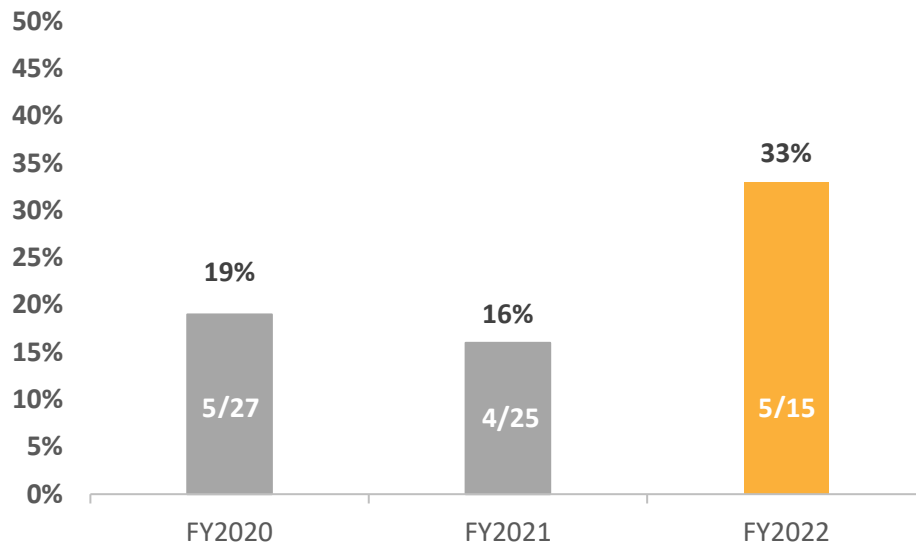
### **Historic Information**

CFSA increased the target for this measure from 10 percent to 20 percent in FY 2020. Prior to this change, CFSA was successful in achieving this measure. Since changing the performance target, CFSA has achieved performance within 1 to 4 percent of the target. CFSA continues to support and encourage youth to graduate from college. In particular, OYE provides financial support and academic advisement through assigned educational specialists. The specialists engage the youth and become a part of their team to guide the youth, starting from the application process all the way through to the youth's graduation. OYE also facilitates access to the ETV program, which provides specialized federal funding for youth in foster care. Administered by OYE, ETV funds support eligible youth with their college and vocational aspirations until the youth reaches 23 years old. Youth in foster care also have access to specialized funding from the District's Office of the State Superintendent of Education such as the Tuition Assistance Grant. OYE specialists and CFSA staff further encourage and support youth in foster care with applications for scholarships and grants.

## Analysis

In 2017, 15 youth started college with five youth achieving graduation within 5 years, which exceeds the performance target of 20 percent. While the number of college graduates has remained steady, the number of youth enrolling in college has shown a decline, i.e., 27 youth enrolled in college in FY 2015 while 25 youth enrolled in college in FY 2016. This decline is representative of the CFSA foster care population as a whole. Fewer children and youth are remaining in foster care and are also achieving permanency at younger ages. The youth represented in this measure have had longer foster care stays and benefitted from CFSA's educational support for this reason.

**Figure 62. Youth Graduating from College, FY 2020 – FY 2022**



Source: CFSA Manual Data

Youth leave the college experience prior to graduation for varying reasons, including limited academic preparation prior to enrolling in college, changes in their desire to complete college, and other personal issues. With limited academic preparation, youth may have to complete remedial noncredit courses that do not count towards the credits required to graduate. This experience can be a hurdle, showing youth what college requires and causing them to change their desire to complete college. For youth who remain in college, CFSA assists the youth with accessing campus support services and other supports to maintain good academic standing. If youth decide they no longer want to complete college, CFSA continues to provide the support needed for the youth to navigate and transition appropriately into adulthood. For example, youth who have exited foster care can still access supports through Aftercare and Post-Permanency services. Youth can also receive referrals to community resources and services.

## ***Conclusion***

N/A; there is no performance target at this time.

# CREATING A SUPPORTED WORKFORCE

Working in child welfare is a challenging field both for staff within the Agency (especially for case-carrying staff and for their supervisors). It is critical that staff have manageable caseloads in order to complete their best work, and that high quality training is provided prior to staff from the onset of their careers (i.e., pre-service training), and regularly throughout their time with the Agency (i.e., in-service training). The purpose of pre-service and in-service training is to share CFSA's values and policies regarding working with children and families, to share information regarding best practices, to train staff on evidence-based practices adopted by the Agency, and to address primary and secondary traumatic stress encountered during the work. Similarly, there are demands on resource parents entrusted with the care of children. Resource parents rely on CFSA to provide trauma-informed pre-service and in-service training that equips them with the skills to nurture, protect, and promote a child's ability to thrive, even in foster care.

The measures in this section focus on caseloads and in-service and pre-service training. CFSA has many other available supports and initiatives to support employee well-being, which employees can utilize at no cost. Some examples include psychoeducation groups on various topics including self-care, secondary traumatic stress and more. The Onyx Therapy Group,<sup>85</sup> facilitates these psychoeducation groups while CFSA and DC Human Resources (DCHR) facilitate additional wellness opportunities advertised and available during work hours.<sup>86</sup> DCHR also provides<sup>87</sup>, professional development trainings. While the Agency encourages all staff to participate in these opportunities, participation is voluntary, not mandatory.

There are a total of nine measures in this section.

The following five measures were achieved during this performance period:

- In-Home Caseloads
- Out-of-Home and Private Agency Caseloads

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<sup>85</sup> <https://www.onyxtherapygroup.com/aboutonyx>

<sup>86</sup> CFSA employees are allotted two work hours per week to engage in wellness activities, either during Meeting-free Midday on Wednesdays when scheduling meetings between 11:30 am-1:30 pm is strongly discouraged, or during other hours during the week.

<sup>87</sup> CFSA employees are allotted two work hours per week to engage in wellness activities, either during Meeting-free Midday on Wednesdays when scheduling meetings between 11:30 am-1:30 pm is strongly discouraged, or during other hours during the week.

- Pre-Service Training for Direct-Service Staff
- Pre-Service Training for Resource Parents
- In-Service Training for Resource Parents

The following four measures were not achieved during this performance period:

- CPS Caseloads
- In-Service Training for Direct-Service Staff
- Pre-Service Training for Direct-Service Supervisory Staff
- In-Service Training for Direct-Service Supervisory Staff

### 34. CPS Caseloads

#### ***Measure***

**90 percent** of investigative social workers will have caseloads that are not greater than 12 cases. No individual investigator shall have a caseload greater than 15 cases.

#### ***Methodology***

To assess performance, CFSA used FACES.NET data to determine whether any CPS social workers during the reporting period carry more than 12 investigations on each day of the month and whether any social workers carried caseloads greater than 15.

#### ***FY 2022 Performance***

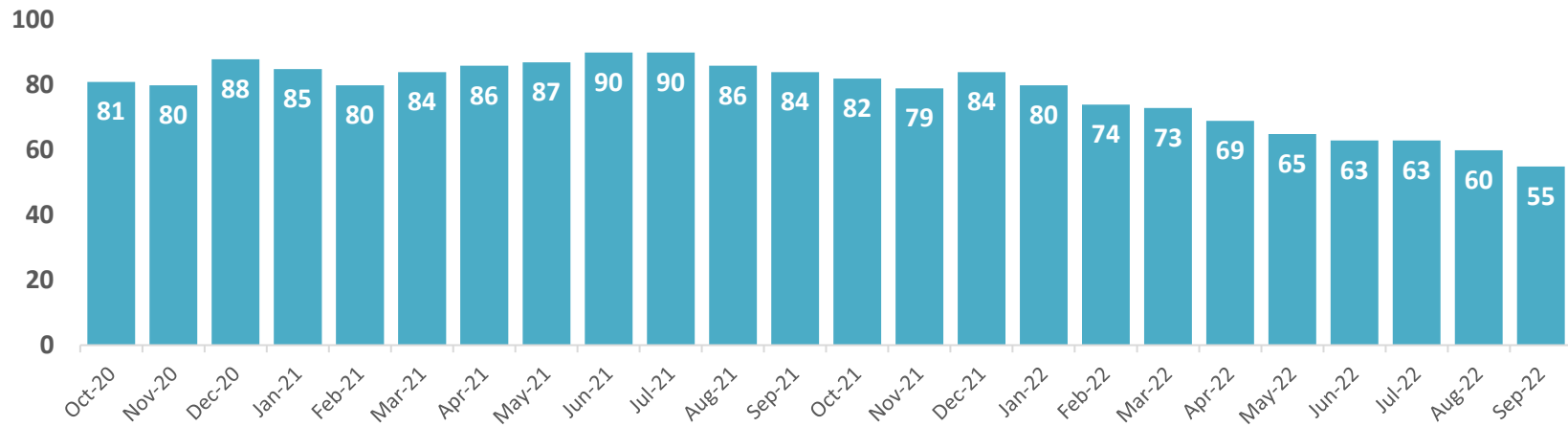
There was a monthly range of 60 to 97 percent where all social workers met the caseload requirements from January through September 2022. There was also at least one social worker who had a caseload greater than 15 in all but 2 months this reporting period.

#### ***Historical Information***

The recent decline in CPS social workers started in January 2022. Since then, CFSA has struggled to consistently maintain compliant caseloads. CPS maintained compliant caseloads when there were at least 70 CPS staff assigned to at least one investigation. When staffing dropped below 70, there were only two months where caseloads standards were met (April and August 2022).

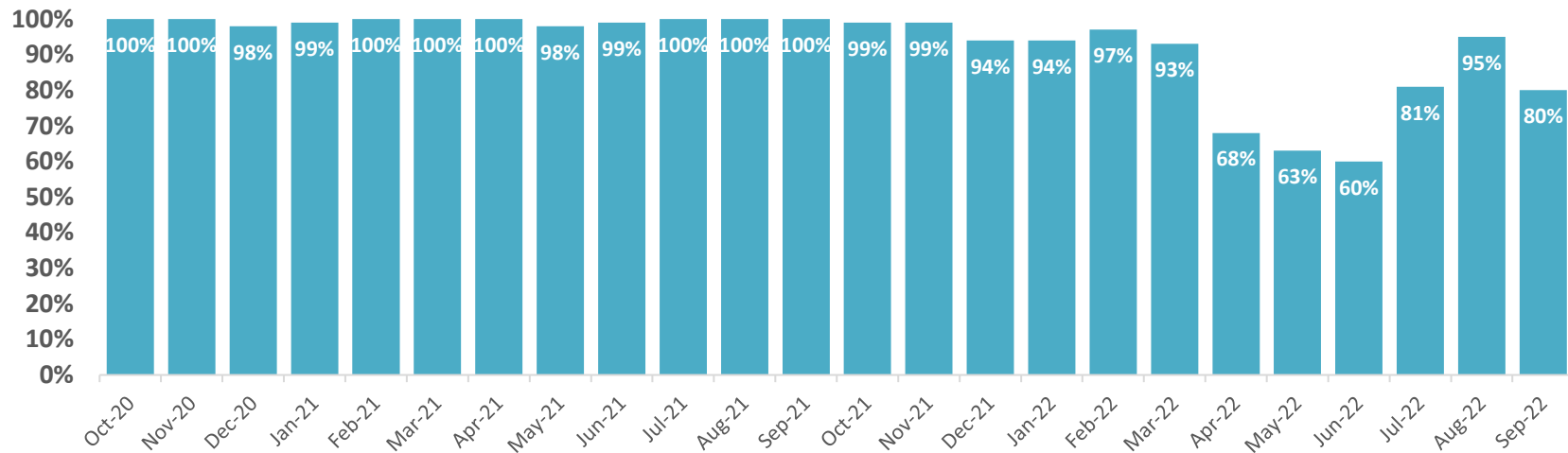


**Figure 63. Number of CPS Workers Assigned to At Least One Investigation, October 2020 - September 2022**



Source: CFS Administrative Data, FACES.NET report INV145

**Figure 64. Percentage of CPS Workers Who Met Exit Standard Requirements for Caseloads, October 2020 - September 2022**



Source: CFS Administrative Data, FACES.NET report INV145

Adequate staffing is critical for the CPS unit due to the daily need to assign all screened-in referrals to investigative social workers, as well as the need to initiate investigations within 24 or 48 hours and the need to close referrals within 35 days.

To improve staff retention and to maintain or decrease caseloads, CPS has utilized CPS staff on telework to aid in closing investigations, in addition to supervisors to assist by going into the field to help with investigations. CPS and In-Home also implemented a strategy to alert In-Home social workers of any new neglect allegations on families with an open case so the assigned workers can address the allegation.<sup>88</sup> This strategy helps reduce the number of investigations screened in at the Hotline. CPS also implemented a secondary review of screened-in reports by the supervisory social workers on the CPS assignment team to ensure that CPS only responds to referrals that meet the criteria of neglect and abuse.

CPS is also reinforcing the practice of closing investigations as “incomplete” after an assessment is completed and the social worker has determined that no neglect or abuse has occurred. CPS continues to explore new ways to support CPS social workers and to maintain caseload compliance.

As of April 7, 2023 CPS has 45 vacancies. CFSA has several strategies to help ease caseloads and support recruitment and retention to include:

- Plan to hire more FSW’s to be placed within each investigative unit to assist with social worker specific tasks.
- CFSA engaged with the Board of Social Work to consider a proposal allowing CFSA to recruit licensed Bachelor (BSW) level social workers. The Social Work Board has agreed to discuss the proposal and will update upon its decision. If approved, it will open up a pool of social workers that CFSA previously would not have been able to hire since only master level, licensed social workers could be hired.
- CFSA engaged local colleges/universities to develop a strong candidate pool, and utilized external job boards to expand and strengthen our recruitment efforts, increasing visibility and talent opportunities.

## **Analysis**

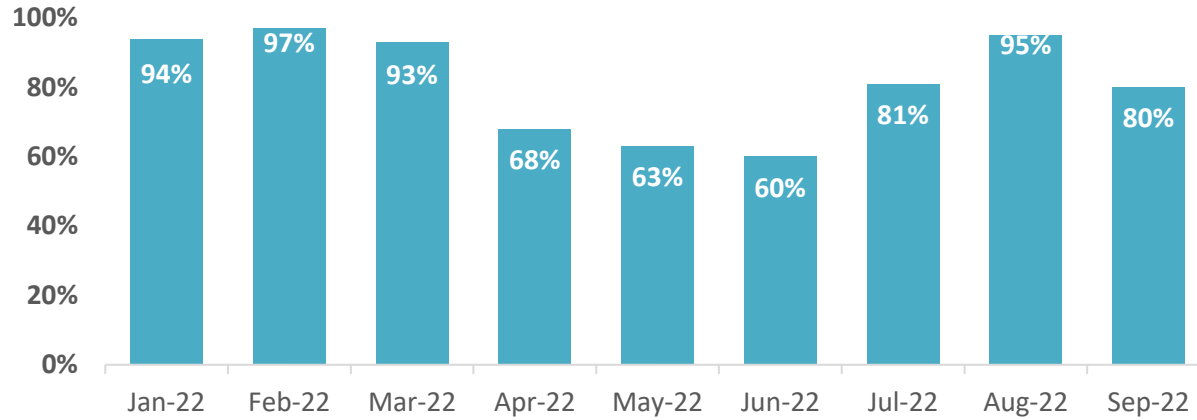
A monthly range of 60 to 97 percent of CPS social workers met the required level of performance during this reporting period. CPS was not able to maintain 100 percent caseload compliance because from January through September 2022, CFSA did not retain enough CPS staff to maintain appropriate caseloads.

The number of social workers assigned at least one investigation fell more than 30 percent during the reporting period from 80 in January 2022 to 55 in September 2022 (see Figure 1). This drop in social workers has led to higher caseloads that sometimes exceeded the compliance measure for the social workers who remained.

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<sup>88</sup> If the Hotline call includes positive toxicology allegations or a neglect allegation on an open case that requires an “immediate response” (i.e., within 2 hours), CPS continues to screen these calls in and assign them to a CPS social worker for response.

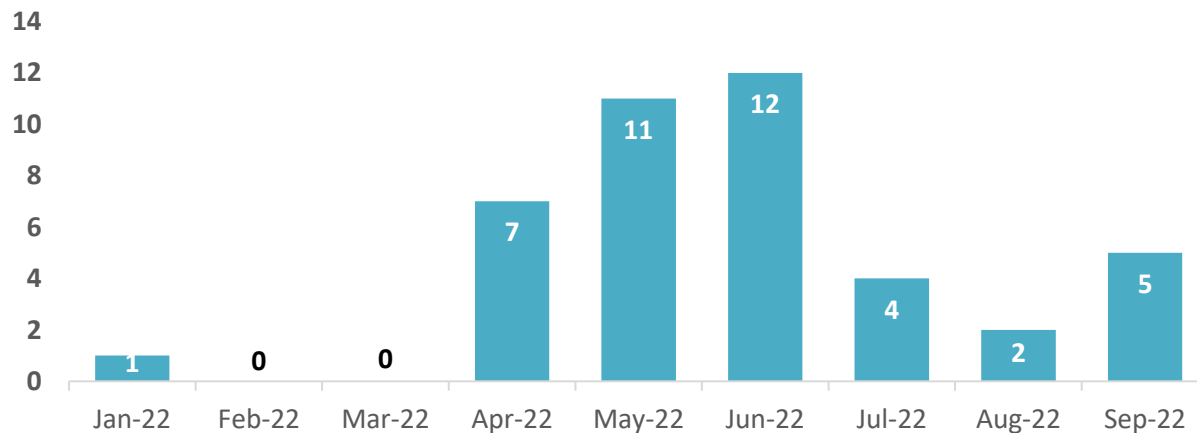
**Figure 65. Percentage of CPS Workers Who Met Exit Standard Requirements for Caseloads, January-September 2022**



Source: CFSA Administrative Data, FACES.NET report INV145

This staff loss has also impacted how many social workers had a caseload greater than 15. CPS was either compliant or nearly compliant in months when the staff size was greater than 70. For all other months, there was at least one social worker who had a caseload greater than 15, with as many as 12 social workers exceeding the 15-caseload limit in June 2022.

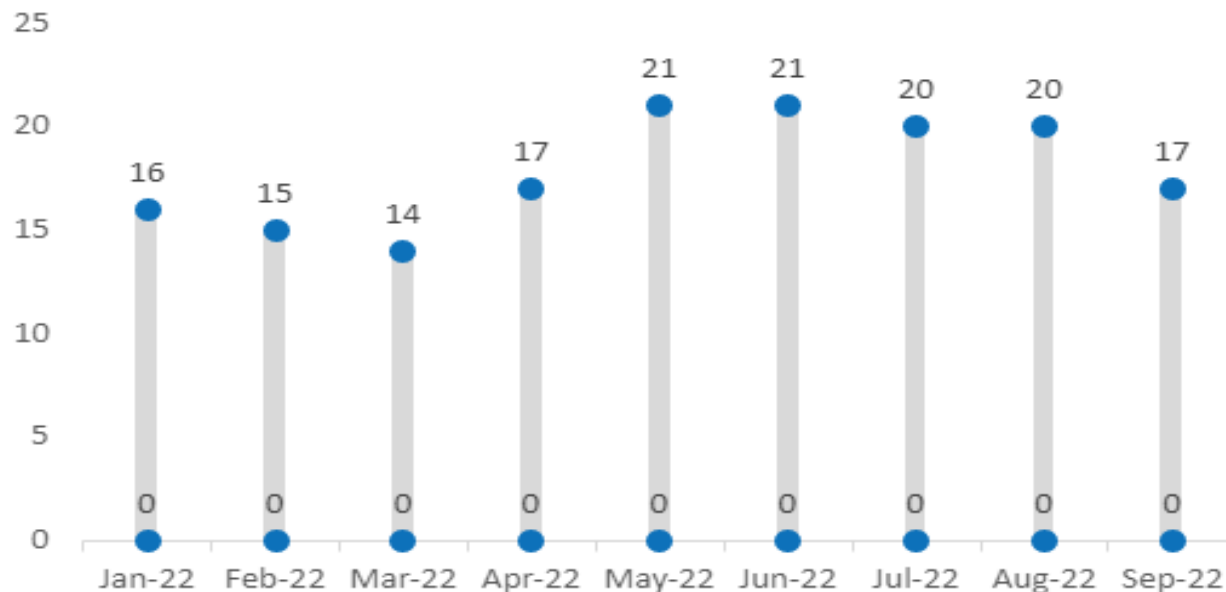
**Figure 66. Number of CPS Workers Who Ever Had a Daily Caseload Greater Than 15, Jan-Sep 2022**



Source: CFSA Administrative Data, FACES.NET report INV145

Maximum daily caseloads also peaked at or above 20 investigations as the number of social workers dipped below 69 starting May 2022. For staff that have zero daily caseloads in a given month, this is primarily because they were on extended sick leave or vacation.

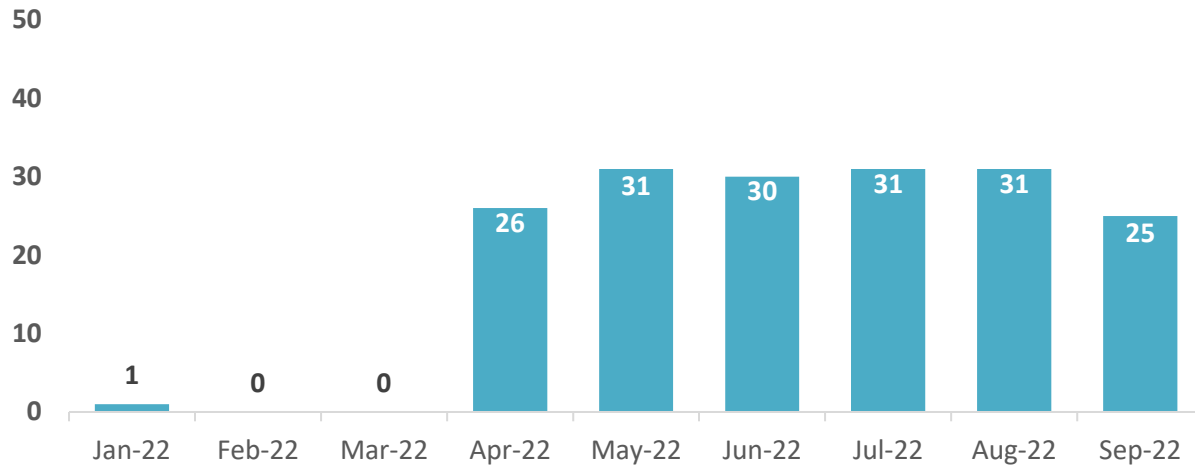
**Figure 67. Minimum and Maximum Daily Caseloads Among CPS Workers, January-September 2022**



Source: CFS Administrative Data, FACES.NET report INV145

The number of days in a given month where at least one investigative social worker had a daily caseload greater than 15 also drastically jumped during that same time period.

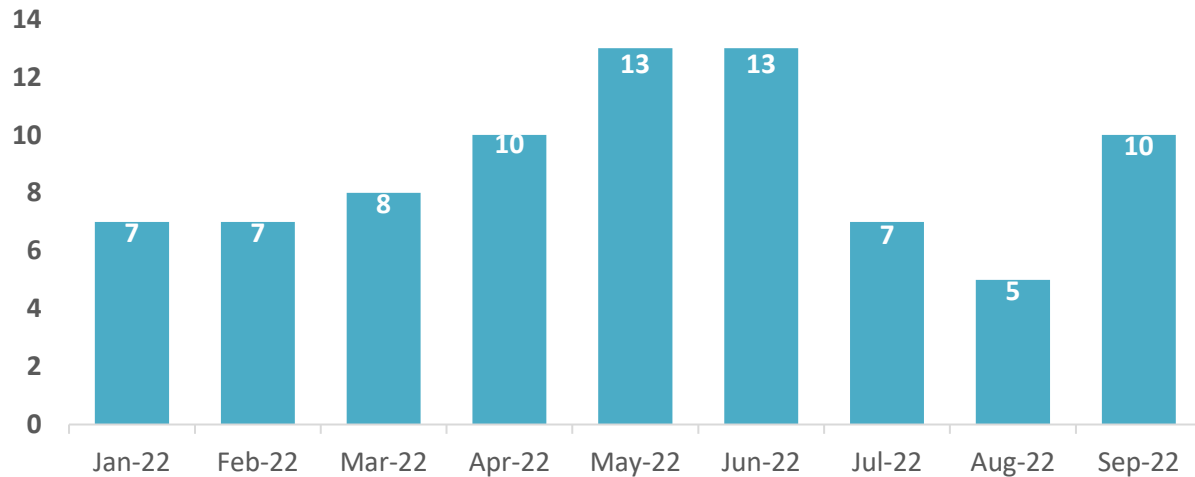
**Figure 68. Number of Days in the Month Where at Least One CPS Worker had a Daily Caseload Greater than 15, Jan - Sep 2022**



Source: CFSA Administrative Data, FACES.NET report INV145

For social workers who ever had daily caseloads greater than 15 investigations, their average monthly caseloads were at or below 12 investigations per day, suggesting that there was a large variance in the number of investigations a CPS worker would be assigned on any given day. Thus, while some social workers were occasionally assigned high daily caseloads, that was not the norm.

**Figure 69. Median Caseloads Among CPS Workers with Daily Caseloads Greater than 15, January-September 2022**



Source: CFSA Administrative Data, FACES.NET report INV145

## **Conclusion**

CFSA considers this measure **not achieved**.

## **35. In-Home Caseloads**

### **Measure**

**90 percent** of social workers will have caseloads that are not greater than 15 cases. No individual social worker shall have a caseload greater than 18 cases.

### **Methodology**

To assess performance, CFSA uses data from FACES.NET to determine whether In-Home social workers were carrying more than 15 cases during the reporting period and whether any were carrying more than 18 cases.

### **FY 2022 Performance**

100 percent of In-Home social workers met the caseload requirement each month and no individual social worker had a caseload of more than 18.

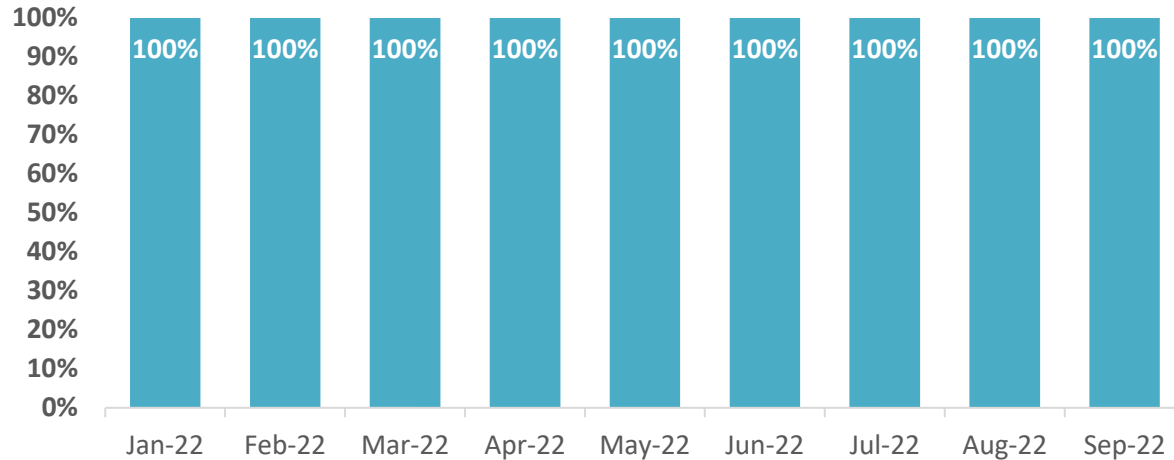
### **Historical Information**

Having sufficient staff to maintain caseloads for the In-Home Administration in accordance with CFSA caseload standards is a fundamental pre-requisite to good practice and outcomes. Once staff are in place, maintaining manageable caseloads allows social workers to engage and provide interventions and supports in a timely manner, and to assess the families for needed services to ensure safety and well-being. Since January 2020, the Agency has exceeded performance on this measure.

### **Analysis**

Each month, 100 percent of ongoing social workers maintained a caseload ratio of 1:15, with no social workers carrying more than 18 cases. The ongoing social worker caseloads have met and maintained the required level of performance during the January – September 2022 reporting period.

**Figure 70. Percentage of Ongoing Social Workers who met the Requirement for Caseloads January 2022 – September 2022**



Source: CFSA Administrative Data, FACES.NET report CMT328

**Conclusion**

CFSA considers this measure **achieved**.

**36. Out-of-Home & Private Agency Caseloads**

**Measure**

**90 percent** of social workers will have caseloads that are not greater than 15 children. No individual social worker shall have a caseload greater than 18 children.

**Methodology**

To assess performance, CFSA used data from FACES.NET to determine whether social workers assigned to Out-of-Home units with CFSA and contract agencies during the reporting period carried more than 15 children and whether any carry more than 18 children.

**FY 2022 Performance**

99 to 100 percent of social workers assigned to Out-of-Home or private agencies met the caseload requirement each month and no individual social worker had a caseload of more than 18.

**Historical Information**

Maintaining manageable caseloads allows social workers to engage and provide interventions and supports in a timely manner, as well as to assess the families for needed services to ensure safety and well-being.

Having sufficient staff to maintain caseloads for the Out-of-Home units and contract agencies in accordance with caseload standards is a fundamental pre-requisite to good practice and outcomes. The Agency has exceeded performance on this measure and the caseload requirement since January 2020.

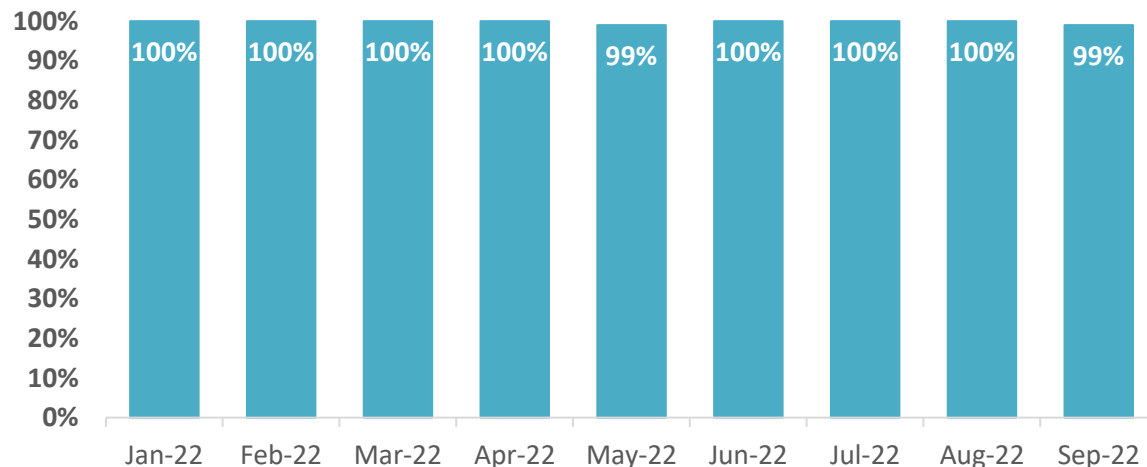
The caseload limit for private agencies is 15 children for purposes of the public performance reporting. For contract monitoring purposes, CFSA and COMAR hold Maryland private agencies accountable to the MD COMAR standard of up to 10 children.

### Analysis

Each month, 99 to 100 percent of ongoing social workers maintained a caseload ratio of 1:15, with no social workers carrying more than 18 children. The ongoing social worker caseloads have met and maintained the required level of performance during this January – September 2022 reporting period.

Out-of-Home and private agencies exceeded this measure despite staffing shortages across the agency. CFSA’s CCM&S had 17 social worker vacancies, and NCCF had 5 social worker vacancies and 1 clinical supervisor vacancy as of the end of FY22.

**Figure 71. Percentage of Ongoing Social Workers Who Met Requirement for Caseloads January 2022 – September 2022**



Source: CFSA Administrative Data, FACES.NET report CMT328

### Conclusion

CFSA considers this measure **achieved**.



## 37. Pre-Service Training for Direct Service Staff

### **Measure**

**90 percent** of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training within 90 days of hire.

### **Methodology**

To assess performance, CFSA analysts used FACES.NET management report for tracking data compliance with this measure. The universe counts the number of direct service staff with at least 80 hours of pre-service training between July 1, 2021 to June 30, 2022.

### **FY 2022 Performance**

95 percent (n=36 of 38) of direct service staff completed the required 80 hours of in-service training within 90 days of being hired between July 1, 2021 and June 30, 2022.

### **Historical Information**

CFSA and its contracted private partners are responsible for and committed to ensuring a trained workforce with the competencies necessary to effectively perform their job duties. CFSA is largely responsible for equipping direct service staff with the knowledge, support, and coaching skills to meet the growing needs of the children and families served. Newly hired direct service staff receive an in-depth training experience to integrate theory and best practice. CFSA creates opportunities for a supported workforce through trainings that aim to coach and promote evidence-based development of staff.<sup>89</sup> This benchmark is a new indicator from the former Implementation and Exit Plan (IEP) and since CFSA regularly met this measure in the past, it was considered *Outcomes to be Maintained* and was not reported on as a part of the *LaShawn* Exit and Sustainability Plan (ESP). For FY 2022, this measure was reintegrated in the Four Pillars Performance Framework to ensure that CFSA reported on training as a core function of child welfare practice since training equips direct service staff with the knowledge, skills, and abilities to efficiently navigate their job responsibilities. In 2022, CFSA developed the Development and Equity Administration (DEA) which includes CWTA as a program area. Please see the DEA website for more information: <https://cfsa.dc.gov/page/child-welfare-training-academy>.

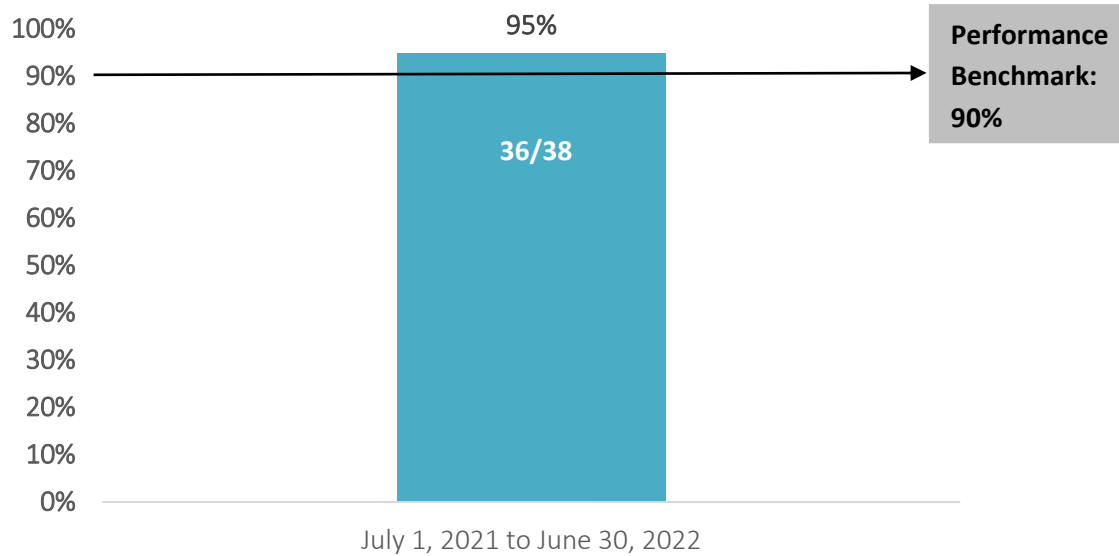
### **Analysis**

During the current monitoring period, CFSA and its contracted partner agencies had 38 direct service staff hired between July 1, 2021 and June 30, 2022 who should have completed their 90 days of training. Ninety-five percent (n=36) of those social workers completed the required 80 hours of pre-service training.

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<sup>89</sup>The Child Welfare Training Academy (CWTA) research best practices in parenting and child welfare for incorporation into courses to enhance knowledge transfer and develop well-rounded child welfare professionals.

**Figure 72. Percentage of Direct Service Staff with 80 Hours of Pre-Service Training**



Source: FACES.net report TRN030

CFSA’s internal CQI processes monitor this benchmark on a quarterly basis. Since CFSA’s Child Welfare Training Academy (CWTA) solely provides pre-service training to newly hired direct service staff, this benchmark was met for all but two hires. CWTA provides training through classroom virtual or web-based training delivery methods. As a pre-service training component, on-the-job training, called applied professional training (APT), occurs within the assigned program area. Direct service staff works closely alongside their supervisor or training supervisor to gain experience and practical knowledge over a 4-to-6-week period following CWTA classroom training.

The Agency identified the approval of pre-service training waivers coupled with training-hour data entry delays as areas needing continuous quality improvement. In May 2022, Entry Services asked CWTA to modify pre-service training to 65 hours of classroom time, with the remaining 15 hours completed in on-the-job training along with their training supervisors. The modified training hours request was to assist with the high vacancy rates experienced in Child Protective Services (CPS) program area and the need to get new hires onboarded quickly with training specific to their job roles. CFSA plans to incorporate this modified methodology and work with the program area to implement a tracking system to ensure the additional on-the-job training hours are completed for new hires. During this reporting period, the new methodology of abbreviated training hours impacted one new hire. Subsequently, he was determined non-compliant based on the current benchmark requirements since this methodology will be implemented by the next monitoring period. Further, CFSA will implement a pre-service dashboard system to provide real-time updates to leadership and partner agencies about direct service staff’s training status to ensure that approved waivers are accurately captured and the benchmark continues to be achieved. In the DEA website, the CWTA has

readily accessible resources to support the needs of the workforce. There is now easier training registration directly through the new website, links to targeted trainings for primary and secondary traumatic stress (P/STS) and mandated reporter training; clinical well-being resource videos and tipsheets for staff, opportunities to explore panel discussions with Collaborative partners for program and service provider highlights, FAQs about training, referral links for access to ongoing therapeutic support as well as trainings through DCHR's Center for Learning and Development are provided via the new website. Staff can also access videos for children and families entering foster care through the website. Additional virtual training slots were added to accommodate larger enrollment in trainings as well. In June 2022, CWTA expanded its training curricular focus to include diversity, equity, inclusion, and belonging (DEIB) content along with workforce clinical well-being. In so doing, CWTA is offering a plethora of resources and access to additional training opportunities for direct service staff. CWTA also provides a quarterly newsletter, theSource, that offers training links, updates on classes, and additional training opportunities for staff to explore. CFSA believes that a real-time dashboard will capture all necessary reconciliations and will continue to improve performance on this Agency benchmark. The Agency plans to make this shift with the implementation of STAAND.

### **Conclusion**

CFSA considers this measure **achieved**.

## **38. In-Service Training for Direct Service Staff**

### **Measure**

**80 percent** of CFSA and private agency direct service staff shall receive the required 30 hours of annual in-service training.

### **Methodology**

To assess performance, CFSA analysts used FACES.NET management report for tracking data compliance with this measure. The universe counts the number of direct service staff with at least 30 hours of in-service training between July 1 - June 30, 2022. CFSA plans to shift the timeframe for this measure to the fiscal year upon full implementation of STAAND, the Agency's upgraded Comprehensive Child Welfare Information System (CCWIS) which will replace the current FACES.NET platform.

### **FY 2022 Performance**

**57 percent** (n=125/221) of direct service staff completed the required 30 hours of in-service training between July 1, 2021 to June 30, 2022.

### **Historic Information**

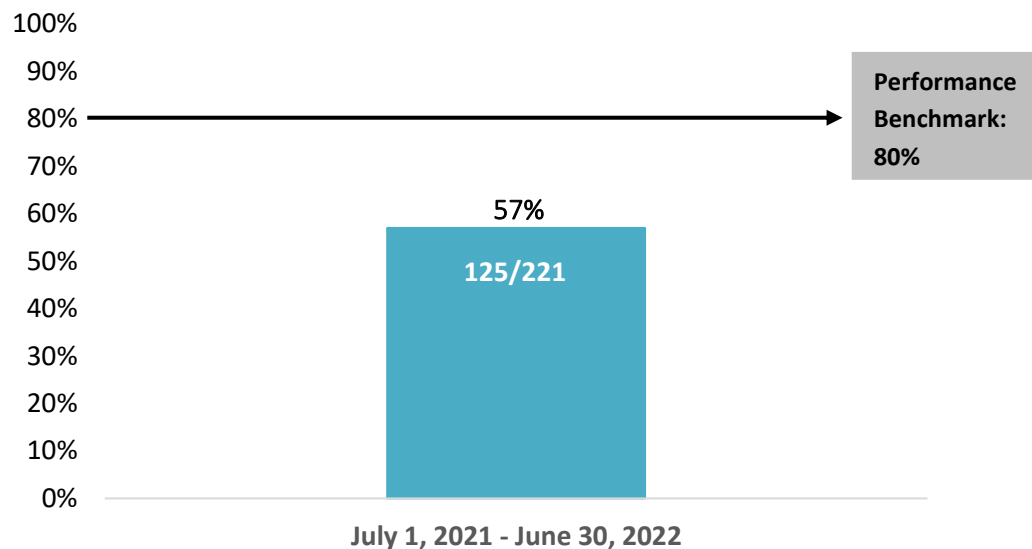
This benchmark is a new indicator from the former Implementation and Exit Plan (IEP), and since CFSA regularly met this measure in the past, it was considered part of the *Outcomes to be Maintained* versus being reported on as part of the *LaShawn* Exit and Sustainability Plan (ESP). However, the measure was integrated into the Four Pillars Performance Framework for FY 2022. As a new metric, CFSA is now able to provide well-rounded data on a range of targeted activities, outcomes, and supports specific to training direct service staff. CFSA continued

to monitor this measure and reported on performance on a quarterly basis during internal Finish Line meetings. Through this forum, the program area subsequently took a closer look at performance, identified systemic barriers, developed CQI plans for targeted training activities, and implemented necessary supports to improve performance when training direct service staff. Accordingly, CFSA continues to monitor ongoing training as a core function of child welfare practice and to ensure that workers are routinely equipped with the knowledge, skills, and abilities to efficiently navigate their job responsibilities. Overall, CFSA and its private agency partners are dedicated to the promotion of a well-supported workforce. Specifically, CFSA is responsible for ensuring organizational capacity of its workforce to meet the growing needs of the children and families served. CFSA annually reviews training curricula and continues to create opportunities for a supported workforce through tailored child welfare-specific trainings geared toward staff’s professional development, self-care, secondary trauma, and motivational interviewing.

### Analysis

During the current monitoring period, CFSA and its contracted partner agencies employed 221 direct service staff. Fifty-seven percent (n=125) of those social workers completed the required 30 hours of in-service training.

**Figure 73. Percentage of Direct Service Staff with 30 Hours of In-Service Training**



Source: FACES.net report TRN031

CFSA identified several barriers listed here in descending order to direct service staff obtaining the required annual in-service training hours, including but not limited to staff attrition pointedly reducing staff capacity to balance the in-service training requirements with the daily

critical activities of their positions, staff work responsibilities and case management activities during training offerings impeding their ability to fully commit to scheduled training, staff waiting to complete trainings closer to the license renewal deadlines, staff soliciting and attending training only during licensure renewal years, staff experiencing limited capacity of training course availability toward the end of the training cycle, and staff solely relying on CWTA in-house training to meet training requirements. The majority of direct service staff (30 percent) are employed within Child Protective Services and there have been significant staff shortages in this area since January 2022. These staff shortages pointedly reduced staff capacity to balance the in-service training requirements with the daily critical activities of their positions. CFSA's Child Welfare Training Academy (CWTA) has committed to providing training opportunities, and reminders to provide real-time updates to staff and leadership about staff's training status. CWTA routinely encourages direct service staff to take advantage of training opportunities offered both within CFSA and outside the Agency. Further, CWTA issues reminders to staff to sign up and spread out their training throughout the year to ensure the likelihood of compliance, even if case emergencies arise that may prevent a scheduled training. CWTA also communicated with leadership staff in CFSA and with its partner agencies to encourage that direct staff be allotted dedicated and uninterrupted time to take training throughout the year. In July 2022, CWTA expanded its array to include training about diversity, equity, inclusion, and belonging (DEIB) training. This DEIB training includes three sessions including, Race Equity in Child Welfare, Understanding Bias and Forms of Racism, and Applying a Racial Equity Lens with Race Equity Tools, and a plethora of resources and additional DEIB training opportunities for direct service staff. CWTA continues to publish *theSource*, a newsletter, that offers training links, updates on new classes, and other training opportunities for staff to explore. CFSA also believes changing the timeframe for this data measure from the July-June timeframe to the fiscal year timespan (October 1 - September 30) will better capture compliance with this measure and reach the targeted benchmark.

### **Conclusion**

CFSA considers this measure **not achieved**.

## 39. Pre-Service Training for Direct Service Supervisory Staff

### **Measure**

**90 percent** of newly hired CFSA and private agency supervisory service staff shall receive 40 hours of pre-service training within 8 months of assuming supervisory responsibility.

### **Methodology**

To assess performance, CFSA analysts used a FACES.NET management report for tracking data compliance with this measure. The universe counts the number of direct service supervisory staff with at least 40 hours of pre-service training.

### **FY 2022 Performance**

75 percent (n=6/8) of direct service supervisory staff completed the required 40 hours of pre-service training within 8 months of assuming supervisory responsibility between July 1, 2021 and June 30, 2022.

### **Historic Information**

CFSA and its contracted private agency partners are responsible for and committed to ensuring a trained workforce with the competencies necessary to effectively perform their job duties. CFSA is responsible for equipping direct service supervisory staff with the knowledge, support, and coaching skills to meet the growing needs of the children and families served. Direct service supervisory staff who assume supervisory responsibility receive training experiences specifically geared to child welfare supervision under a curriculum series entitled, Mastering the Art of Child Welfare Supervision (MACWS). In addition, the supervisory staff have access to supplemental training that integrates theory and best practices when supervising direct service staff. Moreover, CFSA creates opportunities to support the workforce through dynamic training with a focus on motivational interviewing, secondary trauma, and diversity, equity and inclusion initiatives.<sup>90</sup> This benchmark is a new indicator from the former Implementation and Exit Plan (IEP) and since CFSA regularly met this measure in the past, it was considered *Outcomes to be Maintained* and was not reported as a part of the *LaShawn* Exit and Sustainability Plan (ESP). For FY 2022, this measure was reintegrated in the Four Pillars Performance Framework to ensure that CFSA reported on training as a core function of child welfare practice to equip direct service supervisory staff with the knowledge, skills, and abilities to efficiently navigate their job responsibilities.

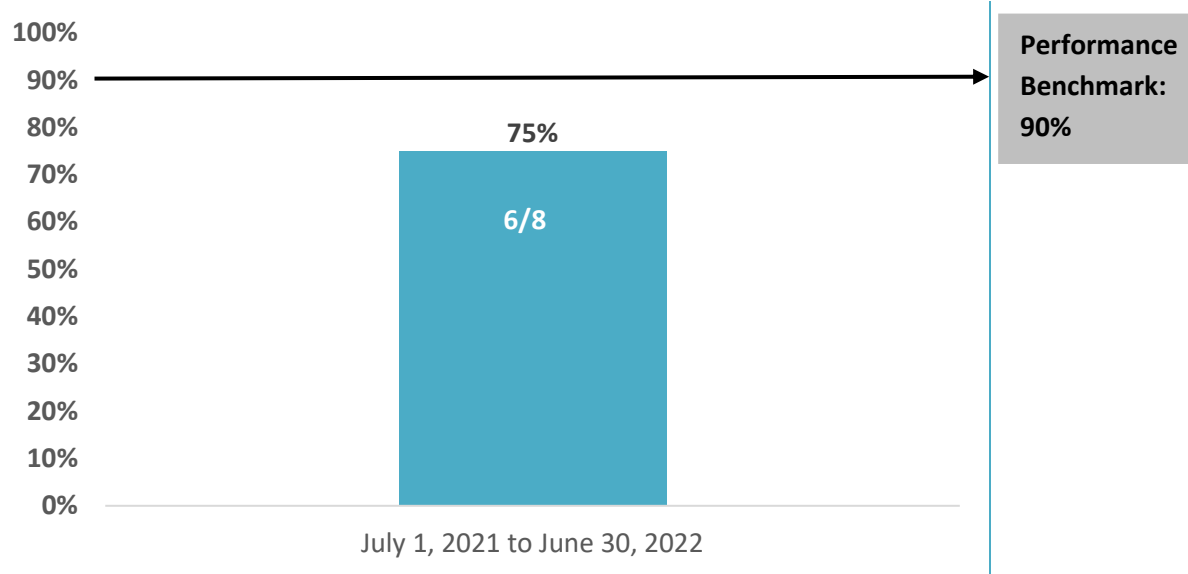
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<sup>90</sup> Motivational interviewing is an evidence-based strategic, client-centered interviewing method that encourages a client toward behavioral changes.

## Analysis

During the current monitoring period, CFSA and its contracted partner agencies had eight supervisors who assumed supervisory responsibility and should have completed their 8 months of training between July 1, 2021 and June 30, 2022. Seventy-five percent (n=6) of those supervisors completed the required 40 hours of pre-service training.

**Figure 74. Percentage of Direct Service Supervisory Staff with 40 Hours of Pre-Service Training**



Source: FACES.net report TRN032

CFSA's internal CQI processes monitor this benchmark on a quarterly basis. As a result, the Agency identified the approval of pre-service training waivers as an area in need of improvement, due to inconsistencies in the waivers being accurately captured in FACES.NET. Since supervisory training is a part of a dedicated series, if one course is missed it is potentially impossible for staff to ensure completion of the training requirements within the 8-month timeframe for compliance with this benchmark. CFSA's Child Welfare Training Academy (CWTA) noted that other barriers to meeting this benchmark include no-shows for trainings and "acting supervisors" who are only temporarily in the position and may not be required to finish the training unless the position becomes permanent. Subsequently, the number of supervisors included in the final data set may reduce the numbers for overall compliance. CWTA provides the trainings through a combination of various classroom workshops, which may be virtual, web-based, or on-the-job options. CWTA continues to provide internal training and to promote external trainings for supervisors to help them meet this benchmark. Further, CFSA is working to implement a pre-service dashboard system

to provide real-time updates to leadership and partner agencies about supervisory staff's status to ensure that approved waivers are accurately captured, and the benchmark is achieved. In addition, CWTA launched a training website with readily accessible resources to support the needs of the workforce. There is now easier training registration directly through the new website, links to targeted trainings for primary and secondary traumatic stress (P/STS) and mandated reporter training; clinical well-being resource videos and tipsheets for staff, opportunities to explore panel discussions with Collaborative partners for program and service provider highlights, FAQs about training, referral links for access to ongoing therapeutic support as well as trainings through DCHR's Center for Learning and Development are provided via the new website. Staff can also access videos for children and families entering foster care through the website. Additional virtual training slots were added to accommodate larger enrollment in trainings as well. In June 2022, CWTA expanded its curricular focus to include diversity, equity, inclusion, and belonging (DEIB) content along with workforce clinical well-being. In so doing, CWTA is offering a plethora of resources (a virtual library, glossary, guidance, and policies) and access to additional training opportunities for direct service supervisory staff. CWTA also provides a quarterly newsletter, theSource that offers training links, updates on classes, and additional training opportunities for staff to explore. Due to the small sample size of staff in this population, the performance on this benchmark is significantly impacted. CFSA believes that a real-time dashboard will capture all necessary reconciliations and will improve performance on this Agency benchmark. The Agency plans to make this shift with the implementation of STAAND.

### ***Conclusion***

CFSA considers this measure **not achieved**.

## **40. In-Service Training for Direct Service Supervisory Staff**

### ***Measure***

**80 percent** of CFSA and private agency direct supervisory service staff shall receive the required 24 hours of annual in-service training.

### ***Methodology***

To assess performance, CFSA analysts used a FACES.NET management report for tracking data compliance with this measure. The universe counts the number of direct service supervisory staff with at least 24 hours of in-service training between July 1, 2021 – June 30, 2022. CFSA plans to shift the timeframe for this measure to the fiscal year upon full implementation of STAAND, the Agency's upgraded Comprehensive Child Welfare Information System (CCWIS) which will replace the current FACES.NET platform.

### ***FY 2022 Performance***

**71 percent** (n=53/75) of direct service staff completed the required 24 hours of in-service training between July 1, 2021 to June 30, 2022.

### ***Historic Information***

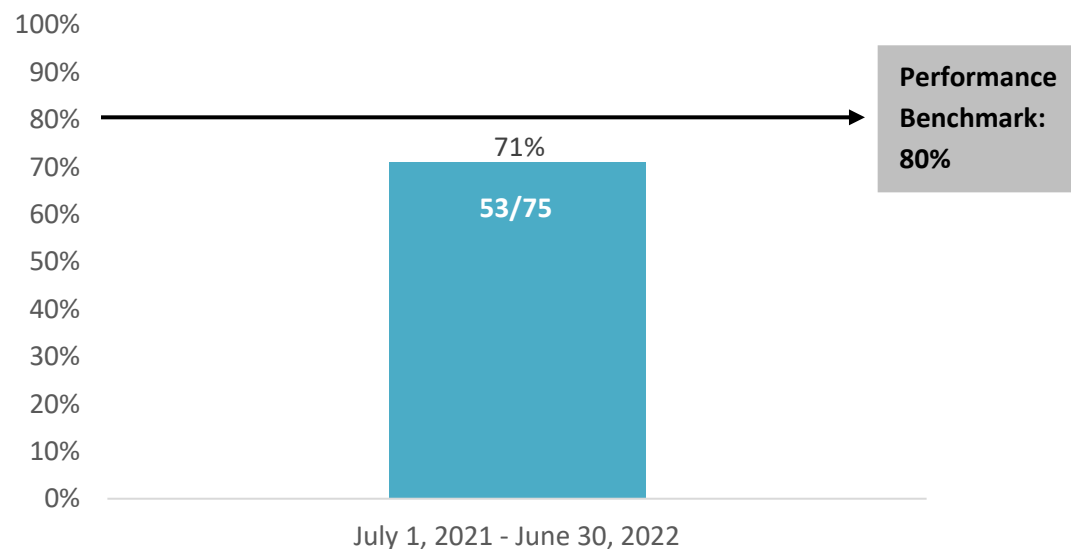


This benchmark is a new indicator from the former Implementation and Exit Plan (IEP) and since CFSA regularly met this measure in the past, it was considered part of the *Outcomes to be Maintained* versus being reported on as part of the *LaShawn* Exit and Sustainability Plan (ESP). However, the measure was integrated into the Four Pillars Performance Framework for FY 2022. As a new metric, CFSA is now able to provide well-rounded data on a range of targeted activities, outcomes, and supports specific to training direct service supervisory staff. Accordingly, CFSA continues to monitor ongoing training as a core function of child welfare practice and to ensure that supervisors are routinely equipped with the knowledge, skills, and abilities to efficiently supervise child welfare social workers. Overall, CFSA and its private agency partners are dedicated to the promotion of a well-supported leadership staff. Specifically, CFSA is responsible for ensuring the organizational capacity of CFSA and private agency supervisors to support direct service staff, serve the children and families, and implement best practices. CFSA annually reviews training curricula and continues to create opportunities for a supported workforce through tailored child welfare-specific trainings to supervisory staff geared toward professional development, self-care, secondary trauma, and motivational interviewing.

### Analysis

During the current monitoring period, 75 direct service supervisory staff were employed by CFSA and its partner agencies. Seventy-one percent (n=53) of those supervisory staff completed the required 24 hours of in-service training.

**Figure 75. Percentage of Direct Service Supervisory Staff with 24 Hours of In-Service Training**



Source: FACES.net report TRN033

CFSA identified several barriers to direct service supervisory staff obtaining the required annual in-service training hours, including but not limited to the demands of carrying out their daily responsibilities while setting aside additional time to dedicate to training. In addition, staff shortages have required supervisory staff to fill in the gaps of assisting with meeting the needs of children and families served, which also impacts the capacity of supervisory staff to ensure completion of training hours. Furthermore, CWTA observed direct service supervisory staff solely relying on internal trainings to meet training requirements. CWTA partners with Onyx Therapy Group to provide a series of psychoeducation courses, as well as Kayla's Village for workshops about grief and loss and safe sleeping; information is provided to staff about external virtual or in-person conferences, webinars, or additional trainings through the Department of Behavioral Health as alternative or supplemental options for supervisory staff to explore. Supervisory social workers in the District of Columbia are licensed and mandated to attain Continuing Education Units (CEUs) to support their on-going professional growth and development. Supervisory staff attend training to support their clinical practice as supervisors and access to internal and external resources are provided to ensure training is accessible and continuous. To assist with these challenges, CFSA's CWTA is currently planning for implementation of a dashboard system to provide real-time updates to leadership about supervisory staff's training status to ensure this benchmark is achieved on an annual basis. Direct service supervisory staff are routinely encouraged to take advantage of training opportunities offered both within CFSA and outside the Agency. CWTA issues reminders to supervisors to sign up and spread out their trainings throughout the year to ensure the likelihood of compliance, even in the face of case emergencies that may prevent a scheduled training. CWTA also launched a training website that provides readily accessible resources to support the needs of the workforce. There is now easier training registration directly through the new website, links to targeted trainings for primary and secondary traumatic stress (P/STS) and mandated reporter training; clinical well-being resource videos and tipsheets for managers, opportunities to explore panel discussions with Collaborative partners for program and service provider highlights, FAQs about training, referral links for access to ongoing therapeutic support as well as trainings through DCHR's Center for Learning and Development are provided via the new website. Additional virtual training slots were added to accommodate larger enrollment in trainings as well. In June 2022, CWTA expanded its array to include diversity, equity, inclusion, and belonging (DEIB) training that includes a plethora of resources and additional DEIB training opportunities for direct service supervisory staff. CWTA continues to publish theSource, a newsletter that offers training links, updates on new classes, and other training opportunities for supervisory staff to explore. CFSA also believes changing the timeframe for this data measure from the July-June timeframe to the fiscal year (October 1-September 30) will better capture compliance with this measure and align with social work licensing requirements.

### **Conclusion**

CFSA considers this measure **not achieved**.

## 41. Pre-Service Training for Resource Parents

### **Measure**

**95 percent** of CFSA and contract agency resource parents will receive 30 hours of pre-service training prior to their initial license date.

### **Methodology**

To assess performance, CFSA analysts used FACES.NET management report for tracking data compliance with this measure and reconciling data associated with training hours. The universe includes the number of resource parents who received a new resource parent license between January and September 2022.

### **FY 2022 Performance**

100 percent (n=81/81) of resource parents had completed the required 30 minimum hours of pre-service training prior to being licensed during the January through September 2022 reporting period.

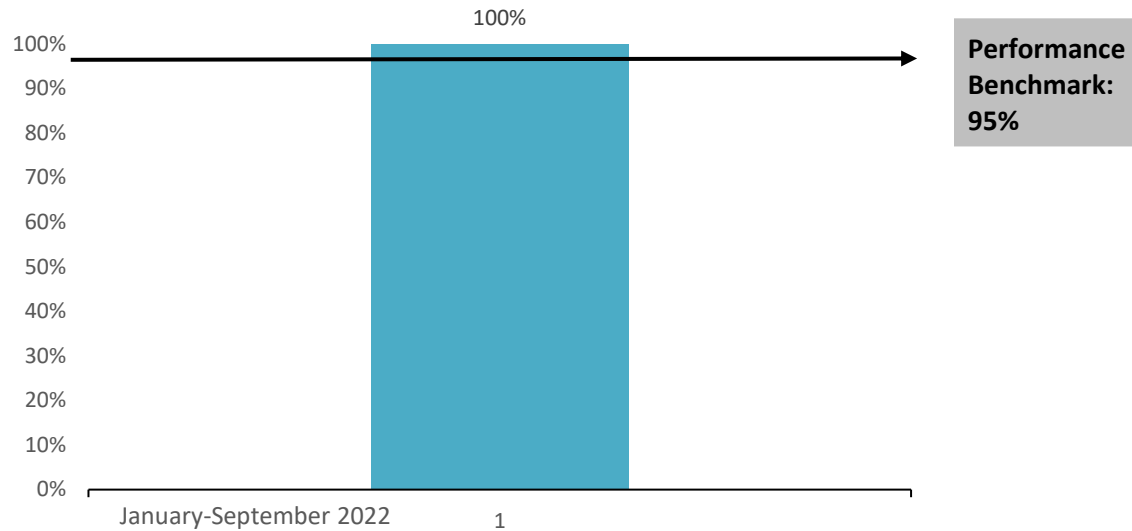
### **Historical Information**

CFSA is committed to ensuring that resource parents receive and complete the training necessary to provide care and direction competently and effectively to DC children entrusted to them. CFSA is responsible for equipping all resource parents with the skills, support, and resources needed to meet the needs of the children and families served prior to having a child placed within their care. During the resource parent licensing process, prospective resource parents are provided training to prepare them to support and nurture children who may have experienced trauma, abuse, and or neglect. CFSA intentionally provides pre-service training to equip resource parents with the confidence and support to successfully navigate their new role. This benchmark is a new indicator from the former Implementation and Exit Plan (IEP). The measure was added to the FY 2022 Four Pillars Performance Framework to ensure that CFSA reported on training as a core function of child welfare practice since training equips resource parents with the knowledge, skills, and abilities to prepare them to effectively navigate their caretaking role and responsibilities.

### **Analysis**

During the current review period between January through September, 100 percent (n=81/81) of CFSA's new resource parents completed the required number of hours prior to licensure. CFSA along with its partner agencies continue to utilize FACES.NET data reports as well as internal manual reconciliation to monitor this performance measure. The Agency's Child Welfare Training Academy (CWTA) and CFSA's private agency partners are committed to utilizing training hours to provide support, guidance, resources, and necessary resource parenting skills to ensure this benchmark is met and maintained. Moreover, CWTA and the Agency's private agency partners are dedicated to ensuring that resource parents receive appropriate preparation ahead of children being placed in their homes.

**Figure 76. Percentage of Resource Workers with Required Pre-Service Training**



Source: *FACES.net report TRN008*

**Conclusion**

CFSA considers this measure **achieved**.

**42. In-Service Training for Resource Parents**

**Measure**

**95 percent** of CFSA and private agency resource parents whose licenses are renewed shall receive the required 15 hours of annual in-service training for each year of their license. Therefore, 15 hours of in-service training are required for 1-year licenses and 30 hours of in-service training are required for 2-year licenses.

**Methodology**

To assess performance, CFSA analysts used FACES.NET management report for tracking data compliance with this measure. The universe counts the number of resource parents who were re-licensed between January – September 2022.

**FY 2022 Performance**

**95 percent** (n=175/185) of resource parents completed the required number of in-service training hours prior to re-licensure.

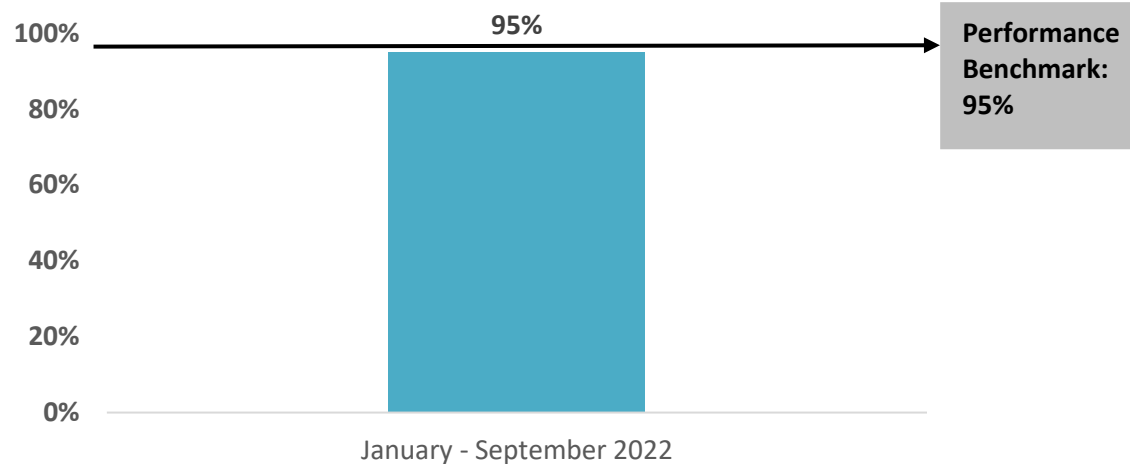
**Historic Information**

CFSA and its contracted private agency partners are responsible for and committed to promoting a well-functioning child welfare system. CFSA is largely responsible for ensuring ongoing training of resource parents to equip them with the necessary education, tools, and support to meet the ever-evolving needs of children in their care. CFSA creates many opportunities for resource parents to access trainings on best practices, child and adolescent development, and trauma-informed practices that ensure they can provide the care needed to promote the safety, health, and well-being of children. This benchmark is a new indicator from the former Implementation and Exit Plan (IEP) and since CFSA regularly met this measure in the past, it was considered *Outcomes to be Maintained* and was not reported on as a part of the *LaShawn* Exit and Sustainability Plan (ESP). This measure was reintegrated in the Four Pillars Performance Framework for FY 2022 to ensure CFSA continues to monitor ongoing training as a core function of child welfare practice. The training ensures that resource parents are routinely equipped with the knowledge, skills, and supports to efficiently navigate their childcare role and responsibilities.

### Analysis

During the current monitoring period, 95 percent (n=175/185) of resource parents completed the required number of hours prior to re-licensure. CFSA along with its partner agencies continue to utilize its internal CQI processes to monitor this measure monthly. This monitoring has contributed to the continued success in achieving the measure. CFSA's Child Welfare Training Academy (CWTA) is committed to providing training opportunities, reminders, and implementation of a dashboard system to provide real-time updates to re-licensing staff on the status of resource parents' training hours to ensure this benchmark is maintained once STAAND is fully implemented.

**Figure 77. Percentage of Resource Parents with Required In-Service Training**



Source: *FACES.net* report TRN009

### Conclusion

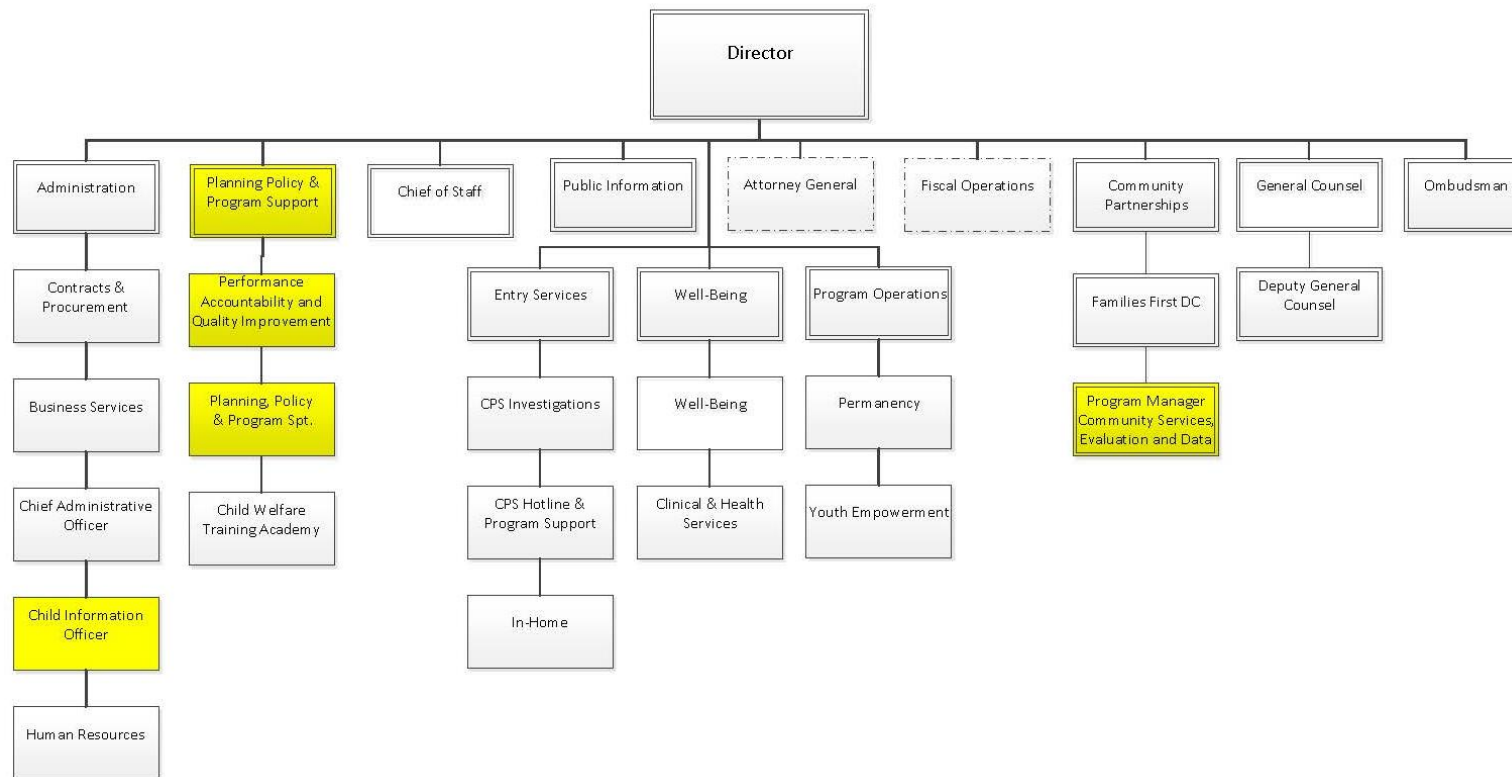
CFSA considers this measure **achieved**.

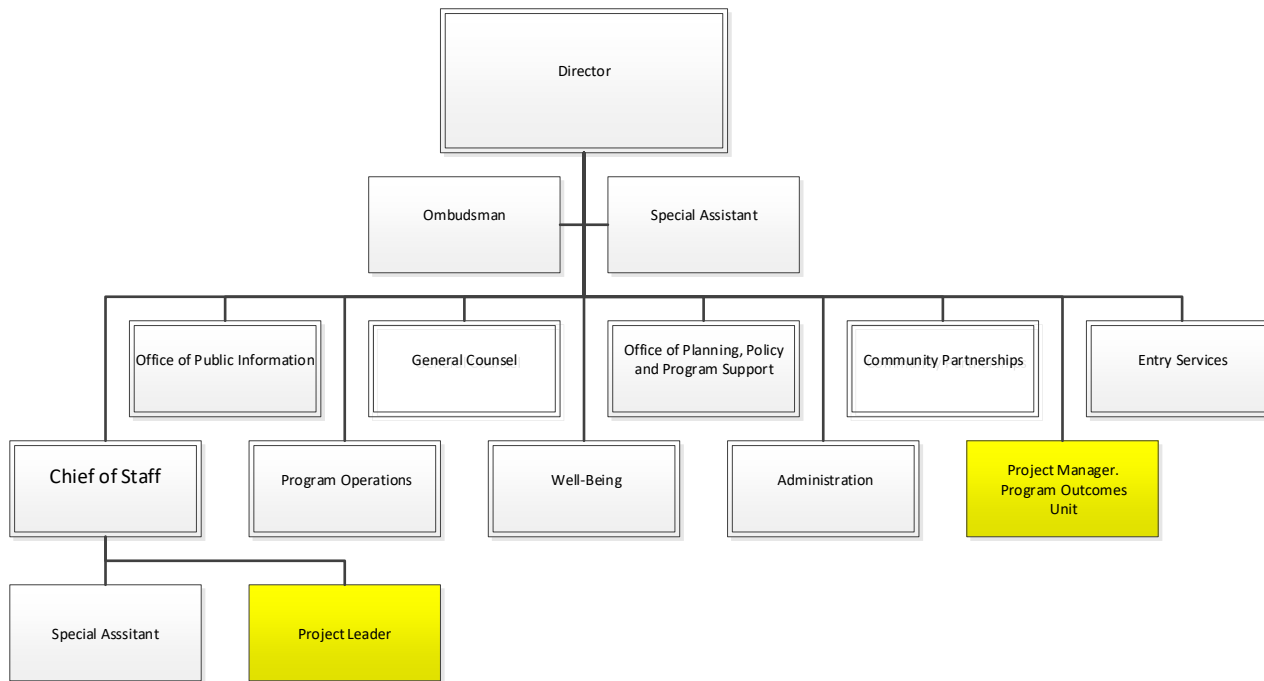
# APPENDIX A

## Organizational chart highlighting data professionals

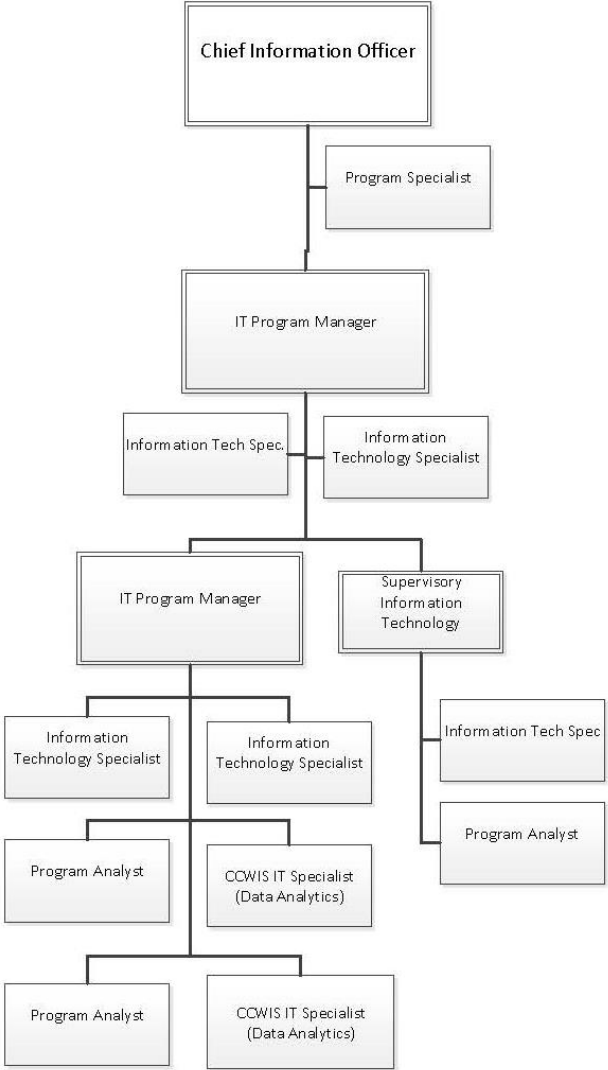
Per the introduction on page 9, the below organizational chart highlights the data professionals embedded in program areas and within the Office of Policy, Planning, and Program Support to further CQI efforts across the agency. The first page includes the overall organizational structure and the units with a large number of key personnel for CQI efforts are highlighted in yellow. After the breakdown of the Office of the Director, the organizational charts provide more details about the positions within each of the units that are focused on CQI efforts.

### CHILD AND FAMILY SERVICES AGENCY-OVERVIEW





# CHILD INFORMATION SYSTEMS ADMINISTRATION

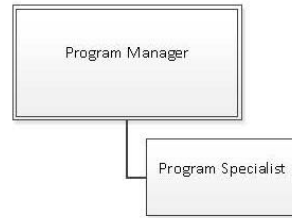


# PROGRAM OUTCOMES UNIT

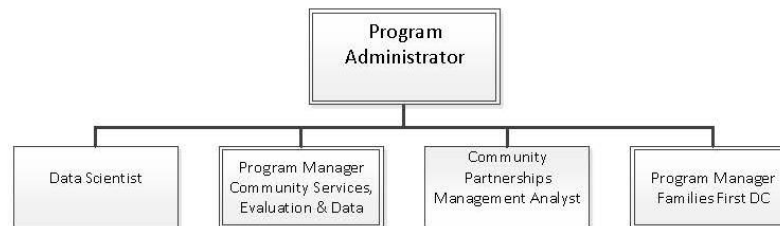




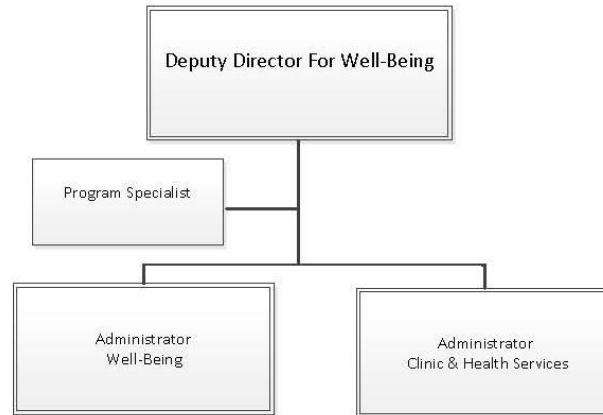
## CONTRACTS MONITORING DIVISION



## COMMUNITY PARTNERSHIPS ADMINISTRATION



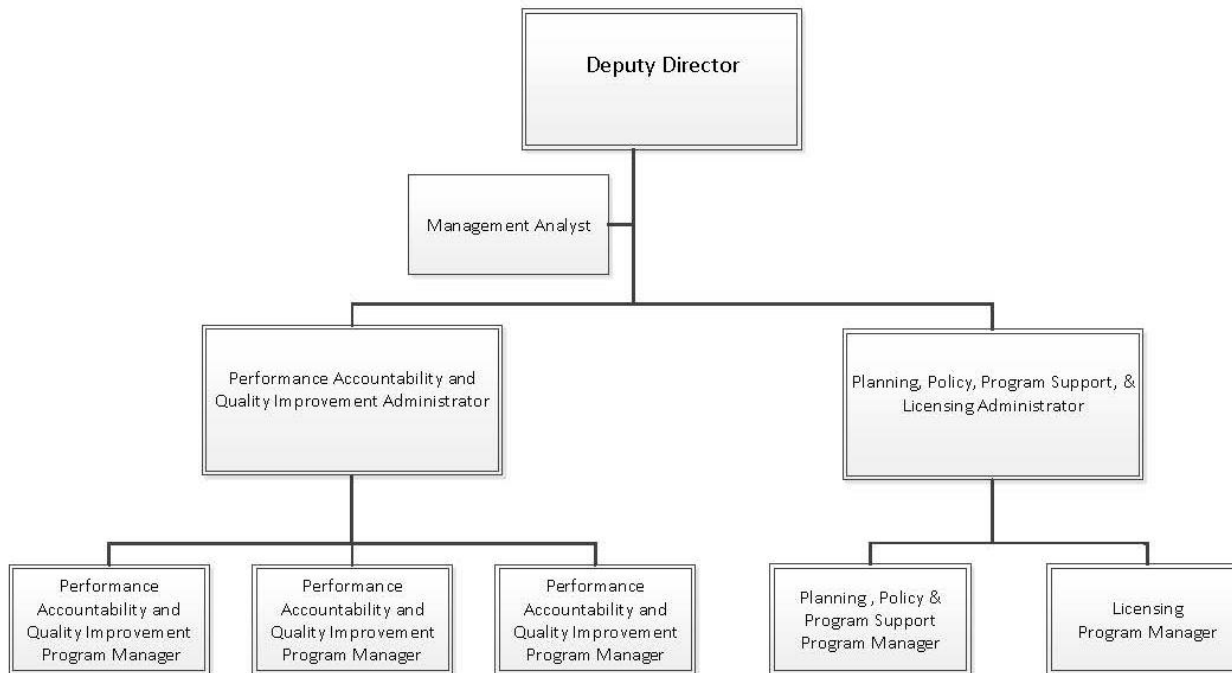
## OFFICE OF THE DEPUTY DIRECTOR FOR WELL-BEING



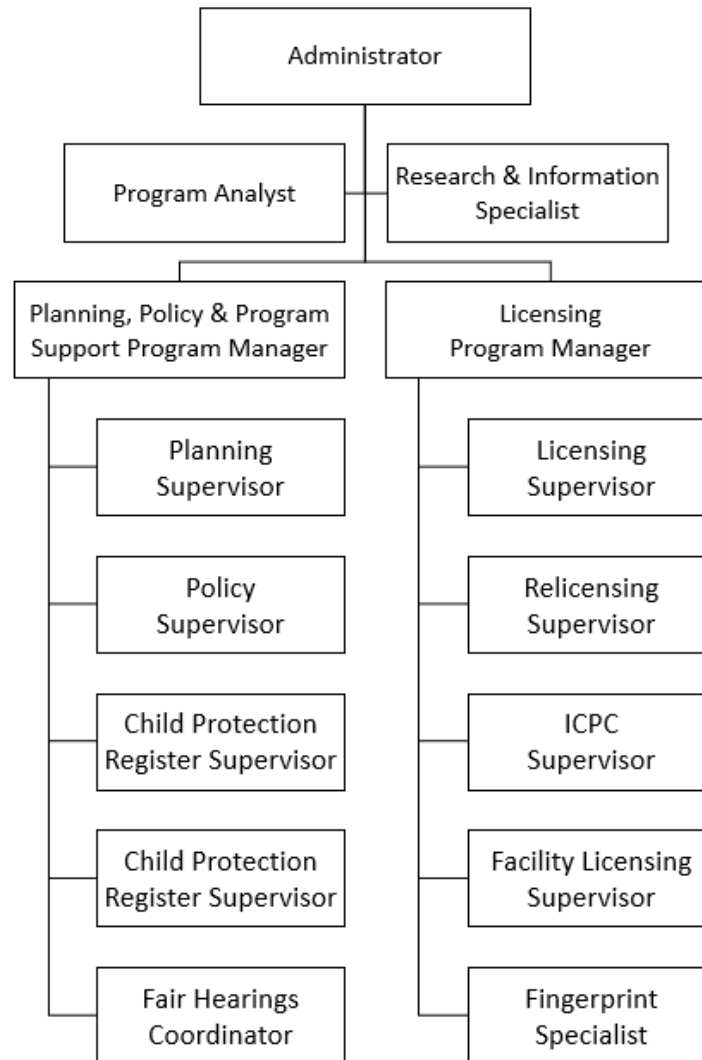
## HEALTH SERVICES ADMINISTRATION



# OFFICE OF THE DEPUTY DIRECTOR FOR PLANNING, POLICY & PROGRAM SUPPORT



# PLANNING, POLICY, PROGRAM SUPPORT & LICENSING ADMINISTRATION





# APPENDIX B



CFSA In-Home Administration, May 2022

## Strategies to complete visits

*Note: this tip sheet details strategies social workers have used to address common barriers to completing visits. Not all strategies listed below may apply to the specifics of your case.*



### What if it's hard to engage the client?

*Speak to clients with authenticity, listen to them, exercise patience and consistency, use empathy, and suspend judgement. The goal is to build trust and respect.*

#### Maintain clear communication.

- Let caregiver(s) know how often you need to meet with them, including the possibility of unannounced visits.
- Learn which mode of communication each client prefers. If no working phone, discuss alternatives.
- Send a scheduled visit confirmation when first scheduled *and* a reminder soon before the visit.
- Introduce caregiver(s) to others who may complete visits, e.g., FSWs, SSWs, etc.
- If clients disagree with the substantiation, inform them of their options to appeal.

#### Determine schedules that work for you and the family.

- Get caregiver schedules on day one.
- Schedule regular monthly times that work for the caregiver(s) and all children but be flexible when needed.
- Some family visits take longer. Schedule based on client personalities and engagement.
- Schedule visits early in the month. Save the 3<sup>rd</sup> week for missed visits or more difficult cases.
- Schedule families close together who live close together.
- Factor in traffic and travel time between visits.
- Look at the school calendar to see when kids are out of school.

#### Escalate and use supports.

- Team with supports: FSWs, SSWs, family members, CKP participants, or other collaterals.
- Try to include family supports if you can schedule a visit when they're around.
- Conduct unannounced visits.
- Talk to your supervisor when you have difficulty engaging the family.
- Connect the caregiver(s) to alternatives for communication, like a working phone.

*Ensure every action is an intervention. You are always assessing for safety.*



### Stay organized.

#### Incorporate record keeping into your workflow.

- Keep a way to jot down quick notes, like a notebook or notes app, while the visit is top of mind.
- Use telework days for documentation.
- Enter each month fresh with no RED on your dashboard. If not, reserve a couple days at the beginning of the month to document last month's visits.

Identify a clear purpose before each visit.

- Review the case plan prior.
- Outline the details needed to achieve the purpose of the visit: topics to discuss, who should attend, and potential issues that may arise.

Team with your supervisor.

- Review your weekly work plan/schedule with your supervisor.
- Communicate time off and needs for coverage.



## What if we're **unable to locate** the caregiver and/or child?

Know when the [No or Sporadic Contact](#) guidelines apply.

- Escalate the case to your supervisor and PM when you have had (1) no contact for 30 days or (2) sporadic contact for 60 days.
- Consider presenting the case at case consultation – the first steps to community papering.

Use district resources, connected providers, and family supports.

- Team with supports: family members, CKP participants or other collaterals.
- Use DSU, the earlier the better.
- Communicate with connected providers: CNHS, DCPS, Project Connect, DYRS, DBH, DHS, etc.
- Escalate to a MPD welfare check as necessary.

Escalate and switch it up.

- Conduct unannounced visits.
- Leave a wellness check note at the door.
- Mail a letter (certified or otherwise) stressing the importance of completing visits.
- Meet caregiver(s) at school drop off or pick up times.

# APPENDIX C

## PLACEMENT CAPACITY COMPARED TO CENSUS AS OF THE LAST DAY OF THE MONTH

*Available Foster Homes and Congregate Homes as of the last day of the month*

Reporting Period	Foster Care Settings	Total Homes	Total Bed Capacity	# of Children in Foster Care (as of last day of the month)	Unused Beds (%)
Jan-22	Family Based (not including Kinship)	307	53	332	143 (23%)
	Congregate Providers	8	80	59	
	Other Settings*	N/A	N/A	71	
	<b>Total</b>	<b>315</b>	<b>615</b>	<b>462</b>	
Feb-22	Family Based (not including Kinship)	304	532	324	160 (26%)
	Congregate Providers	8	80	57	
	Other Settings*	N/A	N/A	71	
	<b>Total</b>	<b>312</b>	<b>612</b>	<b>452</b>	
Mar-22	Family Based (not including Kinship)	279	483	321	112 (20%)
	Congregate Providers	8	80	62	
	Other Settings*	N/A	N/A	68	
	<b>Total</b>	<b>287</b>	<b>563</b>	<b>451</b>	
Apr-22	Family Based (not including Kinship)	280	494	303	136 (24%)
	Congregate Providers	8	80	61	
	Other Settings*	N/A	N/A	74	
	<b>Total</b>	<b>288</b>	<b>574</b>	<b>438</b>	
May-22	Family Based (not including Kinship)	269	479	305	124 (22%)
	Congregate Providers	8	80	54	
	Other Settings*	N/A	N/A	76	
	<b>Total</b>	<b>277</b>	<b>559</b>	<b>435</b>	
Jun-22	Family Based (not including Kinship)	262	475	300	127 (23%)
	Congregate Providers	8	80	55	
	Other Settings*	N/A	N/A	73	



Reporting Period	Foster Care Settings	Total Homes	Total Bed Capacity	# of Children in Foster Care (as of last day of the month)	Unused Beds (%)
	<b>Total</b>	<b>270</b>	<b>555</b>	<b>428</b>	
<b>Jul-22</b>	Family Based (not including Kinship)	261	471	290	<b>141 (26%)</b>
	Congregate Providers	8	80	49	
	Other Settings*	N/A	N/A	71	
	<b>Total</b>	<b>269</b>	<b>551</b>	<b>410</b>	
<b>Aug-22</b>	Family Based (not including Kinship)	261	466	282	<b>143 (26%)</b>
	Congregate Providers	8	80	41	
	Other Settings*	N/A	N/A	80	
	<b>Total</b>	<b>269</b>	<b>546</b>	<b>403</b>	
<b>Sep-22</b>	Family Based (not including Kinship)	260	460	284	<b>134 (25%)</b>
	Congregate Providers	8	80	40	
	Other Settings*	N/A	N/A	82	
	<b>Total</b>	<b>268</b>	<b>540</b>	<b>406</b>	

**Note:** Placed in kinship homes are not included in the above table or calculation.

Kinship Foster Care Settings			
Reporting Period	Total Homes	Total Bed Capacity	# of Children in Foster Care (as of last day of the month)
<b>Jan-22</b>	139	196	130
<b>Feb-22</b>	136	191	129
<b>Mar-22</b>	128	182	122
<b>Apr-22</b>	137	192	125
<b>May-22</b>	137	186	132
<b>Jun-22</b>	132	181	128
<b>Jul-22</b>	122	177	126
<b>Aug-22</b>	127	179	131
<b>Sep-22</b>	126	177	131

Other Settings*	Total Children								
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Residential Treatment	15	16	14	12	13	13	14	14	14
COVID-19 Placement/ Under 21 (Non-Paid)	1	0	0	0	0	0	0	0	0
Abscondence	25	22	24	26	28	25	22	26	27
College/Vocational	1	1	1	1	0	0	0	1	1
Correctional Facility	5	8	6	4	6	8	7	7	6
Developmentally Disabled	2	3	3	3	3	3	3	3	4
Hospitals	5	4	2	3	5	4	4	3	3
Juvenile Foster Care (Non-Paid)	0	0	0	0	0	0	0	0	0
Not in Legal Placement	17	17	18	25	21	20	21	26	27
<b>Total</b>	<b>71</b>	<b>71</b>	<b>68</b>	<b>74</b>	<b>76</b>	<b>73</b>	<b>71</b>	<b>80</b>	<b>82</b>

\* “Other” settings includes youth residing in residential treatment facilities; youth who were missing, absent or abducted; youth in college or vocational placements; youth in correctional facilities, children in placements paid for by Medicaid, e.g., health care facilities for children diagnosed with severe developmental disabilities, COVID-19-related placements, and children who resided in placements that were not licensed or contracted (e.g., friends’ homes or homes of extended family).

**Source:** The PRD141 report runs on the 1<sup>st</sup> of the following month to calculate for ‘Total Homes’ and ‘Total Beds Capacity’ counts as of the last day of the reporting month. The CMT232 report runs on the 15<sup>th</sup> of the following month to get the totals for ‘# of Children in FC census’ as of the last day of the reporting month.



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