



DC Child and Family Services Agency

# Four Pillars Performance Report FY 2023



WE ARE  
DISTRICT  
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 A. 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. This report is CFSA's second comprehensive report on Agency performance.

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 under the lawsuit. 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>2</sup> In 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)

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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>[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)

- 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.

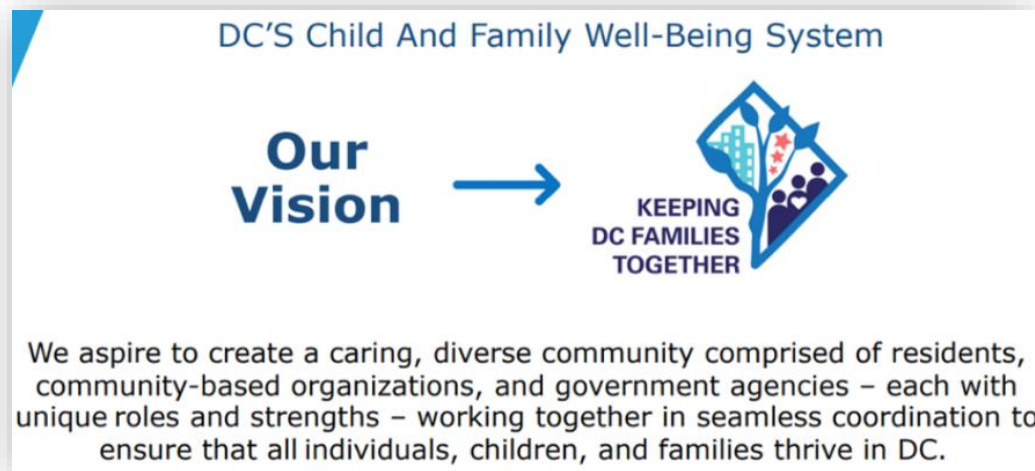
CFSA has identified 17 measures throughout the Front Door, Temporary Safe Haven, Well-Being, and Exit to Permanence pillars where RTS will be used to determine the performance target. These measures are either newly developed measures where baseline data must be collected, or they are measures where 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. During FY 2023, CFSA utilized the RTS process to set targets for these measures: employment or internship targets and permanency in 12 months for children entering foster care, children in foster care 12-23 months, and children in foster care 24+ months. These targets will go into effect in FY 2024 and are introduced in the narrative for these measures in this report. For the remaining measures, CFSA continues collecting baseline data and will begin the RTS process to set performance targets for some of these 15 measures during FY 2024.

This report covers the entire fiscal year (October 1, 2022 – September 30, 2023). If there is a different time frame for specific measures, 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) 2023. 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.

## CFSA's Realignment Supports CFSA's Vision of Keeping DC Families Together

The child welfare field has transitioned from acknowledging the problem of systemic racial and ethnic disproportionality and disparity to formulating and implementing solutions that change systemic and historical practices that have primarily impacted Black, Indigenous, and Other People of Color (BIPOC) communities. As a result, CFSA is devoting resources and collaborative efforts toward transforming the District's child welfare system into a child and family well-being system. This transformation intentionally creates more upstream prevention and collaboration among community organizations and government agencies. Most importantly, people with lived experience (i.e., LeX), have been active, consistent partners from the onset for the envisioning and the conceptualizing of the process. LeX stakeholders have also been active partners during implementation planning. CFSA will continue to collaborate with these partnering stakeholders as the system continues to transform.



In 2023, CFSA realigned its organizational structure to:

- Support the creation of a District-wide Child and Family Well-being System with an emphasis on prevention
- Increase the agency's ability to provide a continuum of support to help Keep DC Families Together
- Align similar functions and put related work together

Please see an updated organizational chart in the appendix.

## Continuous Quality Improvement

CFSA continues to invest a significant number of resources into its Continuous Quality Improvement (CQI) processes 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. The purpose of these efforts is to build on CFSA’s self-regulating system of accountability.

At the beginning of FY 2023, the Performance Accountability and Quality Improvement Administration and the Program Outcomes Unit partnered to launch a new monthly CQI forum, the CFSA LAB, which stands for “Learning with each other, Accountable to DC families, and Building performance systems together.” The LAB replaced the former CQI forum, known as the “Finish Line,” which was more focused on compliance with the performance measures imposed by the now-settled *LaShawn* lawsuit. Open to all CFSA staff, the LAB examines the inter-related nature of CFSA’s performance and promotes all staff engagement with performance data in an interactive and user-friendly manner.

In addition, CFSA uses the additional ongoing forums described below to discuss performance and root-cause analyses of barriers and strategies to address gaps and emphasize strategies to highlight successful practice and performance improvements. These include the 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>3</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

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<sup>3</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.

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>4</sup> and Office of Well-Being (OWB) and the Administration of Older Youth Empowerment (OYE) 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 with an FY 2024 and FY 2025 implementation for the different modules.

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 Thriving Families (OTF). 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>5</sup>

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.

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<sup>4</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>5</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.



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. CFSA 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. 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. The initiatives for FY 2023 and progress towards these initiatives is described below:

**(1) Connect kinship families to community-based resources through launch and utilization of [Kinship Navigator](#) website and mobile app**

The Kinship Navigator website went live as of December 2022, and the mobile app launched during FY 2023 Q2. These resources provide an informational website (<https://www.kinshipdc.org/>), a web-based external portal for applicants to the Grandparents and Close Relatives Caregivers Subsidy Programs, and a mobile application for applicants. Participants are utilizing these resources to apply for the subsidy program, and for emergency financial assistance.

**(2) Lay the groundwork to launch a community response model and warm line to better keep families together by working with the Keeping DC Families Together Steering Committee**

The Warmline and community response model was envisioned and developed in collaboration with people with lived experience, community-based organizations, and DC government agencies, to link individuals, families, and the communities to appropriate resources and supports to Keep DC Families Together. The Warmline and Community Response model is non-emergency dedicated social services resources and referral line for DC that will help to reduce unnecessary calls to the Office of Hotline & Investigations (OHI) Hotline, and to connect families upstream with the supports and services they need. On October 30, 2023, CFSA successfully partnered with the District’s Office of Unified Communications (OUC) and the Collaboratives to begin operations of the 211 Warmline and community response model in a “soft launch” format. As part of the soft launch, four dedicated call agents and one supervisor are triaging social service-related calls that come into 211, providing accurate and timely information to callers, and making referrals to community responders and other community-based organizations, as needed. See the Appendix for the Warmline & Community Response Model Process. The soft launch occurred on October 1, 2023; the full launch is anticipated by the end of FY 2024.

**(3) Launch STAAND to improve CFSA & partners effectiveness in keeping DC families together, reduce staff administrative time, and replace FACES**

During FY 2023, the placement provider modules and service provider modules were launched in STAAND. These modules provide improved licensing and re-licensing experiences for resource parents and staff, as well as better and faster service delivery for OWB and OYE services. The remainder of the STAAND modules (which include intake, investigations, case management, eligibility, placement, providers, finance, reports and additional elements for providers and services) are under development and slated to be released by FY 2025.

**(4) Enhance CFSA’s recruitment and retention effectiveness to ensure well-equipped social work teams can keep DC families together**

During FY 2023, CFSA hired 16 social workers and 20 family support workers (who will assist social workers with their workload). CFSA attended four career/hiring events during the year and held an in-house Social Worker hiring event in July 2023 (which led to hiring of six applicants). CFSA also held a Recruitment Lean event, which developed an interview guide for hiring managers to schedule and conduct interviews independently to streamline the recruitment process. Despite these efforts, social worker staffing shortages continue to exist, particularly in the OHI<sup>6</sup>. In regard to retention, CFSA sent out an all-staff survey to identify employee concerns and improve the CFSA employee experience. As a result of this survey, additional training is now required for Management Supervisory Service (MSS) staff to improve managerial skills (i.e. emotional intelligence, etc.). A target date of September 2025 is set for managers to complete these additional trainings. In addition, CFSA continued existing retention programs such as Wellness Wednesdays<sup>7</sup>, Onyx Therapy Group psychoeducational groups on self-care, secondary traumatic stress and other topics, and agency wide celebratory events.

**The following have been identified as the strategic initiatives for FY 2024:**

- (1) Co-design and implement Community Response and Warm Line Model** in collaboration with people with lived experience, community-based organizations, and DC government agencies to link individuals, families and communities to appropriate resources and supports to Keep D.C. Families Together,

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<sup>6</sup> As of December 2023, OHI had 43 vacancies comprising 27 social workers, 10 supervisory social workers, and one program manager. This number represents a decrease in vacancies since March 2023 (OHI had 46 vacancies: 39 social workers, six supervisory social workers, and one program manager).

<sup>7</sup> Wellness Wednesdays are a recurring calendar invite on all CFSA employee calendars from 11:30 am to 1:30 pm on Wednesdays in which meetings are highly discouraged. Instead, employees are encouraged to participate in sponsored self-care and personal development activities, such as exercise classes, guided meditation, Spanish class, Toastmasters, and others. Employees are also welcome to engage in any other wellness activities of their choice at this time or during another 2 hour block during the week.

- (2) **Enhance supports for older youth in foster care** across the domains of housing, financial wellness, behavioral health supports and education, to ensure their well-being and successful transition to adulthood,
- (3) **Continue to build a modern data system, STAAND**, to improve CFSA’s data collection and analysis, data integrity and public transparency through the development of a modernized child information system, and
- (4) **Enhance the well-being of the workforce** through refined management practices that reinforce psychological safety and accountability to recruit and retain staff with the goal of achieving overall team and organizational health and wellness.

### *The CFSA LAB*

The CFSA LAB (**L**earning with each other, **A**ccountable to DC Families, and **B**uilding performance systems together) is a semi-monthly continuous quality improvement (CQI) forum that is co-led by PAQIA and the Program Outcomes Unit. All staff are invited to participate, to learn and to generate discussion across administrations regarding areas of performance strength and weakness. Examples of discussions during the LABs include social worker visits to families receiving in-home services, social worker visits to children in foster care, family engagement with their children, timely investigations’ closure, and kinship analysis. The forum includes data that is presented by a combination of program area program managers and analysts from PAQIA and Program Outcomes Unit, and audience participation such as panel discussions with social workers, using in-meeting polling technology, or open format question and answer sessions. The CFSA LAB replaced both the Finish Line and Four Pillars Huddles meetings in FY 2023.

### *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.
- *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).

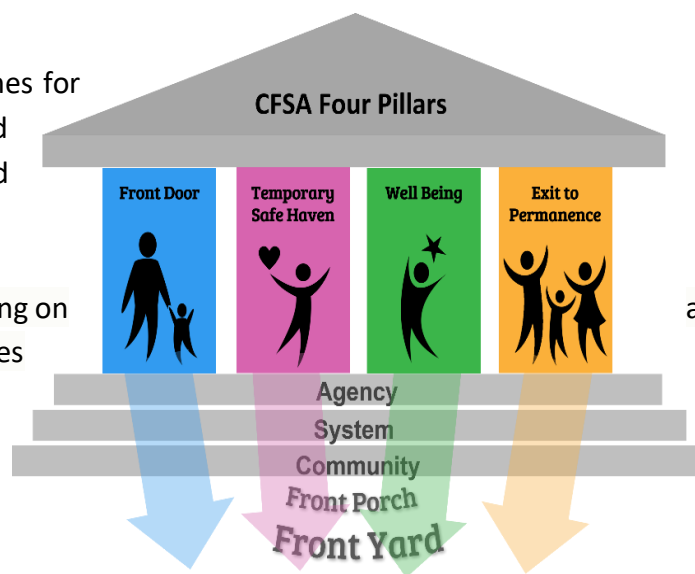
The QSR findings described later in this report reveal the successful partnerships established between the QSR Unit and the Office of In-Home and Out-of-Home Care, and CFSA's contracted private agency partners. These collaborations have promoted quality practice through a weekly feedback loop with all 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.

During FY 2024, CFSA is participating in a state-led, federally mandated case review process, called the Child and Family Services Review (CFSR) during the months of April through September 2024. CFSA will conduct reviews of 65 cases using the On-Site Review Instrument (OSRI) as part of the CFSR. The 65 cases will include 40 Out of Home Care cases and 25 In-Home cases from all areas of the District and will include cases handled by CFSA and contracted agencies. Due to the QSR team completing the CFSR reviews during the time frame established by the Children's Bureau, the Agency will not have the capacity to complete our regular annual sample of QSR cases. In FY 2024, a total of 56 cases between in-home and out of home will receive a QSR review.

## 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.

Building on the CFSA Four Pillars Framework, established in 2012, CFSA is now embarking on strategic rethinking of its framework for consistency with the Keeping DC Families Together guiding principles. This effort will align the Agency's approach more closely with the overarching "Keeping DC Families Together" vision, ensuring that CFSA's policies, programs, and practices fully support this critical mission.



## 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 this 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 2023:

- **Assessment of Quality of Investigations:** CFSA conducted a case record review of a statistically significant sample of Office of Hotline and Investigations (OHI) investigations that closed in March and in September 2023. 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 and July 2023. 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 OHI 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 July and August 2023 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 2023 or who entered or re-entered care during FY 2023, 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 2023.
- **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.

The first five reviews completed are planned and led by PAQIA in partnership with the respective program areas. The team make updates to the SurveyMonkey tool as appropriate and jointly decide when the reviews will be held. Reviews are completed by representatives from PAQIA, the program area, Program Outcomes Unit and the private agencies, as appropriate. PAQIA and leadership from the program area also serve on the quality control team to review a selection of completed reviews to ensure interrater reliability. These reviews focus on the FACES documentation. The final qualitative review, the Quality Service Review, is led by PAQIA and is conducted with program area involvement before the review, during the review, and during the debriefing process. These reviews focus on FACES documentation and information learned during the interview.

# YEAR IN REVIEW

2023

## Achieved Targeted Performance

**Acceptable Quality Investigations**



86% - 89%

Bi-annual review found investigations were of acceptable quality.

**Timely medical care received**



83% - 100%

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

**Stable Housing secured**

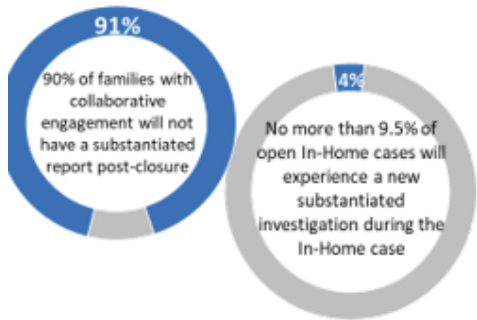


100%

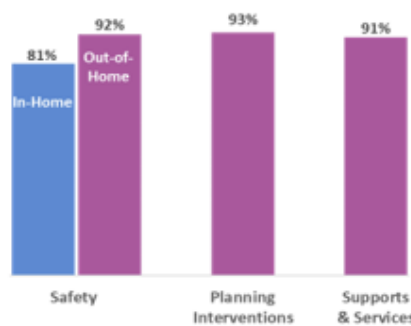
Young adults (age 21) exited foster care with stable housing.

## Performance Stability

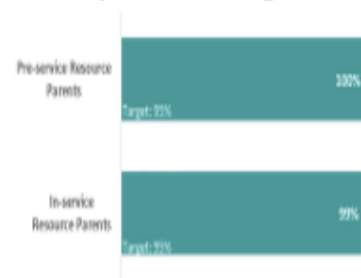
Families without a new substantiated report after engagement were met.



Quality Service Review case ratings surpassed the 80% target.



Resource Parent Training surpassed the target.



## Performance Target to be Determined

**Timely Initiations (34% – 64%) & Timely Closures (38% - 62%)**



Social worker turnover & reduced staff capacity continued to impact timely initiations of investigations for all children within 24 and 48 hours of receiving a referral especially when barriers were present. Social Worker shortages, worker retention, capacity to manage caseloads, and difficulties collaborating with community partners ultimately delayed closures of investigations.

**Family Engagement with their Children (42% -52%)**

Engagement challenges, other unique barriers, social worker performance with documentation or completing required visits, youth refusal, and inability to locate parents are among the top challenges to full compliance with this measure.



**Placement Stability: Kin Placements (18%)**

Unwilling/unable caregivers, residence outside of DC/MD, clinical concerns, lack of space, and no confirmed relatives hindered placement with kin.



**Dental Exams (67%)**

The first available appointment not being within the 60-day timeframe, Medicaid issues, and scheduling difficulties were among the top challenges in meeting this measure's requirements.



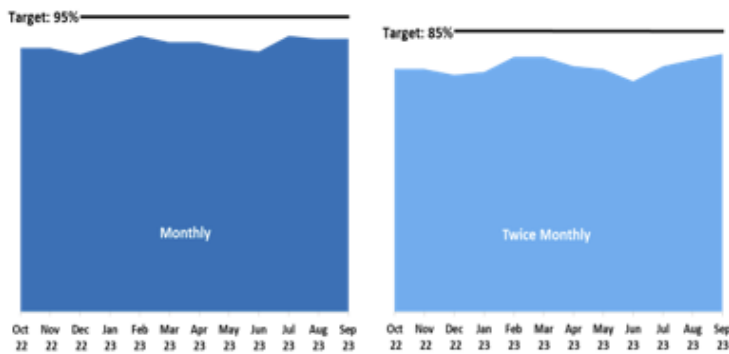
**Graduation from High School (73%)**

School attendance and academic performance for youth in out-of-home care were noted as barriers to high school graduation.

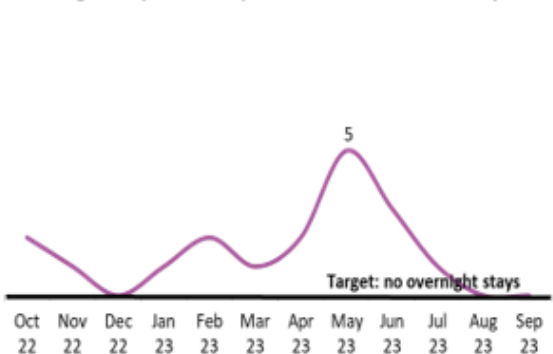
# Year in Review 2023 Continued

## Areas in Need of Improvement

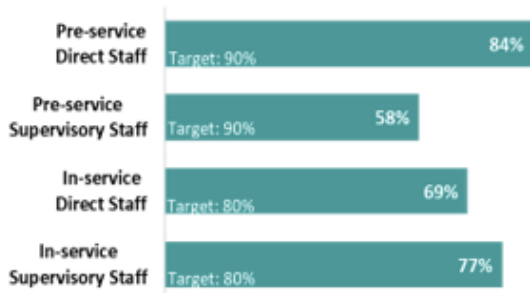
**In-Home visits occurred monthly 84% - 90% and twice monthly 75% - 84%**



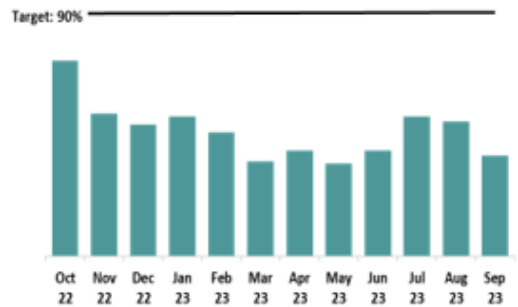
**Overnight stays at CFSA peaked at 5 children in May 2023**



**Pre-Service & In-service Training ranged from 58% - 84%**



**OHI caseloads ranged between 35% - 74%**







## 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 76 percent

reduction in the number of children in foster care from a high of 2,092 on the last day in FY 2010 to 496 as of the end of FY 2023.<sup>8</sup> In the last 5 years, the foster care population declined from 989 children in care as of the end of FY 2016 to 496 children in care as of the end of FY 2023, a 50 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 an estimated population of 678,972 in 2023, per the data released by the U.S. Census Bureau.<sup>9</sup> Comparing the rate of entry to foster care for children in the District versus the United States also shows that fewer children enter foster care in the District than the country overall. In FY 2023 overall, 1.37 children per 1,000 children in the District entered foster care, compared to 2.7 children per 1,000 children in the nation.<sup>10</sup> However, the children who enter foster care are disproportionately children of color, specifically Black children. The entry rate for Black children in the District in FY 2023 was 2.1 children per 1,000 children, compared to 0.1 children per 1,000 children for White children.<sup>11</sup>

CFSA’s prevention activities focus on families at various stages of service needs and involvement with the Agency, either in the Front Yard, or the Front Porch as defined in Table 2 below. However, CFSA will separate a child and enter them into foster care when it is determined that a child is unsafe and interventions to maintain the child in their home are not successful. Key partners in the District’s prevention array include the Healthy Families/Thriving Communities Collaboratives (Collaboratives).<sup>12</sup>

### **Table 1. Primary, Secondary and Tertiary Prevention in CFSA’s Prevention Array**

#### **Primary Prevention: Front Yard – Families not known to CFSA**

As previously described, families in the Front Yard have no child welfare involvement but nonetheless face challenges that could put them at risk of coming to the Agency’s attention. Two primary examples of these Front Yard families include young (under age 25) homeless families with young children, and “grandfamilies” (i.e., grandparents responsible for caring for their children’s children). These families may already be connected to one of CFSA’s five contracted HFTC Collaboratives. The local Collaborative will often take the lead on connecting these families to other District and community resources to address specific needs such as housing, employment, and mental health.

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<sup>8</sup> The terms “child” and “children” refer to clients from birth to age 20.

<sup>9</sup> <https://www.census.gov/quickfacts/fact/table/DC/PST045223>

<sup>10</sup> The national entry rate uses 2021 data, the most recent data available. [Children ages birth to 17 entering foster care | KIDS COUNT Data Center \(aecf.org\)](#)

<sup>11</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, 2022, the most recent year of data available in the Kids Count Data Center. Entries are using FACES data from FY 2023, 16 youth did not have race data recorded.

<sup>12</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.

### **Secondary & Tertiary Prevention: Front Porch – Families known to CFSA, both with and without an open case**

Families on the Front Porch may be receiving secondary or tertiary prevention services. Secondary prevention includes families that have already experienced a Office of Hotline and Investigations (OHI) investigation or a legacy family assessment (FA) response to a OHI Hotline allegation.<sup>13</sup> The FA Unit often referred families to the Collaboratives to provide family stabilization and other support for their specific needs. Many of these families may still be connected to a Collaborative.

Families on the Front Porch receiving tertiary prevention services have an open in-home case and are working towards case closure. These families may have short-term needs requiring additional community-based support. In such instances, the Collaboratives will provide the identified services and the HFTC social worker will 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 (MI) and Parents as Teachers,<sup>14</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 proposed including *children and their families experiencing or at risk of experiencing homelessness* as a new Family First prevention-eligible candidate population. In February 2024, the Children’s Bureau approved the proposed amendment.

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<sup>13</sup> The FA Unit formerly served families with allegations of abuse or neglect that had safety or risk levels not rising to the level of child separation or the opening of an in-home case. Although CFSA discontinued FA responses in April of 2019 (see “Secondary Prevention” section below), OHI did not forsake the benefits of the FA Unit. Instead, OHI integrated the basic premise of the FA response into the current OHI investigation process by determining when families may still need or benefit from Collaborative services, but without opening a CFSA case.

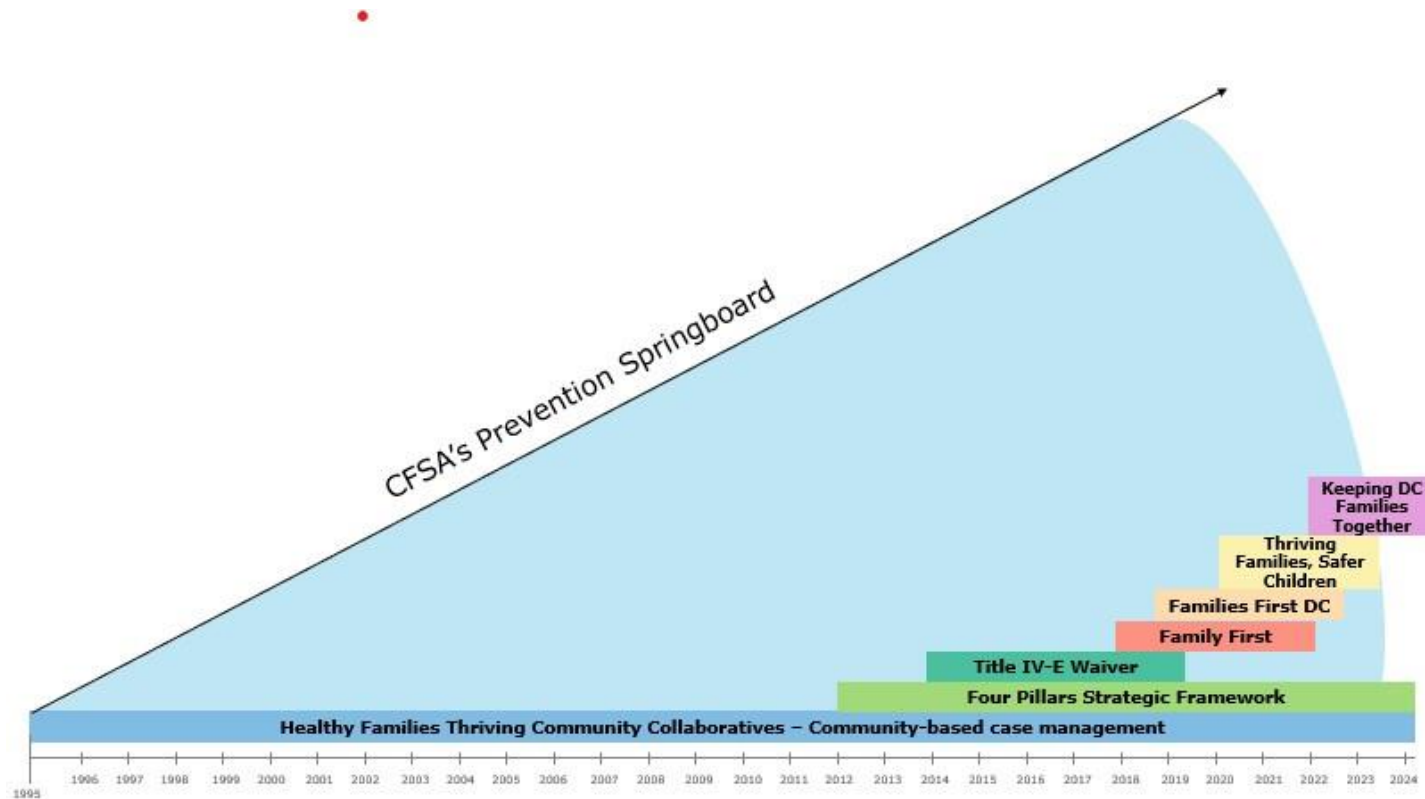
<sup>14</sup> Motivational Interviewing is an established evidenced-based client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors. Parents as Teachers is a home-visiting model that provides services to families with children from prenatal care through early childhood development.

This prevention work began over 30 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*, locally known as Keeping DC Families Together.<sup>15</sup> CFSA evolved the Title IV-E Waiver program to Families First DC and then merged the work into Keeping DC Families Together to further the ongoing transformation of the District’s child welfare system into a child and well-being system with CFSA as the child welfare agency. The District continues to implement Keeping DC Families Together as an upstream, community-driven, family-strengthening model that utilizes a holistic family-centered approach to prevention and mitigation of community risks of maltreatment, crime, and violence

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<sup>15</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.

Figure 1. CFSA’s Prevention Springboard



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-Office of Hotline and Investigations and Children Served in In-Home*

From October 1, 2022, to September 30, 2023, the 24-hour CFSA Child Abuse and Neglect Hotline received 20,246 calls. Of these calls, the Hotline accepted 3,902 for investigation, and 503 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=927), 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 OHI response to occur, n=14,914).

During this same time frame, OHI completed investigations on 3,704 referrals.<sup>16</sup> OHI substantiated allegations of maltreatment or risk of maltreatment per District law and policy for 22 percent (n=799) of the investigations. This percentage of substantiated allegations is consistent with past years.

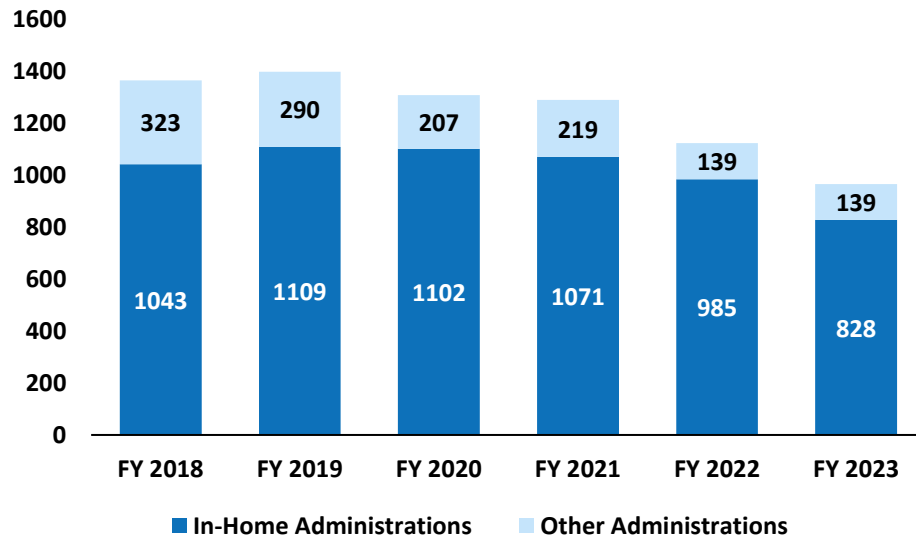
Between 2019 and 2023, CFSA monitored a range of 967 to just under 1,400 children each year (as of September 30<sup>th</sup> of each year) residing at home with their biological families. The children served by the In-Home Clinical Case Management & Support Administration (In-Home CCM&S) comprise most of these children, with a range of just over 800 children served as of the end of FY 2023 to a high of just over 1,100 children served as of the end of FY 2019 and FY 2020. By the end of FY 2023, the In-Home CCM&S Administration was serving 967 children in their homes. Children are served by the In-Home CCM&S Administration whenever there is a substantiated OHI 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 2023, 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>16</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 2. Children Served In-Home, FY 2018-2023**



Source: FACES.NET report CMT404

The demographics of children served in-home as of the end of FY 2023 indicate that there are an even proportion of male (50 percent) and female children (50 percent). The highest portion of children are aged 6 to 12 (39 percent) followed by children between birth to 5 years old (35 percent).

**Table 2. Demographics of Children Served In-Home FY 2023**

Gender	Number	Percent
Female	481	49%
Male	485	51%
<b>Total</b>	<b>962</b>	<b>100%</b>
Race	Number	Percent

American Indian/Alaskan Native	0	0%
Black	785	81%
Native Hawaiian or Other Pacific Islander	0	0%
Unknown	164	17%
White	18	2%
<b>Total</b>	<b>967</b>	<b>100%</b>
<b>Ethnicity</b>	<b>Number</b>	<b>Percent</b>
Hispanic	93	10%
Non-Hispanic	535	55%
Unknown	339	35%
<b>Total</b>	<b>967</b>	<b>100%</b>
<b>Age</b>	<b>Number</b>	<b>Percent</b>
Birth to 5	335	35%
6 to 12	379	39%
13 to 17	213	22%
18 to 20	40	4%
<b>Total</b>	<b>967</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**

The Office of Hotline and Investigations (OHI) shall initiate investigations of alleged child abuse and neglect 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**

DC Code states that all children identified as being in the household should be interviewed face-to-face within 24 hours.<sup>17</sup> 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 had to be seen in person within the timeframe for the referral to count as having received timely initiation. The methodology for this measure was updated in FY 2022. Therefore, to assess performance for FY 2022 and beyond, CFSA analysts are using FACES.NET data to identify whether investigations that closed during a given month included contact with all children within 24 or 48 hours. 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. RTS will be used in the future to set this performance target.

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<sup>17</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

On a quarterly basis, CFSA is expected to complete a qualitative review of 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 utilize a structured survey instrument to conduct a case record review of the investigations where children were not seen within 48 hours. The instrument assesses whether OHI 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 typically find 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, as noted, reporting was shifted from initiations status by referral to each child linked to a referral within the 24-hour and the 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 2023 Performance***

The quantitative data shows that a range of 48 percent to 64 percent of children were initiated within 48 hours during the fiscal year. During FY 2023 there were staffing changes and/or shortages in the two administrations completing this review (OHI and OPPPS), and therefore two reviews were completed this year on investigations closed during the months of March 2023 and July 2023. In March 2023, OHI initiated 34 percent of closed investigations within 24 hours (n=206/596) and 64 percent of closed investigations within 48 hours (n=383/596) of a child maltreatment report received by the Hotline.<sup>18</sup> In July 2023, OHI initiated 37 percent of children included in closed investigations within 24 hours (n=151/407) and 62 percent of children included in closed investigations within 48 hours (n=252/407) of a child maltreatment report received by the Hotline.<sup>19</sup>

### ***Historical Information***

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<sup>18</sup> The 64 percent includes 18 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>19</sup> The 62 percent includes nine 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.

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>20</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 which supports increased collaborative problem-solving and decision-making. In addition, investigative social workers and OHI supervisors participated in focused clinical discussions after the close of the 48-hour initiations window to examine any barriers to initiation and to 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-hour or the 48-hour initiating period. The new measure does 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 December 2023, OHI had 43 vacancies comprising 27 social workers, 10 supervisory social workers, and one program manager. This number represents a decrease in vacancies since March 2023, OHI had 46 vacancies (39 social workers, six supervisory social workers, and one program manager). 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, (5) establishing a pipeline of candidates who will be ready for hiring, e.g., social workers waiting for final licensure

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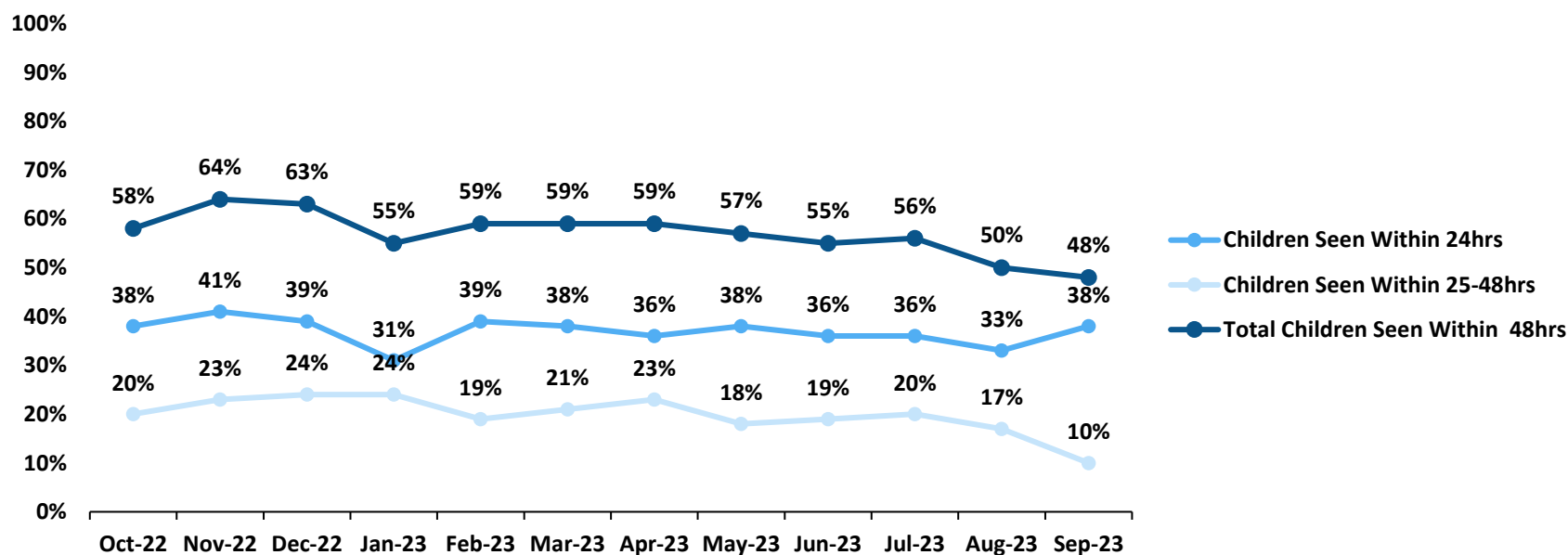
<sup>20</sup> “Good faith efforts” included documentation of multiple attempts at various times over the course of 2 or more days to contact the child and family. When efforts were exhausted and the social worker was still unable to make contact (e.g., secured building, school out of session, or family out of jurisdiction), the good faith efforts applied, and timely initiations were met.

and considerations for relocation, and (6) in May 2023, CFSA received approval by the Board of Social Work to hire individuals with a Bachelors in Social Work (BSW) who are licensed.<sup>21</sup>

### Analysis

The quantitative data shows that performance remained relatively stable throughout the year with performance in 8 months ranging being between 55 percent to 60 percent. At the high end, performance exceeded 60 percent in 2 months (November and December 2022) and was between 48 percent to 50 percent for 2 months (August and September 2023). An overview of performance for each month per the FACES.NET management report is outlined in the figure below. As cited above, during the review, CFSA commonly finds that a few children who are marked on the report as not having been initiated within 48 hours were actually seen within 48 hours and therefore the post-review performance may be slightly higher than listed below.

**Figure 3. Timely Initiations (Pre-Timely Initiations Review) Performance Breakdown, FY 2023**



Source: FACES.NET report INT052

<sup>21</sup> Prior to this, for at least 30 years, CFSA had only hired licensed individuals with a Masters in Social Work to fill any case carrying positions within the Agency. Many states utilize individuals without social work degrees or with Bachelors in Social Work degrees to conduct abuse and neglect investigations, and therefore CFSA petitioned the Board of Social Work to permit individuals with a Bachelors of Social Work and an active license to be hired to complete investigations.

CFSA further examined this data in the 2 months where a qualitative review was completed. In 64 percent (n=383/596) of investigations closed in March 2023, OHI made face-to-face contact with all children within 48 hours; 34 percent of the timely initiations occurred within 24 hours (n=206/596). In 17 percent (n=101) of the investigations (shown in Table 4), OHI made necessary efforts to initiate the investigation even though children were not seen within the 48 hour period. In 62 percent (n=252/407) of investigations closed in June, OHI made face-to-face contact with all children within 48 hours; 37 percent (n=151/407) occurred within 24 hours. Among the children not interviewed within 48 hours, OHI made necessary efforts to initiate the investigation for 15 percent (n=62) of these children, even though contact was not made with all children. OHI 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 were not limited to the following efforts:

- 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>22</sup>
- Obtaining additional family emergency contact information from the schools and daycare providers (when applicable).
- Requesting a diligent search on those families having limited or incomplete demographic information in the referral.<sup>23</sup>
- Contacting the police if safety concerns were identified in the referral.
- Requesting assistance from other shifts to engage the families in attempts to initiating referrals.

There are frequently multiple barriers to initiating investigations within 48 hours as well as multiple efforts to overcome the barrier per referral or child. Unsuccessful initiation of referrals included but were not limited to the following barriers:

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

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<sup>22</sup> Automated Client Eligibility Determination System (ACEDS) of the DC Department of Human Services.

<sup>23</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 information provided at time of intake.
- Parent would not engage with agency.
- Locked building unable to access family.
- Children/family out-of-jurisdiction.
- Lack of staff coverage needed to initial referrals.

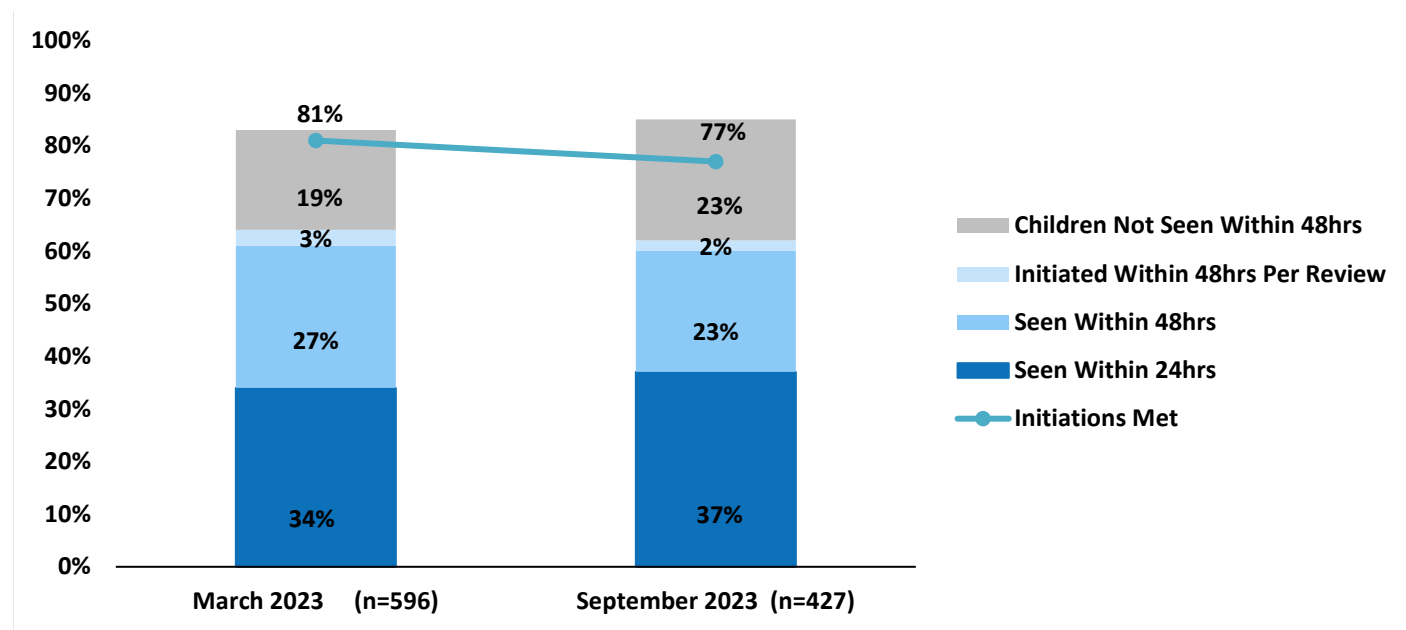
When these barriers are present, if CFSA is not able to interview any of the children in the referral within the 48-hour period, CFSA continues efforts to interview children beyond the 48-hour period. An overview of performance by review period is outlined in the figure below.

**Table 3. Timely Initiations Performance Breakdown, Fiscal Year 2023**

Review Outcome	March 2023 (By Child)	September 2023 (By Child)
All alleged children were seen within 24 hours	206 (34%)	151 (37%)
All alleged children were seen within 25-48 hours	159 (27%)	92 (23%)
All alleged children were seen with 48 hours per qualitative review	18 (3%)	9 (2%)
<b>Total compliance occurred for timely initiations within 48 hours</b>	<b>383 (64%)</b>	<b>252 (62%)</b>
Initiations were met with sufficient barriers and efforts documented, even though contact was not made with all alleged children per the review	101 (17%)	62 (15%)
<b>Total compliance plus sufficient barriers and efforts documented per qualitative review</b>	<b>484 (81%)</b>	<b>314 (77%)</b>
Total non-compliance for timely initiations within 48 hours	112 (19%)	93 (23%)
<b>Total Applicable Children/Referrals for Measure</b>	<b>596 (100%)</b>	<b>407 (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, FY 2023**



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 OHI 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 OHI 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. OHI subsequently identifies next steps to address any identified systemic barriers to timely initiation. The main systemic barriers are the high number of vacancies in the Office of Hotline and Investigations, which impacts an investigative 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.

Given the methodological changes for FY 2022, there were delays in the report accurately reflecting the changes. Since data that reflected the updated methodology was not available until late in FY 2022, it is challenging to compare performance between 2022 and 2023. Despite

the staffing crisis within CFSA's Office of Hotline and Investigations, practice for initiating referrals has remained stable at 60 to 64 percent during this reporting fiscal year during months where a qualitative review was completed. Given the nuanced circumstances and unique barriers to timely initiation for each child and family, CFSA's Office of Hotline and Investigations 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 Closure**

### **Measure**

OHI investigations will be completed within 35 days or within the approved extension timeframe.

### **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. There is no performance target set for this measure at this time. Extensions are available for 15 days, and most reasons are eligible for a total of two extensions. Any involvement with law enforcement or a child fatality are both eligible for an unlimited number of extensions.

### **FY 2023 Performance**

OHI closed a monthly range of 38 to 62 percent of investigations within 35 days.

### **Historical Information**

The timely completion of quality investigations is pertinent to the assessment of safety and the accuracy of a final investigative decision. 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 OHI social workers with various core and collateral contacts, as well as other investigative stakeholders.

In 2018, CFSA evaluated OHI social worker staff capacity in comparison with OHI caseloads and staff leave. The results demonstrated a significant need to increase the total number of full-time OHI investigative social workers. This increase would provide relief for the strain on

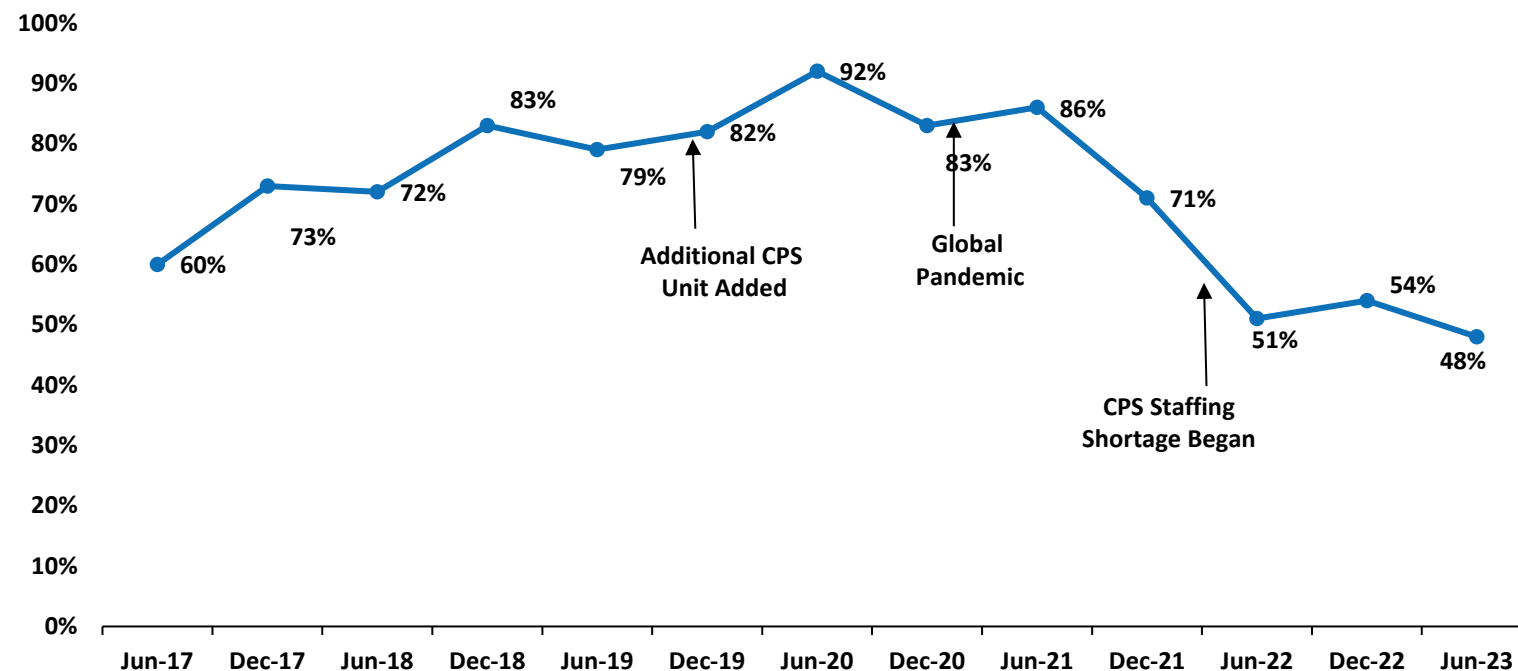


personnel resources and allow more capacity for OHI to access adequate investigative resources when social workers are out of the office, both for planned and unplanned leave. Increased social worker capacity and lower caseloads directly and positively impact the timeliness of closed investigations.

The Agency implemented the recommendation to increase OHI capacity in FY 2018, adding over 50 additional social workers to OHI 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 through 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 OHI 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, OHI was allotted a total of 201 full-time social workers, including supervisory social workers in addition to investigative social workers. However, OHI was able to fill only 117 of these positions, creating a 42 percent staffing shortage that immediately impacted the ability to close investigations in a timely fashion.

**Figure 5. Timely Closures of OHI Investigations, June 2017-June 2023**



Source: CFSA Administrative data and FACES.net report INV004

**Analysis**

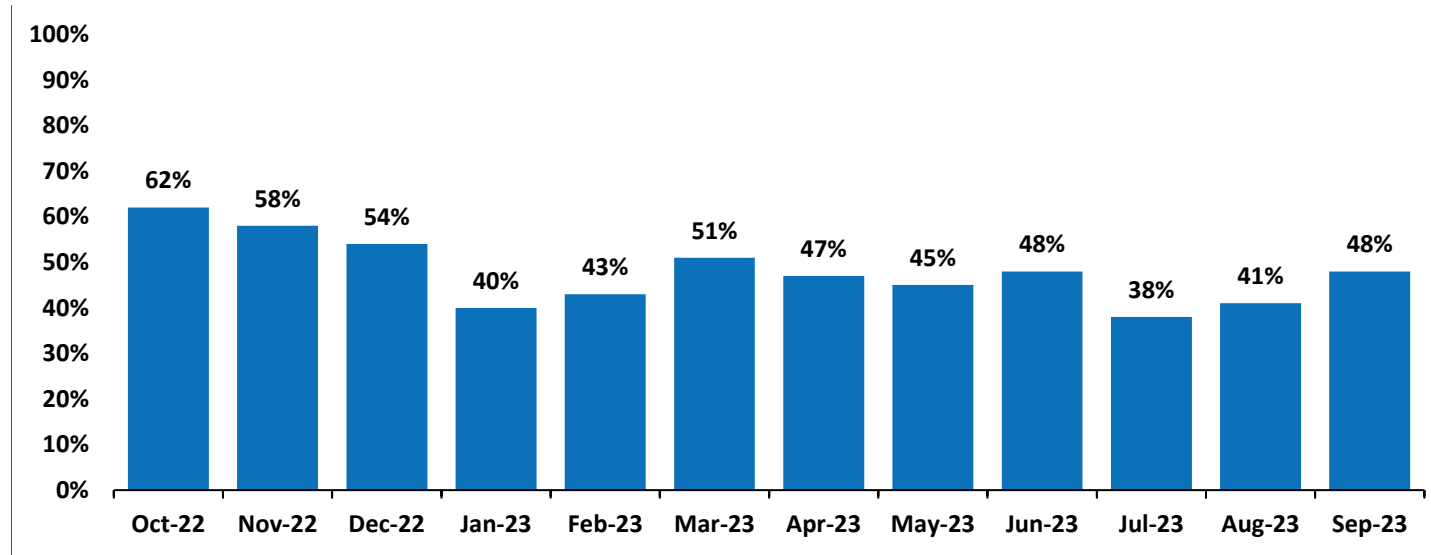
During the FY 2023 monitoring period, monthly performance ranged from 38 to 62 percent of investigations closing within 35 days. Due to ongoing employee retention issues related to the pandemic, CFSA in general and OHI specifically continued to struggle with lower numbers of staff. As of December 2023, OHI had 43 vacancies comprising 27 social workers, 10 supervisory social workers, and one program manager. This number represents a decrease in vacancies since March 2023 when OHI had 46 vacancies comprising 39 social workers, six supervisory social workers, and one program manager. At present, OHI is still understaffed, resulting in OHI social workers being tasked with higher caseloads, which impacts again the timely assignment and timely completion of new referrals. These challenges continue to effect equitable, manageable caseloads. Staff shortages also impede social workers’ ability to complete all necessary tasks to achieve the timely closure of investigations. Access to required information (e.g., educational and medical documentation) is arduous because school and medical office

staff are not as easily available as they were during pre-pandemic reporting periods due to their own varying capacity issues. Further, the need to team with outside stakeholders, such as law enforcement, has also been affected by internal and external staff capacity. These pertinent challenges to accessing resources delay closures of investigations, especially with regard to collaborative efforts to achieve timely investigation closures. OHI has implemented the following strategies to combat the shortfalls that these issues have caused both to caseloads and to the timeliness of investigation closures.

1. **Exceeding Review and Support:** Leadership (program administrators and program managers) hold regular Exceeding Review and Support staffings where social workers and supervisory social workers can present cases that are exceeding deadlines or are at-risk of staying open beyond deadlines. This practice supports an individualized, clinical approach to closure and works especially well for “outlier” cases in which the challenges to closure are extraordinary or somehow unusual compared to most investigations.
2. **Type-and-Close Tracking:** Leadership has worked with specific social workers to identify and track Type-and-Close cases, which are cases in which all clinical and investigative work is complete but for which entering documentation presents a challenge due to the time needed to complete documentation. Individualized support, guidance, and tracking of these cases has helped close many of the investigations that have been open the longest.
3. **Use of Family Support Workers (FSWs):** Applications for social worker positions remain very low. However, OHI hired over 10 FSWs in Fall 2023. Those FSWs have begun supporting the Office of Hotline and Investigations (OHI) by completing designated, non-clinical tasks that are required in order for cases to close. Incorporating FSWs helps lighten the workload for each investigation, which facilitates faster closure.

To improve future performance, there is weekly clinical supervision with program managers for referrals that are reaching day 30 and beyond. OHI has continued to implement recruiting strategies to increase staff as well as hiring a recruiter dedicated to hiring social work staff.

Figure 6. Timely Closures of OHI Investigations, October 2022-September 2023



Source: FACES.net report INV004

### Conclusion

N/A, no performance target has been 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 investigative practice for a statistically significant sample of OHI 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 witnesses, including the alleged child victim, non-victim children who live in the home, alleged maltreater, and reporter; (2) interviews with collateral witnesses who may have information relevant to the allegations, e.g., law enforcement, other adults in the home, relatives, or

neighbors; (3) a collection of information regarding the child’s health and educational status; (4) an assessment of safety and risk; and (5) identification of, and linkage to, services to prevent separation of children from their home.

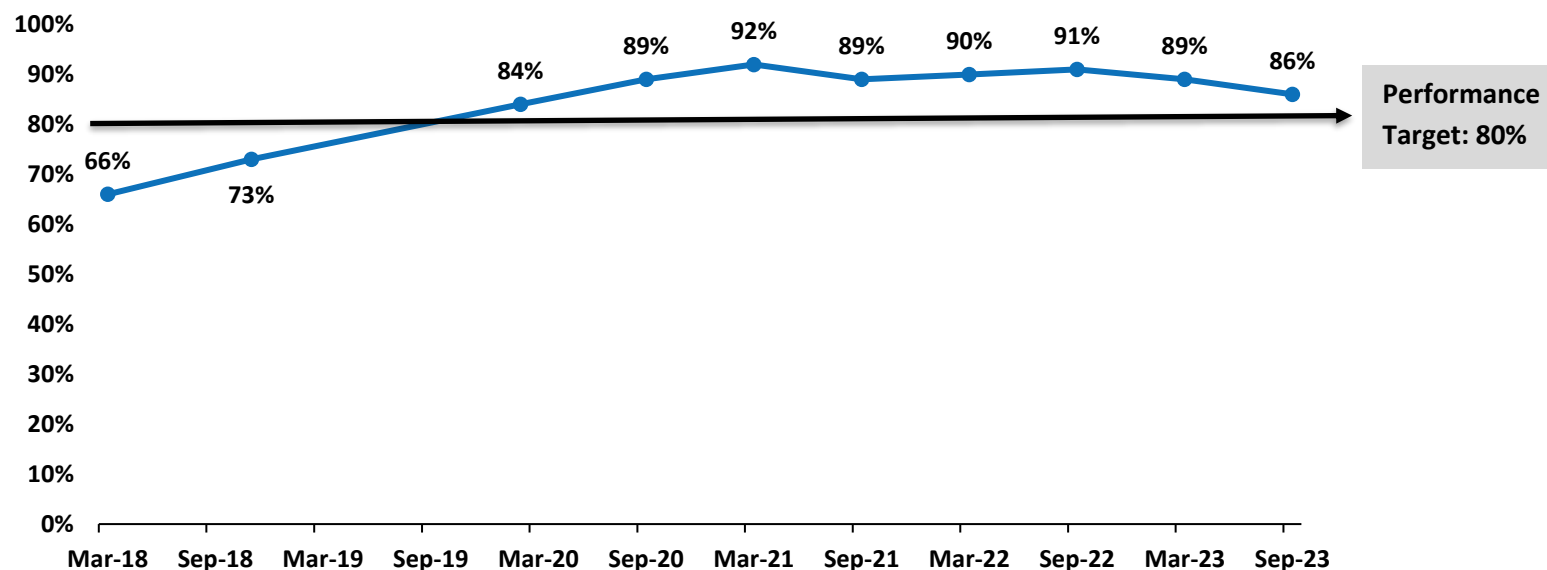
### 2023 Performance

Two qualitative reviews were conducted during 2023. Of the investigations that closed in March 2023, **89 percent** (156 out of 176) were of acceptable quality, and **86 percent** in September 2023 (114 out 133) 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 cases that closed in October 2012 indicated that 62 percent of the investigations demonstrated acceptable quality (n=136/219). CFSA began to see an upward trajectory of performance beginning in 2018, compared to a consistent history of not meeting the target. Performance has significantly improved in recent years, both reaching and exceeding for the first time the required level of performance of 80 percent in January 2020.

**Figure 7. Closed Investigations of Acceptable Quality, Mar. 2018 – Sep. 2023**



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 meet the required performance target of 80 percent for the last four monitoring periods with variation of 1 to 5 percent from the peak performance in March 2021. Of the 20 investigations determined to be not of acceptable quality in March 2023, the two most frequent reasons included one or more key collateral contacts not being interviewed (n=19), and information obtained during interviews with core contacts being insufficient (n=11). Of the 19 investigations determined to be not of acceptable quality in September 2023, the two most frequent reasons included one or more key collateral contacts not being interviewed (n=12), and one or more core contacts not being interviewed (n=8). In all qualitative reviews that were rated as “not acceptable”, reviewers could identify multiple reasons for unacceptability. In both of the 2023 qualitative reviews, one or more key collateral contacts not being interviewed was noted as a top reason of unacceptability. CFSA has continued to exceed the acceptable investigations standard during 2023 despite a significant social worker shortage. While the social worker shortage has impacted achievement of the OHI caseloads, as well as timely initiation and timely closure measures, the results of these qualitative reviews demonstrates that expectations for acceptable 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 shall be referred to an appropriate Collaborative or community agency for follow-up after having been the subject of a report of abuse and neglect and whose circumstances allow for a child to remain in their care at low or moderate risk of abuse and neglect, and who need and agree to additional supports. There was no performance target set for FY 2023, 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 random sample (n=160) of investigations that closed in July and August 2023 with a low or moderate risk assessment level.<sup>24</sup> From this sample, Quality Assurance and program staff counted those investigations with a referral tracked in the Community Portal (n=24) as compliant with the measure and not subject to further review.

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<sup>24</sup> The sample utilized a 95 percent confidence interval and +/- 5 percent margin of error.

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=22). Reviewers considered those investigations as not compliant with the measure.

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 2023 Performance***

In July and August 2023, CFSA submitted referrals for services for **51 percent** (n=34/67) of families who needed and agreed to services at the closing of a OHI investigation and who had a low or moderate risk level.

### ***Historical Information***

The last review examined families with OHI investigations closed in March and April 2022. During this review, 55 percent (n=30/55) of families with a low or moderate risk level who needed and agreed to services received referrals for those services.

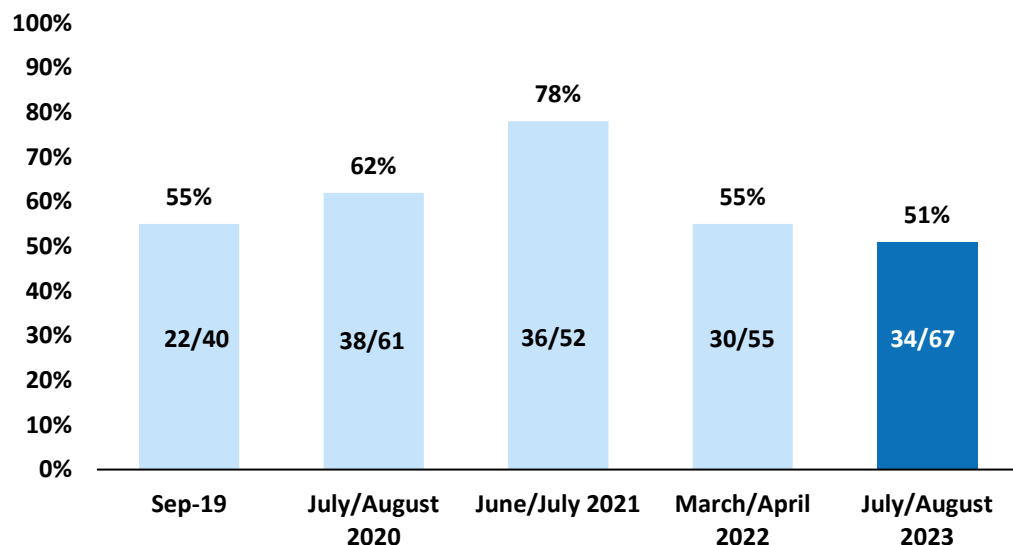
### ***Analysis***

Of the 160 investigations reviewed, 62 were excluded from the sample due to the investigative social worker, family or reviewer identifying that the family did not have any service needs. Reviewers excluded another 30 referrals due to the social worker identifying a service need but the family refusing to participate in the identified service. An additional four surveys also indicated that the family refused to participate in services; however, reviewers did not exclude these families from the sample due to those surveys indicating that a reviewer also identified a service need.

After exclusions, the denominator (n=67) comprises the 43 investigations that were subject to analysis by reviewer survey in addition to the 24 investigations in which a needed service referral was verified through the Community Portal. The numerator (n=34) is the number of

reviewed investigations in which documentation indicated a needed service referral was made by the social worker (n=10), combined with the confirmed service requests from the Community Portal (n=24).<sup>25</sup> Although these results are a 4 percentage-point decrease from the prior review completed in March and April 2022, variations of percentages were small due to the small n for each year reviewed, which may not necessarily show a trend of decreasing performance.<sup>26</sup>

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



Source: CFSA Administrative Data

Of the 33 investigations reviewed that did not meet the performance expectation, reviewers found service needs that were not identified by the family or social worker during the investigation in 67 percent (n=22/33) of the investigations. In an additional 11 referrals (33 percent), either the family or social worker had identified a need however the documentation did not demonstrate that the corresponding referral for service was made. Mental health services both for children (n=8) and for adults (n=7) were the most identified unmet needs for families,

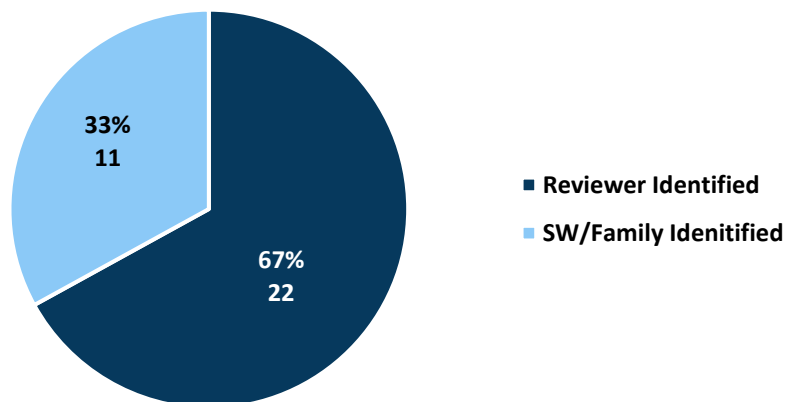
<sup>25</sup> The Community Portal is a shared database between CFSA and the Collaboratives that was introduced in October 2019 with the advent of Family First.

<sup>26</sup> Although reviewers completed surveys for a scientifically significant number of applicable investigations, many were eliminated from the final analysis, which resulted in a low n for reporting this measure.



mirroring the top identified needed services in the last three reviews (2020-2022). In the 22 surveys in which the reviewer found an unmet service need, 11 (50 percent) were identified as having families in need of parenting support and skills.

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



Source: CFSA Administrative Data

**Conclusion**

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

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

**Measure**

Of all families with a closed Collaborative case, **90 percent** will not have had a substantiated repeat report for up to 6 months post-case closure.

**Methodology**

The Office of Thriving Families 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>27</sup> Therefore, the base year is the prior fiscal year to ensure that the six months has passed regardless of whether the Collaborative closed the case in the beginning of FY 2023 or the very end of FY 2023.

### ***FY 2023 Performance***

Overall, 91 percent (n=333/367) of families whose Collaborative case closed in FY 2022 did not have a substantiated repeat report for up to 6 months post-case closure.

### ***Historical Information***

In August 2021, CFSA determined that only 6 percent (n=13 families) of all Front Porch and Front Door families who had a Collaborative case close in FY 2020 also had a OHI 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 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 FY 2021, only 8 percent of families had a substantiated repeat report within 6 months of the Collaborative case closure.

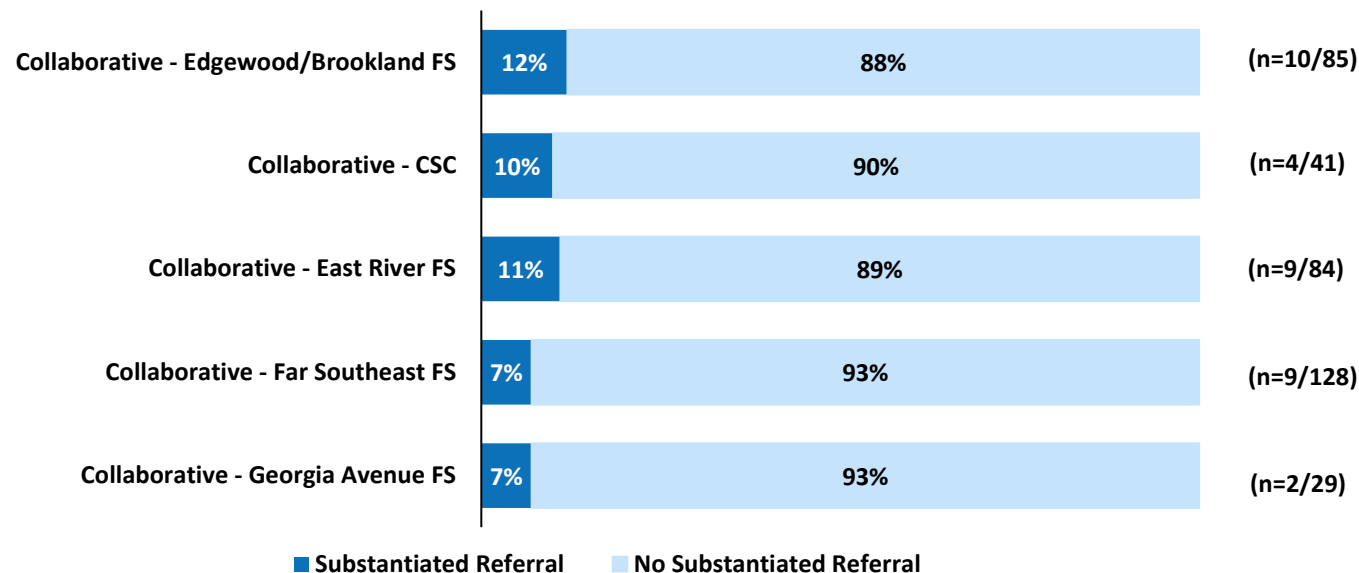
### ***Analysis***

Overall, CFSA continues to meet this performance measure. There was nominal improvement in the percentage of families who returned to CFSA's attention within 6 months of a Collaborative case closure, decreasing from 8 percent in FY 2021 down to 7 percent in FY 2022. The Edgewood/Brookland Family Strengthening Collaborative (Ward 5) had the highest likelihood of substantiation within 6 months with 12 percent of families having a new substantiation (10 families had a new substantiation out of a total 85 families with a case closed in FY 2022). The Collaborative Solutions for Communities (CSC) (Ward 1, 4 families with a new substantiation out of a total 42 cases closed during FY 2022) and East River Family Strengthening Collaborative (Ward 7, 9 families with a new substantiation out of a total 84 cases closed during FY 2022) were also more likely to return to CFSA's attention than families served by the Far Southeast (Ward 8, 9 families with a new substantiation out of a total 129 families with a case closed in FY 2022) and Georgia Avenue Collaboratives (Ward 4, 2 families with a new substantiation out of a total 29 cases closed in FY 2022). The CSC and East River Family Strengthening Collaborative, respectively, had 10 and 11 percent of families with a new substantiation within 6 months of the Collaborative case closure. It is important to note some limitations with the current metric. There are widely different number of cases referred to and closed by the collaboratives each year. In FY 2022, there was a range of 29 cases closed by Georgia Avenue Collaborative up to 129 cases closed by Far Southeast. Therefore, it is important to not put too much focus into comparing the results by collaborative and is instead more important to look at the overall rate of new substantiations.

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<sup>27</sup> The Office of Thriving Families uses the Levenshtein algorithm to measure the similarities between family names, and then identifies the matches across datasets.

**Figure 10. New Substantiations Among Collaborative Cases Closed in FY 2022**



Source: CFSA Administrative and Collaborative Data

**Conclusion**

CFSA considers this measure **achieved**.

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

**Measure**

Of all families being monitored with all children remaining in their home, **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 CCM&S 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.

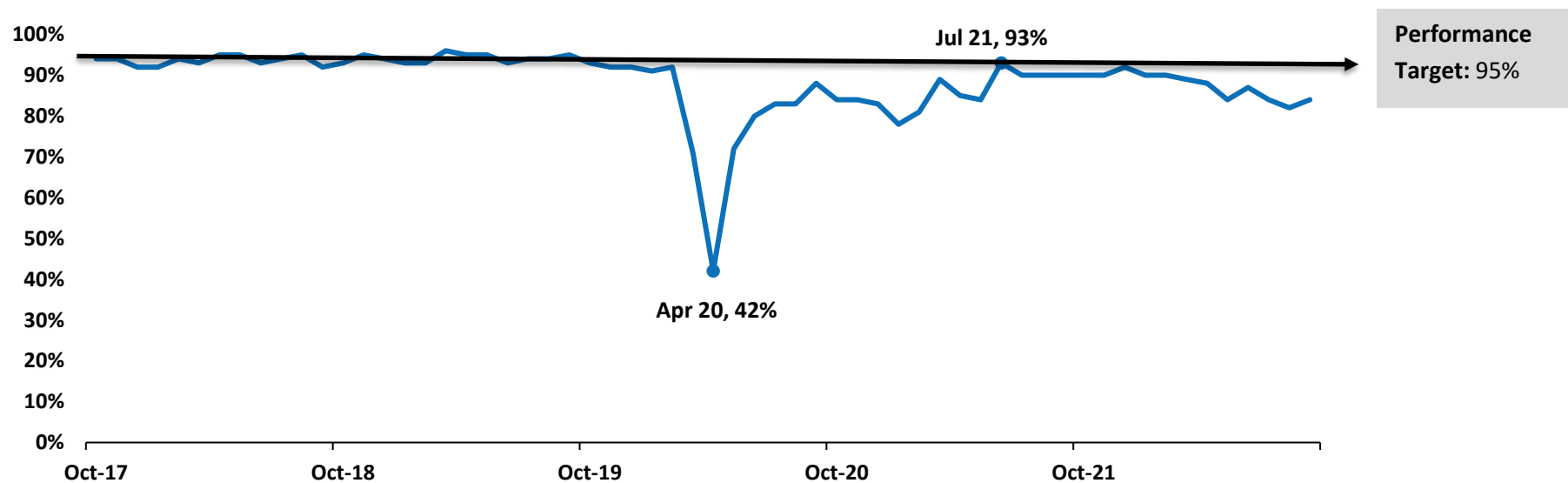
**FY 2023 Performance**

Between October 2022 and September 2023, the monthly performance for completing the first visit ranged between **84 percent** and **90 percent**. For the second visit, monthly performance ranged between **75 percent** and **84 percent**.

**Historical Information**

For the first visit, leading up to the pandemic, CFSA hovered at or near the target. 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 through September 2022**

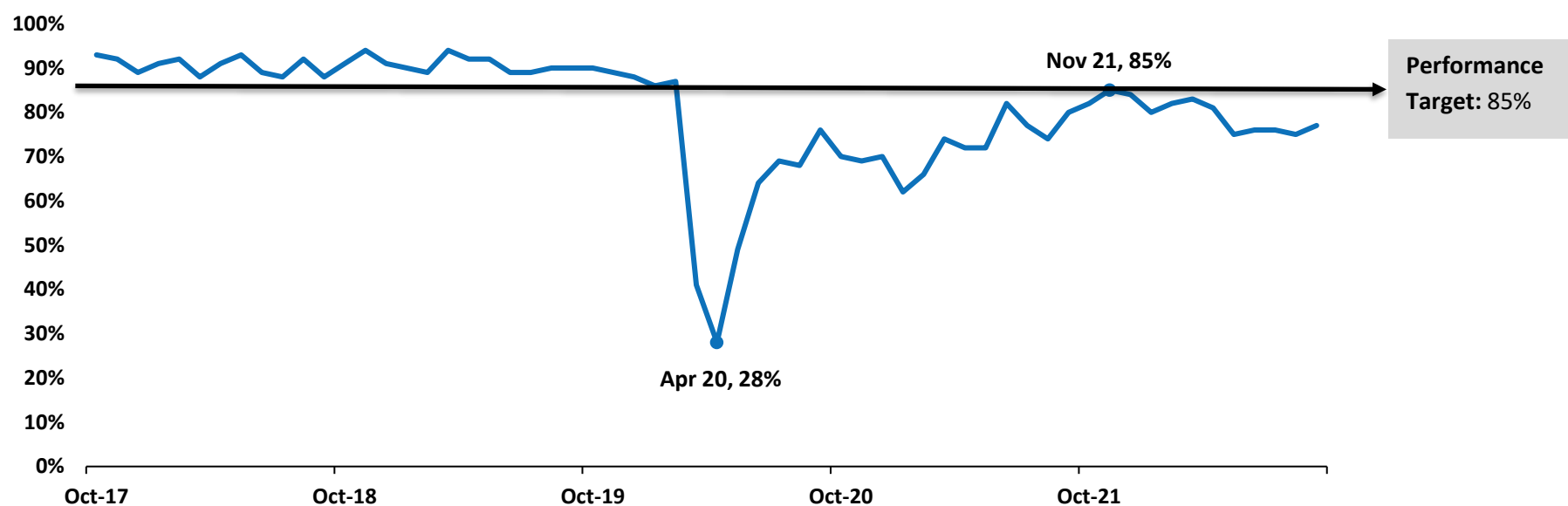


Source: FACES.NET management report CMT166

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 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 target.

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



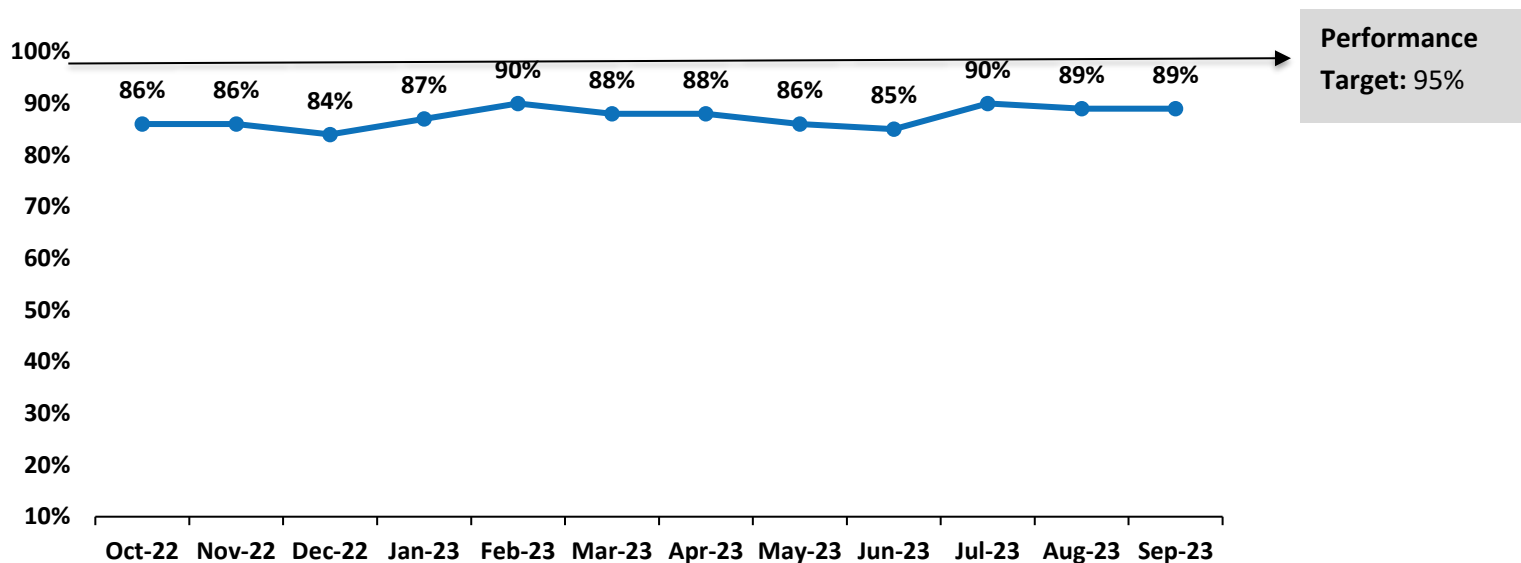
Source: FACES.NET Management Report CMT166

Looking at all responses for the months between May 2021 and September 2022, the most common barrier to completing a visit with a family receiving in-home services was engagement. These challenges included social workers who were unable to complete visits either because (1) the family either did not communicate or engage with the social 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 had an operable phone thereby preventing contact and subsequent access to the home.

### Analysis

For the period of analysis (October 2022 through September 2023), target performance was very consistent throughout the 12 months. The most common barriers to completing visits remain the same issues with adequate family engagement and social worker time management. The In-Home CCM&S Administration continues to use the tip sheet developed to assist social workers with creating and maintaining engagement and communication with the families as well as steps to take when engagement and safety measures are unsuccessful. One of those tools is the use of the community papering process.

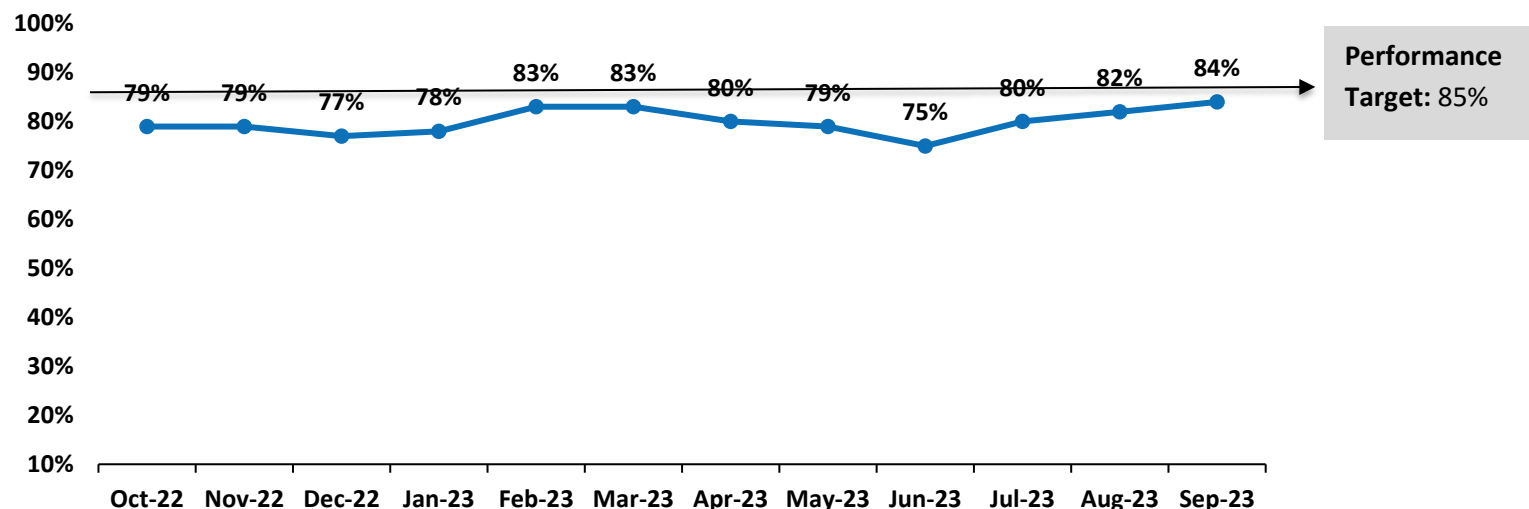
**Figure 13. Families visited by the Social Worker in the home at least once, October 2022-September 2023**



Source: FACES.NET Management Report CMT166

The In-Home CCM&S Administrations continue to deal with time management barriers, which adversely affects timely and consistent family engagement. The In-Home CCM&S implemented more teaming and engagement support amongst the units to assist with time and effective engagement improvement.

Figure 14. Families visited at least twice with one visit in the home, October 2022-September 2023



Source: FACES.NET Management Report CMT166

### Conclusion

CFSA considers this measure not achieved.

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

### Measure

Of all cases reviewed in the annual QSR sample, **80 percent** 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 and Family Status), and *Planning Interventions: Safety and Protection* (under the protocol domain of System Performance). For performance to achieve this measure, QSR specialists must assess, determine, and rate both indicators as acceptable. (The QSR 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.

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 performance target, reviewers examine social work practice and performance. Reviewers use the interviews and documentation to assess practice.

### ***FY 2023 Performance***

QSR specialists rated **81 percent** (n=46/57) 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 social workers. Therefore, CFSA included this measure in the 2010 Implementation and Exit Plan. While still under the lawsuit, CFSA worked together with the Center for the Study of Social Policy (CSSP) 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, again in partnership with CSSP, CFSA revised the methodology in 2019 to include the QSR ratings. As noted, QSR ratings are based both on the review of documentation and on interviews with social workers, children, parents, and other key stakeholders. This revised methodology continues and more accurately assesses practice performance.

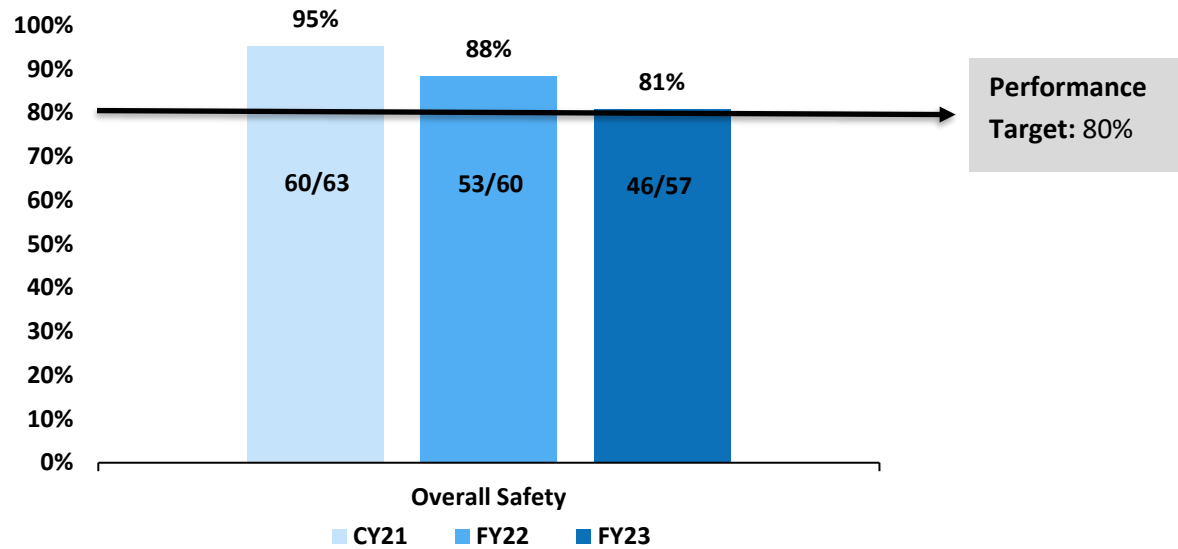
CFSA has exceeded the target of 80 percent from CY 2021 to FY 2022 for In-Home cases. In CY 2021, the QSR Unit reviewed 63 In-Home cases. Of these cases, reviewers rated 95 percent (n=60) as acceptable for both indicators. Likewise, in FY 2022 the QSR Unit reviewed 60 In-Home cases. Of these cases, reviewers rated 88 percent (n=53) as acceptable for both indicators.

### ***Analysis***

There has been a decline in performance for In-Home from CY 2021 to FY 2023. In FY 2022, In-Home had a 7 percentage-point decrease from CY 2021. In FY 2023, In-Home had a 7 percentage-point decrease from FY 2022.

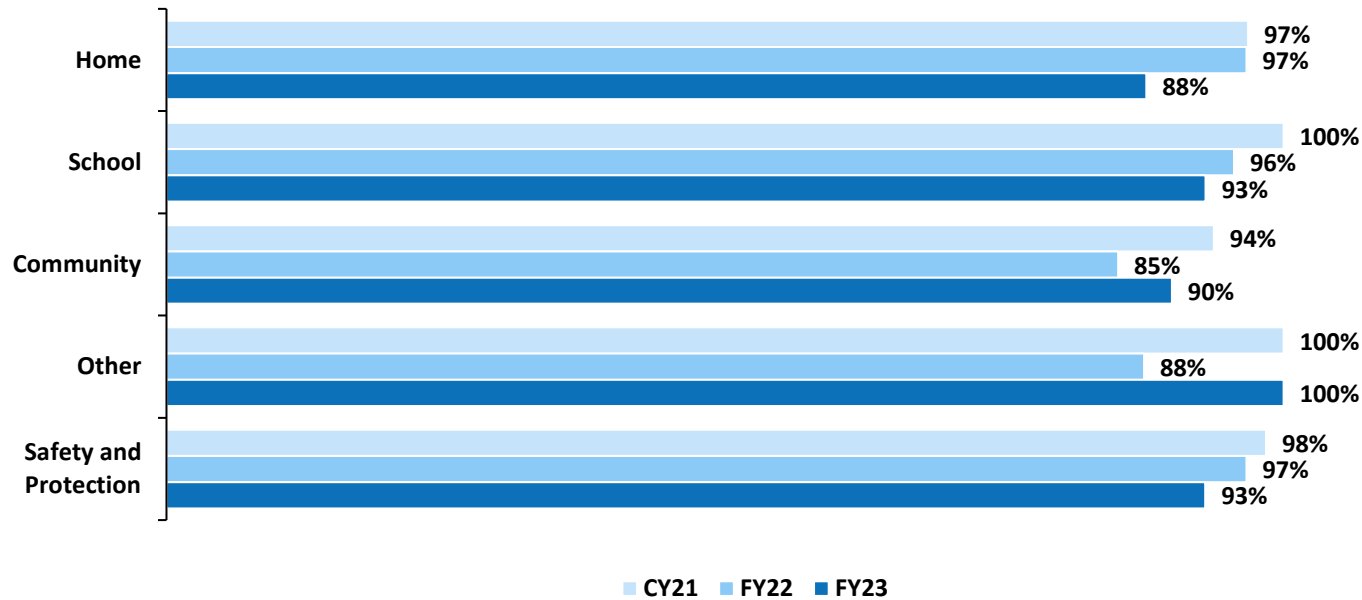


Figure 15. In-Home Safety Assessments, 2021-2023.



The decrease in FY 2023 was due to the overall ratings' decline in three Child Status domain indicators: *Safety in the Home, School, and Community*. For example, in FY 2022, reviewers rated 97 percent (n=58/60) of In-Home cases as acceptable for the indicator *Safety in the Home* whereas in FY 2023, reviewers rated 88 percent (n=50/57) of In-Home cases as acceptable. While there has been a decline, the data continue to show that CFSA social workers regularly assess for and ensure children's safety. The category of "other" includes any other setting that children regularly go to, such as weekend visits with a family member or non-custodial parent.

Figure 16. In-Home Safety Assessments by Subpart, CY 2021 – FY 2023



Source: Quality Service Reviews manual data, 2021-2023

**Conclusion**

CFSA considers this measure **achieved**.

**8. New Reports 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 CCM&S Administration from October 1, 2022 through September 30, 2023.

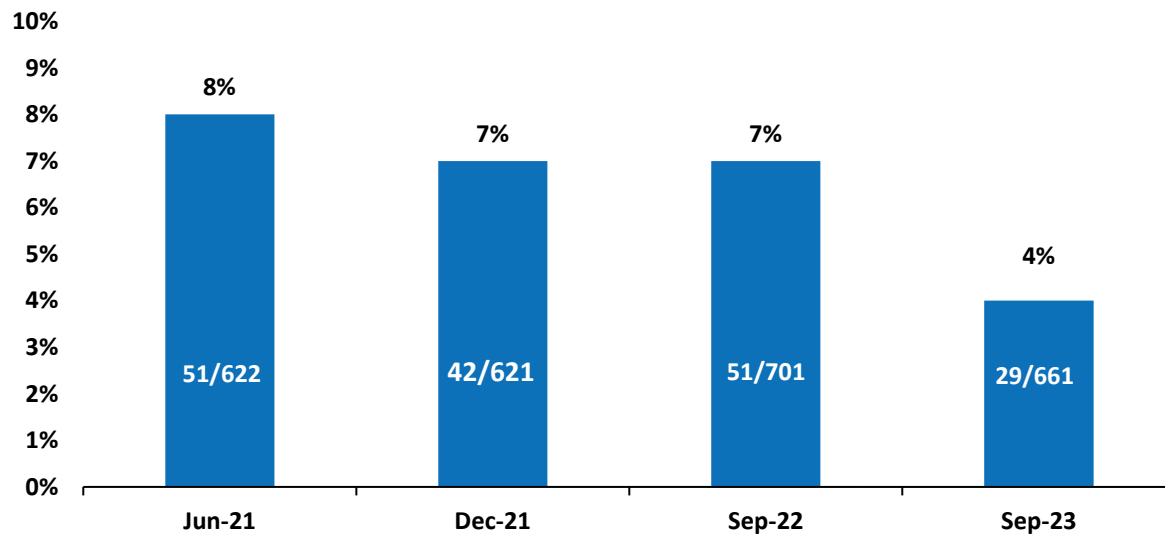
### FY 2023 Performance

Of the open In-Home cases during October 1, 2022 through September 30, 2023, **4 percent** (n=29/661) experienced a new substantiated investigation during the open case.

### Historical Information

During January through September 2022, 7 percent (n=51/701) of open In-Home cases experienced a new substantiated investigation during the open case. This number was consistent with the previous two reporting periods.

**Figure 17. Percentage of new Substantiated Referrals for In-Home cases, June 2021-September 2023**



Source: FACES.NET management report CMT404

Data methodology changed in January 2021 to include the cumulative number of families served by the In-Home CCM&S 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 CCM&S Administration during designated time frames. 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 the case first opening and the referral that led to additional substantiated findings. During October 2022 through September 2023, 4 percent (n=29/661) of open In-Home cases experienced a new substantiated investigation during the open case. Three families experienced more than one substantiated allegation during the time frame. No family experienced more than two substantiated allegations. Therefore, when looking at duration between the case assignment and the new referral being received, the denominator reflects a total of 32 referrals.

For 44 percent (n=14) of the new referrals, the report was received by the Hotline within 1 day to 3 months of case assignment. Of the 14 new referrals within that time frame, 50 percent (n=7) included a report received by the Hotline within the first month of the case opening. At that point during the family’s involvement with the Agency, the social worker would have still been working to build rapport with the family, assess family needs, and modify the case plan with the team to assist the family in completing their case plan goals successfully. The Hotline received 41 percent of the remaining new referrals within 4 to 12 months of the case opening. The Hotline received five referrals (16 percent) at the 13-month mark or later after case assignment.

This distribution of new substantiated referrals differs slightly from prior years. Previously, the Hotline received a slightly higher percentage of the new referrals within 1 day to 3 months of case opening (58 percent in FY 2022 compared to 44 percent in FY 2023). Fewer of the new referrals were received at the 13-month mark or later after case opening (7 percent in FY 2022 compared to 16 percent in FY 2023). The Hotline received a similar percentage of new referrals within 4 to 12 months of the case opening (35 percent in FY 2022 compared to 41 percent in FY 2023).

**Table 4. Length of Time between Case Opening and New Substantiated Referrals for Families served by CFSA In-Home CCM&S Administration, October 2022-September 2023**

Timeframe	# of referrals	% of referrals
0-3 months	14	44%
4-6 months	6	19%
7-9 months	5	16%

10-12 months	2	6%
13+ months	5	16%
<b>Total</b>	<b>32</b>	<b>100%</b>

Source: FACES.NET management report CMT404

Any new maltreatment finding while a current case is open prompts the In-Home team to complete a reassessment of the family and to determine how the new findings impact child safety and case planning. The In-Home team further assesses whether the new concerns increase danger to the child, or whether the new findings correlate to challenges with family engagement. The In-Home team will also determine if additional strategies need consideration, such as community papering and subsequent court involvement. In those cases, children may remain at home under the legal status of protective supervision. In addition, during all OHI investigations, the investigative social worker will complete the evidence-based standard decision-making (SDM<sup>®</sup>) risk assessment tool. If the family’s risk level increases due to the investigation findings, the frequency of the In-Home team’s monthly contact (i.e., level of service) can also increase.

**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>28</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 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. In addition, if youth come into care and presented specific mental or behavioral health concerns that have impeded success in a traditional foster care setting, the Agency also has professional resource parents who contract directly with the agency and have additional training to provide specialized foster care to youth. Based on the unique needs of children with adverse childhood and traumatic experiences, CFSA requires that no professional resource parent 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.

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>28</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>29</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>30</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:

- 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 measures were not achieved during this performance period:

- Sibling Visits
- Emergency Shelter
- Overnight Stays
- Placement of Young Children in Most Family-Like Setting+

The following six measures do not have a performance target set at this time:<sup>31</sup>

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<sup>29</sup><https://cfsa.dc.gov/publication/program-placement-matching>

<sup>30</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).

<sup>31</sup> Please refer to the explanation of RTS on page 11.



- Family Engagement with their Children
- Family Engagement with the Agency
- 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 FY 2019 through FY 2023, CFSA had a 38 percent decrease in population (n=796 and n=496, 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.

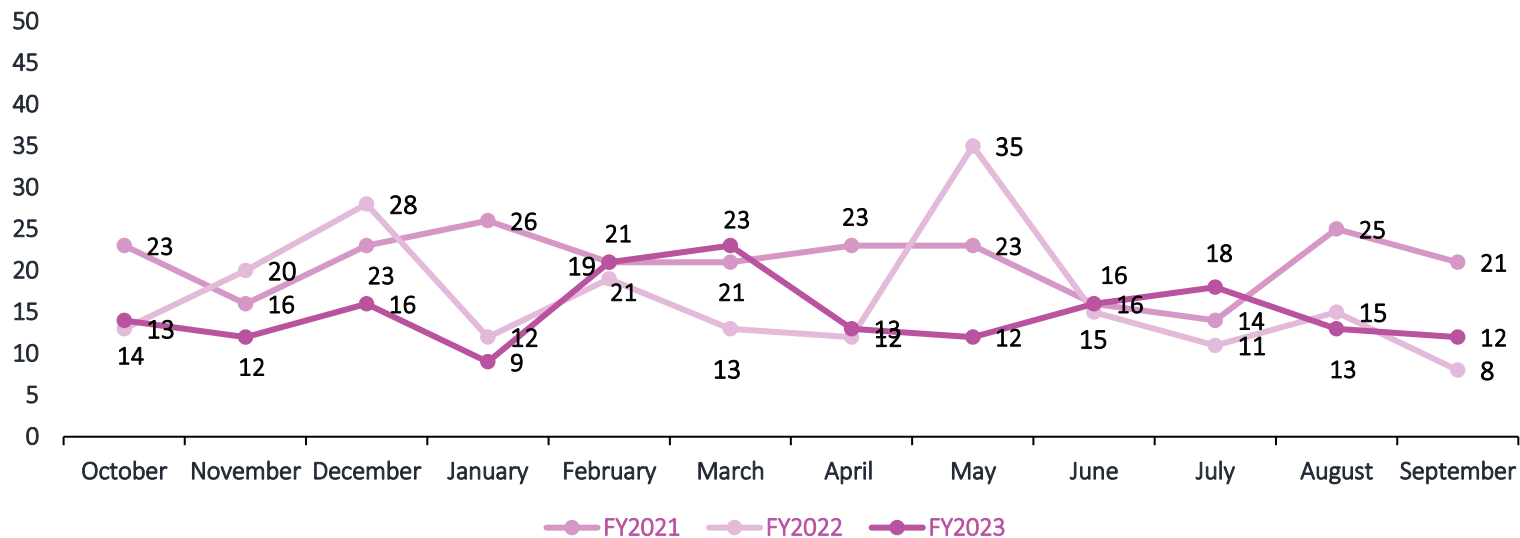
**Figure 18. Children in Out-of-Home Placement as of FY 2019-FY 2023**



Source: FACES.NET report CMT232

The figure below shows the trends of entries and re-entries into care for fiscal years 2021 through 2023. In total, 2023 saw the lowest entries and re-entries into care at 179. Average monthly performance for entries and re-entries into foster care was 21 entries/re-entries per month in 2021 with a decline to 15 entries/re-entries per month by 2023.

**Figure 19. Entries to Foster Care in FY2021-FY2023**



Source: FACES.NET report PLC155

The table below shows basic demographic information for the children in Out-of-Home care as of September 30, 2023. Of the 496 children where race data is reported, African American children account for 90 percent of all children in foster care, overrepresented in the DC foster care system when compared to the 2022 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>32</sup> The two largest age groups of children are children between the ages of birth to 5 (28 percent) and 13 to 17 years old (27 percent).

<sup>32</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>

**Table 5. Demographics of Children in Out-of-Home Care FY 2023**

Gender	Number	Percent
Female	267	54%
Male	229	46%
<b>Total</b>	<b>496</b>	<b>100%</b>
Race	Number	Percent
Black or African American	446	90%
White	17	3%
American Indian/Alaskan Native	4	1%
Asian	2	>1%
Native Hawaiian or Other Pacific Islander	1	>1%
No Race Data Reported	26	5%
<b>Total</b>	<b>496</b>	<b>100%</b>
Ethnicity	Number	Percent
Non-Hispanic	338	68%
Hispanic	71	14%
Unknown	87	18%
<b>Total</b>	<b>496</b>	<b>100%</b>
Age Group	Number	Percent
Birth to 5	137	28%
6 to 12	117	24%
13 to 17	135	27%
18 to 20	107	22%
<b>Total</b>	<b>496</b>	<b>100%</b>

Source: FACES.NET reports PLC010, PLC156 as of September 30, 2023

Of the children separated from their homes of origin, 56 percent of these children were residents of Wards 7 and 8.<sup>33</sup> Conversely, the Wards with the smallest number of removals are Ward 2 (n=5), and Ward 3 (n=7); 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**

Of all children in out-of-home care, **95 percent** 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>34</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 out-of-home care. Children in the following categories are excluded from this measure: children in care for less than 8 days, children placed more than 100 miles from the District, and children in missing, absent, or runaway status for the entire month.

The management report supporting this indicator was fully updated in August 2022.

### **FY 2023 Performance**

During the October 2022 to September 2023 timeframe, the performance target for children receiving monthly visits by their social worker was met for 10 out of the 12 months. The range of performance for this measure was from **93 percent to 98 percent**. During this timeframe, the number of social workers completing visits at the child's residence exceeded the target for each month in FY 2023. The range of performance for this measure was from **77 percent to 84 percent**.

### **Historical Information**

This methodology was newly introduced in FY 2022. The timeframe captured according to the new methodology was January 2022 through September 2022. During the January 2022 to September 2022 timeframe, the performance target for children receiving monthly visits by

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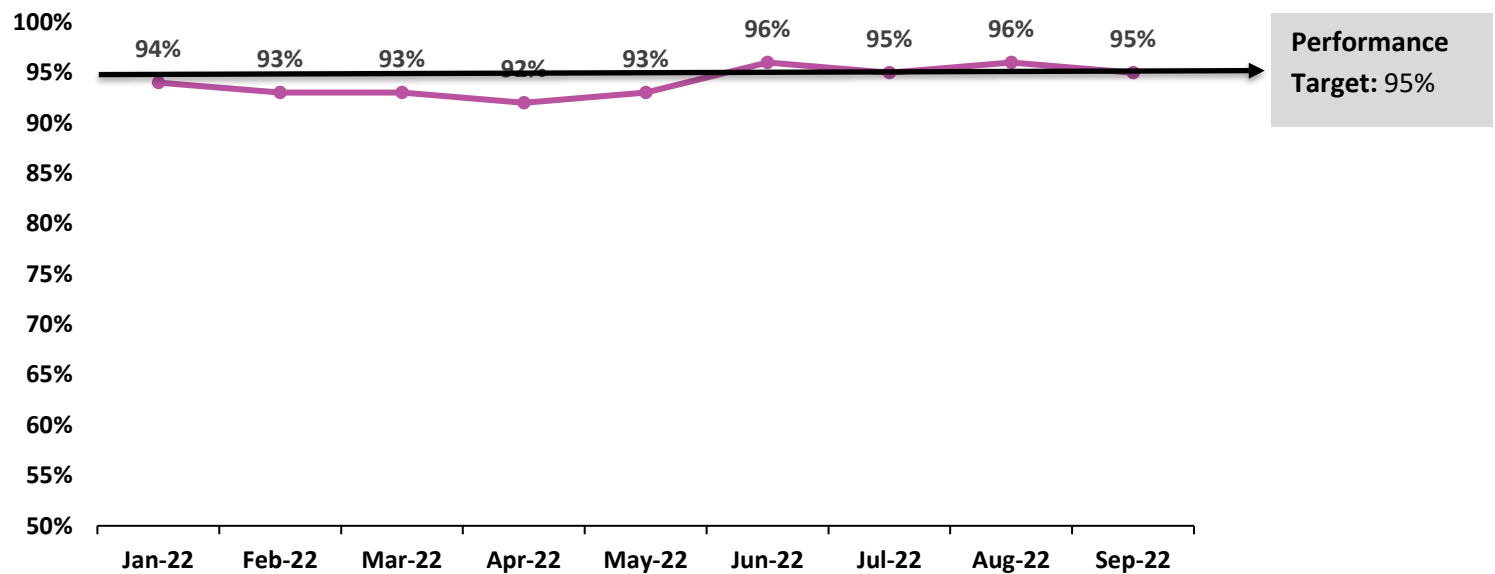
<sup>33</sup> D.C. ward boundaries were updated effective January 5, 2022. If an address was entered into FACES.NET after January 5, 2022 it is reflective of the new ward boundaries. Addresses entered pre-January 5, 2022 reflect the old ward boundaries.

<sup>34</sup> [Social Security Act Section 424](#)

their social worker was met for 4 out of the 9 months. The range of performance for this measure was from 92 percent to 96 percent. Also, during this timeframe, the number of social workers completing visits at the child’s residence exceeded the target of 50% for all 9 months. The range of performance for social workers completing visits at the child’s residence ranged from 86 percent to 92 percent.

For monthly visits by social workers to children in out-of-home care, the performance during the first half of the year fell between 1-3 percentage points short of the target. Program managers reported that a challenge during the first several months was the FACES.NET management report and internal Tableau dashboard not yet being updated to reflect the updated visitation requirements. Weekly supervision and the updated reports and 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.

**Figure 20. Completion of Monthly Visits by the Social Worker, January 2022 – September 2022**

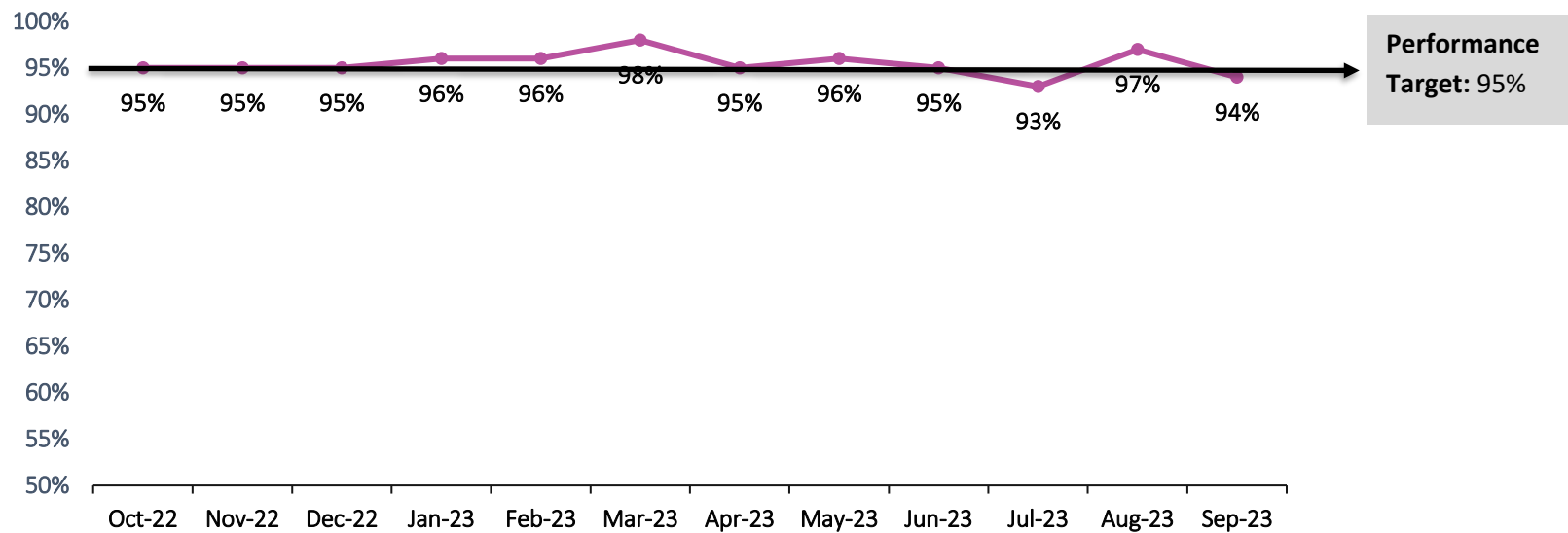


Source: FACES.NET management report CMT165

### Analysis

In FY 2023, the Agency achieved the expected performance for completion of social worker visits to children in out-of-home care for 10 months of the review period, and during each month from October 2022 to June 2023.

**Figure 21. Completion of Monthly Visits by the Social Worker, October 2022 – September 2023**



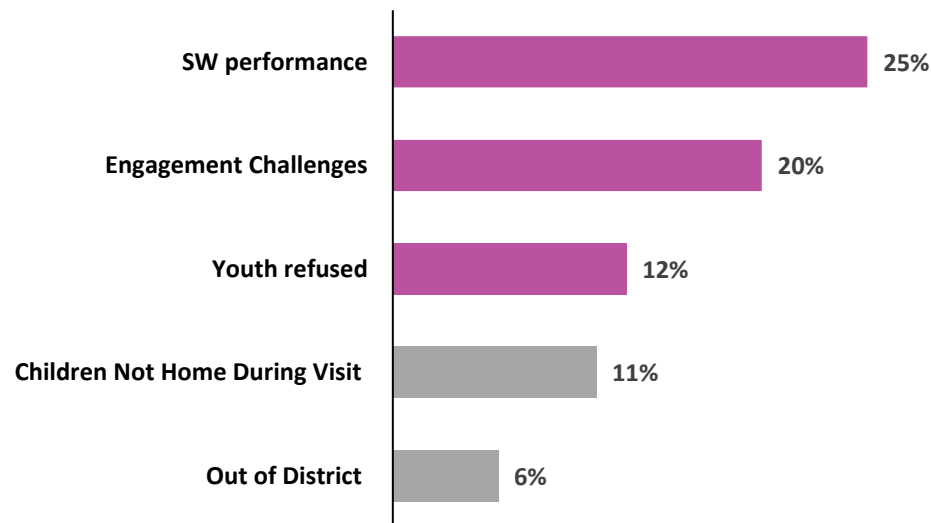
Source: CFSA Administrative Data, FACES.NET report CMT165

The performance toward the close of FY 2023 fluctuated 1 to 2 percentage points short of the target during July 2023 and September 2023. The target was made during the month of August 2023. Of all the missed visits over the course of FY 2023, 58 percent of instances (n=91/158) were with youth 16 and older. Weekly supervision and the updated reports and dashboards continue to help the system achieve and maintain the performance target. Management staff are better able to track performance and provide timely feedback, increasing opportunities to complete the required visits. 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 figure below captures barriers to completing the required visitation for this indicator. The figure captures the barriers experienced in FY 2023 for cases where the required number of visits did not occur and the barriers as to why. The top three barriers to completing the required number of visits for this indicator included social worker performance (25 percent), engagement challenges (20 percent) and youth refusal

(12 percent). Social worker performance barriers are mostly defined by challenges with entering or completing documentation or not being able to complete the required number of visits within the month. Engagement challenges for this indicator are described as social workers scheduling visits and the children aren't available, children refusing scheduled visits, scheduling conflicts, etc. The barrier of a youth's refusal is described as children refusing to complete visits with the social worker. Despite these barriers, CFSA has been able to achieve this target for most of FY 2023.

**Figure 22. Barriers to Social Work Visits to Children in Foster Care, FY 2023<sup>35</sup>**



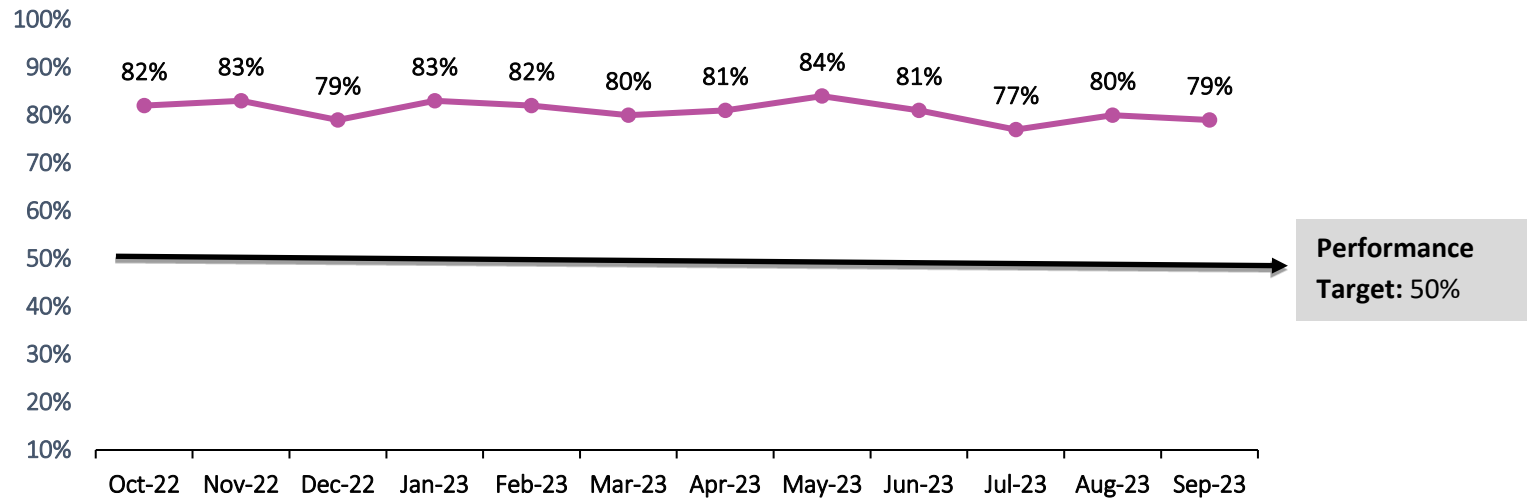
Source: CFSA Manual Data

The Agency achieved the target for completing social worker visits with the children at their residence for each month in FY 2023 and exceeded the target by a minimum of 27 percentage points.

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<sup>35</sup> Additional barriers for social workers visiting children were youth missing/runaway, incarceration, case reassignment/staffing challenges, case closed, and COVID related issues.

**Figure 23. Completion of Monthly Home Visits by the Social Worker, FY2023**



Source: FACES.NET report CMT165

**Conclusion**

CFSA considers this measure **partially achieved**. The target for 50% of children in foster care to receive monthly home visits was reliably exceeded. The target for 95% of children to have monthly visits with their social worker was met 10 out of 12 months.

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

**Measure**

This indicator measures 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 2023, 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. Children are marked as compliant for this measure if they complete at least four visits during the month. In the updated methodology, analysts include data only when the visits did occur.

Previously, CFSA utilized the reporting data from Missed Visit 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.

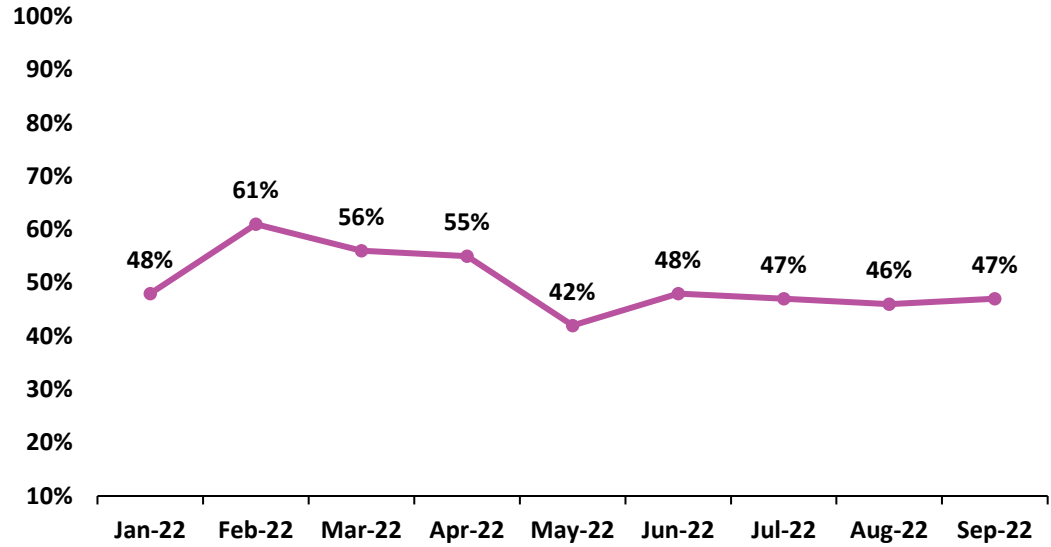
### ***2023 Performance***

For the monthly range between October 2022 and September 2023, caregiver's engagement with their children occurred **42 to 52 percent** of the time for children in out-of-home 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. 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. In monthly Permanency Goal Review Meetings, 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. During September 2022, 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.

**Figure 24. Family Engagement with their Children, January 2022 – September 2022**

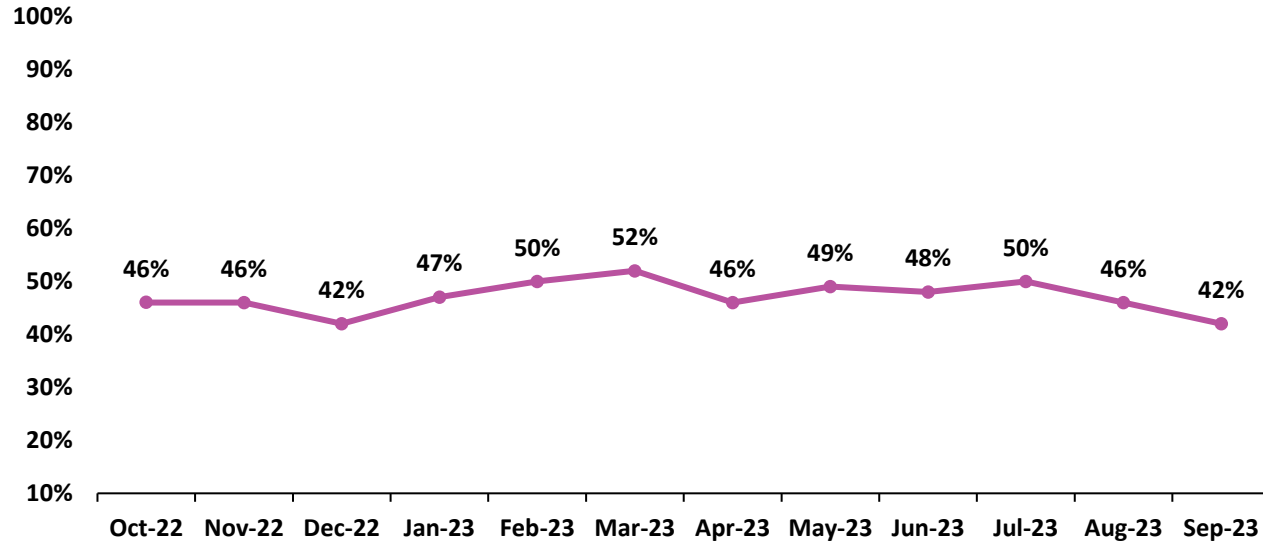


Source: FACES.NET Management Report CMT012

### **Analysis**

Performance data for the October 2022 to September 2023 review period peaked in March 2023 at a rate of 52 percent. Performance on this measure was lowest in December 2022 and September 2023 at 42 percent. The average performance for this measure during this timeframe was 47 percent. During the previous timeframe of January 2022 to September 2022, the average timeframe for this indicator was 50 percent. This is a 3 percentage-point decline in FY 2023.

**Figure 25. Family Engagement with their Children, FY 2023**



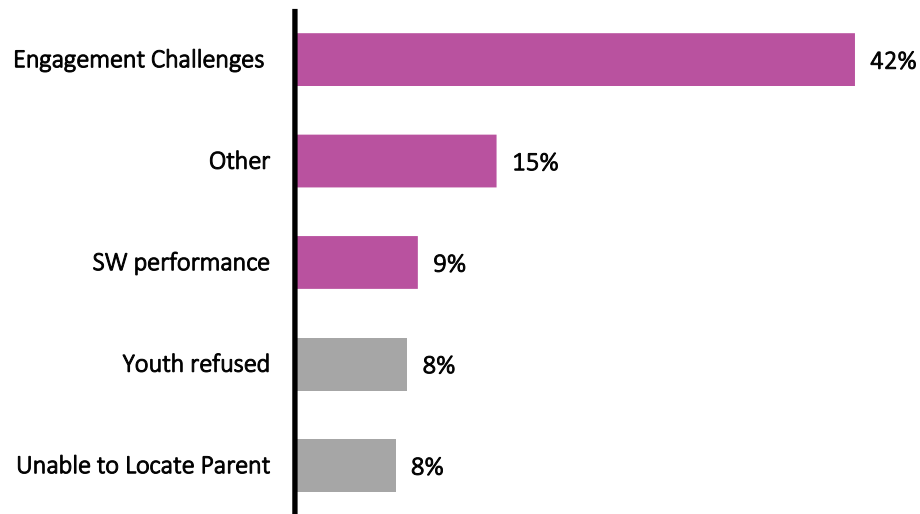
Source: FACES.NET Management Report CMT012

While the children who received all four required visits per month did not exceed 52 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 17 to 25 percent of children had two to three visits each month, thus not achieving full compliance with this measure.

As previously stated, capturing barriers to completing the required visitation for this indicator began in the beginning of FY 2023. The figure below reflects the top five cumulative barriers reported for cases that did not have compliance in one or more months in FY 2023. The primary barrier to completing the required number of visits for this indicator was engagement. Data revealed challenges with engagement for 42 percent of all instances where the required four visits did not occur during the month. Engagement challenges for this indicator are described as social workers making efforts to engage caregivers but visits not occurring. This could be due to several reasons, including breakdowns in communication between social workers and caregivers, e.g., caregivers not showing up for scheduled visits without explanation, caregivers not responding to social worker’s communication efforts, or other unique engagement challenges. The next most frequent barriers are under “other” (15 percent) and social worker performance (9 percent). The “other” description was used when unique barriers occurred. Examples include caregivers’ health or treatment challenges, caregiver scheduling challenges, caregiver housing challenges, etc. Social worker performance barriers are mostly defined by challenges with entering and completing documentation or not

being able to complete the required number of visits within the month. Social workers may not complete the required number of visits in a month due to clients not being available at scheduled meeting times, or unexpected crises that emerge.

**Figure 26. Barriers to Family Engagement with their Children, FY 2023<sup>36</sup>**



Source: FACES.NET Management Report CMT012 and Manual Data

To support social workers to work through these identified barriers, CFSA continues to provide social workers with tip sheets and guides on best practices for making and documenting the efforts made to resolve barriers where possible. Social workers also work with PEERs, and parents’ clinical teams to encourage parents to participate in visits. In cases where youth are refusing to participate in visits, social workers continue to engage them in what a visit could be and engage with their clinical teams about how best to make contact happen with the family. Social workers also consider the unique circumstances of each case to determine the most appropriate next steps to resolve the

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<sup>36</sup> Additional barriers include permanency goal change, parents are out of DC, youth are in missing/absent/runaway status, parent is hospitalized, children are not home during visits, lack of teaming, case closure, parents refusing to engage, youth is away at college, parents are incarcerated, unsupervised visitation with court consent, conflict with work/school schedules, COVID-related issues, parents preferring virtual visits, youth refusal to engage, child is out of state, parent wanting DNA confirmation, and parents involved in domestic violence. Common themes for the other category for barriers to visitation are illness/health challenges, no shows to visits, and employment schedule challenges.

barriers present in each case. When unable to resolve barriers, social workers have the support of their direct supervisor and program manager to assist with resolving barriers as needed.

### **Conclusion**

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

## **11. Family Engagement with the Agency (Reunification)**

### **Measure**

This indicator measures 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 2023. RTS will be used to set this performance target for FY 2025.

### **Methodology**

To assess performance, CFSA used monthly FACES.NET data to identify cases that had the required number of visits. Cases are considered compliant when parents whose children had a goal of reunification experienced at least one completed visit with a social worker during the month.

Previously, CFSA utilized the reporting of Missed Visit Efforts and completed a qualitative audit to determine compliance. 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. A final methodological change was that CFSA decreased the data collection for frequency of the visits and requirements for who could complete the two visits (one needed to be completed by a social worker, but the second, could be completed by other CFSA staff members<sup>[1]</sup>) to one visit per month that the social worker must complete.

### **2023 Performance**

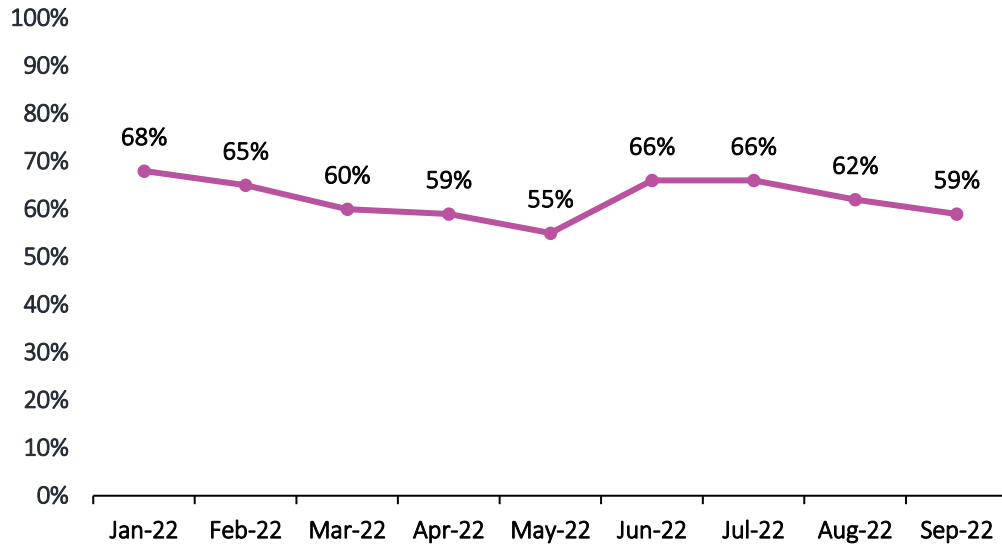
For a monthly range between October 2022 and September 2023, family engagement with the Agency occurred for **56 to 68 percent** of the time for parents of children in foster care who had a goal of reunification.

### ***Historical Information***

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.

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 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. 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 27. Family Engagement with the Agency (Reunification), January 2022 – September 2022**

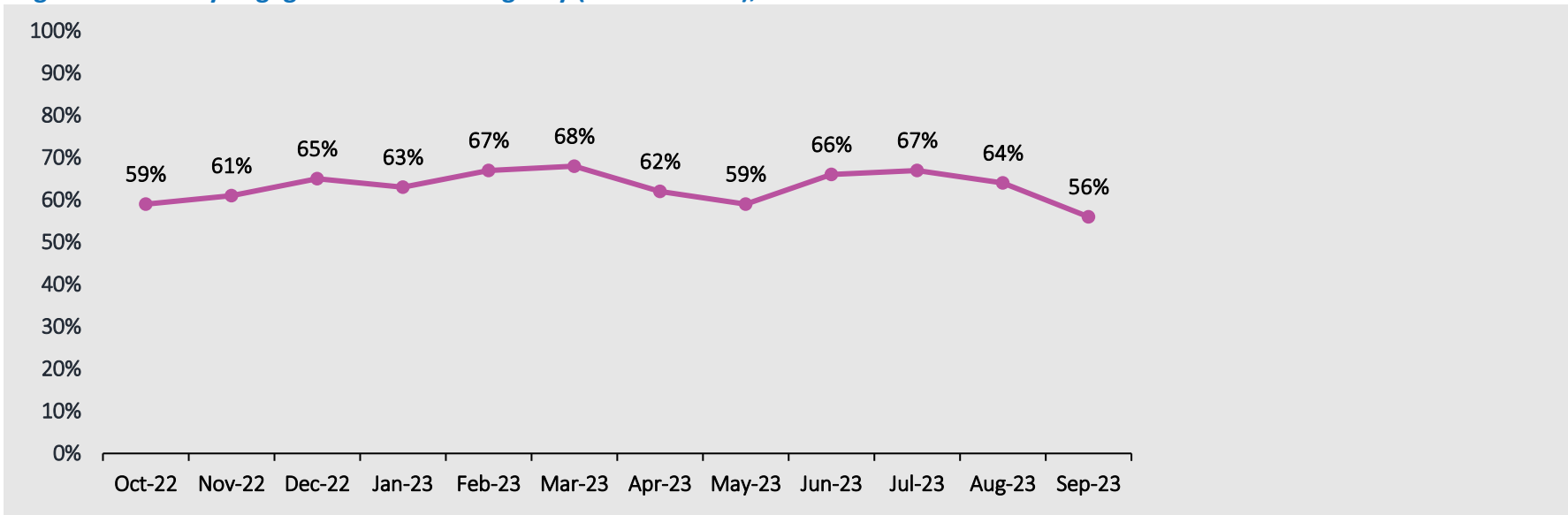


Source: FACES.NET Management Report CMT267

### **Analysis**

The average performance for this indicator for FY 2023 was 63 percent. Performance peaked for this indicator in March 2023 at 68 percent. The indicator saw its lowest performance in September 2023 at 56 percent. In the previous timeframe of January 2022 through September 2022, the average performance for this indicator was 62 percent. With additional months being added to this reporting time period, the Agency has only achieved a 1 percentage-point gain with this indicator. Because of this, RTS will be completed to analyze performance and barriers, and to create a target to achieve this indicator in the future.

**Figure 28. Family Engagement with the Agency (Reunification), FY 2023**

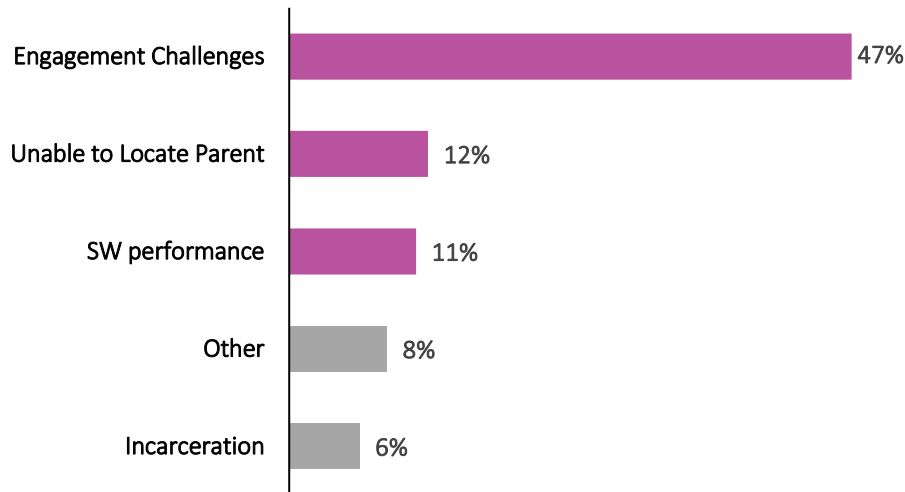


Source: FACES.NET Management Report CMT267

The figure below captures the top five barriers to completing the required visitation for this indicator. The top barrier to completing the required number of visits for this indicator was engagement challenges (47 percent), followed by the social worker being unable to locate the parent (12 percent) and social worker performance (11 percent). Engagement challenges for this indicator are described as social workers making efforts to engage caregivers but visits not occurring. This challenge occurs because of breakdowns in communication between social workers and caregivers, e.g., caregivers not showing for scheduled visits with no explanation, caregivers not responding to social workers’ communication efforts, or other unique issues. Additional barriers include social workers being unable to locate parents, the parents are transient, or the Agency is not aware of their address, but the social worker continues to reach out to relatives or other service providers to locate the parents. In those instances, the social worker also completes an updated diligent search to determine if an updated address can be located. Social worker performance barriers are mostly defined by challenges with entering and completing documentation or not being able to complete the required number of visits within the month.



Figure 29. Barriers to Family Engagement with the Agency (Reunification), FY 2023<sup>37</sup>



Source: FACES.NET Management Report CMT267 and Manual Data

To support social workers to work through barriers, CFSA continues to provide social workers with tip sheets and guides on best practices for making and documenting the efforts made to resolve barriers where possible. Social workers also consider the unique circumstances of each case to determine the most appropriate next steps to resolve the barriers present in each case. When unable to resolve barriers, social workers have the support of their direct supervisor and program manager to assist with resolving barriers as needed.

**Conclusion**

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

<sup>37</sup> Additional barriers for this indicator include permanency goal change, parent reside outside Washington, D.C., parent(s) hospitalized, case reassignment, staffing challenges, case closure, conflict work/school schedules, and lack of teaming.

## 12. Sibling Visits

### **Measure**

Of all children in out-of-home care, **80 percent** 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.

### **2023 Performance**

A monthly range of 79 to 88 percent of applicable children had at least one monthly visit with their separated siblings. A monthly range of 68 to 86 percent of applicable children had twice monthly visits with their separated siblings.

### **Historic Information**

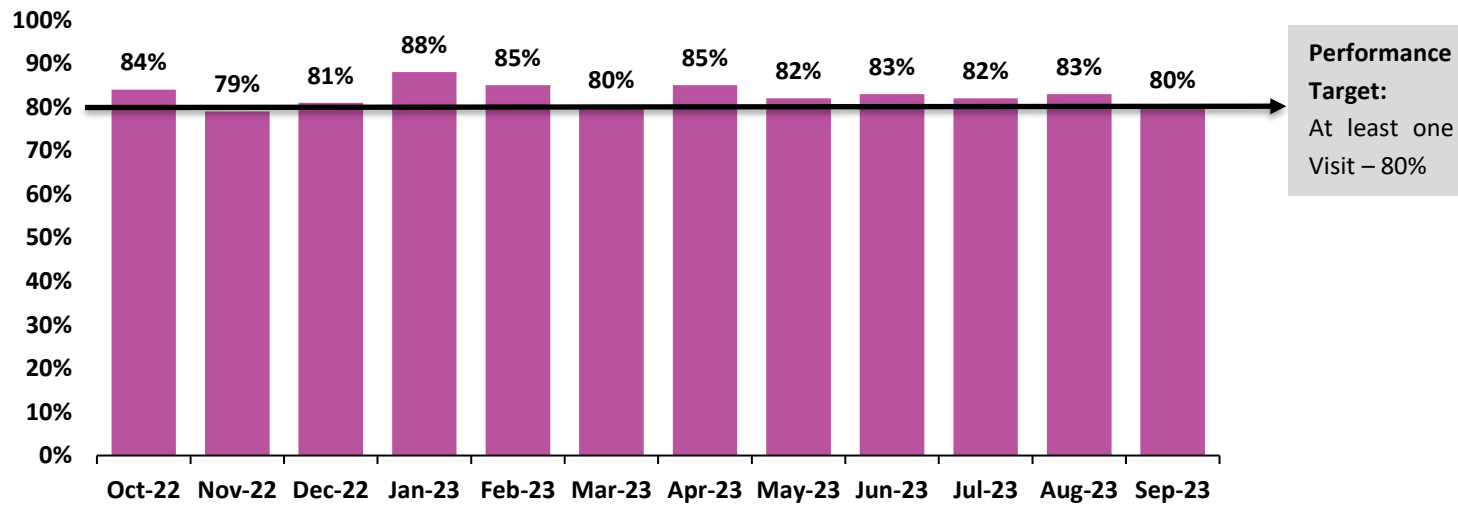
Performance on children's visits with their separated siblings wasn't met for both measures during the last performance period. During the performance period from January to September 2022, the frequency of monthly visits for at least one visit ranged from 70 to 87 percent, while the frequency of twice-monthly visits ranged from 67 to 81 percent. At the conclusion of the IEP, this measure had been met for 13 consecutive monitoring periods.

### **Analysis**

During the FY 2023 period, CFSA achieved the goal of providing at least one monthly visit to children and their separated siblings in 11 months, and twice monthly visits in 8 months. The performance target was narrowly missed (by one percent) for at least one monthly visit during the month of November 2022. For the twice monthly visits, the performance target was missed by 1-5 percent in three of the four months, and by 7 percent in September 2023. The following barriers were reported: challenges related to engagement, inaccuracies or delays in entering visit notes by social workers, refusal of meetings by youth, reluctance of youth to continue visits with siblings, age disparities among siblings, difficulty locating parents, placements outside the district, and instances where siblings are incarcerated or have run away. The percentage of children who received at least one visit and twice monthly visits continued to fluctuate throughout the reporting period, i.e., between 79-to-88 percent and 68-to-86 percent, respectively. The data suggests that while most children in out-in-home 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 two considerations: (1) the children's

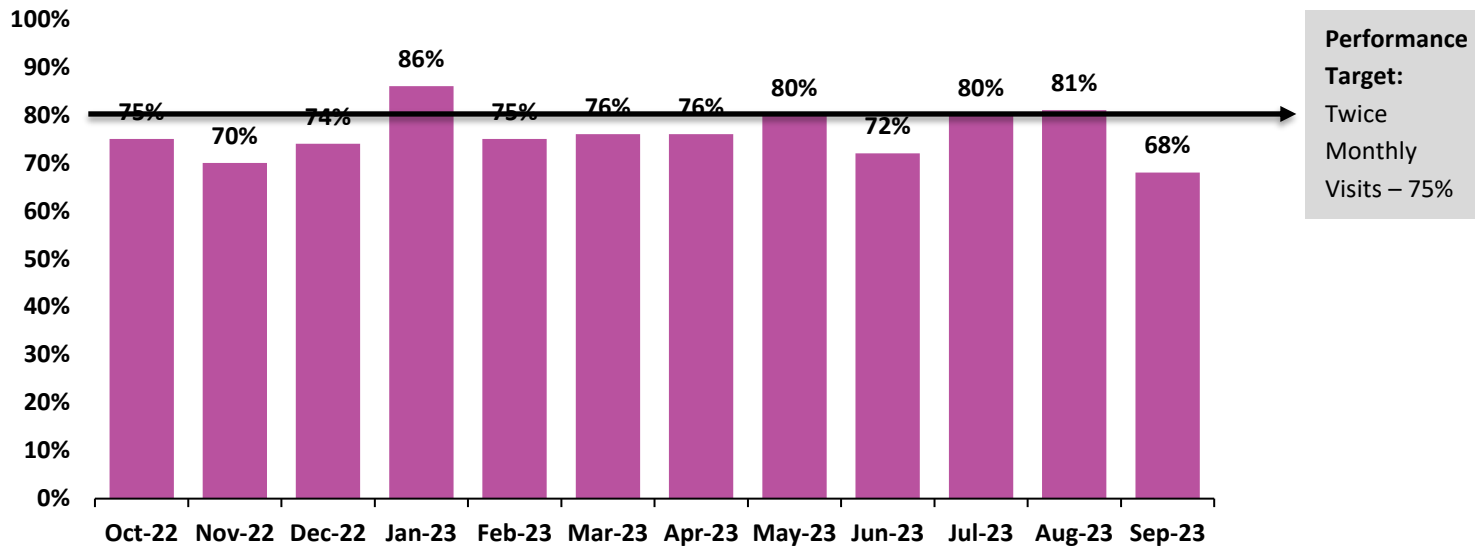
ability to see each other through parent-child visits for those with a goal of reunification, and (2) the established relationships between older youth siblings and their ability to see each other independent of the Agency.

**Figure 30. Children with At Least One Required Visit with their Separated Siblings, October – September 2023**



Source: FACES.NET Management Report CMT219

Figure 31. Children with Twice-Monthly Required Visits with their Separated Siblings, October – September 2023



Source: FACES.NET Management Report CMT219

**Conclusion**

CFSA considers this measure **not achieved**.

**13. Sibling Placement**

**Measure**

The indicator measures 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 2023, 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 traditional or therapeutic group homes. Children placed in the following placement types are excluded from the measure: children diagnosed as developmentally disabled and living in a specialized placement, children in a hospital, in runaway

status for more than 30 days, a correctional facility, a residential treatment facility, teen parent program, college, or not in a legal placement.

### ***FY 2023 Performance***

A monthly range of **68 to 79 percent** of applicable children were placed with one or more siblings.

### ***Historical Information***

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

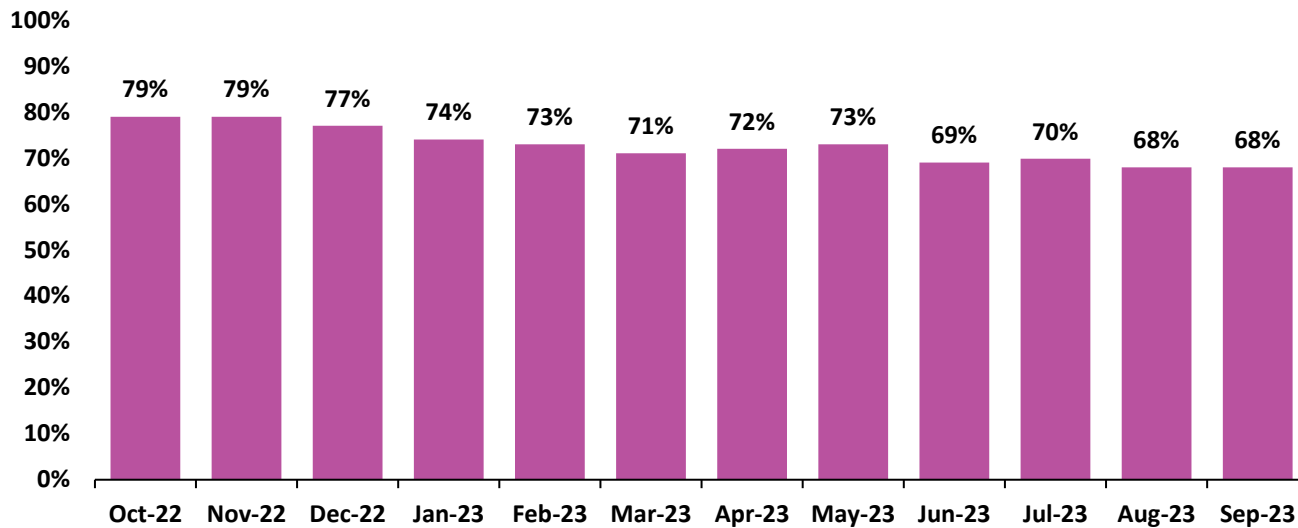
### ***Analysis***

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 prioritizing their placement together and ensuring regular visitation if they are placed apart.

From October 2022 to September 2023, the total number of eligible children ranged between 165 and 196. Throughout this period, the percentage of children placed with their siblings remained at 68 to 79 percent. However, the trend of placing siblings together exhibited a decline over time. In the initial 6 months of the review period, the placement rate dropped from 79 to 71 percent, then showed a slight improvement of 1 to 2 percent in April and May 2023, and then declined again, maintaining a range of 68 to 70 percent for the remainder of the fiscal year. The data indicates that a significant proportion of children in foster care are experiencing placement with their siblings. Still, the decline in the percentage of children placed with siblings may have implications for family connections. There are multiple barriers for siblings to be placed together:

- Siblings with different fathers may be separately placed with different paternal relatives.
- Available kin may not have enough space for large sibling groups. While CFSA has the authority to waive some of the licensing requirements for space in DC, no more than three children can be placed together in Maryland without advance approval from the state. This restriction applies to NCCF, CFSA's contracted child-placing partner in Maryland, and may lead to siblings being placed separately, at least initially.
- Resource homes with children already placed can limit the options for placing large sibling groups together.
- Siblings of different genders may impact placement opportunities.
- Behavioral issues among siblings or other clinical considerations may also influence placement decisions.

**Figure 32. Siblings Placed Together, October 2022-September 2023**



Source: FACES.NET report PLC251

**Conclusion**

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

**14. Family Engagement with the Agency (Reunification)**

**Measure**

This indicator measures 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 2023. RTS will be used to set this performance target for FY 2025.

**Methodology**

To assess performance, CFSA used monthly FACES.NET data to identify cases that had the required number of visits. Cases are considered compliant when parents whose children had a goal of reunification experienced at least one completed visit with a social worker during the month.

Previously, CFSA utilized the reporting of Missed Visit Efforts and completed a qualitative audit to determine compliance. 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. A final methodological change was that CFSA decreased the data collection for frequency of the visits and requirements for who could complete the two visits (one needed to be completed by a social worker, but the second, could be completed by other CFSA staff members<sup>(11)</sup>) to one visit per month that the social worker must complete.

### ***2023 Performance***

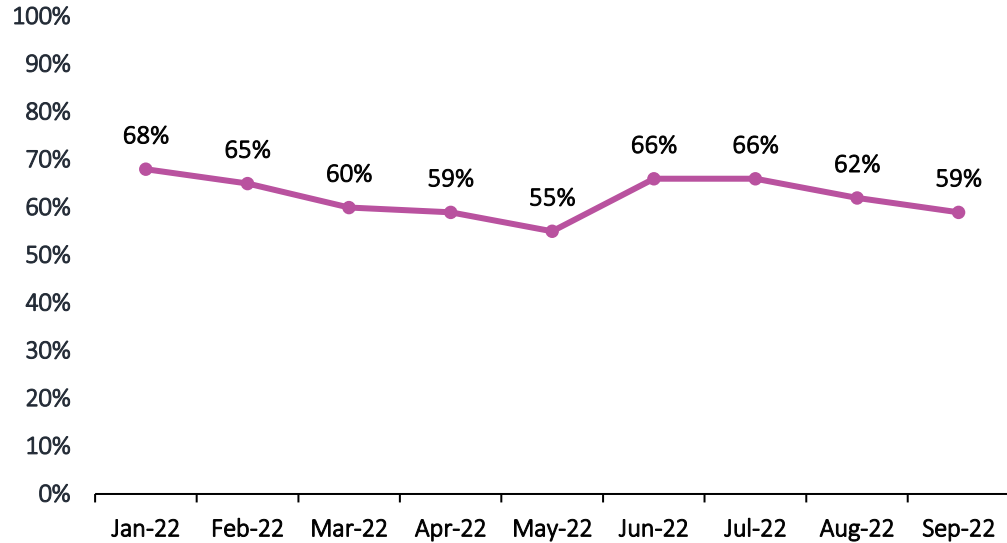
For a monthly range between October 2022 and September 2023, family engagement with the Agency occurred for 56 to 68 percent of the time for parents of children in foster care who had a goal of reunification.

### ***Historical Information***

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.

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 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. 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 33. Family Engagement with the Agency (Reunification), January 2022 – September 2022**



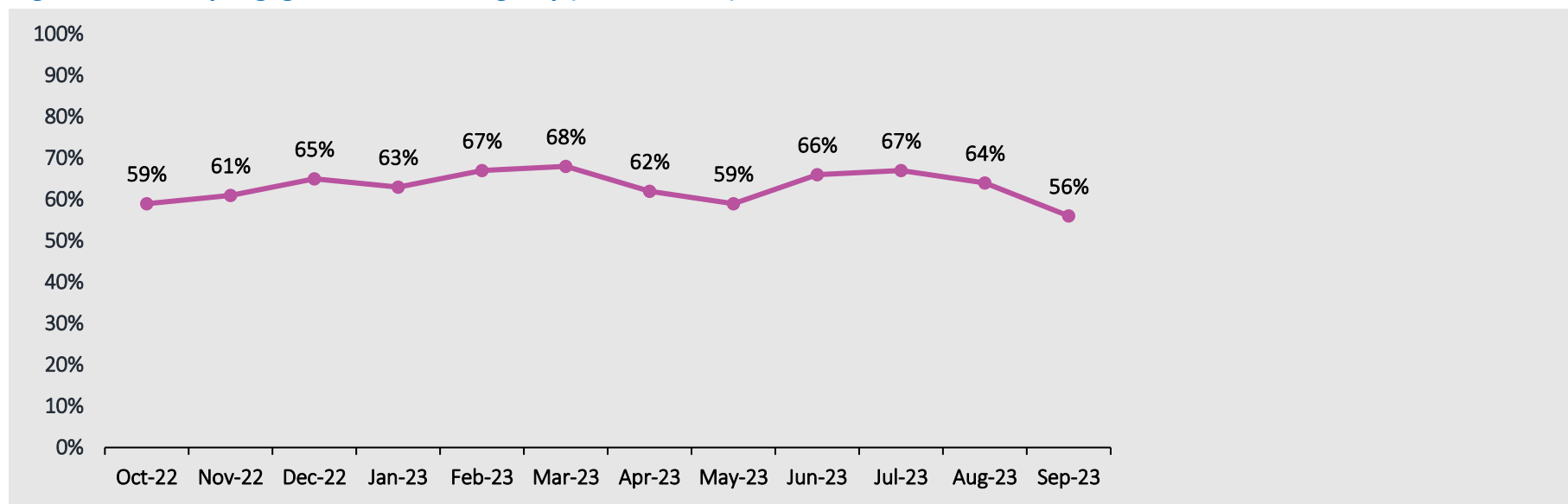
Source: FACES.NET Management Report CMT267

### **Analysis**

The average performance for this indicator for FY 2023 was 63 percent. Performance peaked for this indicator in March 2023 at 68 percent. The indicator saw its lowest performance in September 2023 at 56 percent. In the previous timeframe of January 2022 through September 2022, the average performance for this indicator was 62 percent. With additional months being added to this reporting time period, the Agency has only achieved a 1 percentage-point gain with this indicator. Because of this, RTS will be completed to analyze performance and barriers, and to create a target to achieve this indicator in the future.



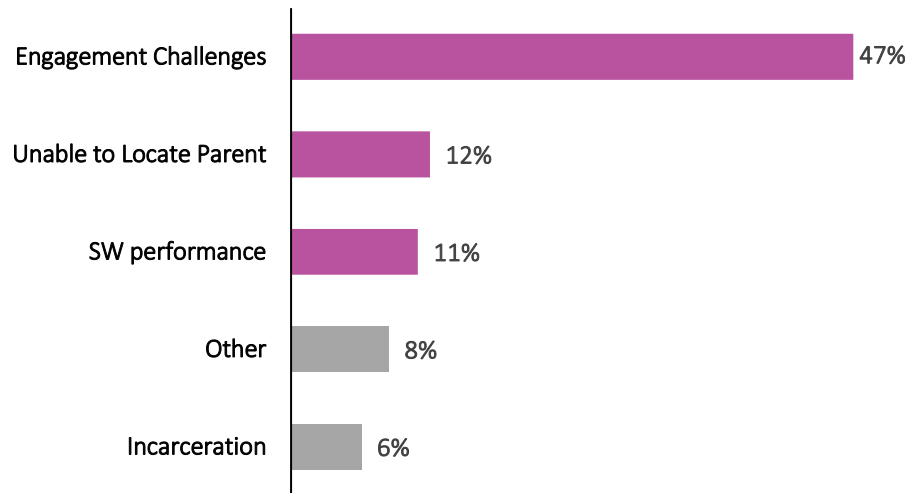
**Figure 34. Family Engagement with the Agency (Reunification), FY 2023**



Source: FACES.NET Management Report CMT267

The figure below captures the top five barriers to completing the required visitation for this indicator. The top barrier to completing the required number of visits for this indicator was engagement challenges (47 percent), followed by the social worker being unable to locate the parent (12 percent) and social worker performance (11 percent). Engagement challenges for this indicator are described as social workers making efforts to engage caregivers but visits not occurring. This challenge occurs because of breakdowns in communication between social workers and caregivers, e.g., caregivers not showing for scheduled visits with no explanation, caregivers not responding to social workers' communication efforts, or other unique issues. Additional barriers include social workers being unable to locate parents, the parents are transient, or the Agency is not aware of their address, but the social worker continues to reach out to relatives or other service providers to locate the parents. In those instances, the social worker also completes an updated diligent search to determine if an updated address can be located. Social worker performance barriers are mostly defined by challenges with entering and completing documentation or not being able to complete the required number of visits within the month.

**Figure 35. Barriers to Family Engagement with the Agency (Reunification), FY 2023<sup>38</sup>**



Source: FACES.NET Management Report CMT267 and Manual Data

To support social workers to work through barriers, CFSA continues to provide social workers with tip sheets and guides on best practices for making and documenting the efforts made to resolve barriers where possible. Social workers also consider the unique circumstances of each case to determine the most appropriate next steps to resolve the barriers present in each case. When unable to resolve barriers, social workers have the support of their direct supervisor and program manager to assist with resolving barriers as needed.

**Conclusion**

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

## 15. Sibling Visits

**Measure**

Of all children in out-of-home care, 80 percent shall have monthly visits with their separated siblings and 75 percent of children shall have twice monthly visits with their separated siblings.

<sup>38</sup> Additional barriers for this indicator include permanency goal change, parent reside outside Washington, D.C., parent(s) hospitalized, case reassignment, staffing challenges, case closure, conflict work/school schedules, and lack of teaming.

## ***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.

## ***2023 Performance***

A monthly range of 79 to 88 percent of applicable children had at least one monthly visit with their separated siblings. A monthly range of 68 to 86 percent of applicable children had twice monthly visits with their separated siblings.

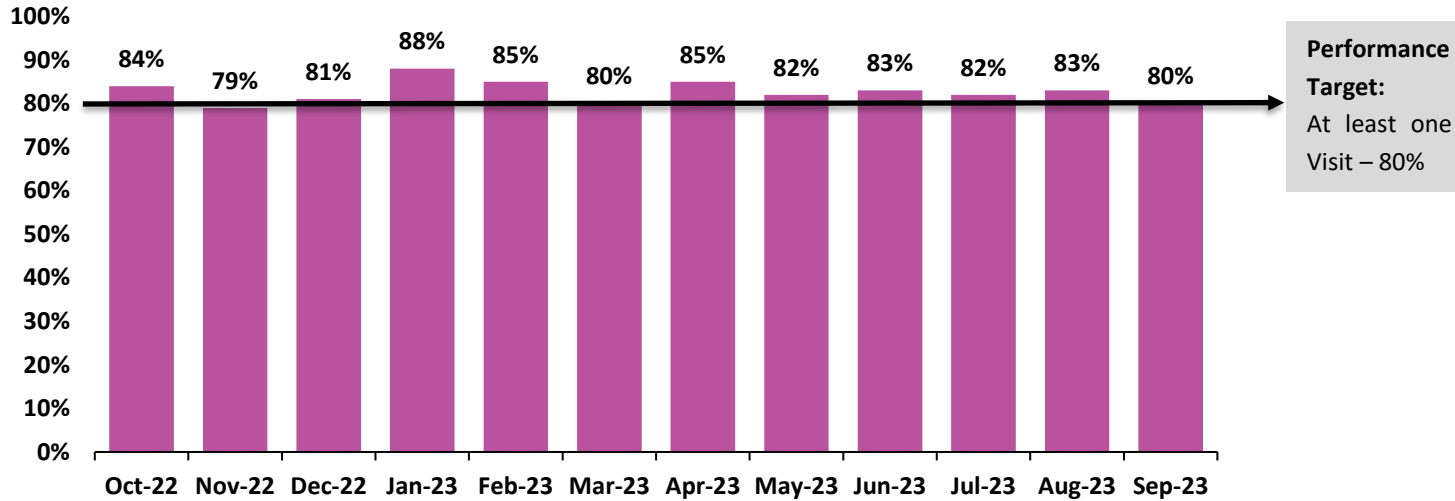
## ***Historic Information***

Performance on children's visits with their separated siblings wasn't met for both measures during the last performance period. During the performance period from January to September 2022, the frequency of monthly visits for at least one visit ranged from 70 to 87 percent, while the frequency of twice-monthly visits ranged from 67 to 81 percent. At the conclusion of the IEP, this measure had been met for 13 consecutive monitoring periods.

## ***Analysis***

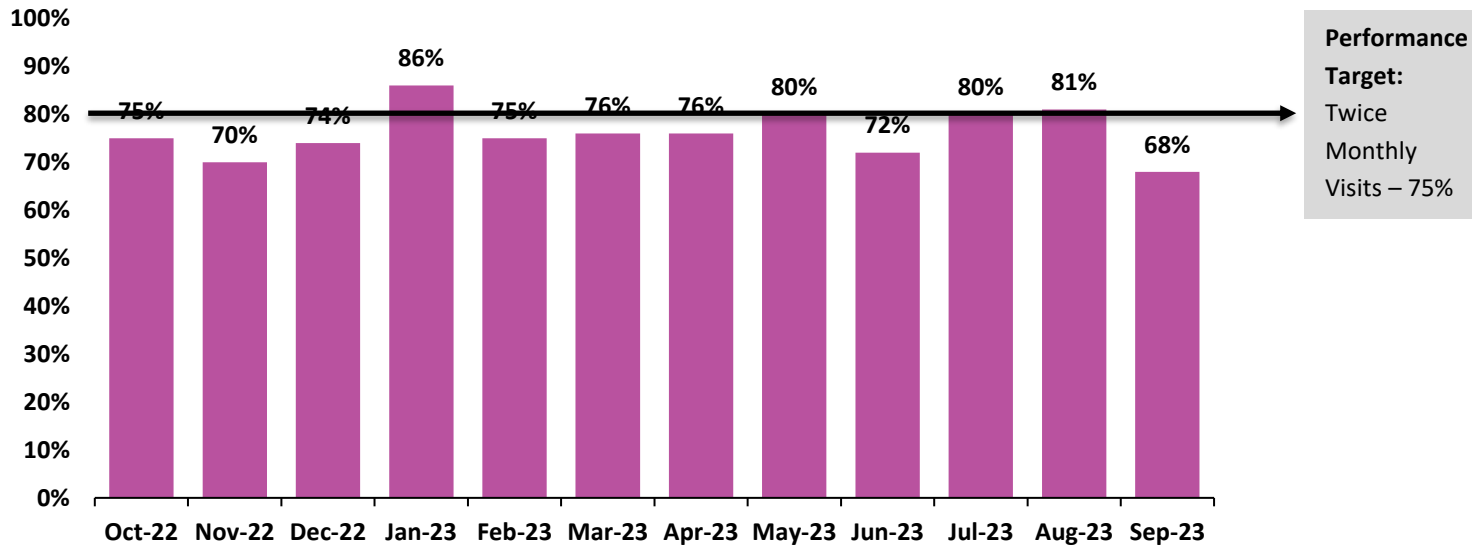
During the FY 2023 period, CFSA achieved the goal of providing at least one monthly visit to children and their separated siblings in 11 months, and twice monthly visits in 8 months. The performance target was narrowly missed (by one percent) for at least one monthly visit during the month of November 2022. For the twice monthly visits, the performance target was missed by 1-5 percent in three of the four months, and by 7 percent in September 2023. The following barriers were reported: challenges related to engagement, inaccuracies or delays in entering visit notes by social workers, refusal of meetings by youth, reluctance of youth to continue visits with siblings, age disparities among siblings, difficulty locating parents, placements outside the district, and instances where siblings are incarcerated or have run away. The percentage of children who received at least one visit and twice monthly visits continued to fluctuate throughout the reporting period, i.e., between 79-to-88 percent and 68-to-86 percent, respectively. The data suggests that while most children in out-in-home 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 two considerations: (1) the children's ability to see each other through parent-child visits for those with a goal of reunification, and (2) the established relationships between older youth siblings and their ability to see each other independent of the Agency.

**Figure 36. Children with At Least One Required Visit with their Separated Siblings, October – September 2023**



Source: FACES.NET Management Report CMT219

**Figure 37. Children with Twice-Monthly Required Visits with their Separated Siblings, October – September 2023**



Source: FACES.NET Management Report CMT219

### **Conclusion**

CFSA considers this measure not achieved.

## **16. Sibling Placement**

### **Measure**

The indicator measures 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 2023, 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 traditional or therapeutic group homes. Children placed in the following placement types are excluded from the measure: children diagnosed as developmentally disabled and living in a specialized placement, children in a hospital, in runaway status for more than 30 days, a correctional facility, a residential treatment facility, teen parent program, college, or not in a legal placement.

### **FY 2023 Performance**

A monthly range of 68 to 79 percent of applicable children were placed with one or more siblings.

### **Historical Information**

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

### **Analysis**

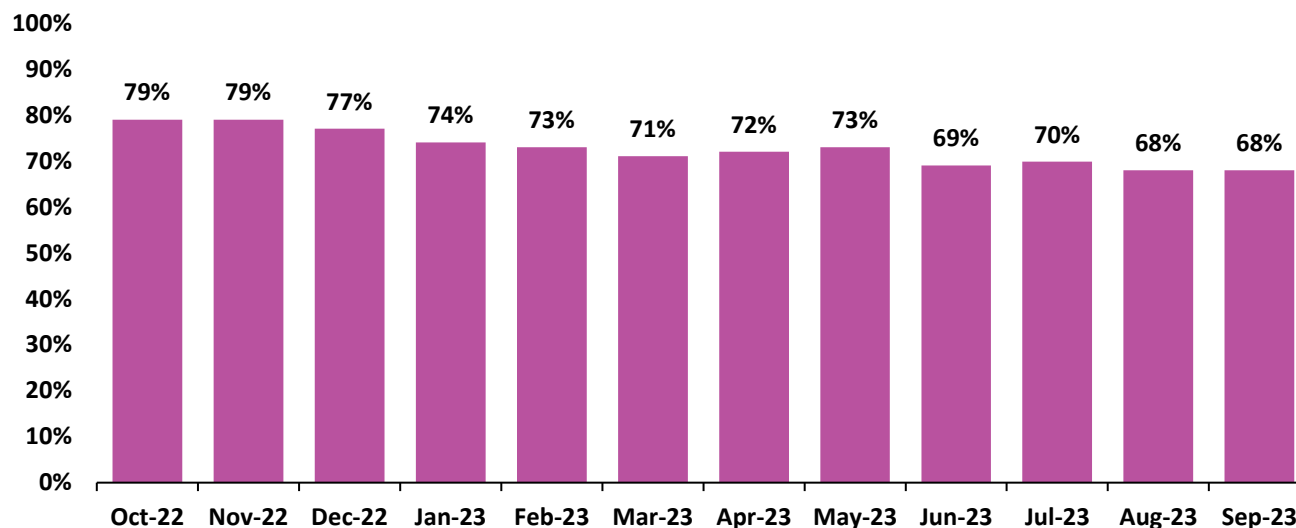
Maintaining connections to siblings when children enter foster care mitigates some of the trauma experienced during separation and can help children sustain their family connections and supports. CFSA promotes sibling relationships by prioritizing their placement together and ensuring regular visitation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

From October 2022 to September 2023, the total number of eligible children ranged between 165 and 196. Throughout this period, the percentage of children placed with their siblings remained at 68 to 79 percent. However, the trend of placing siblings together exhibited a decline over time. In the initial 6 months of the review period, the placement rate dropped from 79 to 71 percent, then showed a slight improvement of 1 to 2 percent in April and May 2023, and then declined again, maintaining a range of 68 to 70 percent for the remainder of

the fiscal year. The data indicates that a significant proportion of children in foster care are experiencing placement with their siblings. Still, the decline in the percentage of children placed with siblings may have implications for family connections. There are multiple barriers for siblings to be placed together:

- Siblings with different fathers may be separately placed with different paternal relatives.
- Available kin may not have enough space for large sibling groups. While CFSA has the authority to waive some of the licensing requirements for space in DC, no more than three children can be placed together in Maryland without advance approval from the state. This restriction applies to NCCF, CFSA’s contracted child-placing partner in Maryland, and may lead to siblings being placed separately, at least initially.
- Resource homes with children already placed can limit the options for placing large sibling groups together.
- Siblings of different genders may impact placement opportunities.
- Behavioral issues among siblings or other clinical considerations may also influence placement decisions.

**Figure 38. Siblings Placed Together, October 2022-September 2023**



Source: FACES.NET report PLC251

### **Conclusion**

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

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

### **Measure**

This indicator measures 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 2023, 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. Children are marked as compliant for this measure if they complete at least four visits during the month. In the updated methodology, analysts include data only when the visits did occur.

Previously, CFSA utilized the reporting data from Missed Visit 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.

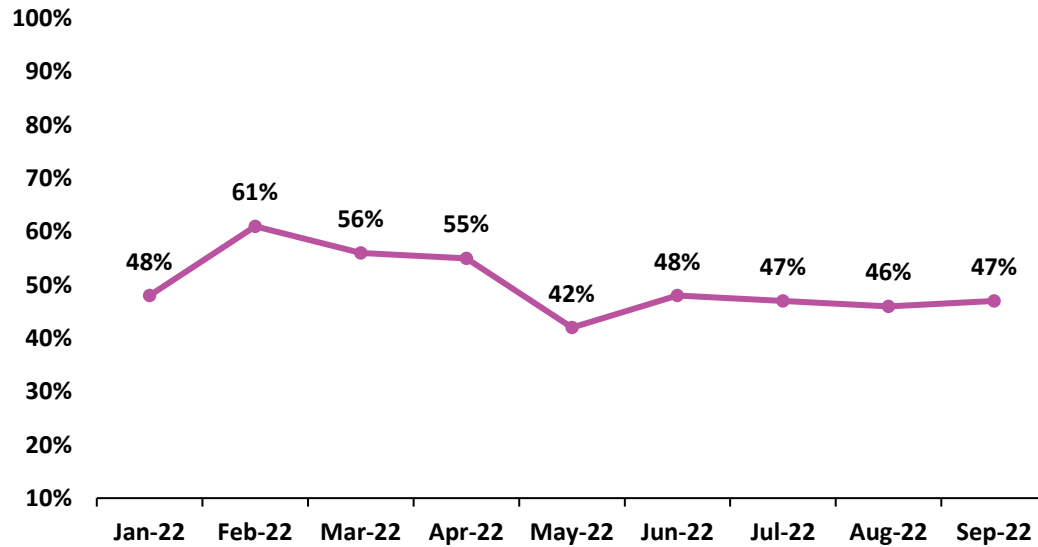
### **2023 Performance**

For the monthly range between October 2022 and September 2023, caregiver's engagement with their children occurred 42 to 52 percent of the time for children in out-of-home 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. 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. In monthly Permanency Goal Review Meetings, 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. During September 2022, 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.

**Figure 39. Family Engagement with their Children, January 2022 – September 2022**



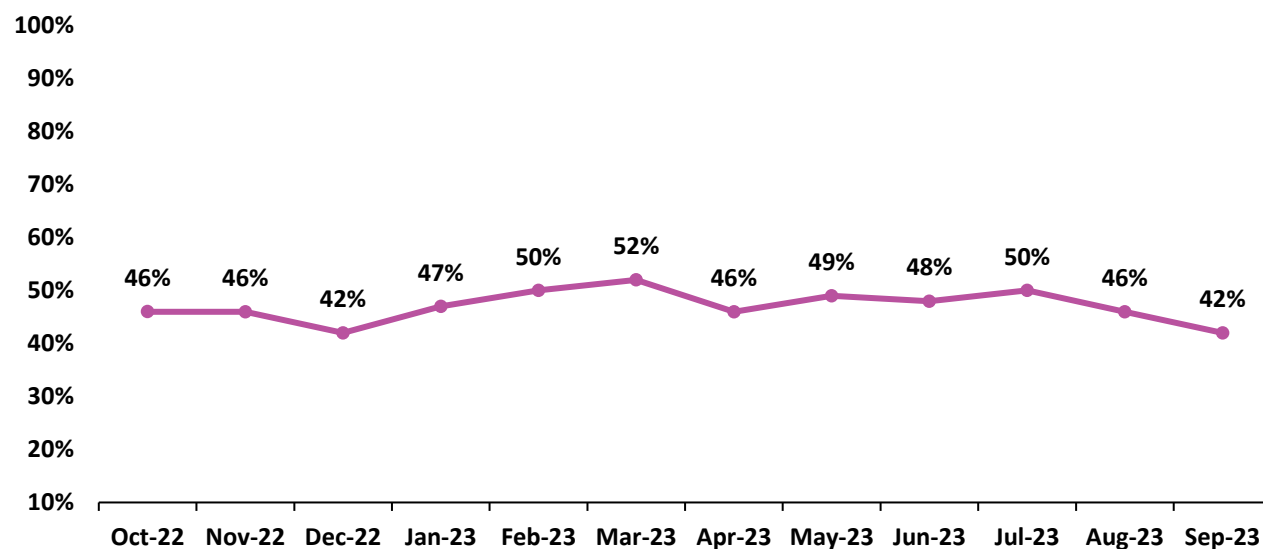
Source: FACES.NET Management Report CMT012

### **Analysis**

Performance data for the October 2022 to September 2023 review period peaked in March 2023 at a rate of 52 percent. Performance on this measure was lowest in December 2022 and September 2023 at 42 percent. The average performance for this measure during this timeframe was 47 percent. During the previous timeframe of January 2022 to September 2022, the average timeframe for this indicator was 50 percent. This is a 3 percentage-point decline in FY 2023.



**Figure 40. Family Engagement with their Children, FY 2023**



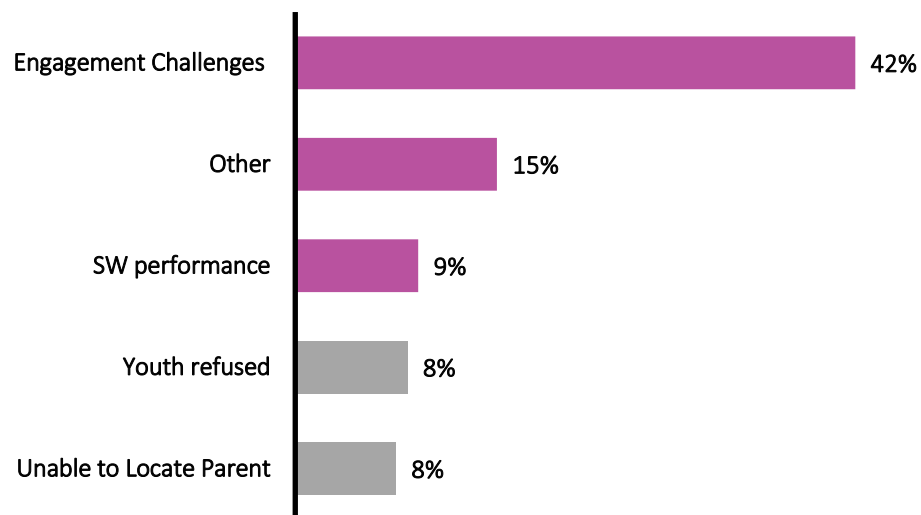
Source: FACES.NET Management Report CMT012

While the children who received all four required visits per month did not exceed 52 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 17 to 25 percent of children had two to three visits each month, thus not achieving full compliance with this measure.

As previously stated, capturing barriers to completing the required visitation for this indicator began in the beginning of FY 2023. The figure below reflects the top five cumulative barriers reported for cases that did not have compliance in one or more months in FY 2023. The primary barrier to completing the required number of visits for this indicator was engagement. Data revealed challenges with engagement for 42 percent of all instances where the required four visits did not occur during the month. Engagement challenges for this indicator are described as social workers making efforts to engage caregivers but visits not occurring. This could be due to several reasons, including breakdowns in communication between social workers and caregivers, e.g., caregivers not showing up for scheduled visits without explanation, caregivers not responding to social worker’s communication efforts, or other unique engagement challenges. The next most frequent barriers are under “other” (15 percent) and social worker performance (9 percent). The “other” description was used when unique barriers occurred. Examples include caregivers’ health or treatment challenges, caregiver scheduling challenges, caregiver housing challenges, etc. Social worker performance barriers are mostly defined by challenges with entering and completing documentation or not

being able to complete the required number of visits within the month. Social workers may not complete the required number of visits in a month due to clients not being available at scheduled meeting times, or unexpected crises that emerge.

**Figure 41. Barriers to Family Engagement with their Children, FY 2023<sup>39</sup>**



Source: FACES.NET Management Report CMT012 and Manual Data

To support social workers to work through these identified barriers, CFSA continues to provide social workers with tip sheets and guides on best practices for making and documenting the efforts made to resolve barriers where possible. Social workers also work with PEERs, and parents’ clinical teams to encourage parents to participate in visits. In cases where youth are refusing to participate in visits, social workers continue to engage them in what a visit could be and engage with their clinical teams about how best to make contact happen with the family. Social workers also consider the unique circumstances of each case to determine the most appropriate next steps to resolve the

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<sup>39</sup> Additional barriers include permanency goal change, parents are out of DC, youth are in missing/absent/runaway status, parent is hospitalized, children are not home during visits, lack of teaming, case closure, parents refusing to engage, youth is away at college, parents are incarcerated, unsupervised visitation with court consent, conflict with work/school schedules, COVID-related issues, parents preferring virtual visits, youth refusal to engage, child is out of state, parent wanting DNA confirmation, and parents involved in domestic violence. Common themes for the other category for barriers to visitation are illness/health challenges, no shows to visits, and employment schedule challenges.

barriers present in each case. When unable to resolve barriers, social workers have the support of their direct supervisor and program manager to assist with resolving barriers as needed.

### **Conclusion**

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

## **18. Placement Stability: Children Entering Foster Care (Entry Cohort)**

### **Measure**

Of all children who entered out-of-home care for the first time during the calendar year (an entry cohort), the percentage of children who experienced a placement change within the first 0-3 months in care, 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 had been submitting administrative data to Chapin Hall twice per year.<sup>40</sup> At the time of analysis, the most recent data available in the FCDA included entries and placement changes through December 31, 2022. This analysis focuses on the youth who entered care in calendar year 2021, since not enough time has passed to fully observe the initial placement moves for children who entered in 2022.

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 settings. Out-of-home care settings include traditional family-based non-relative resource homes, kinship homes, congregate care, and "other."<sup>41</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 out-of-home 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. The analysis further looks at whether the subsequent placement was in a more or less restrictive setting.

### **2021 Performance**

The number of children in each group changes as the timeframe for initial placement change progresses, affecting the calculation of percentages for each period. Out of 189 children who first entered out-of-home care in 2021, over half (57 percent) experienced their initial placement change within the first 3 months, regardless of placement type. Of the remaining 79 children, 14 percent had their first placement

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<sup>40</sup> CFSA did not renew D.C.'s membership in Chapin Hall's Data Center when it expired on November 30, 2023. This measure is being retired from the Four Pillars Performance Framework. A similar measure will be considered for inclusion in the new Keeping DC Families Together framework that will debut in FY 2026.

<sup>41</sup> "Other" placement types include correctional facilities, hospital settings, college, vocational programs, and youth residing in unlicensed placements.

change within 3-6 months. For the remaining 68 children, 4 percent had their first placement change within 6-9 months. Out of the 65 children left, 5 percent experienced their first placement change 9-12 months after entering care.

Regarding placement changes by type within the first 3 months of care, children first placed in a kinship home had the most placement stability, with 10 percent having their initial placement move within the first 0-3 months of care. By contrast, 93 percent of children in “other” placements experienced a move while 81 percent of children in congregate care experienced a move.

For those children in a traditional family-based resource home setting, 58 percent moved within the first 3 months. Prioritizing kinship care first offers numerous benefits beyond placement stability. It has been shown to improve academic performance, as children are more likely to thrive in a familiar environment where they receive consistent support. Behavioral outcomes are also enhanced, as children in kinship care often experience fewer disruptions and maintain stronger connections with family members, which can lead to better emotional and psychological health.

### **Historic Information**

Across all placement types during a 4-year timeframe (2017 to 2020), there was a consistent trend in initial placement changes for children entering out-of-home care for the first time. Between 45 to 52 percent of the children experienced their 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 after entry. 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 care 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. Children first placed in a traditional family-based resource home 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. This overall trend remained consistent across the 4 years, although there were some variations in the percentages of initial placement changes within other time intervals, based on the specific types of placements.

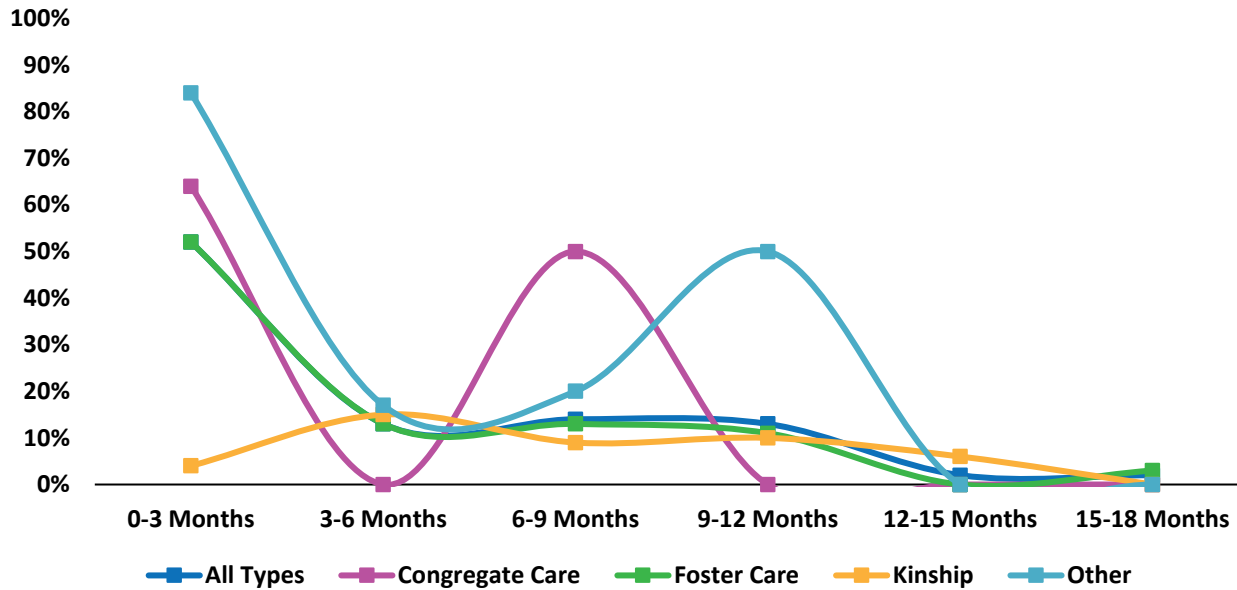
**Table 6. Timing of Initial Placement Change for Children Entering Care in 2017-2020, by Percentage of Children**

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%
	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

**Figure 42. Timing of Initial Placement Change for Children Entering Care in 2020, by Percentage of Children**



Source: FCDA

**Table 7. Timing of Initial Placement Change for Children Entering Care in 2017-2020, by Number of Children**

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 from 2017 to 2020. The range shifted over these 4 years from 45 to 52 percent for children experiencing an initial placement change within 3 months of entering out-of-home care. In 2021, this range increased further to 57 percent of children entering care experiencing an initial placement change within the same time frame. However, as the number of children entering care continues to decrease each year, the percentage becomes increasingly sensitive due to the smaller sample size.

In 2021, according to placement type, children initially placed in “other” placement settings had the highest percentage (93 percent, n=14/15) of placement changes within the first 3 months, followed by children placed in a congregate care settings (81 percent, n=13/16). In comparison, children initially placed in a traditional family-based resource home had a higher percentage (58 percent, n=76/132) of placement changes than children placed in a kinship home setting (10 percent, n=2/21), but a lower rate than children first placed in a congregate care or “other” settings. These differences demonstrate that initial placements in kinship settings present the highest degree of stability for children entering out-of-home care.

For all placement types, the percentage of children who entered in 2021 and experienced their initial placement changes within the first 3 to 6 months of care remained relatively high, ranging from 18 percent for out-of-home care to 100 percent for “other” placement settings. Children initially placed in a kinship home experienced an initial placement change during 6 to 9 months is 5 percent (n=1/19) while 4 to 5 percent of children initially placed in traditional family-based resource homes experienced an initial placement change either during the 6 to 9 months or 9 to 12-month periods (n=2 for both time periods). Congregate care settings had the highest percentage (33 percent, n=1/3) of children who experienced placement changes during the 9 to 12-month period.

**Table 8. Timing of Initial Placement Change for Children Entering Out-of-Home Care in 2021, 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=184)	57%	14%	4%	5%	5%	3%
Congregate Care (N=16)	81%	0%	0%	33%	0%	0%
Foster Care (N=132)	58%	18%	4%	5%	7%	5%
Kinship (N=21)	10%	0%	5%	0%	0%	0%
Other (N=15)	93%	100%	0%	0%	0%	0%

Source: FCDA and Administrative Data

**Table 9. Timing of Initial Placement Change for Children Entering Out-of-Home Care in 2021, 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	105	11	3	3	3	2
Congregate Care	13	0	0	1	0	0
Foster Care	76	10	2	2	3	2
Kinship	2	0	1	0	0	0
Other	14	1	0	0	0	0

Source: FCDA and Administrative Data











### Placement Stability: Step-up and Step-down Analysis of Children Entering Out-of-Home Care in 2021



While CFSA’s data shows a significant number of placement moves within the first 3 months of a child entering out-of-home care, these moves are not necessarily negative, i.e., placement disruptions. The moves may have been planned for the best interest of the child, e.g., moving children from an initial congregate care placement to a less restrictive traditional family-based resource home, or moving a child from a congregate care setting or a non-relative resource home to a kinship home. 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 home to a congregate care setting or “other” setting such as a psychiatric residential treatment facility. Children and youth might experience a step-up placement change because the team’s ongoing assessments accurately determined the youth’s need for 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 2021 from Initial Placement to Subsequent Placement**

Initial Placement	Subsequent Placement			
	Congregate Care	Foster Care	Kinship	Other
Congregate Care	14%	 64%	 14%	 7%
Foster Care	 5%	57%	 31%	 7%
Kinship		 67%		 33%
Other		 67%	 27%	7%

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, 14 percent remained in the same type of placement for their subsequent placement, while 64 percent experienced a step down to a traditional family-based resource home and 14 percent experienced a step down to a kinship home. Seven percent experienced a step up to "other" placement settings as a subsequent placement. For those initially placed in family-based resource homes, 5 percent experienced a step up to a congregate care setting. Fifty-seven percent moved within the array of family-based resource homes (i.e., a lateral move to another resource home), while 31 percent stepped down in placement to a kinship home.

Children placed in kinship care are in the most stable placement type. Over the 18 months covered in this analysis 3 out of 21 children initially placed in a kinship home experienced 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, 67 percent experienced a step up to family-based non-relative resource homes. Thirty-three percent experienced a step up to "other" placement settings.

Lastly, for children initially placed in "other" placement settings, 67 percent stepped down to a family-based resource home, while 27 percent stepped down to a kinship home. Seven percent remained in the "other" placement 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 a traditional family-based resource home or kinship home. With the exception of children initially placed in kinship homes (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 non-relative family-based resource home where 57 percent of all the initial moves were to another resource home. For children initially placed in a congregate care setting, 14 percent moved to another congregate care setting while 7 percent moved to "other" placement settings as their 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 of origin, 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 resource homes, and “other” placement settings in order to live in a kinship home.

In conclusion, children who initially entered out-of-home care from CY 2017 to CY 2021 had high rates of experiencing an initial placement move within the first 6 months of entering non-relative family-based resource homes, congregate care settings, and “other” settings. In contrast, children initially placed in kinship homes had much lower rates of initial placement changes within the first 6 months. In many of these initial moves, children experienced a “lateral” move from one traditional foster care placement to another traditional foster care placement. Again, CFSA will continue to promote timely identification of available kinship homes at the time of separation and further to assist those family members toward expedient licensing of their homes 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.

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

### **Measure**

The performance measure for reducing multiple placements applies to the following cohorts of children in care:

**1. Among children in care on the last day of the prior fiscal year (as of September 30, 2022)<sup>42</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:**

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<sup>42</sup> The last day of the fiscal year is used for the first cohort to ensure two completely separate groups. Otherwise, a child who entered care on October 1<sup>st</sup> would be part of the group of children in care at beginning of fiscal year and those entering care during the fiscal year.

- 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 2023. RTS will be used to set this performance target in the future.

This measure will be accompanied by a qualitative analysis on the children with 3 or more moves. The qualitative analysis will be informed by the CFSR Round 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>43</sup>

### **Methodology**

To assess performance, analysts used data from FACES.NET. The universe included 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 missing/absent 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 2022 (2) as the base population for children in care. The last day of the prior fiscal year is used instead of the first day of the current fiscal year to ensure that the two cohorts are mutually exclusive (otherwise, a child who entered on the first day of the fiscal year would be included in both cohorts). The analysts examined the total number of first cohort placements from when the children were separated until the end of FY 2023 (September 30, 2023), 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 2023. Analysts counted the total number of second cohort placements by the end of FY 2023, or upon the children’s exit from foster care prior to the end of the fiscal year.<sup>44</sup>

There is no performance target set at this time.

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<sup>43</sup> See On Site Review Instrument, <https://www.cfsrportal.acf.hhs.gov/resources/round-4-resources/cfsr-round-4-instruments-tools-and-guides>

<sup>44</sup> This second cohort of children who entered care in FY 2023 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.

### **Qualitative Review:**

Using FACES report PLC259, QA identified a statistically significant random sample of 92 children in foster care having three or more placement moves in FY 2023. Staff from PAQIA, Program Outcomes Unit, Out of Home Clinical Case Management and Support, and Kinship & Placement units reviewed and evaluated each placement change by reviewing FACES contact notes, provider notes, and court documents, then recording their findings and answering questions in an online SurveyMonkey tool. Reviewers evaluated the documentation of each of the total of 517 separate placement changes 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), a negative move (i.e., a placement disruption or move into a more restrictive placement setting), or was actually not a move at all; 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 intervention meant to prevent the disruption and preserve the child's placement.

### ***FY 2023 Performance***

Cohort 1: The Agency had served a total of 532 children as of September 30, 2022 (last day of prior fiscal year). By the end of FY 2023 (September 30, 2023), 62 percent (n=331) of those children had three or more placements, while 17 percent (n=88) and 21 percent (n=113) of the children had one placement or two placements, respectively.

Cohort 2: A total of 162 children entered or re-entered foster care during FY 2023. By the end of FY 2023 (September 30, 2023), 65 percent (n=105) of those children had one placement, while 17 percent (n=27) and 19 percent (n=30) of the children had two placements or three or more placements, respectively.

### ***Historical Information***

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

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

### ***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 last day of the prior fiscal year), the table presents the number of placements and duration of time that the children were in out-of-home care (“Duration in Out-of-Home Care”) and the number of placements they experienced. The duration of time in foster care is broken down into 3-month increments and includes the children who have been in care for 24 months or longer (0-3 months, 4-6 months, 7-9 months, etc.).

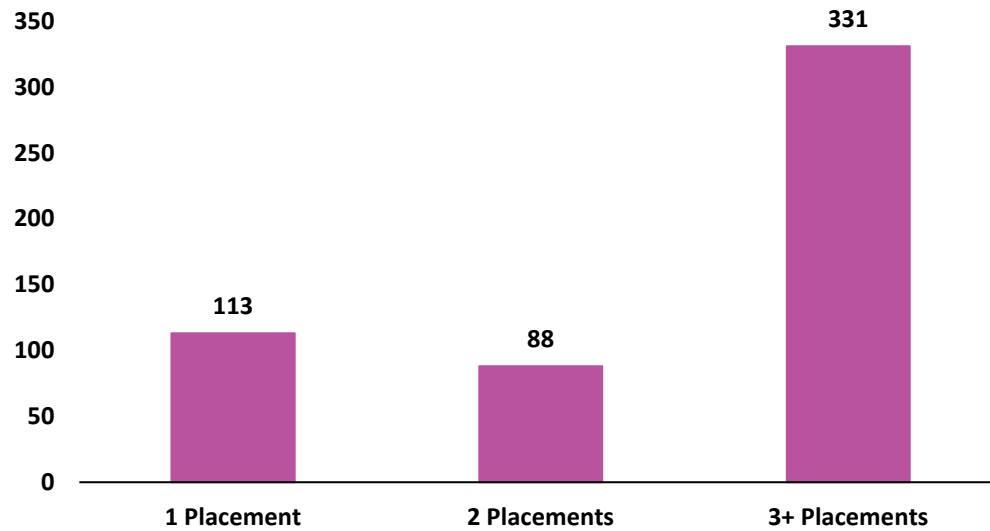
**Table 11. Children in care as of September 30, 2022 (last day of FY 2022), by Number of Placements and Duration in Out-of-Home as of September 30, 2023 (end of FY 2023)**

Duration in Foster Care	1 Placement	2 Placements	3+ Placements	Total Children
0-3 months	0	0	0	0
4-6 months	2	0	0	2
7-9 months	1	1	0	2
10-12 months	10	1	8	19
13-15 months	13	13	10	36
16-18 months	26	12	21	59
19-23 months	26	18	27	71
24+ months <sup>45</sup>	35	43	265	343
<b>Total</b>	<b>113</b>	<b>88</b>	<b>331</b>	<b>532</b>

Source: FACES.NET report PLC259

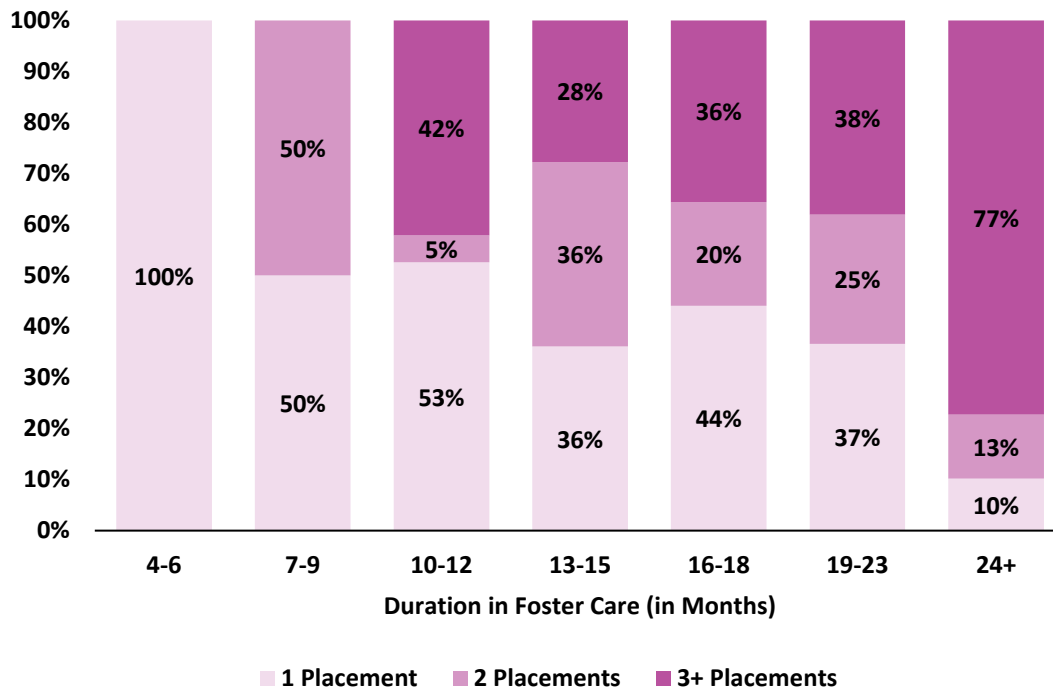
<sup>45</sup> The range of months in care for these children was 24 months to 245 months.

**Figure 43. Children in care as of September 30, 2022 (last day of FY 2022), by Number of Placements in Out-of-Home as of September 30, 2023 (end of FY 2023)**



Source: FACES.NET report PLC259

**Figure 44. Placement Stability for Cohort 1: Percentage of Children in Care on the 1<sup>st</sup> day of FY 2023 with Multiple Placements**



Source: FACES.NET report PLC259

The Agency’s goal is to stabilize placements and minimize placement moves for children in out-of-home care. These data represent the distribution of the number of placements experienced by children in out-of-home care as of October 1, 2022. The analysis focuses on the children in care for at least 10-12 months due to the small numbers of children in care 4-6 months (n=2) and 7-9 months (n=2). These children exited care prior to the end of fiscal year.

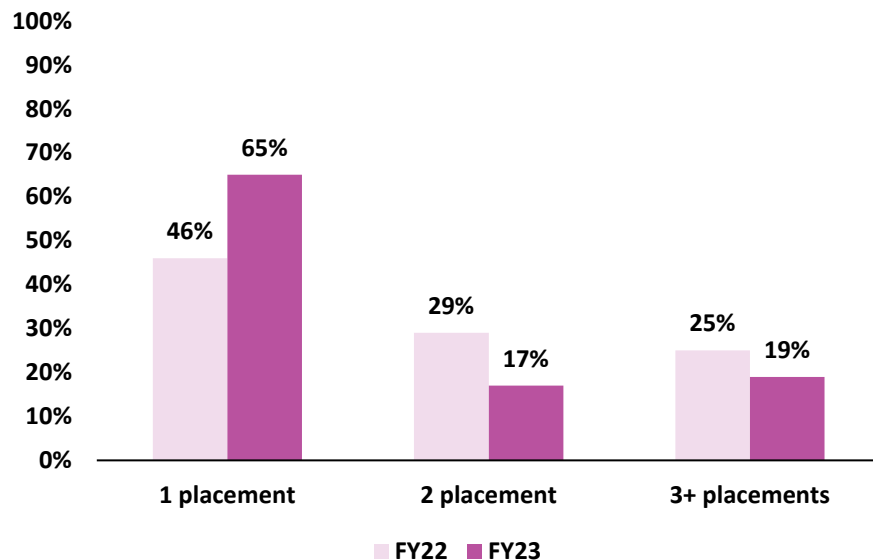
Overall, the trend suggests that as the duration of foster care increases, the likelihood of children having multiple placements also increases. CFSA’s trend is consistent with national data. In the Child Welfare Outcomes 2020: Report to Congress, the national average was that 85 percent of children in care for less than 12 months had two or fewer placements, while 65 percent of children in care 12-24 months and 40 percent of children in care for 24 months or longer had two or fewer placements.<sup>46</sup> Of children in care for 10 to 12 months, 42 percent

<sup>46</sup> <https://www.acf.hhs.gov/cb/report/cwo-2020>



experienced three or more placements. These percentages shifted in the subsequent category of 13 to 15 months, where the majority of children experienced one or two placements. However, once the children stayed in foster care for 16 to 18 months or longer, the rate of three or more placements increased to 36 percent, 38 percent, and 77 percent, respectively. It appears that the statistics indicate a decrease in the prevalence of two placements and three or more placements, compared to the data from the previous public performance report.

**Figure 45. Entry Cohort Placement Stability, FY 2022 and FY 2023**



Source: FACES.NET report PLC259

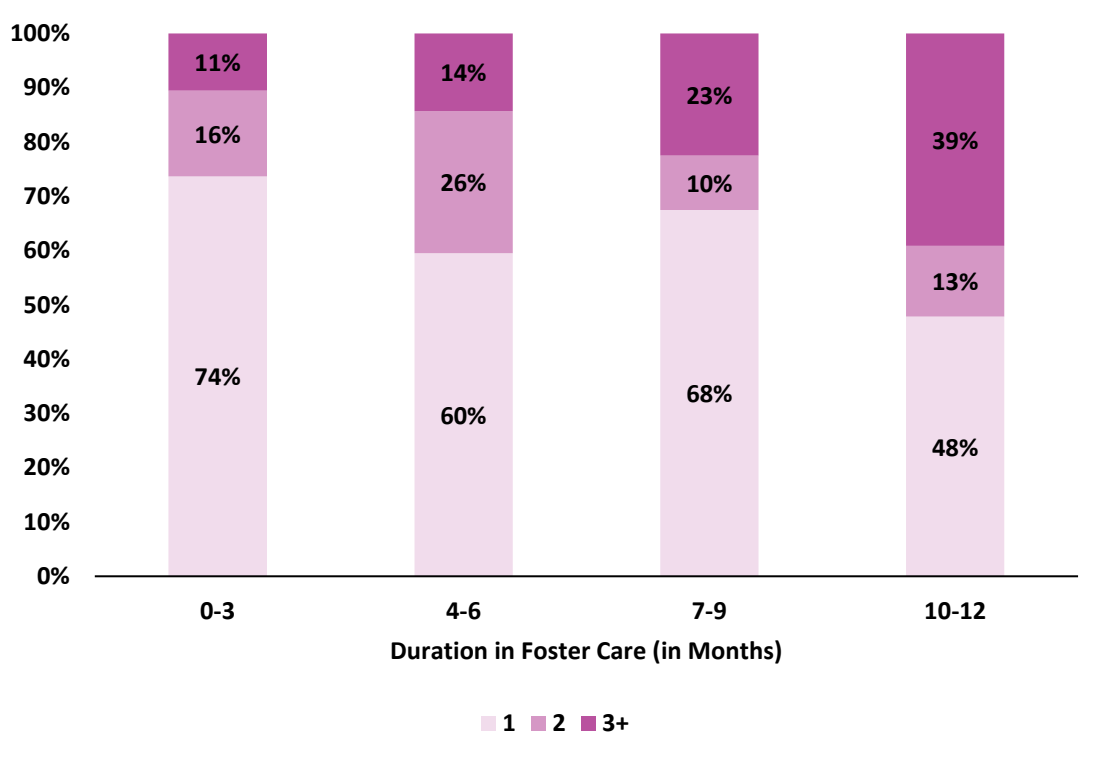
For Cohort 2 (children who enter care within the fiscal year), the table below illustrates the total number of placements experienced by these children by the duration of time in care. The “duration of time” is broken down into four ranges (0-3 months, 4-6 months, 7-9 months, and 9-12 months). The range does not go beyond 12 months since these children all entered in FY 2023.

**Table 12. Children who Entered or Re-Entered Care in FY 2023, by Number of Placements and Duration in Out-of-Home Care**

Duration in Foster Care	1 Placement	2 Placements	3+ Placements	Total Children
0-3 months	42	9	6	<b>57</b>
4-6 months	25	11	6	<b>42</b>
7-9 months	27	4	9	<b>40</b>
10-12 months	11	3	9	<b>23</b>
<b>Total</b>	<b>105</b>	<b>27</b>	<b>30</b>	<b>162</b>

Source: FACES.NET report PLC259

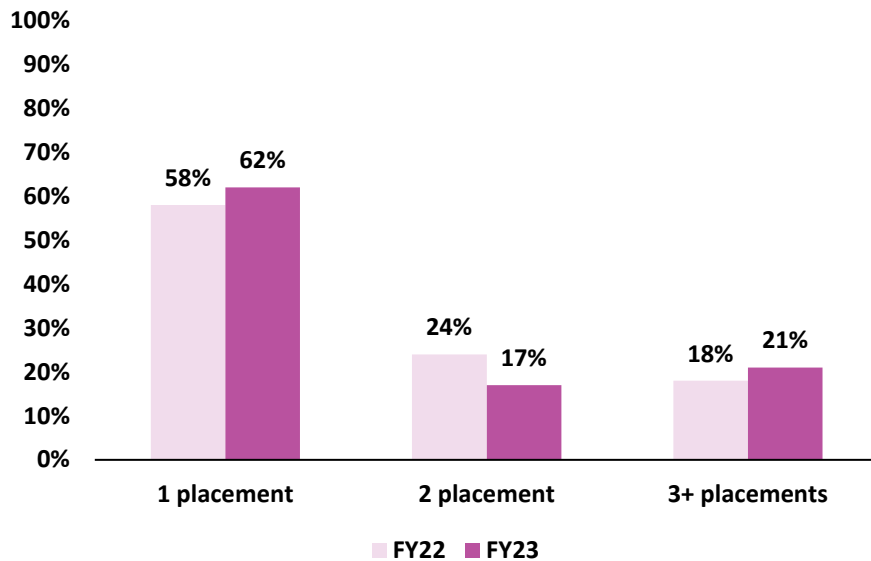
**Figure 46. Placement Stability for Cohort 2: Percentage of Children who entered care in FY 2023 with multiple placements**



Source: FACES.NET report PLC259

The above graph suggests that as the duration of time in foster care increases, the likelihood of children having multiple placements also increases. Up until 10-12 months, the largest number of children in each subgroup experienced one placement. For the 0-3 months, 11 percent of children experienced three or more placements. Nonetheless, as the length of stay increases between 4-6 months, 7-9 months, and 10-12 months, the proportion of children undergoing three or more placements notably escalates, peaking at 39 percent within the 10-12 months range. In comparison to FY 2022, the performance has been largely stable between the two fiscal years, with slight increases for children with one placement and children with 3 or more placements and a slight decrease for children with two placements.

**Figure 47. Placement Stability for Cohort 2, FY2022 and FY 2023**



Source: FACES.NET report PLC259

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<sup>47</sup>, and the child is transitioning to a resource home or congregate care facility.

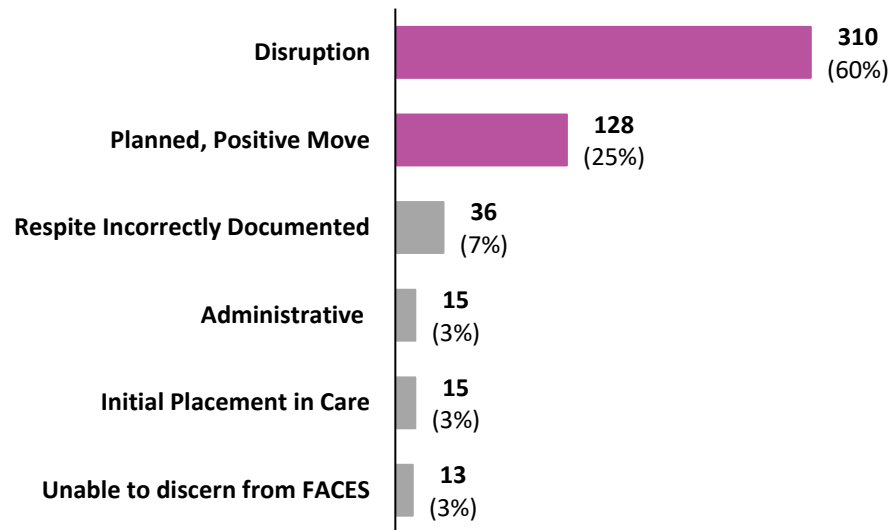
**Qualitative Review**

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<sup>47</sup> A correctional setting could include a juvenile detention setting in D.C. or surrounding counties, or an adult detention setting

Of the 517 separate placement changes recorded in FACES for the 92 children, reviewers determined that 310<sup>48</sup> (60 percent) of the moves were placement disruptions, while 128 (25 percent) were determined to be positive moves consistent with achieving the child’s permanency goal (moves to a less restrictive placement, and thus closer to goal achievement). These percentages (60 percent and 25 percent) exactly matched the findings of the initial FY 2022 review for placement disruptions vs positive moves. Reviewers also again found that many of the placement changes identified in FACES should have been documented as something other than a change, such as temporary respite care (36, 7 percent) and FACES administrative service line changes in which the child never left the placement (15, 3 percent). Fifteen placement moves (3 percent) were determined to be initial placements for children just coming into foster care<sup>49</sup> and in 13 reviews (3 percent) FACES documentation did not clearly reflect reasons for a child’s move.

**Figure 48. Placement Moves Overall (n=517)**



Source: Placement Review SurveyMonkey Data

<sup>48</sup> The survey question used FACES terminology to differentiate planned moves to a more restrictive placement from other types of placement disruptions, but both were combined for accurate reporting.

<sup>49</sup> Although the sample criteria for the review was limited to children with more than three placement changes, children’s initial placement in care was not reviewed, unless it also occurred in FY23 and was followed by three more moves.

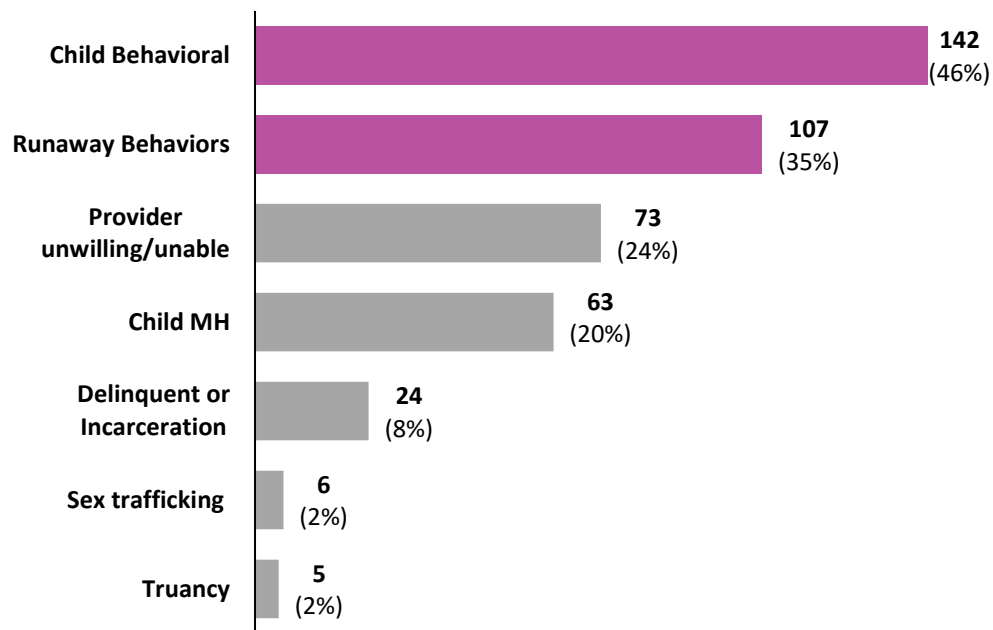
As in FY 2022, placement provider notes (also in FACES.NET but separate from social worker contact notes) were reported as being the most comprehensive and clear documentation of placement changes when present. However, those notes are currently only completed by CFSA resource parent support workers. Private agencies are not contractually required to complete provider notes, and do not currently complete them. The lack of consistently clear, comprehensive documentation identifying factors that negatively impacted placement stability, along with the Agency's efforts to address them, continues to challenge the analytical process for determining systemic areas in need of growth. The agency has taken this into consideration while building STAAND to allow for better documentation of factors impacting placement changes.

As a follow-up from the initial FY 2022 review, PAQIA made changes to the previous SurveyMonkey reviewer survey questions to provide a more qualitative analysis of factors which led to placement disruptions. While the FY 2022 survey gathered data from FACES placement request screens to provide placement move reasons, the FY 2023 survey was informed by reviewers recording move factors which were found in the narratives of FACES contact notes and provider notes, which were found to be more accurate and informative. Placement screen information was found to be somewhat inaccurate or incomplete, as they are sometimes completed before placement workers have all the case information needed to fully assess the reasons for the placement change, or circumstances may change throughout the process of finding and utilizing a new placement. By far, the biggest factors leading to placement disruptions were related to child behavioral issues, including a general category of child behavioral issues (a factor in almost half of disruptions documented) and the specific category of runaway behaviors (a factor in 35 percent of disruptions documented).<sup>50</sup>

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<sup>50</sup> For the survey, reviewers were instructed to record general "behavioral issues" excluding runaway, truancy, or delinquency/incarceration, which were identified separately for more accurate reporting. Reviewers could select more than one disruption factor if applicable.

**Figure 49. Figure: Disruption Factors (n=310)**

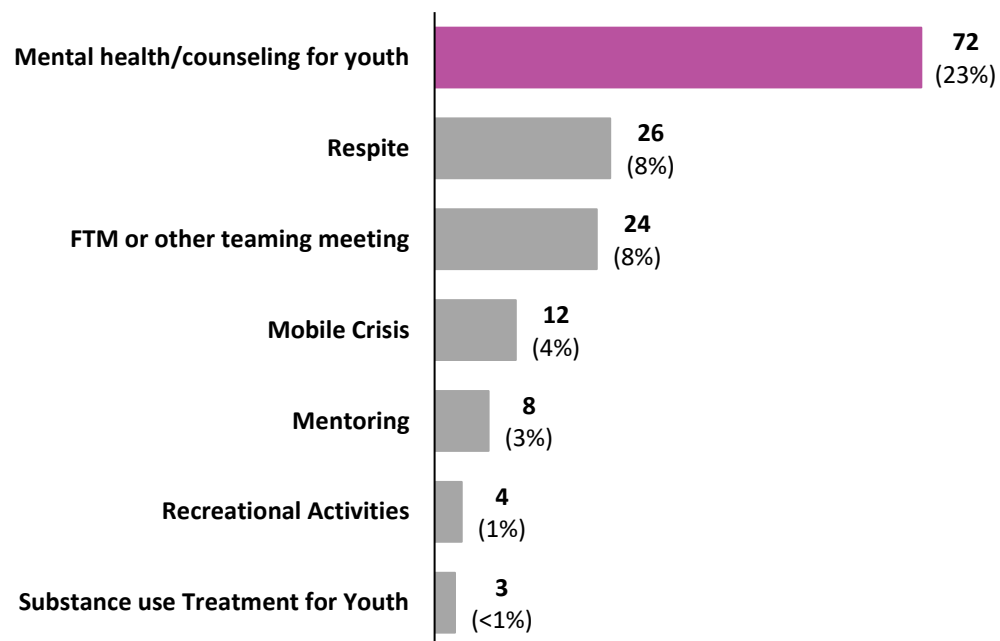


Source: Placement Review SurveyMonkey Data

In 178 of the 310 placement disruptions (57 percent), reviewers found documentation of attempted efforts made to proactively prevent the disruption<sup>51</sup>, a 23 percentage-point improvement over FY 2022. Mental health or counseling services (72, 23 percent) was by far the most frequently used effort attempt to prevent disruptions, as it was in the FY 2022 review.

<sup>51</sup> Reviewers may have found case documentation indicating more than one intervention for each disruption.

**Figure 50. Figure: Documented Attempts to Prevent Disruption (n=178)**



Source: Placement Review SurveyMonkey Data

In summary, this placement review demonstrates that there continues to be data quality concerns with the total number of placements experienced by children in foster care. The lack of comprehensive documentation in FACES.NET regarding the number of total moves, factors leading to placement changes, and efforts to prevent placement disruptions, continue to prevent an accurate evaluation of placement moves overall. However, reviews in FY 2022 and FY 2023 were consistent in the number of disruptions versus positive moves made by children/youth (60 percent and 25 percent respectively for both years). One positive improvement noted was the percentage of documented attempted actions taken by staff to prevent disruption, which rose from 34 percent in FY 2022 to 57 percent in FY 2023. This improvement may be the result of feedback from the FY 2022 review, which suggested social workers better document disruption prevention attempts in FACES contact notes, as staff pointed out that much of the prevention work is completed through phone calls and emails, which may not get added to the FACES record. The launch of a new information management system (STAAND), projected in April 2025, will bring significant improvements to how CFSA documents and gathers placement data (number of moves, reasons, etc.), as well as streamline and coordinate placement efforts (requests, support/stabilization, teaming etc.) across and among the team of people who do this work.



## **Conclusion**

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

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

### **Measure**

The percentage of children placed with kin within 30 days of entering care. No performance target is set for FY 2023.

### **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.

### **FY23 Performance**

During FY 2023 there were 165 children who entered care and stayed for longer than 8 days. Of these 165 children, 18 percent (n=29) were placed with kin within 30 days of entering out-of-home care.

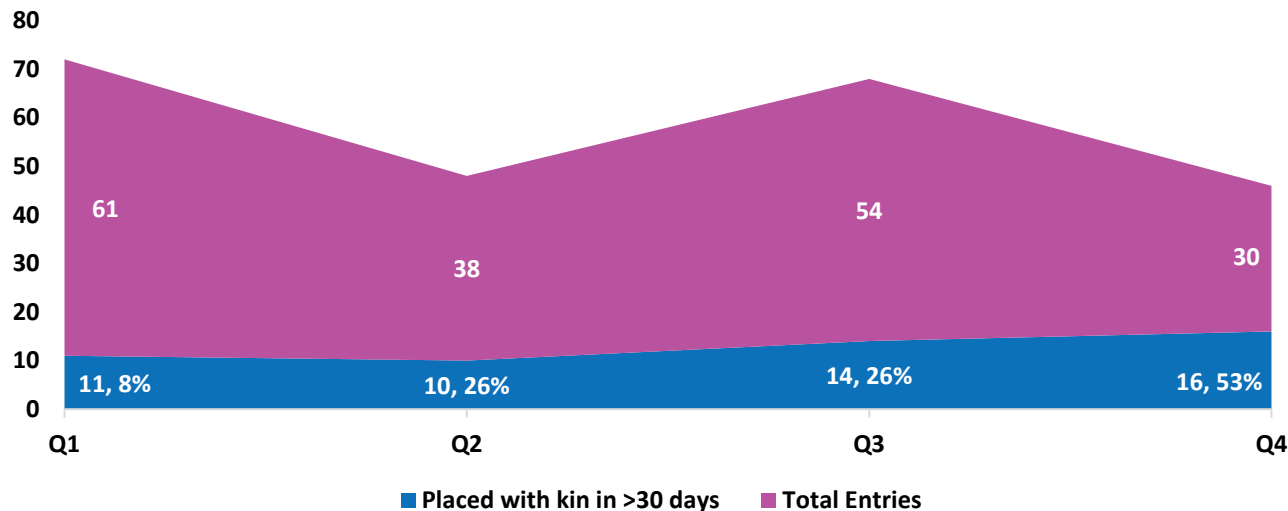
### **Historical Information**

This indicator first appeared in this report during FY 2022. Of all children who came into care in FY 2022, CFSA placed 28 percent in kinship care 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 out-of-home 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 addition, during OHI investigations and open in-home cases, social workers ask families about who they would identify as a contingency caregiver in the event that they were unable to care for their children for some reason. Social workers follow up on this identified person by contacting them and confirming their willingness to serve as a caregiver. 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 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.

CFSA continues its strategic efforts to increase kin placements which includes 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 the Office of Hotline and Investigations staff on completing phone assessment screenings to identify viable kin prior to or immediately upon a child’s separation from the home.

**Figure 51. Children Who Entered Care and Were Placed with Kin Within 30 Days, FY 2022**

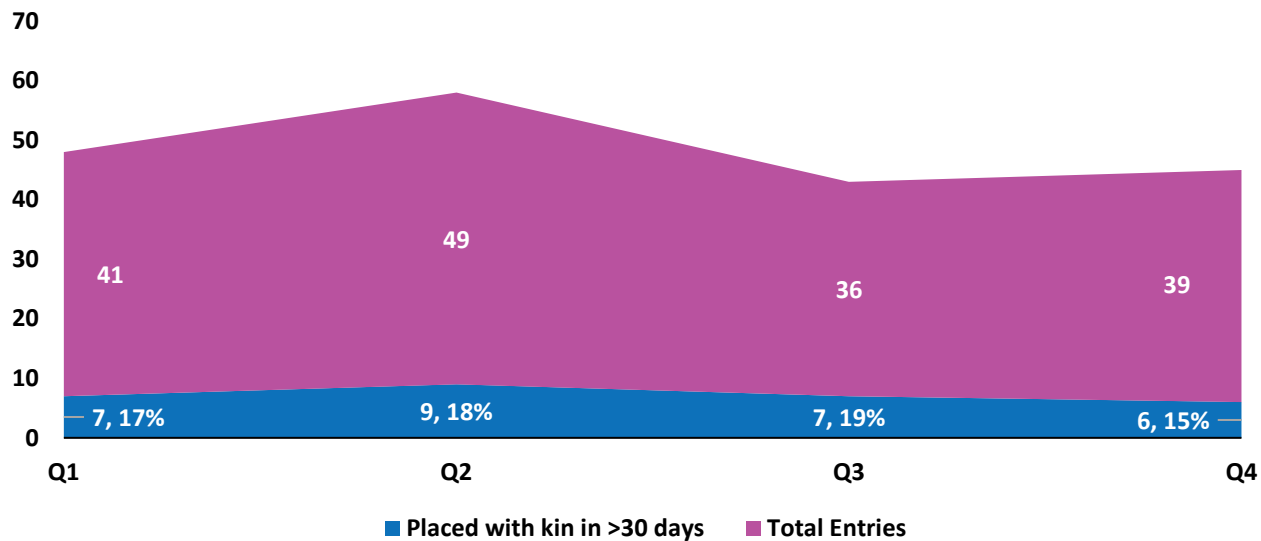


Source: CFSA Administrative Data and FACES.NET report CMT390

### Analysis

The chart below gives the raw numbers and percentages for this measure. During FY 2023, 18 percent (n=29) of all children who entered care were placed with kin within 30 days of entry, a 10 percentage-point decrease from the prior fiscal year. In the figure below, the number of children placed with kin within 30 days is consistent between six and nine children each quarter throughout FY 2023. The highest performance for this indicator occurred in FY 2023-Q3 with 19 percent of children who entered care being placed with kin within 30 days even though FY 2023-Q2 showed the highest number of children placed with kin within 30 days.

**Figure 52. Children Who Entered Care and Were Placed with Kin Within 30 Days, FY 2023**



Source: CFSA Administrative Data and FACES.NET report CMT390

During FY 2023, the Program Outcomes Unit completed an analysis concerning barriers to placing children with kin when they first enter out-of-home care. The analysis reviewed children who entered care during FY 2023 and why their first placement was not with kin.<sup>52</sup> This analysis continued into FY 2024 and will be a part of this section in future reports. The table below shares the top five barriers to initial placements of children with kin. The first and primary barrier related to kin being unwilling or unable to provide care (35 percent) for the children. The

<sup>52</sup> Additional barriers to initial placements of children with kin are a child's behavior, lack of housing, OHI history, Maryland residency, not meeting COMAR regulations, not meeting Chapter 60, refusing CFSA's licensing process, communication issues, and lack of income.

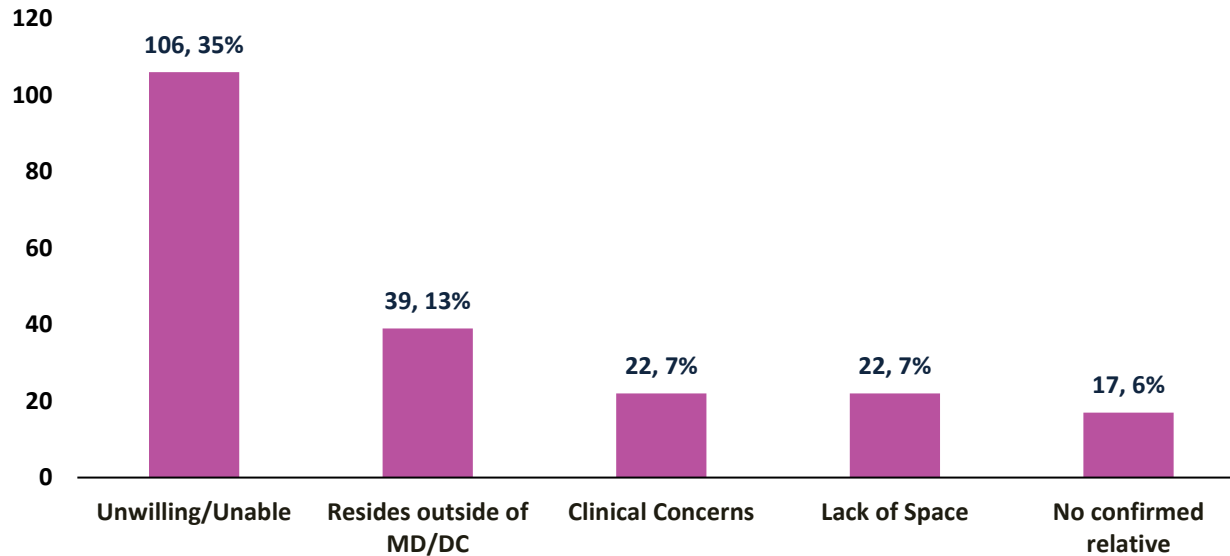
second barrier was due to kin not residing in Maryland or DC (13 percent). CFSA has the authority to issue emergency temporary licenses for kin residing in DC and has an agreement with the state of Maryland allowing for emergency temporary licenses. However, for kin residing outside of Maryland and DC, the Agency is required to submit an ICPC request to the other state, which will then initiate the licensure process and ultimately determine if the child can be placed with kin in their state. This second barrier prevents the Agency from being able to place children quickly in other jurisdictions. The third barrier (7 percent) related to clinical concerns for children. For CFSA, “clinical concerns” include circumstances where the Agency may have identified the potential kin provider as having untreated mental health concerns, or there may be identified concerns regarding the potential inability of the possible kin provider to set boundaries with the birth parents to keep the children safe. Clinical concerns also include vacillation in the kin’s commitment to become a licensed provider, criminal and OHI history, issues with COMAR regulations,<sup>53</sup> and children’s behaviors, or parents’ behaviors. None of these clinical concerns necessarily rules out placement with the kin; however, these types of concerns do delay placement of the children since the Agency completes additional assessments and works with the kin to ensure that the placement is the most appropriate.

The fourth barrier related to kin lacking space in their homes for children, which had the same percentage (7 percent) in this analysis as the third barrier of clinical concerns. Finally, the fifth and last barrier (6 percent) included CFSA being unable to identify and locate relatives for the children.

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<sup>53</sup> COMAR regulations are the compliance standard used by agencies in the state of Maryland. By law, CFSA must abide by these standards when placing children in the state of Maryland.

**Figure 53. Children Who Entered Care and Were Not Placed with Kin, FY 2023 – FY2024 Q1**



Source: CFSA Manual Data

CFSA continues to explore kinship for every child who enters out-of-home care. Despite this effort, challenges still hinder initial and subsequent placements of children with kin. When a case is closed to permanency with kin, that kinship home is no longer available in CFSA’s placement array. As the population of children in care decreases, the kinship placement rate will decrease accordingly. Many children in out-of-home care with CFSA have identified kin who reside in Maryland, and whose residences do not meet the COMAR requirements for licensing. CFSA does not have authority to utilize licensing waivers in Maryland as it does in DC. For DC-based kin, the ongoing lack of affordable housing in the District continues to impact the families’ ability and willingness to provide licensed kinship care.

For FY 2024, this indicator was updated to report CFSA’s performance on placing children with kin in less than 90 days. The kinship unit will actively engage family members towards licensure for the full 90 days to ameliorate initial barriers and also to expand the search of kin other than those found by DSU and during the separation. This update and enhancement will better capture the efforts used by the Agency to properly place children with kin and to increase the timeframe to better serve children and families. An update to these changes will be provided in the FY2024 Performance Report.

**Conclusion**

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

## 21. 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 in a 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 2023 Performance**

Throughout the period spanning from October 2022 to September 2023, the Agency arranged placements for four distinct children, encompassing a total of five instances where stays exceeded 30 days across emergency, short-term, or shelter facilities, as well as foster homes.<sup>54</sup>

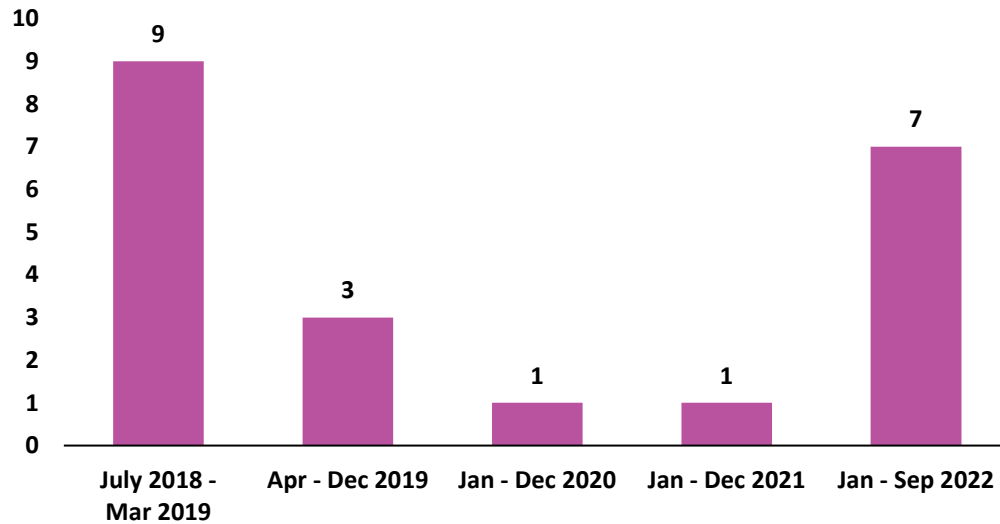
### **Historical Information**

CFSA's performance on this metric showed consistent improvement throughout 2021 but experienced a decline in the public performance report for 2022. During the January through September 2022 monitoring period, there were seven unique 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. In 2020 and 2021, emergency placements had been stable with only one child placed in an emergency placement beyond 30 days within each calendar year.

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<sup>54</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 for both youth at the time.

**Figure 54. Emergency Shelter Stays for more than 30 Days, 2019-2022**



Source: CFSA Administrative and Manual Data

### **Analysis**

There was a total of 65 instances where CFSA placed children in an emergency shelter during this performance period. Of the total 29 unique children, all were youth (aged 13-20) with an average age of 16 years old. CFSA placed four unique children in an emergency shelter for more than 30 days from October 2022 through September 2023. One youth experienced two episodes of placement in an emergency shelter for more than 30 days, equaling a total of five episodes of placements that lasted longer than 30 days with a median of 45 days and a range of days between 34 to 70 days for the placement. At the time of discharge, one youth moved to a non-licensed placement, another was placed with a traditional resource family, one youth was admitted to a residential treatment facility, and one youth went into missing child status immediately following this placement episode.

**Figure 55. Placements in Emergency Shelter Lasting Longer than 30 days, FY 2023**



**Four Unique Children encompassing a total of five instances where stays exceeded 30 days**

Source: CFSA Administrative Data

CFSA has continued to prioritize partnering with Sasha Bruce Youthwork<sup>55</sup> 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.

### **Conclusion**

CFSA considers this measure not achieved.

## **22. Overnight Stays**

### **Measure**

No child in out-of-home care 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 2023 Performance**

Between October 2022 and September 2023, 13 unique children experienced 124 overnight stays at CFSA.

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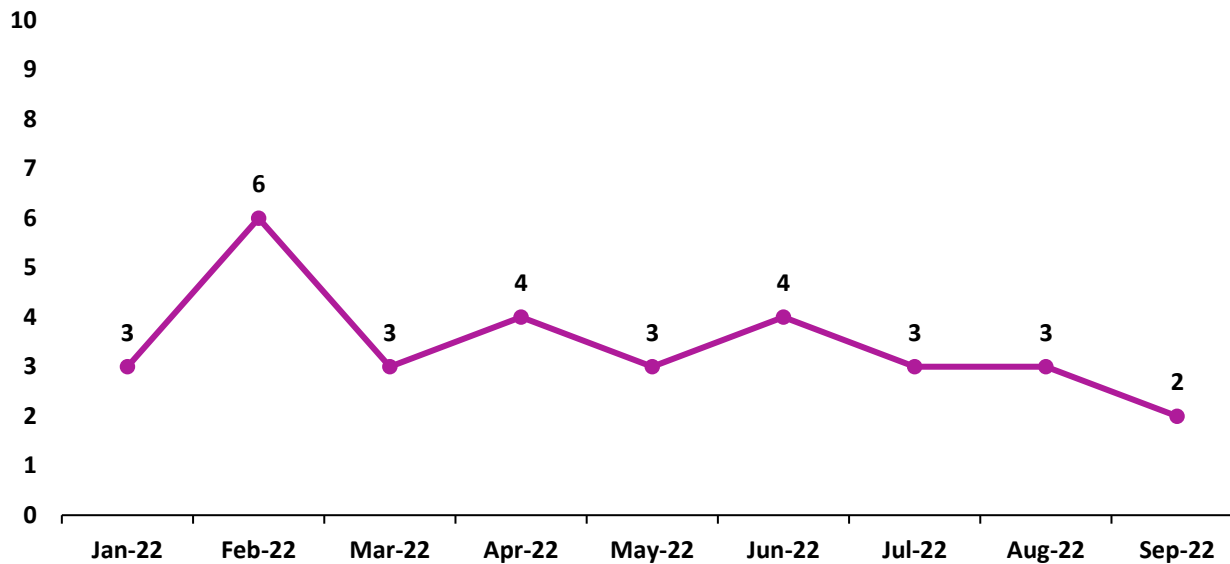
<sup>55</sup> The mission of Sasha Bruce Youthwork is to improve the lives of runaway, homeless, abused, and neglected at-risk youth and their families in the Washington area since 1974.



### Historical Information

During the latest reporting period from January to September 2022, there were 17 children who stayed overnight at the CFSA office building, totaling 35 overnight stays. The data indicates consistency in the number of children who stayed overnight across the reporting period.

Figure 56. Number of children who experienced Overnight Stays, January 2021 to December 2022<sup>56</sup>



Source: CFSA Administrative and Manual Data

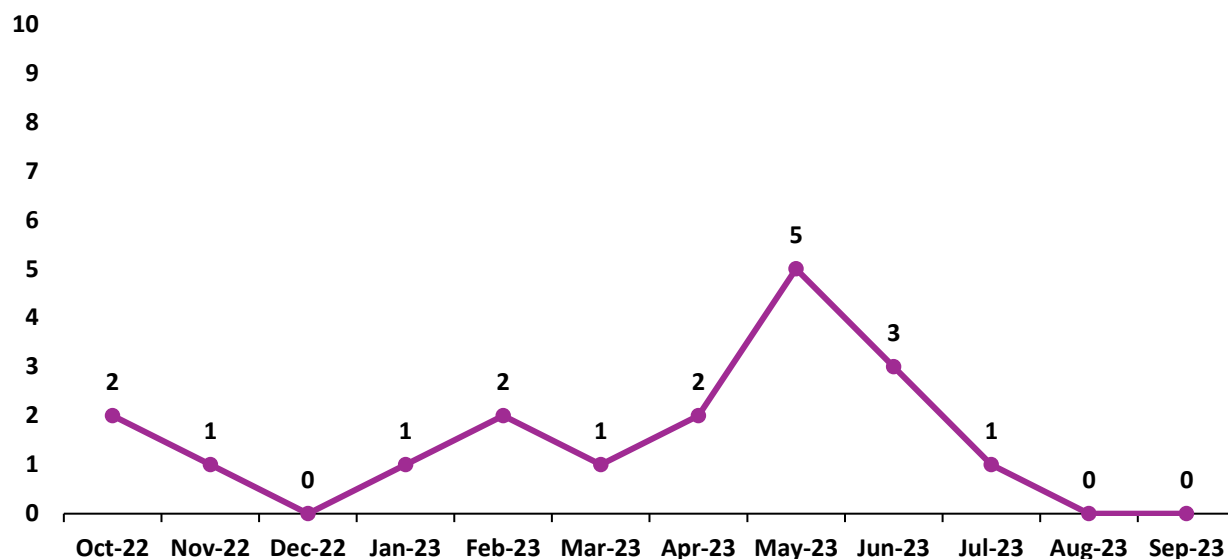
### Analysis

There were 13 unique children who experienced a total of 124 overnight stays. All the individuals were adolescents and young adults, aged between 14 and 19. Among the total group, six were male and seven were female. All of them 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 and behavioral 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. The number of stays was influenced by a limited group of children/youth (two youth, each with an average of 51 overnight stays), spending the most time in the

<sup>56</sup> The totals in the chart may not align as children may have experienced overnight stays in multiple months.

building. The child welfare system struggles to accommodate children and youth who exhibit dangerous behaviors, including those who adamantly refuse to take medications prescribed to address diagnoses of severe mental illness. The figure below shows the number of overnight stays experienced by children and youth in out-of-home care each month from October 2022 to September 2023.

**Figure 57. Number of Children who experienced Overnight Stays, October 2022 - September 2023<sup>57</sup>**



Source: CFSA Administrative and Manual Data

CFSA is developing multiple placement options for the older youth and children diagnosed with behavioral challenges, making placement a challenge. To address the need for additional beds for this population, CFSA has an intensive family-based foster care provider, PSI Family Services (PSI). Although PSI’s contract for 26 beds began in July 2022, placements did not begin until September 2022. In addition, CFSA initiated a Bridge Program on September 22, 2023. The Bridge Program provides placements for youth aged 12-17 entering or re-entering care, as well as youth currently in foster care in need of re-placements. Youth participating in the Bridge Program receive intensive assessments along with observations during short-term care (60 days) to ensure that the youth are appropriately matched in their subsequent placement. CFSA is also exploring plans to onboard a therapeutic group home for males and females aged 13-21. However, city

<sup>57</sup> The totals in the chart may not align as children may have experienced overnight stays in multiple months.

zoning officials have so far only approved the home to serve children ages 13-17.<sup>58</sup> This restriction hampers the Agency’s ability to develop the necessary resources to address the full population who experience these needs. Further, CFSA is supporting a District-wide effort led by the DC Department of Behavior Health to open a psychiatric residential treatment facility (PRTF) within 50 miles of the District. The PRTF will serve up to 30 males and females. This specialized placement option would allow youth diagnosed with severe mental health and behavioral needs to receive treatment and support in close proximity to their families. CFSA anticipates that these collective efforts will help to improve placement stability efforts for youth with specialized treatment needs while separated from their families. The Agency hopes these placement options will reduce placement disruptions in resource or guardianship homes and address previously unmet service needs that prevented youth from remaining in the community.

### **Conclusion**

CFSA considers this measure **not achieved**.

## **23. Placement of young children in most family-like setting**

### **Measure**

No children under 6 years of age will be placed in a non-foster-home congregate care 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 if the setting continued to be so for the duration of the review period. The review team included representatives from the Office of Well-Being and the Performance Accountability and Quality Improvement Administration (PAQIA). There were four children who met the threshold to be reviewed due to age and length of placement from September 2022 through October 2023. Compliance during the reporting period was determined by whether the child was in the most appropriate and necessary setting based on the child’s unique, critical physical or mental health issues.

### **FY 2023 Performance**

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<sup>58</sup> The facility is zoned as a Youth Residential Home Care Facility, which only allows for individuals under age 18. The Agency is working with Department of Buildings to increase the age range.

No children under the age of 6 were placed in a congregate care setting during FY 2023.

Of the four children found to be placed in an appropriate congregate care setting, reviewers unanimously determined that three (75 percent) were in an appropriate setting that addressed each of their critical medical or mental health needs.

#### Historical Information

This measure was reviewed as part of the performance report during the last fiscal year as well as the July 2018 through March 2019 performance period. The review found that all of the young children who were placed in a non-family-like setting were in the most suitable setting across the full fiscal year due to their specific specialized needs. CFSA will continue to monitor and review each young child who is placed in a non-family-like setting for necessity and appropriateness. As well, CFSA will continue ongoing determinations as to whether the young child should be recommended for a step down in service to a more family-like setting and subsequently, whether efforts should be made to find a new appropriate placement.

#### Analysis

This measure 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. From October 2022 through September 2023, four children between the ages of 6 and 12 were placed in congregate care settings for more than 30 days. CFSA staff from PAQIA and the Office of Well-Being reviewed these placements and determined that 75 percent (n=3/4) of the children had specialized needs that required placement within those settings for the length of time that they were placed. There was one child who was recommended for discharge to a home-like setting but due to the Agency being unable to identify a provider who could meet the specific needs of this child, the child remained in the congregate care setting for a few months longer than required. During this timeframe, Health Services for Children with Special Needs continued to fund the child's placement in the specialized setting. The measure also requires that no child under the age of 6 be placed in congregate care, non-family-based home settings for any period without appropriate justification. During the current monitoring period, there were no children under the age of 6 who were placed in a congregate care setting.

#### Conclusion

CFSA considers this measure partially achieved.

## 24. Out-of-Home Safety Assessments (QSR)

#### Measure

Of all cases reviewed in the annual QSR sample, **80 percent** 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 and Family Status) and *Planning Interventions: Safety and Protection* (under the domain of System Performance). For performance to achieve this measure, QSR specialists 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>59</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 performance target, reviewers examine social work practice and performance. Reviewers also examine documentation to assess practice.

## **2023 Performance**

QSR specialists rated **92 percent** (n=59/64) 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 social workers. Therefore, CFSA included this measure in the 2010 Implementation and Exit Plan. While still under the lawsuit, CFSA worked together with CSSP 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, again in partnership with CSSP, CFSA revised the methodology in 2019 to include the QSR ratings. The QSR ratings are based both on the review of documentation and on interviews with social workers, children, parents, and other key stakeholders. This revised methodology continues and more accurately assesses practice performance.

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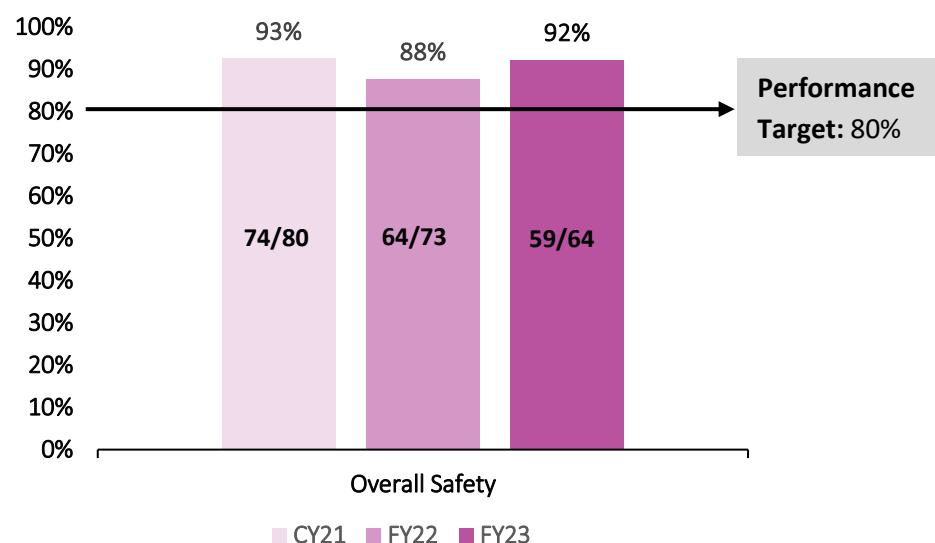
<sup>59</sup> The private agencies were reviewed between October-December 2021, which falls within CY 2021 and the first quarter of FY 2022.

CFSA has surpassed the target of 80 percent from CY 2021 to FY 2023 for Out-of-Home cases. In CY 2021, the QSR Unit reviewed 80 Out-of-Home cases. Of these cases, reviewers rated 93 percent (n=74) as acceptable for both indicators. In CY 2022, the QSR Unit reviewed 73 Out-of-Home cases. Of these cases, reviewers rated 88 percent (n=64) as acceptable for both indicators.

### Analysis

In FY 2023, overall, practice for this measure maintained acceptable ratings. In FY 2022, Out-of-Home had a 5 percentage-point decrease from CY 2021. In FY 2023, there was a 4 percentage-point increase, demonstrating some improvement despite the 5 percentage-point decline in FY 2022. The slightly higher percentage in FY 2023 was due to the progress in the Child Status domain indicators: *Safety in the Community* and *Safety in School*.

**Figure 58. Out-of-Home Performance on Safety Assessments, CY 2021-FY 2023**

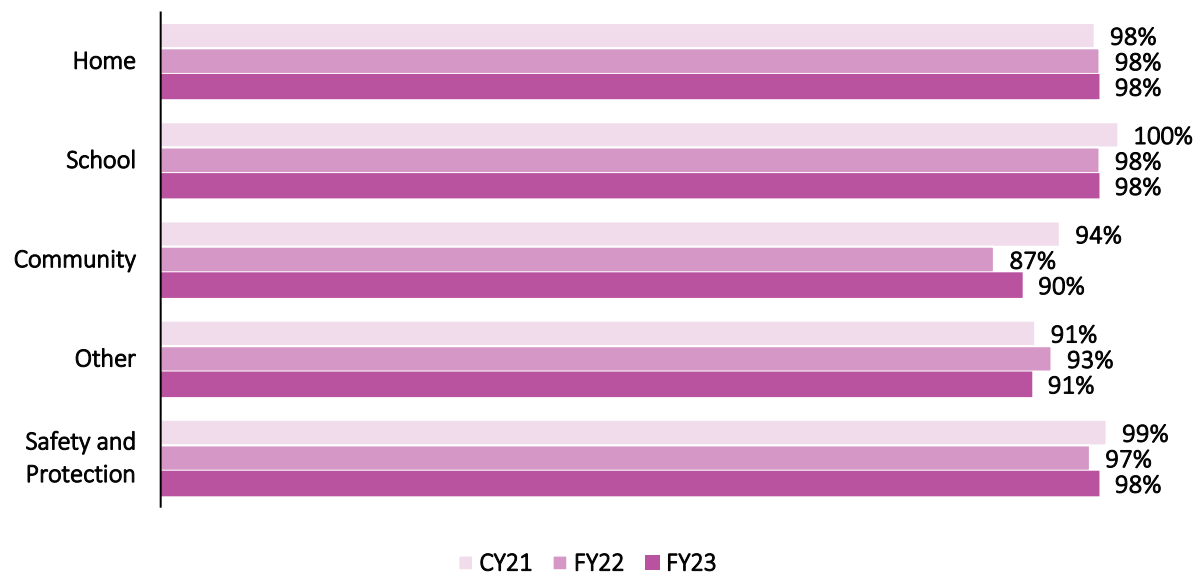


Source: Quality Service Reviews manual data, 2021-2023.

CFSA achieved the required level of performance for the 3<sup>rd</sup> year for *Safety in the Home*, surpassing the 80 percent target. In FY 2022, reviewers rated 87 percent (n=39/45) as acceptable for the indicator *Safety in Community* while in FY 2023, reviewers rated 90 percent (n=30/33) as acceptable. In FY 2022, reviewers rated 98 percent (n=53/55) as acceptable for the indicator *Safety in School* while in FY 2023, reviewers rated 98 percent (n=45/46) of the cases acceptable. In FY 2023, QSR specialists rated 92 percent (n=59/64) of the Out-of-Home

cases as acceptable the *Child Safety* indicator (ratings for *Safety in the Home, School, Community and Other*). These data outcomes indicate that CFSA social workers regularly assess for and ensure children’s safety.

**Figure 59. Out-of-Home Safety Assessments by Subpart, CY 2021 – FY 2023**



Source: Quality Service Reviews manual data, 2021-2023.

**Conclusion**

CFSA considers this measure **achieved**.

**25. 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 for 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 for families who receive In-Home or Out-of-Home services. 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. Since FY 2022, CFSA has been reporting on data for the fiscal year. Accordingly, reviewers reported the private agencies' data in the July – December 2021 Public Performance report. The data were also reported again for the FY 2022 data.

### **2023 Performance**

In FY 2023, QSR specialists rated **91 percent** (n=110/121) of the combined sample of In-Home and Out-of-Home cases as acceptable for the indicator, *Implementing Supports and Services*.

### **Historic Information**

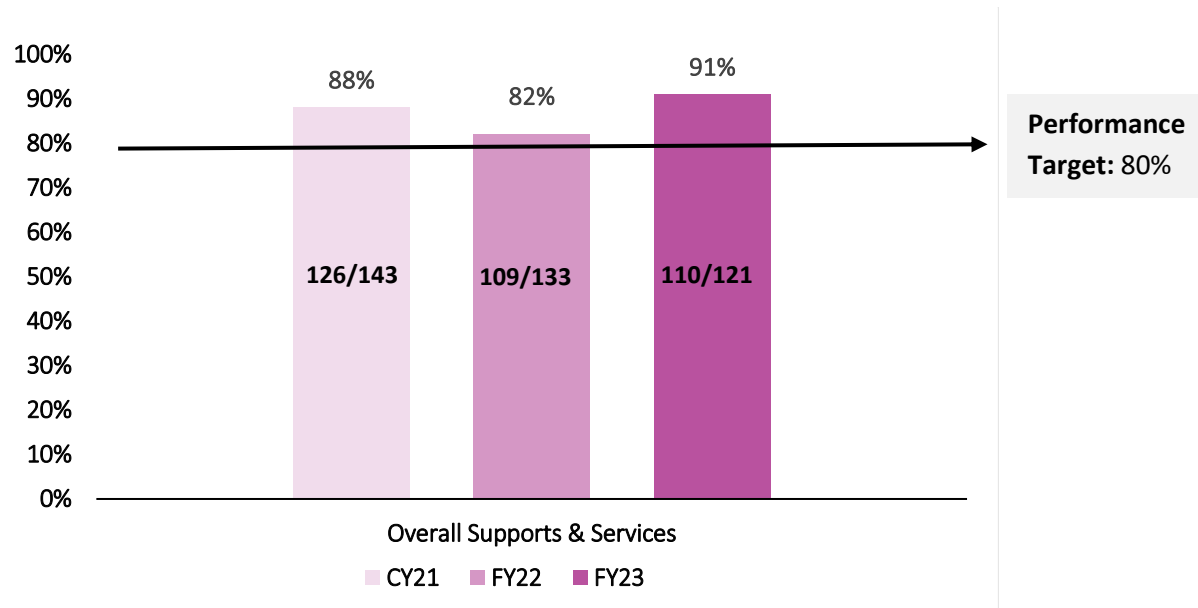
Services to families and children to promote safety, permanency, and well-being continue to be central to CFSA's work. CFSA consistently achieved maintenance on this measure for the combined In-Home and Out-of-Home sample of cases for the past 3 years. Ratings both met and exceeded the 80 percent target with 83 percent of the cases rated as acceptable in CY 2020, 88 percent as acceptable in CY 2021, and 82 percent of cases rated as acceptable in FY 2022.

### **Analysis**

Overall, the Agency continued to surpass the 80 percent target with 91 percent of cases receiving an acceptable rating for *Implementation of Supports and Services* for FY 2023. This was a 9 percentage-point increase as compared to FY 2022 when QSR specialists rated 82 percent (n=109/133) of the cases as acceptable.



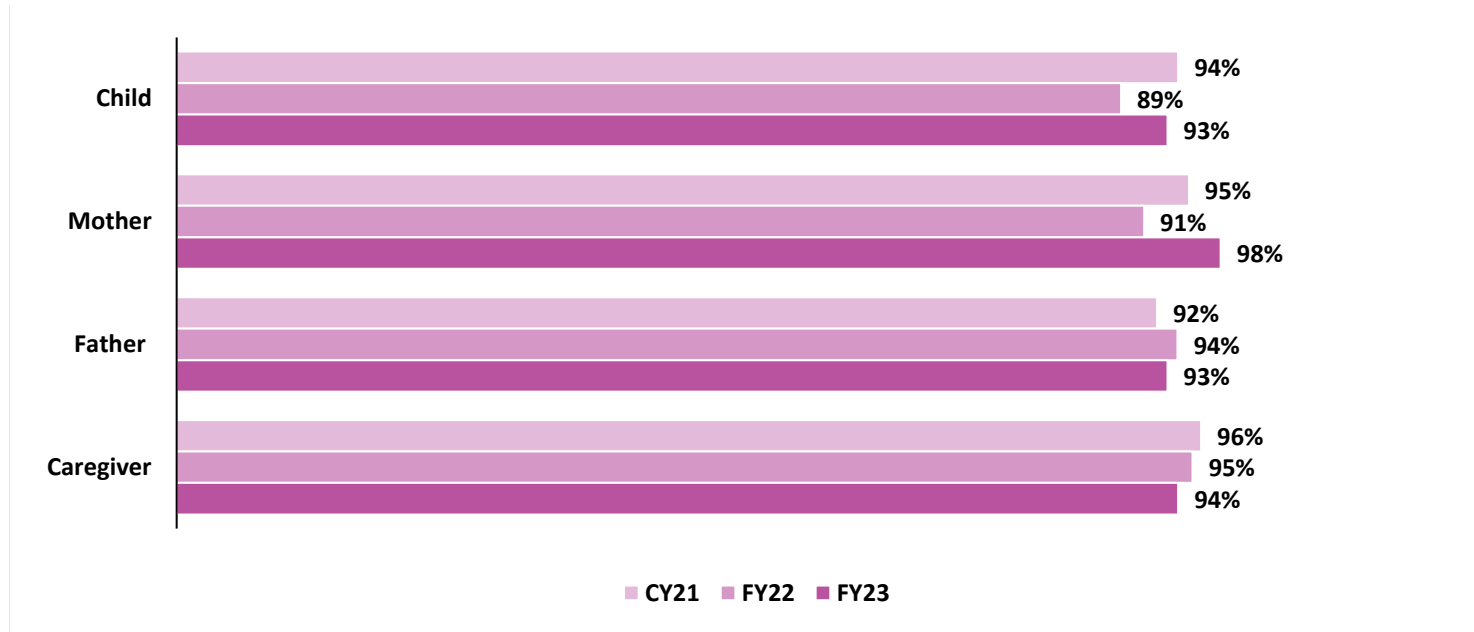
**Figure 60. Overall Supports and Services, CY 2021-FY 2023**



Source: Quality Service Reviews manual data, 2021-2023.

CFSA achieved the required level of performance for the 4th year. Examining the data by individual subparts provides a deeper analysis for supports implemented for the child, mother, father, and caregiver. In FY 2023, the overall performance for In-Home and Out-of-Home was 93 percent (n=112/121) acceptable for *supports and services for children*. For *supports and services to mothers*, reviewers rated 98 percent (n=80/82) of the cases as acceptable. For *supports and services to fathers*, reviewers rated 93 percent (n=27/29) of the cases as acceptable. For substitute caregivers (Out-of-Home cases only), reviewers rated 94 percent (n=46/49) of the cases as acceptable for *supports and services*.

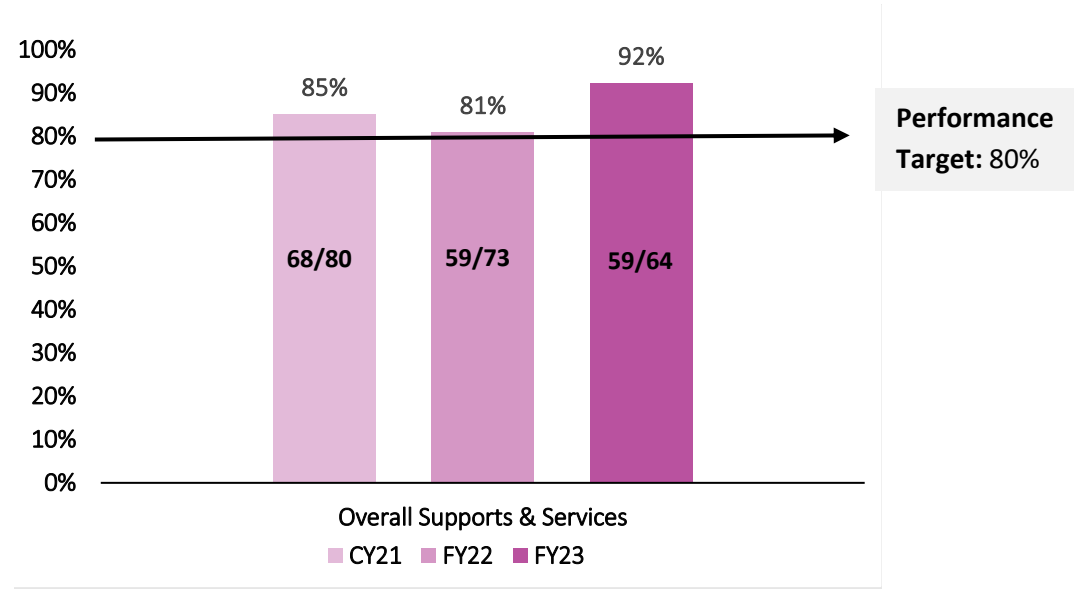
Figure 61. Overall Supports and Services by Subpart CY 2021-FY 2023



Source: Quality Service Reviews manual data, 2021-2023.

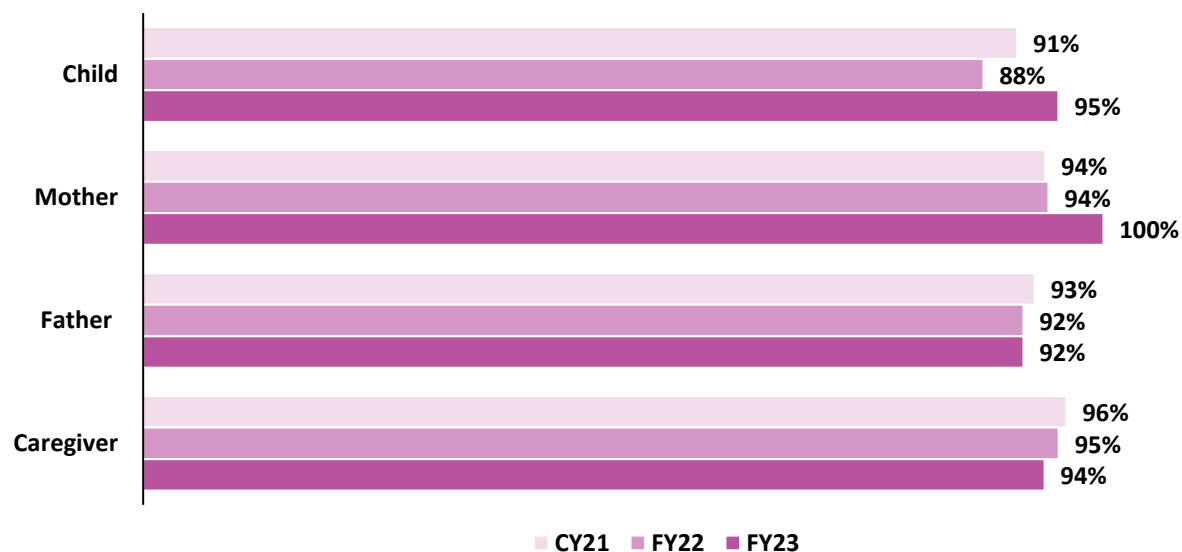
In FY 2023, the QSR Unit reviewed 64 Out-of-Home cases with an acceptable rating of 92 percent (n=59/64). In FY 2022, reviewers rated 81 percent (n=59/73) of the cases as acceptable. The proportion of cases rated as acceptable in FY 2023 was 7 percentage points higher than in CY 2021 and 11 percentage points higher than in FY 2022. The increase was due to improvements with *supports and services for children* (95 percent of cases rated as acceptable in FY 2023 compared to 88 percent of cases rated as acceptable in FY 2022), and for mothers (100 percent of cases rated as acceptable in FY 2023 compared to 94 percent rated as acceptable in FY 2022).

**Figure 62. Out-of-Home Performance on Supports & Services CY 2021-FY 2023**



Source: Quality Service Reviews manual data, 2021-2023.

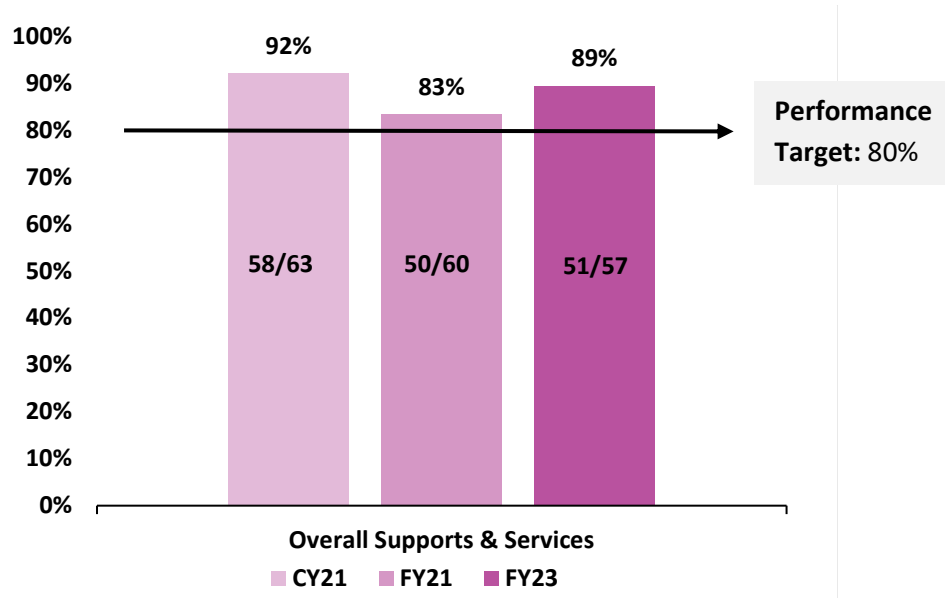
Figure 63. Out-of-Home Performance on Supports & Services by Subparts CY 2021-FY 2023



Source: Quality Service Reviews manual data, 2021-2023.

Overall, 89 percent of In-Home cases received an acceptable rating on all subparts of the *Implementing Supports and Services* indicator (3 percentage points lower than Out-of-Home). For FY 2023, In-Home had 89 percent (n=51/57) of the cases rated as acceptable for the child. For mothers, reviewers rated 96 percent (n=45/47) of the cases as acceptable, and for fathers, 100 percent (n=17/17) of the cases were rated as acceptable. The improvement from FY 2022 to FY 2023 was due to improvements with *supports and services to mothers* (96 percent rated acceptable in FY 2023 as compared to 88 percent rated acceptable in FY 2022), and fathers (100 percent rated acceptable in FY 2023 as compared to 95 percent rated acceptable in FY 2022). For the last 3 years, the Agency has exceeded the 80 percent target for *Implementing Supports & Services* for birth fathers.

**Figure 64. In-Home Performance on Supports & Services CY2021-FY-2023**



Source: Quality Service Reviews manual data, 2021-2023.

**Figure 65. In-Home Performance on Supports and Services by Subparts CY 2021-FY 2023**



Source: Quality Service Reviews manual data, 2021-2023.

The overall performance for In-Home and Out-of-Home ratings in FY 2023 exceeds the 80 percent performance target. Individual performance on each subpart was also above the performance target. Reviews identified a strong array of supports and services that matched the intervention strategies identified in the child and family’s current service and case plans. Services were beneficial in assisting the child and family to meet their needs and to make progress toward planned outcomes. Caregivers were consistently engaged and appropriate services were implemented to support placement stability for children.

### **Conclusion**

CFSA considers this measure **achieved**.

## **26. Case Planning (QSR)**

### **Measure**

Of all cases reviewed in the QSR random sample, **80 percent** will achieve an acceptable rating for 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. The data were reported again in the FY 2022 data.<sup>60</sup>

### **2023 Performance**

In FY 2023, QSR specialists rated **93 percent** (n=113/121) of the In-Home and Out-of-Home case sample as acceptable for the *Planning Interventions* indicator.

### **Historic Information**

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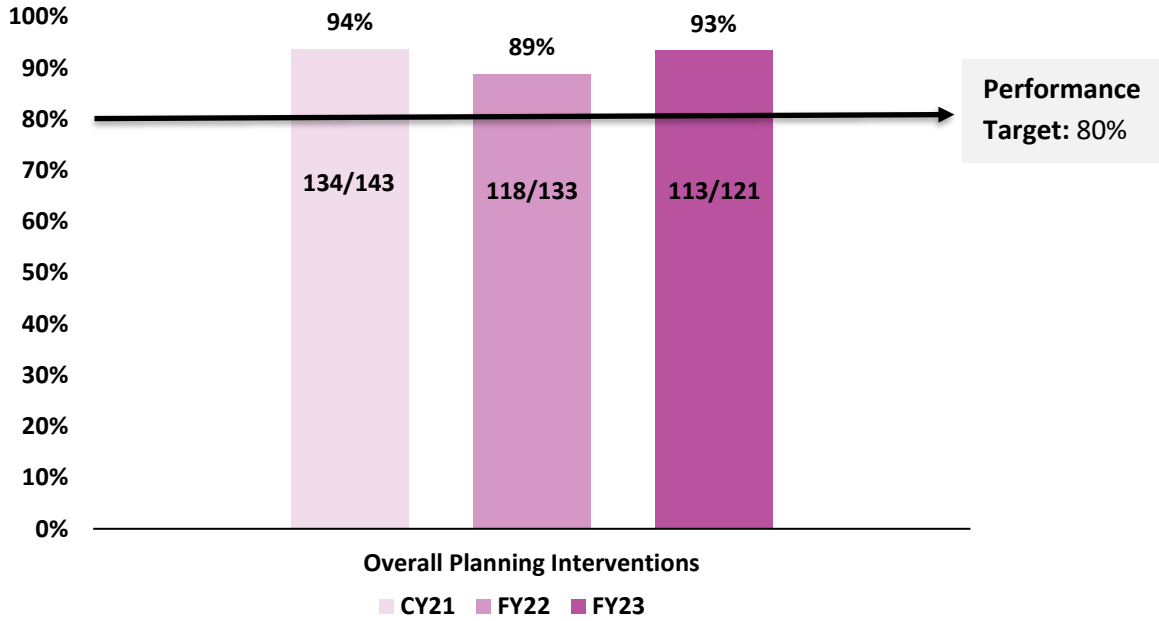
<sup>60</sup> The private agencies were reviewed between October and December 2021, which falls within CY 2021 and the first quarter of FY 2022.

In CY 2021, 94 percent (n=134/143) of the combined case sample received an acceptable rating. In FY 2022, 89 percent (n=118/133) of the cases received an acceptable rating.

**Analysis**

CFSA achieved this measure with both In-Home and Out-of-Home case ratings exceeding the performance target at 93 percent (113/121) for the 3<sup>rd</sup> consecutive year. The FY 2023 QSR findings on In-Home and Out-of-Home cases revealed that strategies match the identified needs to support safety, permanence, and well-being for children. With effective case planning, families receive the appropriate services and supports to enhance their ability to adequately address their identified needs.

**Figure 66. Overall Planning Interventions, CY 2021-FY 2023**

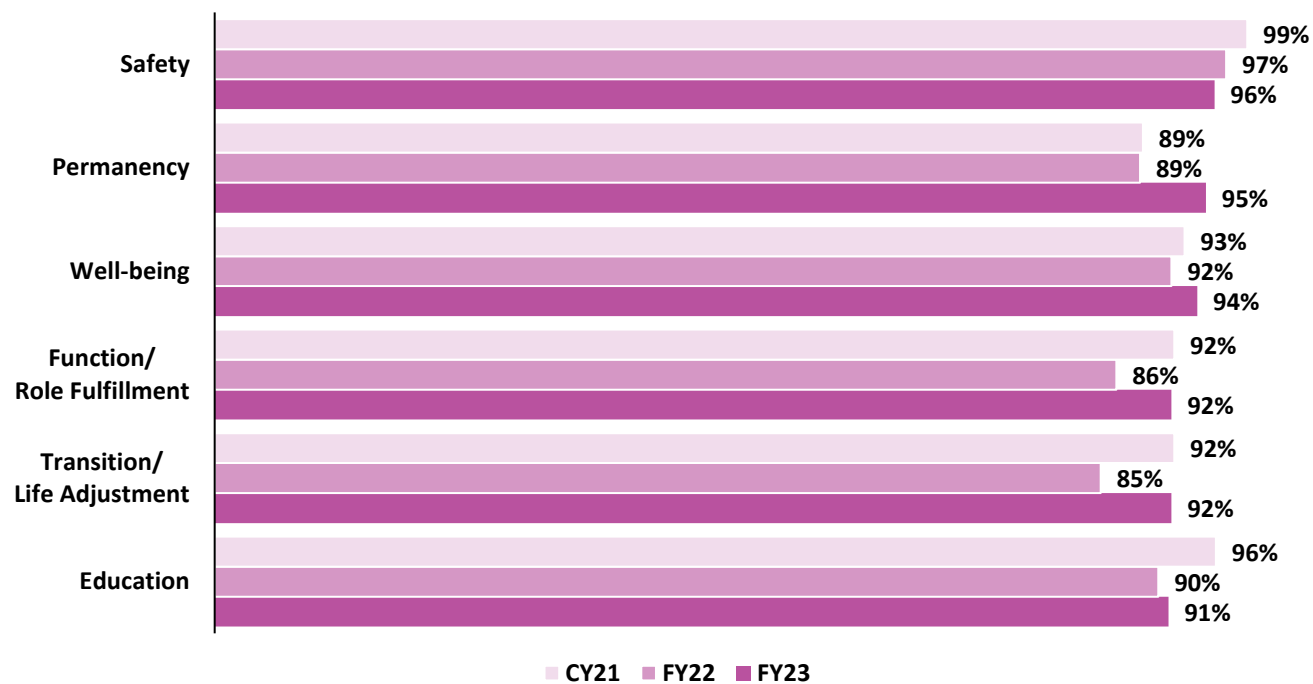


Source: Quality Service Reviews manual data, 2021-2023.

CFSA demonstrated consistent and effective planning to help families accomplish positive life outcomes by achieving measurable and meaningful goals with each of the indicator subparts steadily receiving acceptable ratings over 80 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 67. Overall Case Planning Interventions by Subpart, CY 2021 – FY 2023**

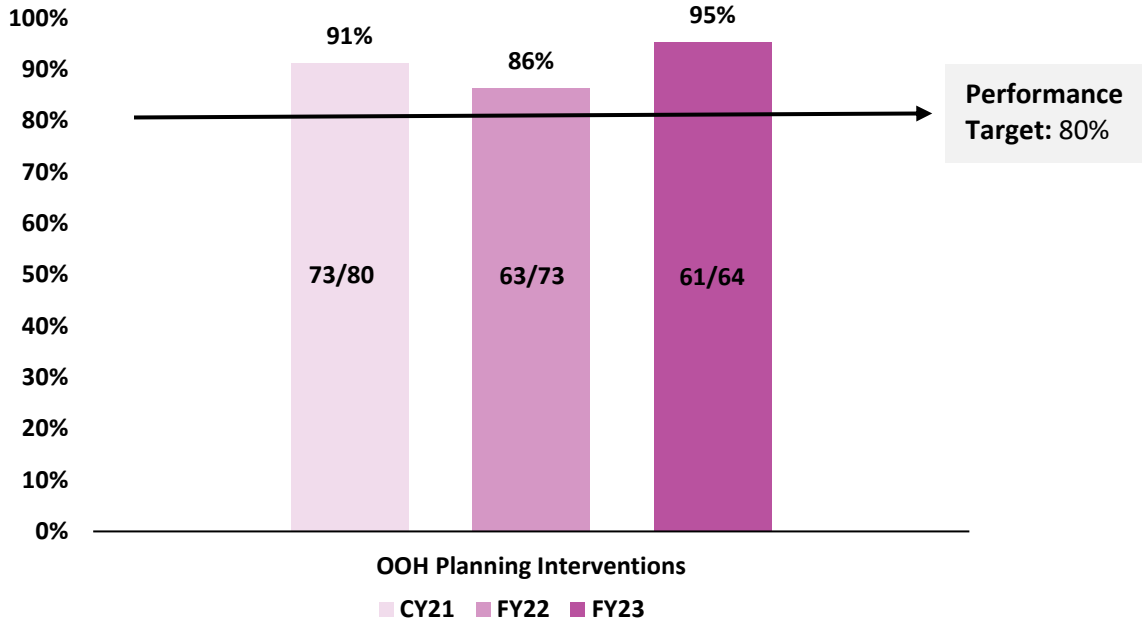


Source: Quality Service Reviews manual data, 2021-2023.

Although Out-of-Home cases consistently met the 80 percent target, performance exceeded 90 percent in both CY 2021 and FY 2023; ratings reached 86 percent in FY 2022. During this 3-year period, performance improved to its highest value in FY 2023 with 95 percent of cases rated as acceptable (n=61/64). The increase in performance was due to improvements with *planning for permanency* (95 percent of cases rated as acceptable in FY 2023 compared to 82 percent of cases rated acceptable in FY 2022), *planning for well-being* (95 percent of cases rated as acceptable in FY 2023 compared to 90 percent of cases rated as acceptable in FY 2022), *planning for functioning/role fulfillment* (94 percent of cases rated as acceptable in FY 2023 compared to 85 percent of cases rated acceptable in FY 2022), and *planning for transition/life adjustment* (92 percent of cases rated as acceptable in FY 2023 compared to 84 percent of cases rated acceptable in FY 2022).

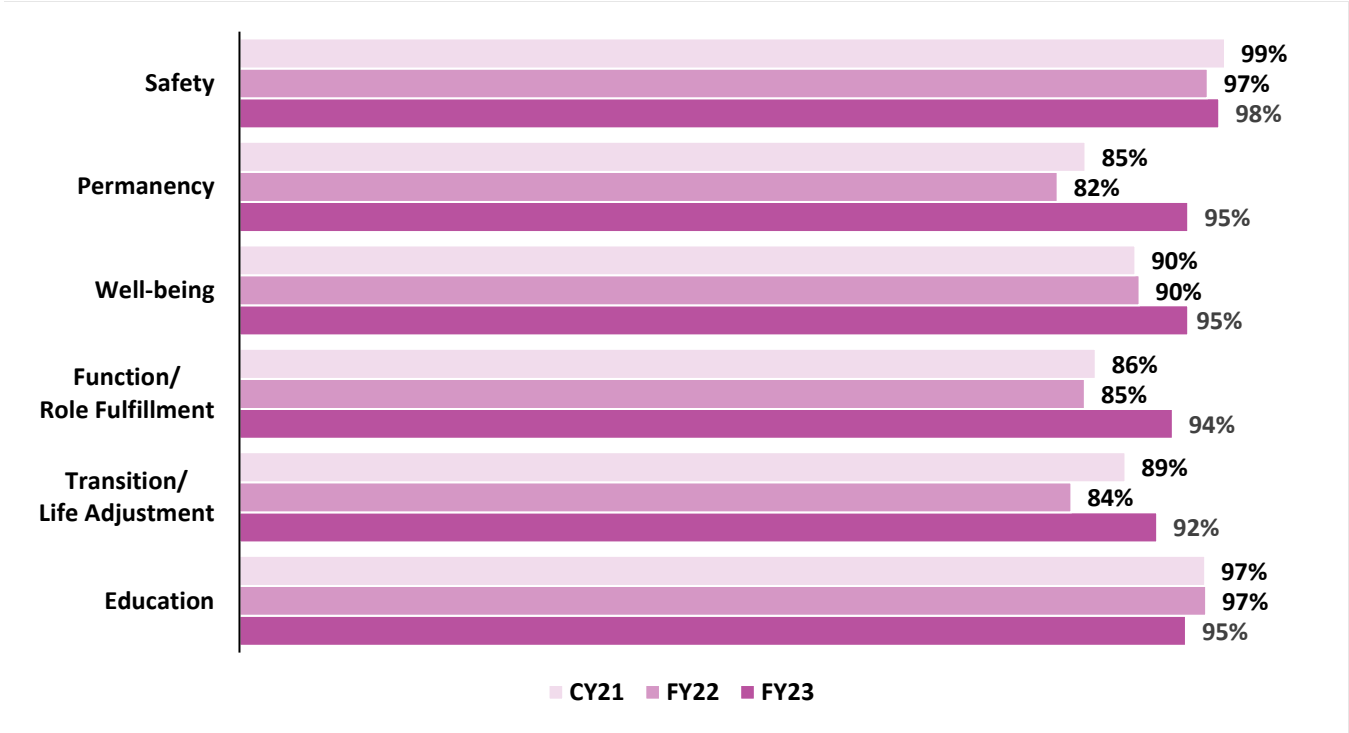


Figure 68. Out-of-Home Planning Interventions, CY 2021-FY2023



Source: Quality Service Reviews manual data, 2021-2023

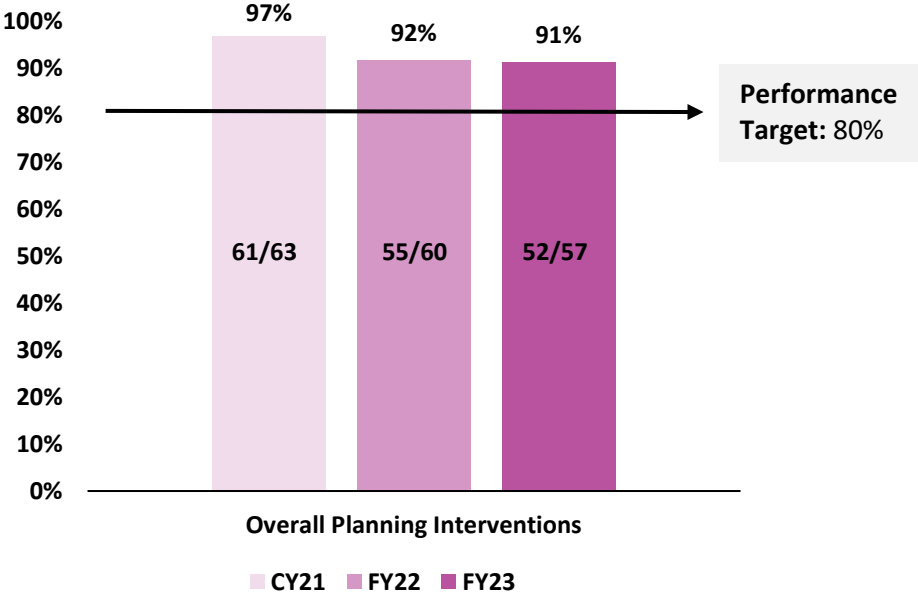
**Figure 69. Out-of-Home Case Planning Interventions by Subpart, CY 2021 - FY 2023**



Source: Quality Service Reviews manual data, 2021-2023

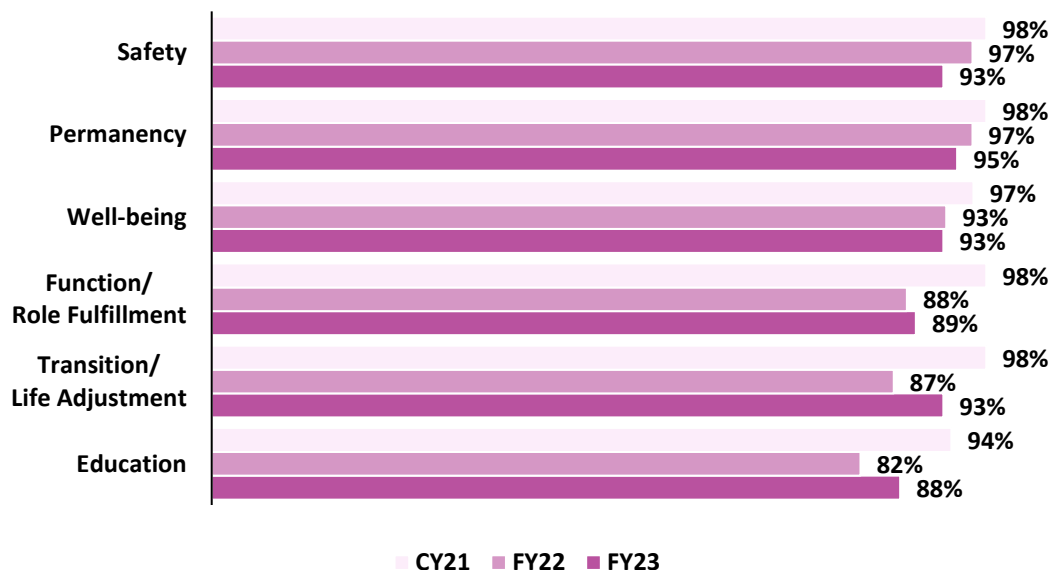
For the 3<sup>rd</sup> consecutive year, CFSA has achieved the required level of performance for In-Home cases. In FY 2023, 91 percent (n=52/57) of the cases received acceptable ratings for *Planning Interventions*. In FY 2022, reviewers rated 92 percent (n=55/60) of the cases as acceptable while in CY 2021, 97 percent (n=61/63) of the cases received an acceptable rating. Performance in FY 2023 was largely consistent with performance in FY 2022.

**Figure 70. In-Home Performance on Planning Interventions, CY 2021 – FY 2023**



Source: Quality Service Reviews manual data, 2021-2023

**Figure 71. In-Home Planning Interventions by Subpart, CY 2021 - FY 2023**



Source: Quality Service Reviews manual data, 2021-2023

Practice findings for In-Home and Out-of-Home demonstrates that planning for specific outcomes and intervention strategies have been very effective in addressing families’ situations. 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 both for In-Home and for Out-of-Home cases. 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**.

**27. 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, as needed, within specialized placement types, such as SOY (Specialized Opportunities for Youth) homes, TIPP (Trauma-Informed Professional Parent) homes or other newly identified placements. These placement types are described further later in this section.

### ***Methodology***

Analysts utilized data from FACES.NET to evaluate performance using a measurement logic for 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 and 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.

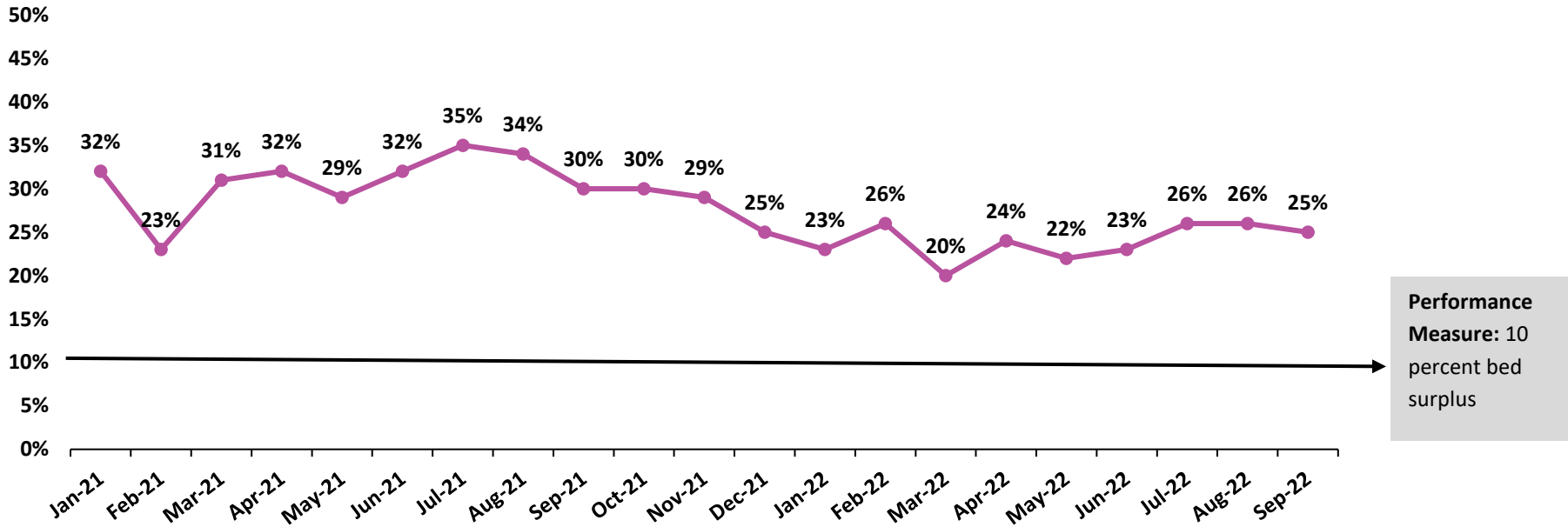
### ***FY 2023 Performance***

From October 2022 to September 2023, the number of unused beds remained quite consistent between **20 to 28 percent**.

### ***Historical Information***

CFSA maintained more than a 10 percent surplus of foster care beds throughout the January 2021 to September 2022 reporting period, with a monthly surplus ranging from 20 to 35 percent.

**Figure 72. Bed Surplus, January 2021 – September 2022**



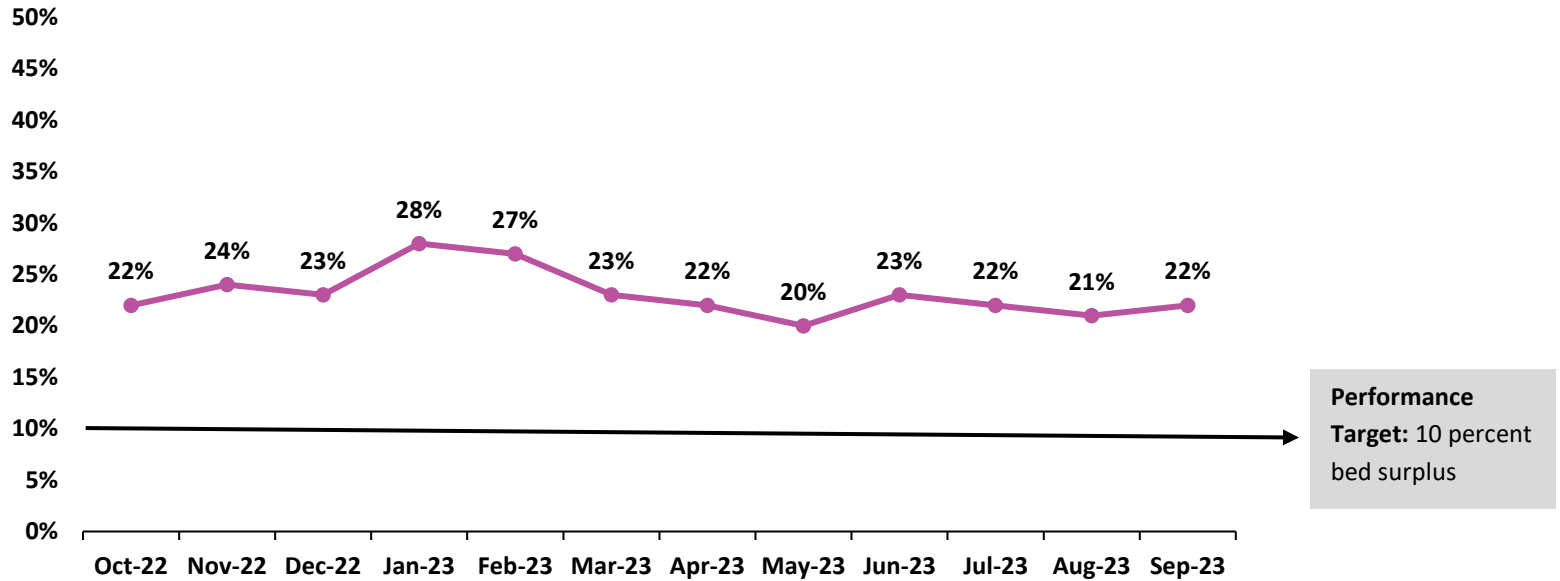
Source: FACES.NET Management Report PRD141

In FY 2022 (October 2021-September 2022), 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. Although there were 120 new resource homes licensed with a capacity of 171 beds, 179 homes with a capacity of 294 beds also closed, resulting in a net loss of 51 homes and 115 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. Other closures, however, included resource parent requests.

**Analysis**

The figure below represents the percentage of unused foster care beds during each reporting period from October 2022 to September 2023

**Figure 73. Foster Care Bed Surplus, October 2022-September 2023**



Source: FACES.NET Management Report PRD141

CFSa has consistently exceeded the goal of having a 10 percent bed surplus with a monthly range of 20 percent to 28 percent bed surplus, or a minimum of 104 unused beds to a maximum of 150 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 such as vacation, home renovations, and sickness. Resource parent’s temporary unavailability is not tracked in FACES.NET and is therefore 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 tracks new family-based homes and beds on a monthly basis across its own facilities and contracted providers. CFSa further tracks the number of homes and beds that are closed each month, along with the reason for closure. In FY 2023

(October 1, 2022 - September 30, 2023), CFSA licensed 93 new resource homes with a total capacity of 136 beds across the family-based placement continuum. Among those new homes, 35 were kinship homes, while the remaining 58 were traditional homes. However, 133 homes with a total capacity of 189 beds closed during the same period, resulting in a net loss of 40 homes and 53 beds.

Of the home closures, 38 percent (n=50) closed due to children achieving permanency. Of these homes, 38 were kinship homes and 12 were non-relative foster homes. Resource parent requests (such as health issues, family changes, no longer interested, retirement, and moved out of DC) accounted for the closure of 62 percent (n=83) 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:

- 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. In July 2022, the Agency awarded the contract to PSI Family Services in FY 2022. As of September 2023, PSI had 15 homes with 22 beds, providing placement for nine children.
- Trauma-Informed Professional Parents (TIPPs) – In 2021, CFSA expanded its placement array to include TIPPs, who 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 home, allowing for dedicated time to the care of the children and youth in these homes. TIPPs care for children ages 8 and older who have experienced significant trauma and have presented specific mental or behavioral health concerns impeding success in a traditional foster care setting. As of September 30, 2023, there were eight TIPPs providing a total of 16 beds, providing placement for 12 children.
- Professional foster parents – In addition to a TIPP home currently located in Maryland, NCCF operates another professional foster parent (PFP) program. NCCF selects its own 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 2023, there are four PFP homes providing a total of nine beds, providing placement for seven children.
- Specialized Opportunities for Youth (SOY) – In 2017, CFSA developed the SOY program to match specially trained CFSA resource 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.<sup>61</sup> As of September 30, 2023, there were five SOY homes with 13 beds, providing placement for nine youth.

**Table 13. Usage of Specialized Placement Types as of September 30, 2023**

Specialized Placement Type	Number of Homes	Number of Beds	Available Capacity as of 9/30/2023
Intensive Foster Care (PSI)	15	22	13
PFP-TIPP	8	16	4
PFP- NCCF	4	9	2
PFP- SOY	5	13	4
<b>Total</b>	<b>32</b>	<b>60</b>	<b>23</b>

Source: CFSA Manual Data

**Conclusion**

CFSA considers this measure **achieved**.

<sup>61</sup> 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 identified 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.

After several years of working towards this, in FY 2022, HHAC transitioned from a paper health record system to an Electronic Health Records (EHR) system. The new system provides the following supports:

- Standardizes documentation, reduces medical errors, and provides safer patient care.
- Improves privacy and security for patients.
- Enables safer, more reliable prescriptions of regular and psychotropic medication.
- Reduces costs.
- Enables timely data and patient record-sharing with other medical providers.
- Increases Medicaid revenues and ensures Medicaid billing compliance measures.
- Generates electronic completion of the intake form.

The EHR platform provides an effective way to independently manage and monitor psychotropic medications for children in care (without relying upon data from the DC Department of Healthcare Finance). Protocols for this process align with psychotropic medication standards that include the diagnosis, treatment plan, and parental consent.

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
- Graduation from high school
- Employment or Internship experiences

## 28. Comprehensive Medical Evaluations

### **Measure**

Of all children in foster care, **85 percent** 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 2023 Performance**

There was a monthly range of **83 to 95 percent** for children receiving a full medical evaluation within 30 days of entering care; there was a monthly range of **90 to 100 percent** of 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 allows for medical screening and evaluations 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>62</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 January to September 2022, CFSA achieved 86 to 100 percent of full medical evaluations within 30 days of placement (meeting the required performance for all 9 months) and between 91 to 100 percent for evaluations completed within 60 days of placement (meeting the required level for 5 out of 9 months). CFSA considered 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 target was missed. As a result, each child represented 2 percentage points or greater. Therefore, this measure was achieved during the last monitoring period.

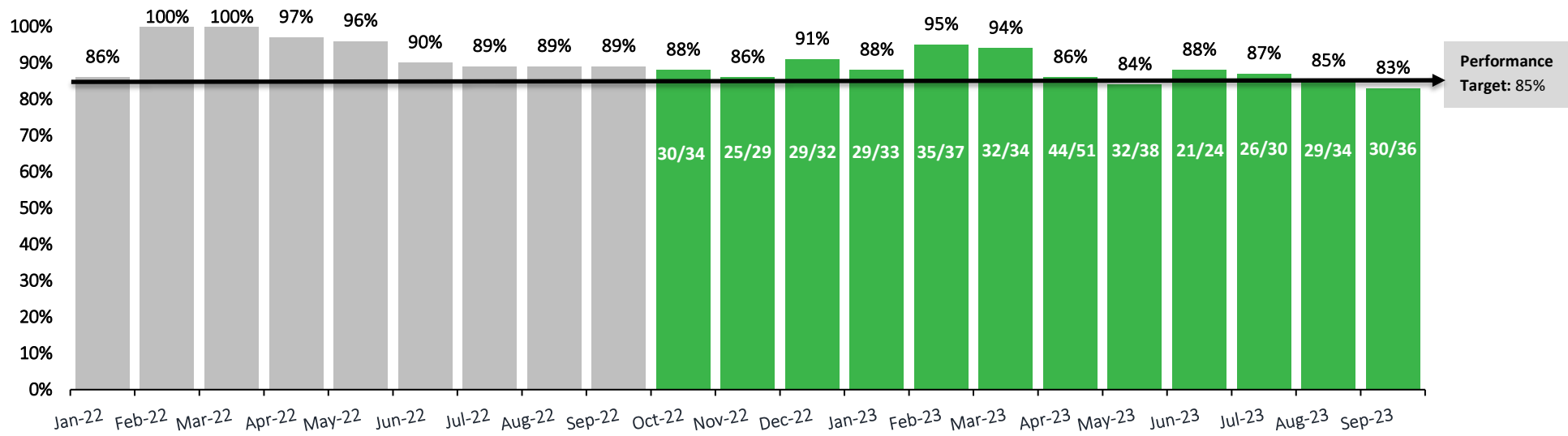
### **Analysis**

During FY 2023, staff reported data on children undergoing medical evaluations within 30 days of placement. CFSA achieved the necessary performance levels for 10 out of the 12 months and met the required performance for 9 out of the 12 months for children receiving medical evaluations within 60 days of placement.

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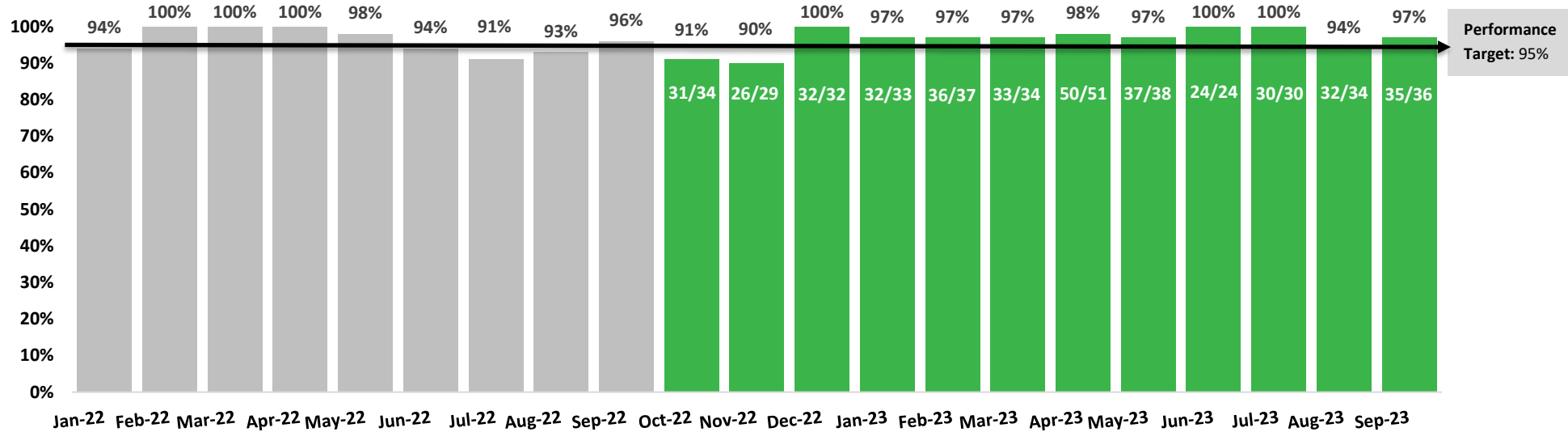
<sup>62</sup> *LaShawn A. vs [the District of Columbia]* was a federal class action suit filed in 1989 on behalf of the children served by the District's child welfare system. The litigation required several reforms and modified expectations until the case settled in 2021.

**Figure 74. Percentage of Children in Care with Full Medical Evaluation at 30-Days**



Source: FACES.NET Report HTH005

**Figure 75. 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 14 youth who did not meet the 60-day target over the 12-month period:

- Four children between the ages of 8 and 14 refused to be screened for a medical evaluation at HHAC.
- Two children aged 8 and 11 were hospitalized during the time they were to receive a medical evaluation.
- Two children aged 15 were in missing/absent/runaway status for several months.
- Two children aged 10 and 13 had delays in completing a medical evaluation appointment due to several failed attempts to coordinate with the assigned social worker.
- Two children aged 16 were scheduled for their medical evaluation at another location but occurred outside the 60-day timeframe.
- One child aged 8 missed several scheduled medical evaluations due to client cancellation of the appointment.
- One child aged 3 had an error with the initial placement screening completion date; the child completed a timely medical evaluation, but the date was entered in FACES.NET incorrectly due to human error.

In summary, several complicating factors impacted the target, including refusals to complete medical evaluations, hospitalizations, missing/absent/runaway status, coordination and scheduling difficulties, client cancellations, 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 target 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 target was missed. As a result, each child represents 2 percentage points or greater. Therefore, this measure is considered **achieved**.

## **29. Comprehensive Dental Evaluations**

### **Measure**

Children in foster care shall receive a full dental evaluation within 60 days of placement. There is no performance target set for FY 2023. RTS will be used to set this performance target for FY 2025.

### **Methodology**

While this performance measure existed under the Implementation and Exit Plan (IEP), *LaShawn* Exit and Sustainability Plan (ESP), and the Settlement Agreement in 2021, the methodology changed in FY 2022. Due to the low number of applicable children entering or re-entering out-of-home care, CFSA now tracks this measure once per year with a cumulative count. Accordingly, the Agency assessed performance once for all children who entered or re-entered care by combining the raw data from each monthly report to create the FY 2023 data set and by calculating compliance for each child within 60 days of entering or re-entering care.

### **FY 2023 Performance**

Of the children entering out-of-home care, **67 percent** (n=116/174) received a full dental evaluation within 60 days of placement.

### **Historic Information**

CFSA and its private partners are responsible for supporting, promoting, and planning for the overall well-being of children in out-of-home care, including their receipt of appropriate and routine dental care. The target for this measure changed between the IEP and the Settlement

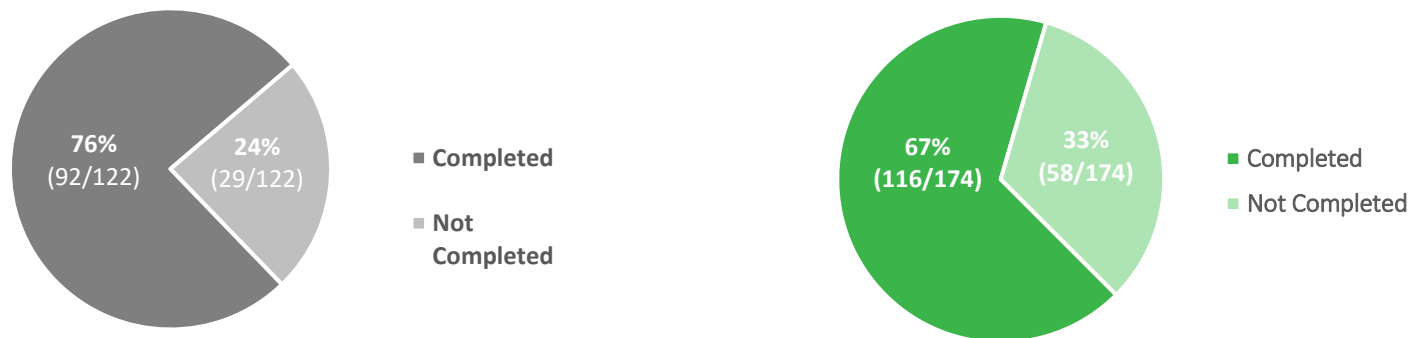
Agreement reached between the parties. As part of the former IEP and the ESP, the three targets for assessing performance for this measure was 25 percent of children shall receive a full dental evaluation within 30 days of placement, 50 percent of children shall receive a full dental evaluation within 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 target was also raised from 50 percent to 75 percent.

During the last monitoring period from January to September 2022, a cumulative 76 percent (n=93/122) of children received a full dental evaluation within 60 days of entering care. CFSA noted ongoing challenges related to availability of appointments and providers within 60 days.

### Analysis

During the current monitoring period, a cumulative 67 percent of children received a full dental evaluation within 60 days of entering care in FY 2023.

**Figure 76. Dental Evaluation Completed Within 60 days, Jan-Sept 2022 and Dental Evaluation Completed Within 60 days, FY 2023**

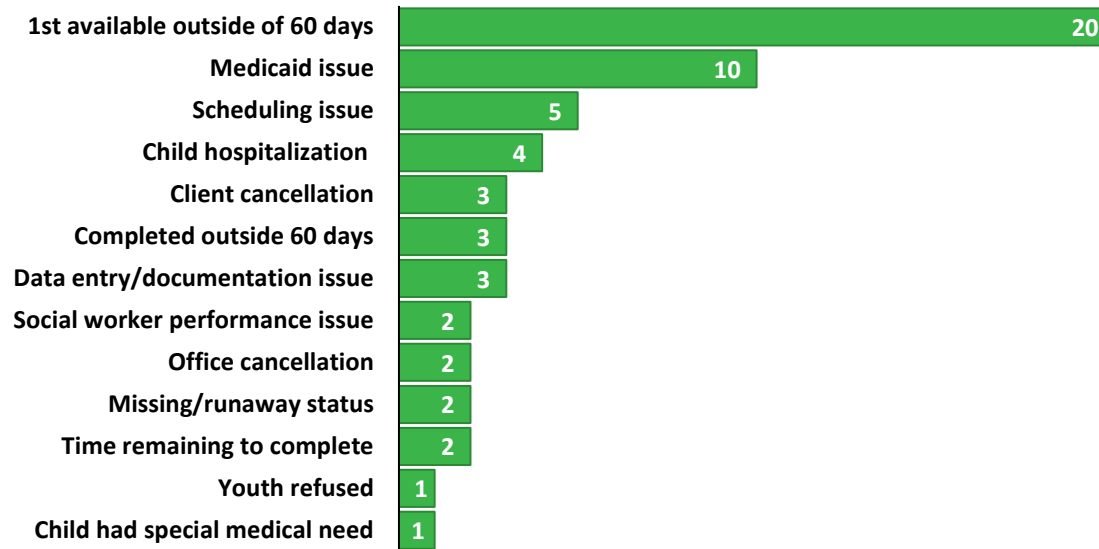


Source: *FACES.net report HTH005*

CFSA identified and tracked the barriers for the 58 total children who did not achieve this measure.



**Figure 77. Barriers to Completing Dental Evaluation Within 60 Days, FY 2023**



Source: Manual CFSA data

CFSA previously implemented a continuous quality improvement (CQI) plan to mitigate the identified barriers for children to receive dental evaluations within 60 days of a child’s placement. CFSA’s Health Services Administration (HSA) reviewed the FACES.NET management report on this measure biweekly. An initial reminder was sent to the child’s assigned social worker to schedule the child’s dental examination after the child was in out-of-home care for 20 days with a follow-up occurring 10 days later. A third reminder was sent to the social worker’s program manager if there was no response to the out-of-compliance notifications. Additionally, a child’s social worker, family support worker (FSW), and resource parent (RP) were reminded to schedule the child’s dental examination at the time of the comprehensive medical evaluation. A current list of dental providers was included on the back of the Cleared for Placement form and the dental verification form was also provided to the social worker, FSW, or the RP. Reminders were also posted in the clinic’s waiting area to schedule a child’s dental examination. Moreover, HSA completed discussions with Howard University and successfully added them as a provider for children in out-of-home care. HSA inquired with dental offices and developed prioritization of completion 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 the fiscal year was determined to provide a better reflection 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 performance target for this measure through RTS.

### **Conclusion**

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

## **30. 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 2023, RTS will be used to set this performance target in the future.

### **Methodology**

To assess performance, CFSA utilizes manual data retained by the Older Youth Empowerment Administration (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 2022 and who graduated by September 2023 are included in the measure. This timeframe gives the youth the opportunity to complete summer school, including participation in the credit recovery program, if needed.<sup>63</sup> Youth who enter and exit the out-of-home care system during this timeframe are also counted in this measure. Youth who pass the general education degree (GED) exam are added, both in 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.

### **2023 Performance**

Of all 12 graders in out-of-home care during school year (SY) 2022-2023, **73 percent** (n=16/22) graduated from high school in 2023.

### **Historical Information**

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<sup>63</sup> DC Public Schools' credit recovery program ensures that students who may not have mastered coursework in traditional school settings still have access to individualized, competency-based courses that are aligned to the DC Public Schools' curricular standards. The program allows the students to "recover" course credit through these competency-based courses to support their path to graduation.

CFSA has shown improvement with this indicator in recent years. In FY 2022, this indicator was achieved at 87 percent. The national high school graduation rate was last updated during the 2021-2022 school year at 87 percent.<sup>64</sup> While the older youth population continues to decline, CFSA continues to make efforts with improving educational outcomes for older youth through partnerships with interagency, intra-agency, and community resources and supports. In FY 2023, OYE moved from the Office of In-Home and Out-of-Home Care to the Office of Well-Being, joining the team of educational specialists who support younger and middle school children. As a result, all educational support is now aligned in a single and continuous program, which promotes coordinated and consistent assessment and service delivery.

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 out-of-home care who are required to take standardized tests while attending DC Public Schools, DC Public Charter Schools 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 2023-2024 Performance Oversight Hearing responses.

### **Analysis**

It is critical for CFSA to track and promote high school graduation given that nationally children in foster care are less likely than the general population to graduate from high school.<sup>65</sup> The most recent available data from the 2019-2020 school year from the National Center on Education Statistics shows that overall, the adjusted cohort graduate rate (AGCR) is 86.5, with an AGCR of 73 for overall youth in D.C. Since this data has included a marker for children in foster care for three years, the national data for AGCR for children in foster care is not available. However, as of the 2019-2020 school year, the AGCR for youth in foster care in D.C. is 53.<sup>66</sup> Looking at the AGCR rates for other states for youth in foster care demonstrates that youth in foster care in D.C. are graduating at a lower rate than some other states. The AGCR for youth in foster care ranges from 31 to 74 for the 42 states that reported this information. There are 27 states that have a higher AGCR for youth in foster care than D.C., and 12 with a lower AGCR than D.C. for youth in foster care. While the methodology and cohorts are different for the AGCR and this Four Pillars measure, this data showing the discrepancy between youth overall and children in foster care demonstrates the importance of tracking high school graduation.

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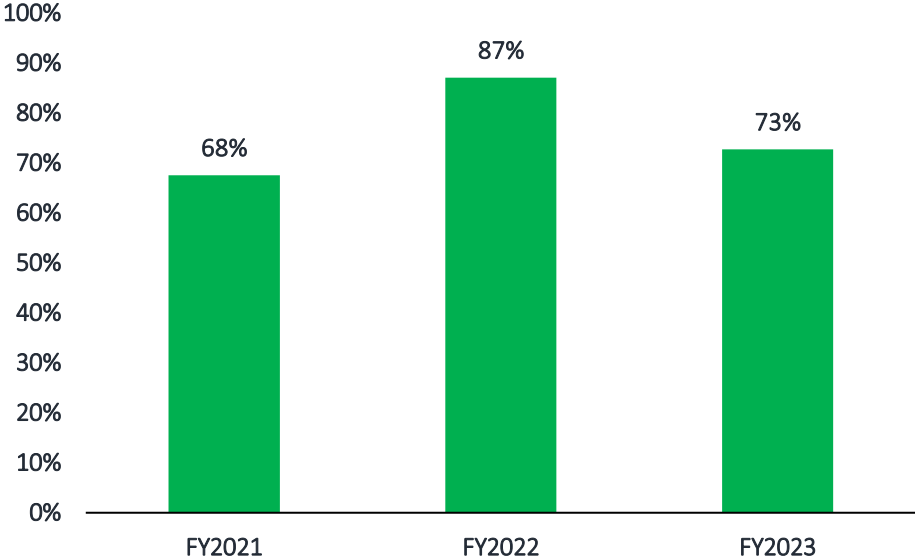
<sup>64</sup> [National High School Graduation Rate](#)

<sup>65</sup> [Students in Foster Care \(ed.gov\)](#)

<sup>66</sup> [Table 1. Public high school 4-year adjusted cohort graduation rate \(ACGR\), by race/ethnicity and selected demographic characteristics for the United States, the 50 states, the District of Columbia, and Puerto Rico: School year 2019–20](#)

During this review period, 22 youth were either in 12<sup>th</sup> grade or eligible to complete the GED test. Fifteen 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 SY 2021-2022 with a range of 17 through 20 years. For FY 2023, the number of youth eligible to graduate at the start of the school year continues to show a decline as well as the number of graduates.

**Figure 78. Youth Graduating from High School, FY 2021-FY 2023**



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

Barriers to graduating from high school for youth in out-of-home care included overall academic performance and school attendance. A total of six youth who started the school year in the 12<sup>th</sup> grade did not graduate. Three of these six youth stopped attending school. One of these three youth became employed and aged out of foster care. The remaining two youth remain in foster care and are pursuing their GED.

The three youth who stopped attending school during the SY 2022-2023 resumed attending school in SY2023-2024. CFSA continues to provide supports and guidance for all youth to overcome challenges and complete high school. 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. CFSA utilizes components of the evidence-based *Check and Connect Engagement and Intervention* model, a nationally recognized drop-out prevention program that provides academic coaching and mentoring to students most at-risk of not graduating from high school. Students are identified for the program if data shows they are performing below a certain threshold with respect to their grades, attendance, and disciplinary records. An education specialist is assigned to each of these youth to act as an academic coach and “mentor” throughout the school year by meeting with them on a monthly basis to check in on their school experience and identify goals they can work on to increase their performance. The specialists collect data on the youth’s attendance, behavior referrals and grades every month and shares the information with the student’s support team in order to identify areas where the student is struggling. Specialists also work with the school staff and team to put interventions and services in place to address the student’s areas of concern.

In addition, CFSA conducts outreach to ensure that each 11<sup>th</sup> and 12<sup>th</sup> grade student identifies a post-secondary plan, as applicable, and receives the support they need to apply and make a smooth transition to college or the vocational training or job certification program of their choice. Staff also help students build life skills and assist in connecting students to the supports and services they need to become successful independent adults. To prepare for the post-secondary transition, youth are encouraged to participate in college tours and are invited to monthly virtual “Power Hours,” a series of workshops that introduce different post-secondary pathways and that provide tips on how to prepare for and achieve success after high school.

### **Conclusion**

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

## **31. 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 2023. RTS has been used to set this performance target for future performance reports, the target beginning in FY 2024 will be 56 percent of youth aged 18 years and older shall have the opportunity to participate in an employment or internship experience.

## ***Methodology***

To assess performance, CFSA utilizes manual data retained by the Office of Older Youth Empowerment (OYE) and data from FACES.NET. These data include all youth in out-of-home care who reached the age of 18 or older during FY 2023. 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 DC 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.

## ***2023 Performance***

Of the 147 young adults aged 18 years or older, **54 percent** (n=80/147) had an employment or internship experience in FY 2023 for 30 days or longer.

## ***Historical Information***

In FY 2022, CFSA updated the methodology for this measure to reflect the timeframe of 30 days of employment for youth to have achieved this indicator. As a result of this updated measure, prior years' performance outcomes are challenging to compare.

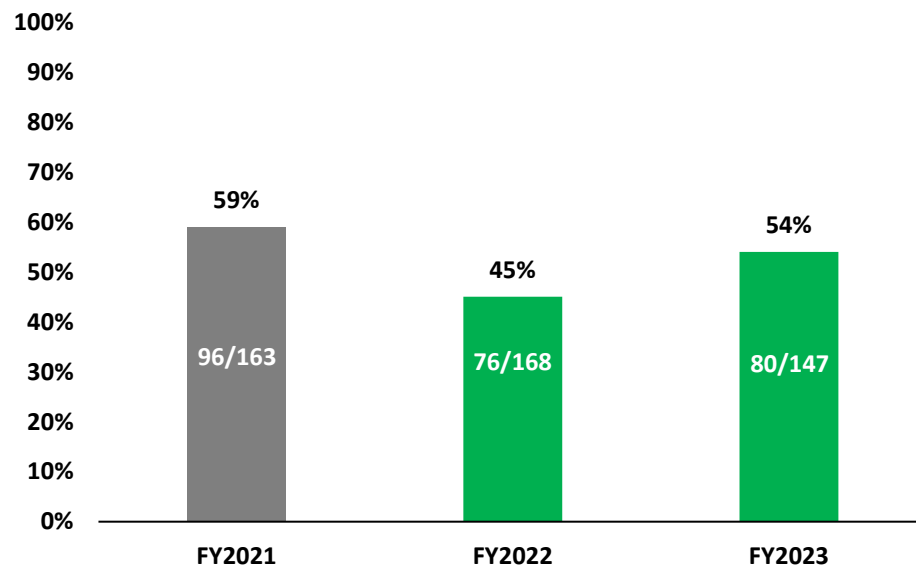
CFSA youth participate in various employment and internships within their community. One highly recognized employment program that occurs each summer for youth to gain employment experience is the District's Summer Youth Employment Program (SYEP). SYEP is a locally funded initiative that provides District youth, aged 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, social service 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 2022, there were 168 young adults aged 18 or over who met the measure's criteria. Of these 168 youth, 45 percent (n=76) participated in an employment or internship experience for 30 days or longer during FY 2023. 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. While CFSA continues to encourage all youth to become productive citizens through employment and internship avenues, the Agency still considers their educational needs to be the primary focus.

## ***Analysis***

In FY 2023, 152 youth achieved the age of 18 years or older in out-of-home care. The Agency excluded five youth from this measure either because of severe disabilities, incarceration, or missing status. Of the 147 young adults included in the measure, 65 were employed (both full and part-time) and 15 participated in an internship during FY 2023. CFSA shows improvement with this measure from FY 2022. OYE staff support youth directly and advocate on their behalf whenever possible in order to teach and to encourage their employability. CFSA continues to encourage youth to complete their education prior to exiting out-of-home care, reinforcing education as a path toward increasing long-term employability in adulthood. While the majority of older youth had an employment/internship opportunity, a great number of youth remain focused on their academic endeavors. To maintain success with this measure, CFSA recognizes that children and youth in out-of-home care experience trauma that can hinder and delay their academic success. The Agency therefore has set a strategic priority for FY 2024 to enhance supports for older youth in multiple areas, including supports in locating and maintaining employment, to ensure the well-being of the youth and their successful transition to adulthood.

**Figure 79. Figure: Youth Aged 18 and Over with Employment Experience, FY 2021-FY2023**



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 clinically appropriate 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. As the agency develops STAAND, the data elements that were missing in FACES.NET will be built into STAAND, and similar reports to the ones available from MicroStrategy will be built in STAAND as well.

### *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. The milestones have performance targets, which were developed using eight 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. The key permanency milestones are:

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 regarding the family strengths, available resources, and pertinent

information regarding each of the children, and the relationships developed during the removal FTM can have significantly positive impacts on the case, especially in the early months. The target for this milestone is 65 percent, and as of the end of September 2023, this had occurred in 83 percent of cases (184 out of 223 cases).

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>67</sup> The target for this milestone is 50 percent, and as of the end of September 2023 this had occurred in 68 percent of applicable cases (90 out of 132).
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. The target for this milestone is 30 percent, and as of September 2023 this had occurred in 33 percent of applicable cases (39 out of 118 cases).
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>68</sup> The target for this milestone is 40 percent, and as of September 2023 this had occurred in 48 percent of applicable cases (37 out of 77 cases).
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. The target for this milestone is 65 percent, and as of September 2023 this had occurred in 69 percent of applicable cases (50 out of 72 cases).
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. The target for this milestone is 45 percent, and as of the end of September 2023 this had occurred in 12 percent of applicable cases (5 out of 43 cases).
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. The target for this milestone is 45 percent, and as of September 2023 this had occurred in 68 percent of applicable cases (23 out of 34 cases).
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. This milestone does not have a target. As of the end of September 2023, there were 21 cases who had a completed adoption or guardianship trial but a final decree had not yet been issued.

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<sup>67</sup> The PEER (Parent Engagement, Education and Resources) Support Unit comprises CFSA staff with first-hand caregiver experience with the child welfare system.

<sup>68</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.

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. Once STAAND goes live in 2025, the Permanency Tracker will be fully incorporated into STAAND.

### *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).

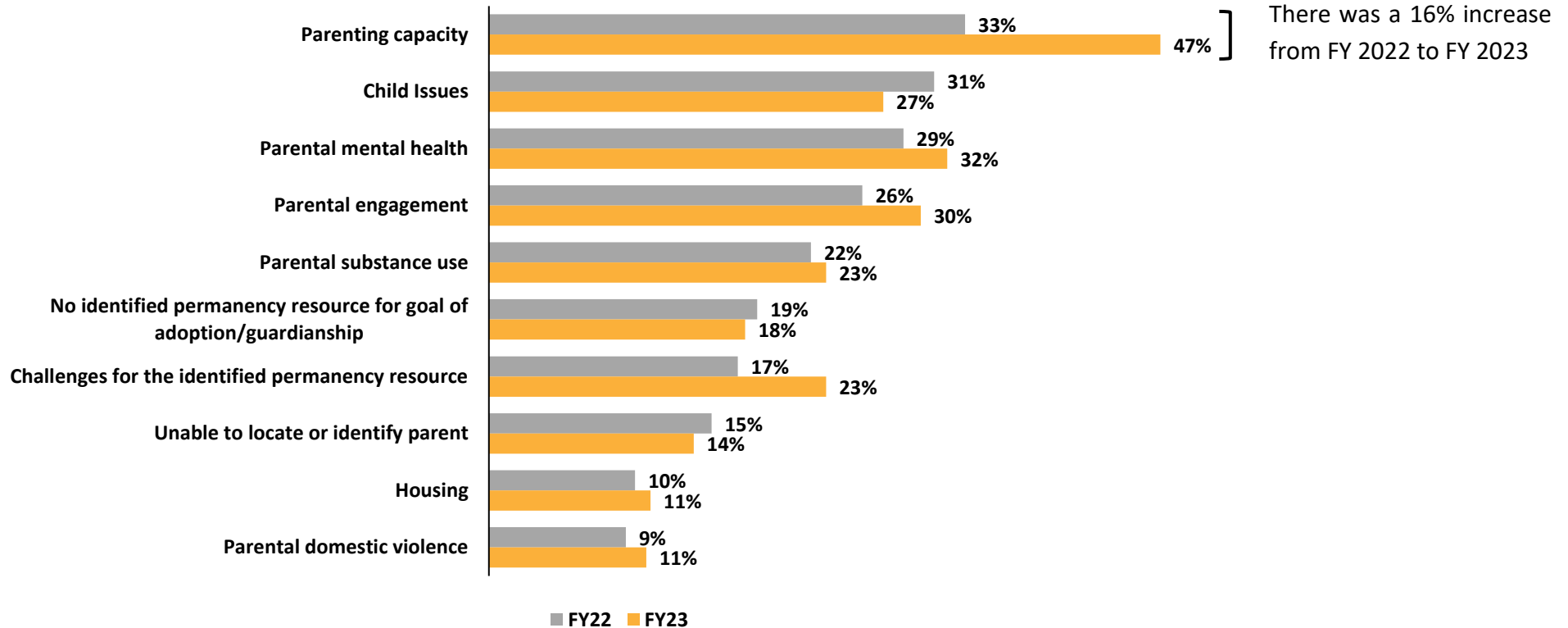
PGRM data provide nuance to simple exit rates by specifying the challenges children and families face as they seek permanency. For example, during this review period, CFSA held 1036 PGRMs for children in foster care.<sup>69</sup> During these reviews, the following barriers were most frequently identified:

- Parenting capacity (47 percent of reviews, a 16 percent increase from FY 2023, when 33 percent of reviews included this barrier)
- Parental mental health (32 percent)
- Parental engagement (30 percent)
- Child issues (27 percent)

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<sup>69</sup> Does not include PGRMs held for children living at home under protective supervision.

**Figure 80. Permanency Barriers Identified During PGRM Hearings, FY 2022 and FY 2023<sup>70</sup>**



PGRM information enables more accurate decision-making about resource allocation within CFSA and informs a stronger advocacy agenda with sister agencies and community partners. In addition, PGRM ensures that all cases are getting focused reviews at regular intervals to ensure that we are moving forward towards permanency for youth in care, instead of the cases experiencing emergencies or other challenges getting more attention than cases that are “stable.”

### 32. Timely Permanency

#### Measure

<sup>70</sup> In the FY 2022 report, the values were for PGRM’s completed between January 2022-September 2022. To allow for comparisons between fiscal years, the values presented here are for the entire fiscal year, October 2021-September 2022 and therefore will be different than what was in the FY 2022 report.

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

- Permanency is achieved within 12 months of children entering foster care.
- Permanency is achieved within 12 months as of the first day of the fiscal year, October 1, 2022, for children who have been in foster care for at least 12 months but not more than 23 months.
- Permanency is achieved within 12 months as of the first day of the fiscal year, October 1, 2022, for children who have been in foster care for at least 24 months.

No performance target was set for FY 2023. RTS was used to establish targets that will be effective as of FY 2024. The targets are as follows:

- a. 24 percent of children entering care will achieve permanency within 12 months of children entering foster care.
- b. 44 percent of children will achieve permanency within 12 months of the first day of the fiscal year, October 1, 2023, for children who have been in foster care for at least 12 months but not more than 23 months.
- c. 37 percent of children will achieve permanency within 12 months of the first day of the fiscal year, October 1, 2023, for children who have been in foster care for at least 24 months.

### ***Methodology***

To evaluate performance, analysts used cohort data from Children's Bureau - District of Columbia Child and Family Services Review (CFSR 4) data profile AFCARS submission as of July 11, 2024.<sup>71</sup>

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. No performance target is assigned currently.

### ***FY 2023 Performance***

- a. Cohort 1: **18 percent** of children who entered foster care for the first time between October 1, 2021 to September 30, 2022 and who remained in foster care for 8 days or longer achieved permanency by September 30, 2023.
- b. Cohort 2: **45 percent** of children who were in foster care for more than 12 months but less than 23 months on September 30, 2022 achieved permanency by September 30, 2023.

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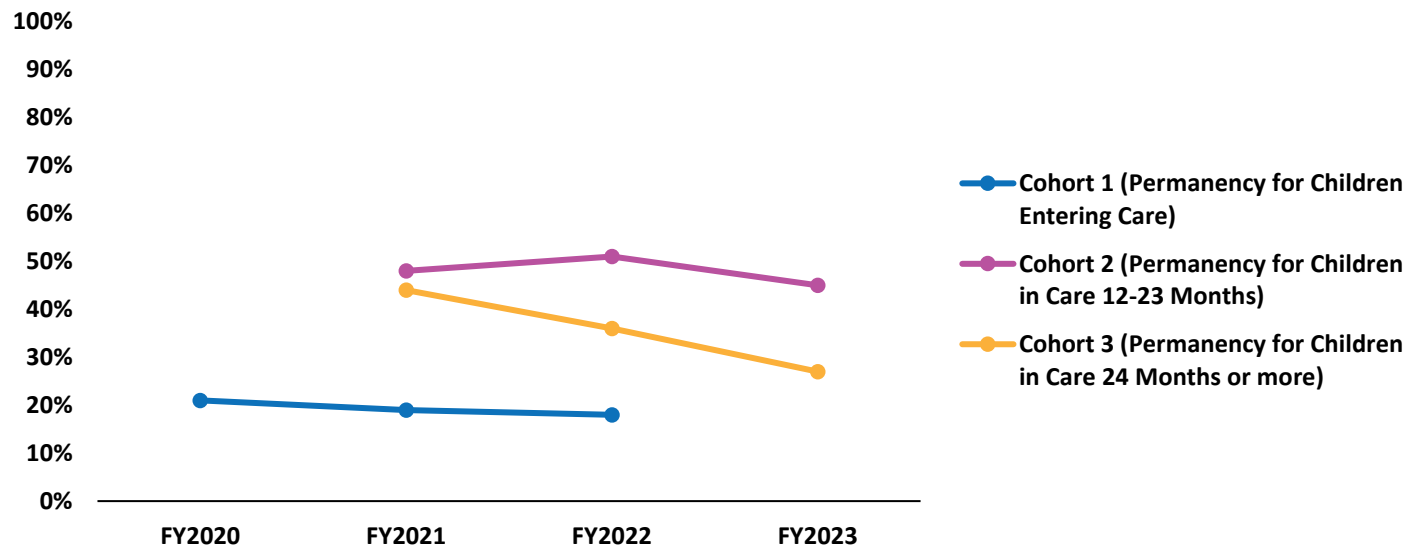
<sup>71</sup> With the technical assistance of the Center for States, CFSA developed a method to self-calculate the Agency's observed performance on these federal permanency cohorts in preparation for FY 2022 reporting. Due to updates in the AFCARS (Adoption and Foster Care Analysis and Reporting System), which is the federal reporting database used for policy development and program management), CFSA's logic was no longer accurate in FY 2023. CFSA is continuing to work with the Center for States to update the logic. However, for this year, CFSA relied on the CFSR Data Profile provided by the Children's Bureau.

c. Cohort 3: **27 percent** of children who were in foster care for 24 months or longer on September 30, 2022 achieved permanency by September 30, 2023.

### Historical Information

Timely achievement of permanency for children in foster care is crucial for their well-being. The following figure 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 from FY 2020 to FY 2022, while the data profile for Cohorts 2 and 3 is available for FY 2021 to FY 2023.

**Figure 81. Children Exiting to Permanency by Time in Foster Care**



Source: Children’s Bureau (CFSR 4) Data Profile, published August 2024.

### Analysis

While CFSA does not have a target set for these three cohorts at this time, CFSA’s performance declined this year across all three Cohorts. One factor that contributed to the decline in permanency was that there were three Family Court Judges who were promoted or retired during the year. This led to a new Judge being assigned to the case, and trial dates to change the permanency goal or finalize

adoption and guardianship being rescheduled and postponed. 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, 2023**

Length of time in out-of-home care	Total # in cohort	Total Exits to Permanency (by 9/30/23)
Cohort 1: Children Entering Care during a 12-month period	181	33 (18%)
Cohort 2: Children in Care more than 12 and less than 23 months	134	60 (45%)
Cohort 3: Children in Care for 24 months or longer	125	34 (27%)

Source: Children’s Bureau (CFSR 4) Data Profile, published August 2024

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

Of the 181 children who entered foster care for the first time between October 01, 2021 to -September 30, 2022 and remained in foster care for 8 days or more, 18 percent (n=33) of the children exited to positive permanency by September 30, 2023. This performance is slightly lower than the previous year's performance of 19 percent.

The data analysis reveals variations in permanency rates across different age groups. The highest exit rate was observed among children aged 0-5 years, with 34 percent achieving permanency, while the lowest rate occurred in the 6-10 years age group, at 16 percent. Children aged 11-16 years had an exit rate of 20 percent, and those aged 17 years had an exit rate of 22 percent.<sup>72</sup> These findings suggest that younger children (0-5 years) are more likely to exit foster care within 12 months compared to older age groups.

**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	86	15	34%

<sup>72</sup> These age group breakdowns are the same as those used by the Children’s Bureau in the supplemental information included in the CFSR 4 Data Profile but differ from the age group breakdowns used elsewhere throughout this report (0-5, 6-12, 13-17 and 18+). The Children’s Bureau report for children under age 1 and children 1-5 years old has been combined into one 0-5 age group.

6-10 years	37	6	16%
11-16 years	49	10	20%
17 years	9	2	22%
<b>Total</b>	<b>181</b>	<b>33</b>	<b>18%</b>

Source: Children’s Bureau (CFSR 4) data profile context data.

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

For the 134 children who had been in care more than 12 months and less than 23 months on September 30, 2022, 45 percent (n=60) had achieved permanency by September 30, 2023. This performance has declined from the previous year's performance of 51percent. Children between 0 to 5 years old had the highest percentage of exits to permanency (66 percent), while the second highest percentage of exits was seen in the 6 to 10 age group (35 percent).<sup>73</sup> The 11 to 16 age group had a much lower percentage of exits at 28 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	56	37	66%
6-10 years	34	12	35%
11-16 years	39	11	28%
17 years	5	0	0%
<b>Total</b>	<b>134</b>	<b>60</b>	<b>45%</b>

Source: Children’s Bureau (CFSR 4) Data Profile context data.

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

For the 125 children who had been in care 24 or more months on September 30, 2022, 27 percent (n=34) of the children achieved permanency by September 30, 2023. This performance represents a decline from the previous year's performance of 36 percent. Children between 0-5 years old had the highest percentage of exits to permanency, i.e., 72 percent of the children exited to

<sup>73</sup> There are no children under the age of 1 in cohort 2 or cohort 3 since children are not part of these cohorts unless they have been in foster care for at least 12 months.



permanency within 12 months of the beginning of the fiscal year. The second highest percentage of exits was seen in the 6 to 10 age group (32 percent) while the 11-16 years age group have an 18 percent of exit rate. The 17 years age group had a much lower percentage of exits at 5 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	23	14	61%
6-10 years	28	9	32%
11-16 years	55	10	18%
17 years	19	1	5%
<b>Total</b>	<b>125</b>	<b>34</b>	<b>27%</b>

Source: Children’s Bureau (CFSR 4) data profile context data.

In summary, across each cohort, low permanency rates were experienced by children aged 17 years. Children from birth to 5 years old were more likely than children ages 6 to 10 and 11 to 16 years to obtain permanency across all three cohorts. 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).

**33. Moving Children toward Finalized Adoption/Guardianship**

**Measure**

Of the total children with a goal of adoption and guardianship, this measure comprises 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 2023 Performance***

As of September 2023, there were 160 children with either a goal of adoption (n=116) or a goal of guardianship (n=44). Of these children, 39 percent (n=63) had an adoption petition or guardianship motion already filed.

### ***Historical Information***

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.

### ***Analysis***

As of September 30, 2023, FACES.NET reported a total of 116 children with a goal of adoption and 44 children with a guardianship goal. Of the children with a goal of adoption, 47 percent (n=55) of the children had an adoption petition already filed. Of the total 44 children with a goal of guardianship, 18 percent (n=8) 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 meet 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 will 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 2 months to process the adoption petition.

As of September 30, 2023, two children had assigned permanency goals of adoption for less than 2 months, and two children had an assigned goal of guardianship for less than 2 months. Among the children who had a goal of adoption for more than 2 months, 48 percent (n=55/114) had a petition filed. Among the children who had a goal of guardianship for 2 months or longer, 17 percent (n=7/42) 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 59 children who had a goal of adoption for 2 months or longer but did not have a petition filed, CFSA referred 68 percent (n=40) to the Recruitment Unit.<sup>74</sup> 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>75</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.

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<sup>74</sup> Of the remaining 19 youth, 47% (n=9) had an adoption resource identified, 32% (n=6) had a potential adoption resource identified, and 21% (n=4) did not have an adoption resource identified. For the final four youth, the agency had was about to submit a referral to recruitment unit (n=2), was considering a goal change (n=1), or was still working to identify kinship resources (n=1).

<sup>75</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.

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.

In FY 2023, there were 19 children who had a goal of adoption for 2 months or longer with no petition and no recruitment referral for a median length of 6 months. The following barriers can delay completion of the referral to the 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 resource parent license prior to filing an adoption petition; or (3) the social work team was still assessing and ruling out potential kinship resources.

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>76</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 resource parents, or other supports such as coaches, teachers). Due to these differences,

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<sup>76</sup> While CFSA has a policy on engaging incarcerated parents, the policy does not extend to an incarcerated spouse of a resource 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, adoption could possibly be an option in the future.

besides the support of the Diligent Search Unit to identify kin, there are no additional guardianship staffing resources such as a guardianship recruitment unit.

The 35 children who had a goal of guardianship for 2 months or longer had a median length of 16 months in care with a guardianship goal. Fifty-seven percent (n=20) 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 43 percent (n=15) did not have an identified resource. For three of these children, CFSA was considering a goal change to an Alternative Planned Permanent Living Arrangement (APPLA) as a more appropriate goal.

CFSA is concerned with children lingering in out-of-home 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 the approval of the deputy director, this requirement may be waived.
- b. Pursue kin identification and engagement efforts from a child's entry into out-of-home 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 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 for the Office of In-Home and Out-of-Home Care is required prior to making a goal change recommendation to the Family Court. A case staffing with the deputy director and the assigned assistant attorney general 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 possibly during a Permanency Goal Review Meeting to determine whether the goal is viable, or whether a change should be recommended.

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 performance target has been assigned at this time.

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

### **Measure**

The indicator measures the number of 18 to 21-year-old youth who age out of the child welfare system in a 12-month period. There was no performance target set for FY 2023. RTS will be used to set this performance target for FY 2025.

### ***Methodology***

To assess performance, CFSA analysts used FACES.NET administrative data to determine the number of youth aged 18 or older who exited out-of-home care for FY 2023. Based on the total number of youth in this age group exiting out-of-home care, analysts then determined the percentage of youth aged 18 or older who aged out during the same time period.

### ***2023 Performance***

Of all youth aged 18 or older who exited out-of-home care in FY 2023, **79 percent** (n=33/42) aged out of the system.

### ***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 out-of-home care population. Since making this change, CFSA achieved performance at 71 percent in FY 2022. This change also speaks to the positive permanence older youth are able to achieve since 29 percent of the youth who exited care at age 18+ in FY 2022 exited for reasons other than aging out. Older youth continue to represent the smallest population in out-of-home care as the overall out-of-home 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. CFSA works to ensure that every youth in care has a relationship with a caring adult committed to providing life-long guidance and support. In addition, there is a vast service array to support older youth preparing for adulthood, including but not limited to Youth Transition Planning, Court Appointed Special Advocates (CASA) and financial literacy programming. 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 the system, and to support them after their exit from out-of-home 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 21<sup>st</sup> birthday and for 2 calendar years following their transition from out-of-home care and the child welfare system. Housing assistance, employment and vocational information, guidance on accessing public services and parenting support, as needed, are examples of services provided.

### ***Analysis***

During FY 2023, CFSa served 704 children in foster care of which 133 youth were aged 18 or older. At the close of FY 2023, 498 children remained in foster care of which 107 were youth aged 18 or older. Because of the shortened previous timeframe of January to September 2022, the FY 2023 analysis is not comparable.

Forty-two older youth aged 18 or older exited out-of-home care during this review period. Thirty-three (79%) of these older youth aged out-of-foster care. Of these 33 youth, the majority (31) were between 20-21 years old. For the 11 youth who were 20 years old, these youth aged out one day prior to their 21<sup>st</sup> birthday. One youth exited out-of-home care at age 18 and one youth exited at age 19. The 18-year-old youth had their case closed in court with the support of the judge and the team assigned to that youth. The 19-year-old youth had been in runaway status since 2020 and had no plan to return to the out-of-home placement. In most cases,<sup>77</sup> youth who exit out-of-home 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). This was confirmed through reviewing court reports, contact notes and 21 JumpStart meeting notes for youth who exited prior to their 21<sup>st</sup> birthday.

Nine of the total 42 older youth exited care through positive permanence (reunification, guardianship, or adoption). Five youth achieved reunification at age 18 (n=3) and age 19 (n=2). Four youth achieved guardianship at age 18 (n=1), age 19 (n=2) and age 20 (n=1).

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

Exit Type	January-September 2022	FY2023
Reunification	3	5
Guardianship	5	4
Adoption	2	0
<b>Total</b>	<b>10</b>	<b>9</b>

Source: FACES.NET Management Report CMT367

**Conclusion**

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

<sup>77</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.

## 35. Exiting Care with Stable Housing

### *Measure*

Of all older youth in out-of-home care, 88 percent who exit care due to aging out will age out with stable housing.

### *Methodology*

For this measure, the Agency defines stable housing for youth as housing with a signed 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 determine their whereabouts at the time of exit. Exclusions comprised any youth who were in runaway status or incarcerated at the time of exit.

### *FY 2023 Performance*

Of the 29 youth who aged out of the child welfare system in FY 2023<sup>78</sup>, 100 percent (n=29/29) did so with stable housing.

### *Historic Information*

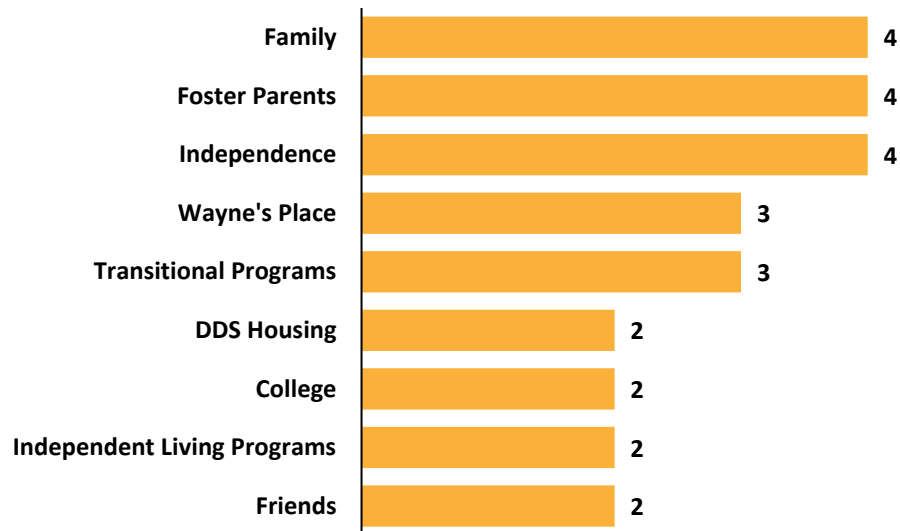
CFSA continually performed at 93 percent for this indicator from FY 2020 through FY 2022. CFSA continues to provide appropriate resources and services to support housing needs for older youth exiting care. CFSA attributes the success of older youth exiting care with stable housing to OYE’s Aftercare 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 aged 18 to 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 out-of-home care. The federal 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 out-of-home care.

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<sup>78</sup> Analysts excluded four youth who aged out during FY 2023 from this indicator because the youth were in a missing or runaway status at the time of their exit.



**Figure 82. Housing Upon Aging Out for Exits in FY 2022**



Source: FACES.NET Management Report CMT367 and manual data

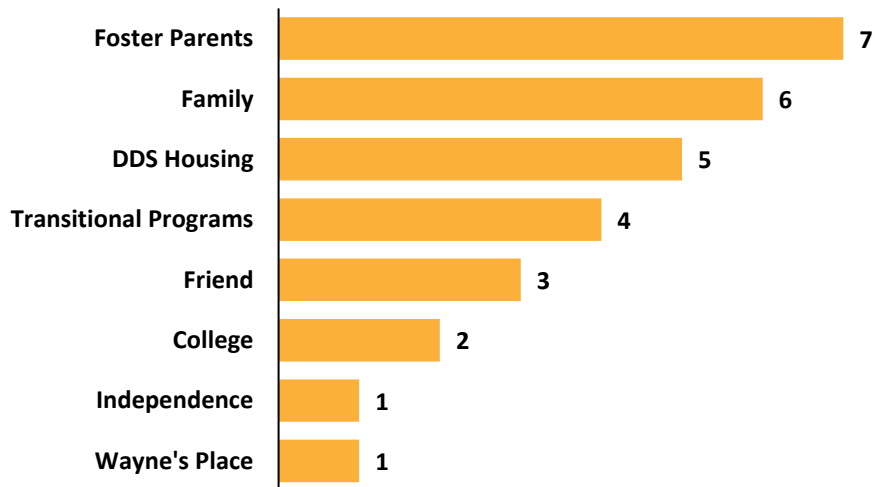
### Analysis

During this review period, 33 youth aged out of the child welfare system. Analysts excluded four youth from this indicator because the youth were in a missing or runaway status at the time of their exit. Two of the four youth removed from this indicator continued contact with CFSA despite their status. They both reported residing with family which CFSA was unable to confirm. Twenty-nine youth achieved stable housing at the time of their exit. It should be noted that youth do have the option to return to CFSA and benefit from the Aftercare Services team, e.g., guidance and support, despite their status at their time of aging out. One additional excluded youth was placed with housing from the District’s Department of Disability Services (DDS) upon their return and engagement with the District for housing support.

Twenty-nine youth achieved stable housing at the time of their exit. Most youth who aged out resided with resource parents (n=7) or family (n=6). Five youth entered housing with support from DDS and four youth entered transitional housing programs. Additional housing options included living with friends (n=3), college (n=2), Wayne’s Place (n=1), and living independently (n=1). In years prior to FY 2022, as many as 12 aging-out youth (FY 2021) secured stable housing at Wayne’s Place. In FY 2022, CFSA saw a change with youth securing more stable

housing with family and resource parents, which has continued in this current analysis. Efforts are still made to reconnect youth to their families and life connections no matter their age.

**Figure 83. Housing Upon Aging Out for Exits in FY 2023**



Source: FACES.NET Management Report CMT367 and manual data

The Preserving Our Kids’ Equity Through Trusts (POKETT) Act was passed in December 2022. The POKETT Act requires CFSA to develop a housing plan for youth aging out of foster care, collaborate with the DC Housing Authority to secure housing vouchers for eligible youth, and report annually on CFSA’s efforts to prevent homelessness among this population. The housing plan shall include a description of housing options being pursued for the aging-out youth, including an explanation as to why each option is in the aging out youth’s best interest.

*Conclusion*

CFSA considers this measure achieved.

## 36. 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 2023, RTS will be used to set this performance target in the future.

### *Methodology*

To assess performance, CFSA utilizes manual data retained by the Older Youth Empowerment Administration (OYE). CFSA analysts examined 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.

### *2023 Performance*

Of the 13 youth who were enrolled in a vocational training or certification program, **62 percent** (n= 8/13) 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.). Youth voluntarily seek out OYE staff for support with attending vocational training programs along with the support of their social workers and team (GAL, mentors, etc.).

CFSA 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.

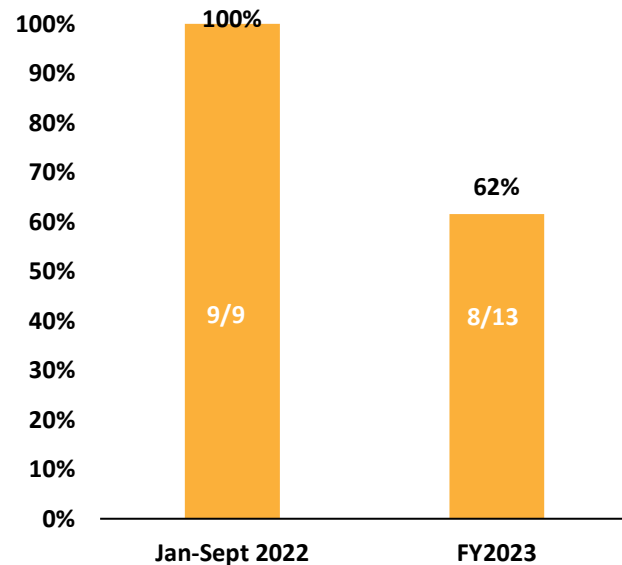
CFSA has discontinued its comprehensive use of the LifeSet model in favor of a focus on the LifeSet college and career support services, which also includes support with vocational training. OYE specialists engage youth who desire vocational training and support their endeavors concerning enrollment and completion of their desired trade. Youth continue to have the choice to explore other options such as attending college or seeking employment.

## Analysis

Eight youth either completed (n=3) or continued (n=5) their vocational training or certification programs during this review period. Three youth completed vocational training in the following areas: phlebotomy (n=1), certified nursing assistant (n=1), and barbering (n=1). 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.

Five children began enrollment in FY 2023 but were unable to continue for varying reasons. Two youth were unable to complete their programs due to the program ending or closing prior its completion. Both youth have plans to return to similar programming but are currently employed. One youth was released from their programming due to behavioral issues. Two youth stopped attending their programming but one of these youth was able to gain employment. The other youth was unable to secure employment due to citizenship needs but is residing with resource parents in stable housing since exiting out-of-home care.

**Figure 84. Youth Enrolled/Completed Vocational Training, FY 2022-FY 2023**



Source: Manual data from OYE

CFSA notes that there has been low utilization of vocational training and certification programs. Still, CFSA provides guidance and support to youth in pursuing their vocational endeavors. CFSA continues to partner with DOES for supports in identifying employment and internship opportunities and to ensure proper placement within DOES programs. Specifically, DOES 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.
- 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, no performance target has been assigned at this time.

## **37. Graduation from College**

### **Measure**

Youth who started college 5 years prior will graduate (i.e., 20 percent of all youth who started college in 2018 should have graduated by 2023).

### **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.

### **2023 Performance**

Of the 18 youth who started college in 2018, **33 percent** (n=6/18) graduated from college by 2023.

### **Historic Information**

From FY 2020 through FY 2022, CFSA has shown an annual increase of college graduations from 11 percent in FY 2020 and 16 percent in FY 2021 to 33 percent in FY 2023. 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 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 out-of-home care. Administered by OYE, ETV funds support eligible youth with their college and vocational aspirations until the youth reaches 23 years old. Youth in out-of-home 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 out-of-home care with applications for scholarships and grants.

### **Analysis**

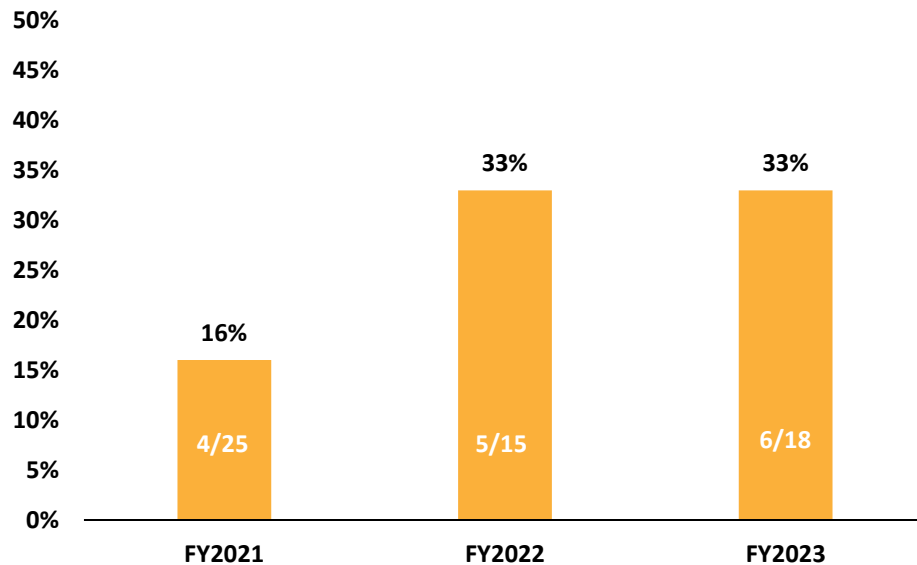
As with graduating from high school, it is critical for CFSA to monitor the post-secondary educational success of foster care youth due to the impact of receiving a post-secondary degree on job attainment and advancement during adulthood. A National Working Group on Foster Care and Education in 2014 found that 20 percent of youth who graduated high school went on to attend college, and only 2 to 9 percent of former foster youth attained a bachelor's degree.<sup>79</sup>

For CFSA youth, in 2018, 18 youth started college. Six youth graduated within 5 years. While the number of college graduates has remained steady, the number of youth enrolling in college has shown a slight increase from FY 2017 when 15 youth enrolled in college.

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<sup>79</sup> <https://cdn.fc2success.org/wp-content/uploads/2012/05/National-Fact-Sheet-on-the-Educational-Outcomes-of-Children-in-Foster-Care-Jan-2014.pdf>

**Figure 85. Youth Graduating from College, FY 2021 – FY 2023**



Source: CFSA Manual Data

The older youth population continues to be the smallest age group served in out-of-home care. Fewer children and youth are remaining in out-of-home care and are also achieving permanency at younger ages. The youth represented in this measure have had longer stays in out-of-home care and have benefitted from CFSA’s educational support for this reason.

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. When limited academic preparation is a barrier, youth may have to complete remedial noncredit courses that do not count toward the credits required to graduate. This experience can be a hurdle, overwhelming youth with rigorous college requirements 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 out-of-home 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>80</sup> facilitates these psychoeducation groups while CFSA and DC Human Resources (DCHR) facilitate additional wellness opportunities advertised and available during work hours.<sup>81</sup> DCHR also provides<sup>82</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 four measures were achieved during this performance period:

- In-Home Caseloads

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<sup>80</sup> <https://www.onyxtherapygroup.com/aboutonyx>

<sup>81</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>82</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.

- Out-of-Home and Private Agency Caseloads
- Pre-Service Training for Resource Parents
- In-Service Training for Resource Parents

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

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

## 38. OHI Caseloads

### ***Measure***

Of all OHI staff, **90 percent** 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.

### ***Methodology***

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

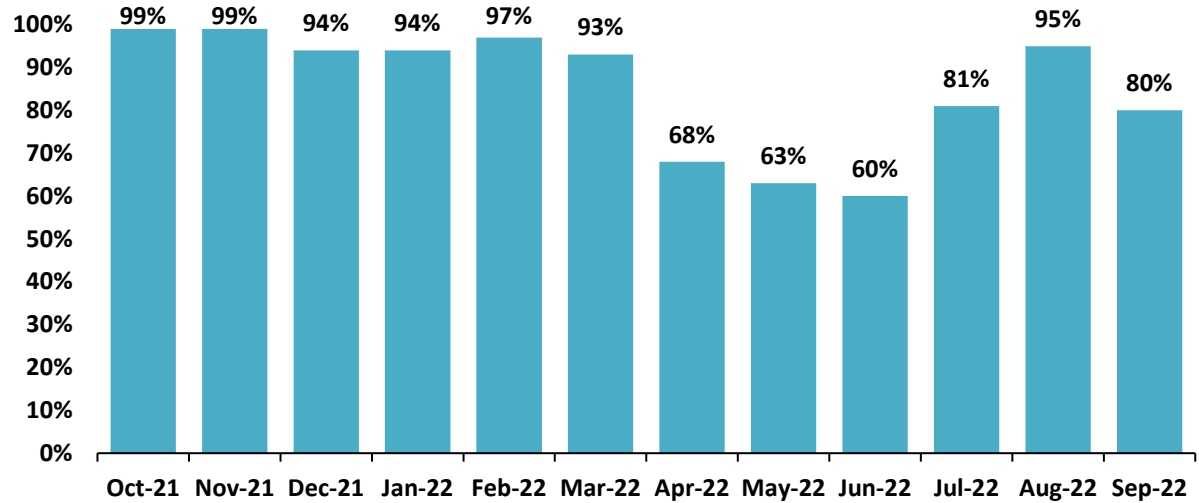
### ***FY 2023 Performance***

There was a monthly range of **35 to 74 percent** where all social workers met the caseload requirements from October 2022 through September 2023.

### ***Historical Information***

The recent decline in OHI social workers started in January 2022 and has unfortunately continued to decline into the end of FY 2023. CFSA continues to struggle to maintain the appropriate number of investigative social workers for OHI supervisors to assign to each screened-in referral, such that the social workers who are responding to not experience higher caseloads. In addition, adequate staffing is critical for initiating investigations within 24 to 48 hours. Finally, adequate staffing is required for OHI to ensure timely closure of referrals within 35 days.

**Figure 86. Percentage of OHI Workers Who Met Caseload Requirements, October 2021-September 2022**

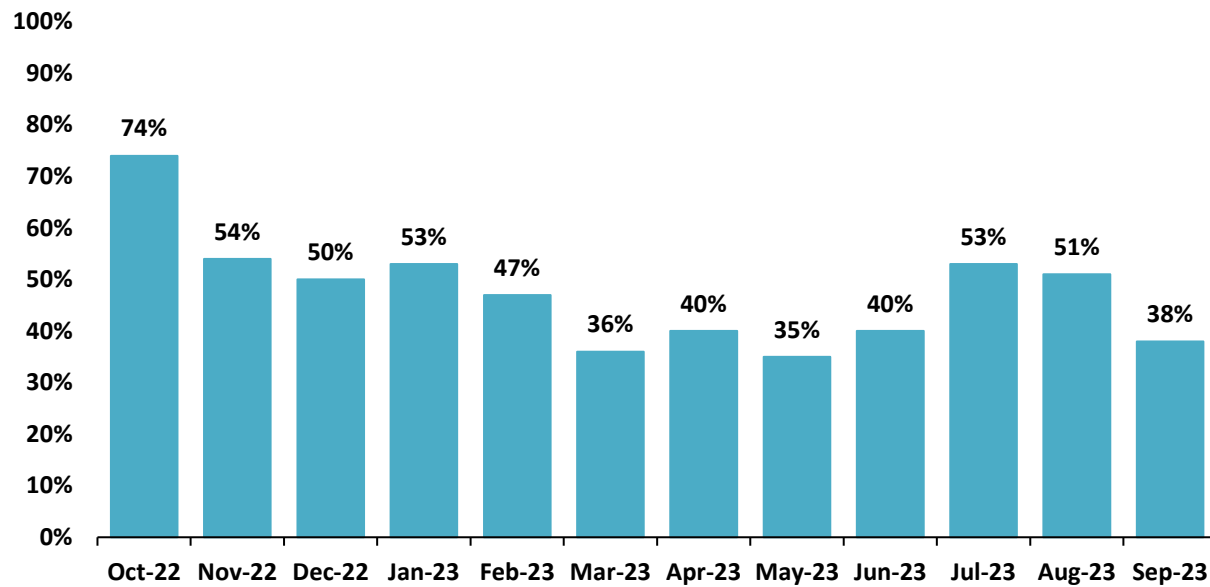


Source: FACES.NET report INV145

### ***Analysis***

A monthly range of 35 to 74 percent of OHI social workers met the required level of performance during this reporting period. This gap in performance is due to CFSA not being able to retain enough OHI staff from October 2022 through September 2023 to maintain appropriate caseloads. As of December 2023, OHI had 43 vacancies comprising 27 social workers, 10 supervisory social workers, and 1 program manager. The number of social workers assigned at least one investigation fell more than 22 percent during the reporting period from 57 in October 2022 to 44 in September 2023. This drop in social workers has led to higher caseloads that sometimes exceeded the compliance measure for the social workers who remained.

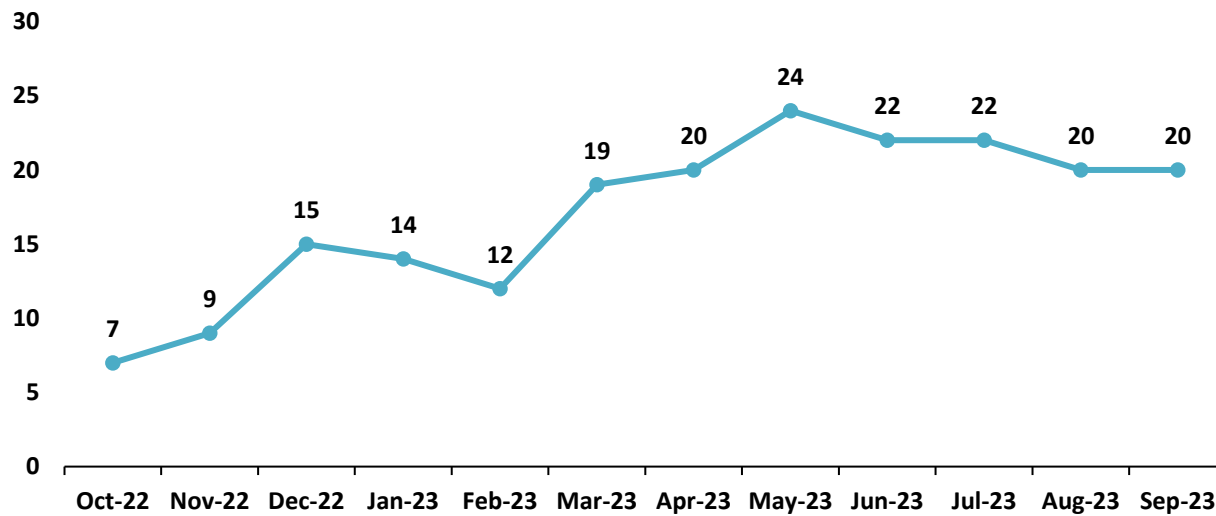
**Figure 87. Percentage of OHI Workers Who Met Exit Standard Requirements for Caseloads, October-September 2023**



Source: CFSAs Administrative Data, FACES.NET report INV145

This staff loss has also impacted peak caseloads. When looking at how many social workers ever had a caseload greater than 15 during each of the 12 months, there were social workers with caseloads higher than 15 investigations, even when they were staffed at the highest number of social workers, which was 57. During FY 2023, there were at least a minimum of 7 social workers who had a caseload greater than 15, with as many as 20 to 24 social workers exceeding the 15-caseload limit for 6 months out of the fiscal year.

Figure 88. Number of OHI Workers Who Ever Had a Daily Caseload Greater Than 15, October 2022-September 2023



Source: FACES.NET report INV145

To improve staff retention and to maintain or decrease caseloads, OHI has implemented the following strategies:

- *Exceeding Review and Support:* Leadership (program administrators and program managers) hold regular Exceeding Review and Support staffings, where social workers and supervisory social workers can present cases that are exceeding deadlines or are at-risk of staying open beyond deadlines. This practice supports an individualized, clinical approach to closure and works especially well for outlier cases where the challenges are extraordinary or somehow unusual compared to most investigations.
- *Type-and-Close Tracking:* Leadership has worked with specific social workers to identify and track type-and-close cases, where all clinical and investigative work is complete but for which entering documentation presents a challenge due to the time needed to complete documentation. Individualized support, guidance, and tracking of type-and-close cases has helped close many of the investigations that have been open the longest.
- *Use of Family Support Workers:* Applications for social worker positions remain very low. However, CFSA hired over 10 family support workers in Fall 2023. Those family support workers have begun supporting OHI by completing designated, non-clinical tasks that are required for cases to close. This support lightens the workload for each investigation, which facilitates faster closure.
- *During FY23 to increase social worker capacity,* CFSA worked with the Department of Health and the Board of Social Work to implement the hiring of bachelor's level Social Workers for the first time.

- *LEAN*:<sup>83</sup> Leadership completed an investigations LEAN event in early 2024. This LEAN was designed to identify pathways to safe case closure that rely on reinvigorated clinical practice and an individual approach to each investigation. CFSA anticipates that implementation of LEAN recommendations will support stronger social work and OHI practice while contributing to safe, timely case closure, thus supporting caseloads as well.

### ***Conclusion***

CFSA considers this measure not achieved.

## **39. In-Home Caseloads**

### ***Measure***

Of all In-Home social workers, **90 percent** will have caseloads that do not exceed 15 cases. No individual social worker shall have a caseload greater than 18 cases.

### ***Methodology***

To assess performance, CFSA used 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 2023 Performance***

Of all FY 2023 caseloads for In-Home social workers, **100 percent** 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 Clinical Case Management and Support Administration (In-Home CCM&S) in accordance with caseload standards is a fundamental pre-requisite to good practice and positive 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 and on the caseload requirement.

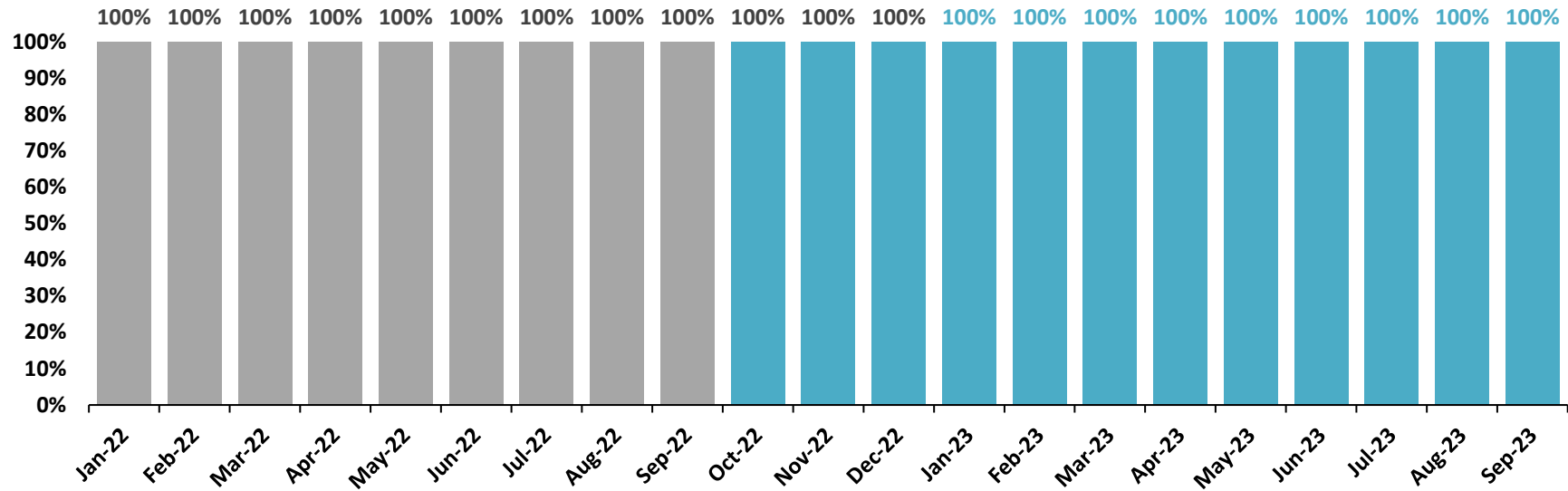
### ***Analysis***

In-Home social workers consistently maintained a caseload ratio of 1:15, ensuring that no social worker exceeded 18 cases during FY 2023. Each month, the caseloads of ongoing social workers consistently adhered to and fulfilled the specified performance standards.

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<sup>83</sup> LEAN is a plan, act, do and check model designed to help government systems identify and then implement the most efficient, value-added way to provide services.

**Figure 89. Percentage of Ongoing In-Home Social Workers who met the Requirement for Caseloads in FY 2023**



Source: FACES.NET report CMT328

**Conclusion**

CFSA considers this measure **achieved**.

**40. 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 2023 Performance**

During FY 2023, **97 to 100 percent** of CFSA and private agency social workers assigned to Out-of-Home cases met the caseload requirement each month and no individual social worker had a caseload of more than 18.

### **Historical Information**

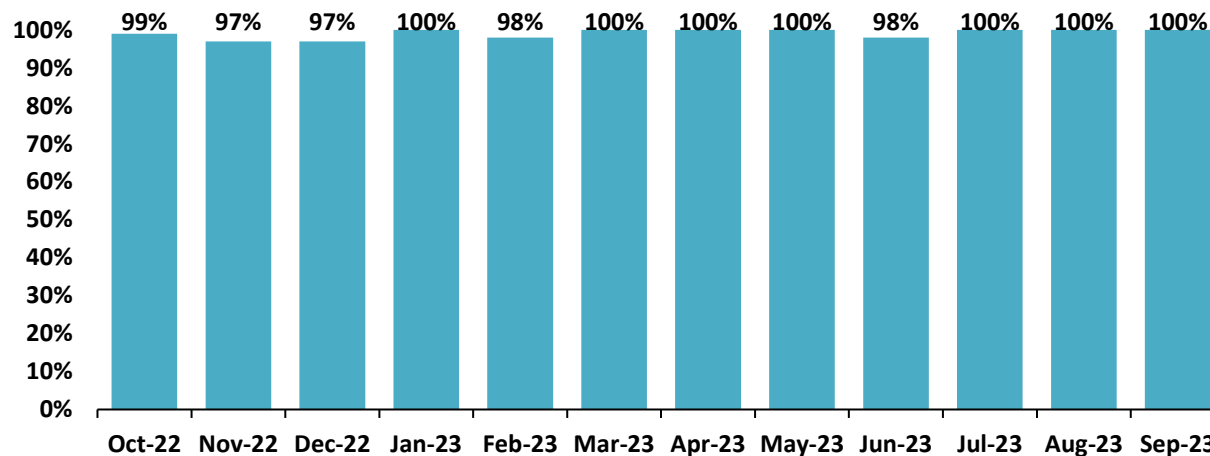
Having sufficient staff to maintain caseloads for the Out-of-Home units and contract agencies in accordance with caseload standards is a fundamental pre-requisite to good practice and outcomes. The caseload limit for private agencies is 15 children for purposes of the public performance reporting. For contract monitoring purposes, CFSA and the Code of Maryland Regulations (COMAR) hold Maryland private agencies accountable to the COMAR standard of up to 10 children. The Agency has exceeded performance on this measure and the caseload requirement since January 2020.

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

### **Analysis**

Each month, 97 to 100 percent of ongoing out-of-home social workers maintained a caseload ratio of 1:15; no social workers were carrying more than 18 children. The ongoing social worker caseloads have met and maintained the required level of performance during FY 2023.

**Figure 90. Percentage of Ongoing Social Workers Who Met Requirement for Caseloads in FY 2023**



Source: FACES.NET report CMT328



## **Conclusion**

CFSA considers this measure **achieved**.

### **41. 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 a 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, 2022, to June 30, 2023.

#### **FY 2023 Performance**

84 percent (n=32/38) of direct service staff completed the required 80 hours of in-service training within 90 days of being hired between July 1, 2022, and June 30, 2023.

#### **Historic 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 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>84</sup> This benchmark is a new indicator from the former Implementation and Exit Plan 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. 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.

#### **Analysis**

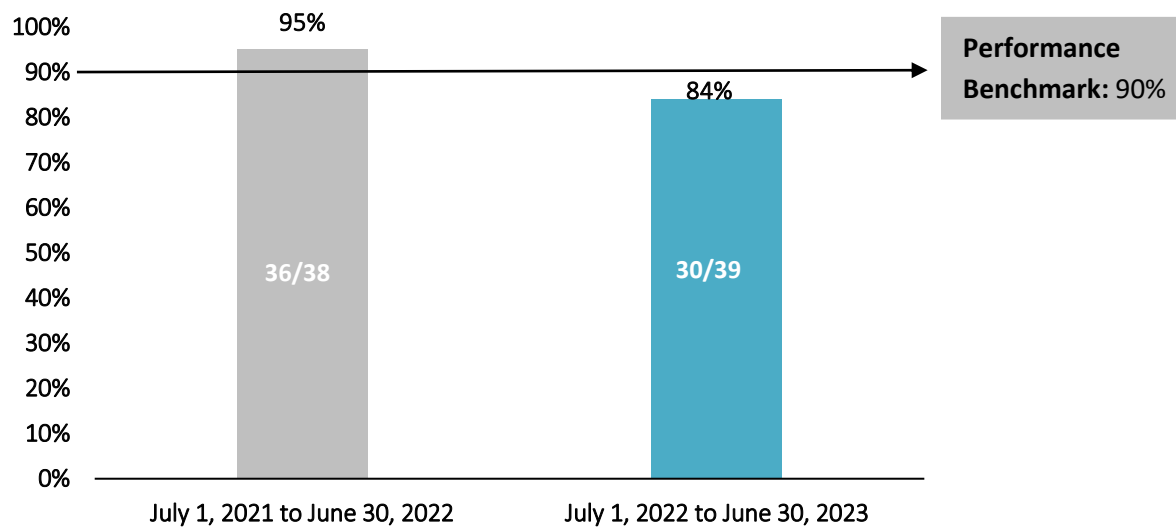
During the current monitoring period, CFSA and its contracted partner agencies had 38 direct service staff hired between July 1, 2022 and June 30, 2023, who should have completed their 90 days of training. Eighty-four percent (n=32) of those social workers completed the

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<sup>84</sup> CWTA researches best practices in parenting and child welfare for incorporation into programs and courses with the goal of enhancing knowledge transfer and developing well-rounded child welfare professionals.

required 80 hours of pre-service training. CFSA’s internal CQI processes monitors this benchmark on a quarterly basis. In June 2022, CFSA’s Child Welfare Training Academy (CWTA) was asked to abbreviate pre-service by removing the Investigations Practice Operations Manual Training and the Out-of-Home Practice Operations training. These training sessions are now being led by the on-the-job training (OJT) supervisors during a period following classroom training. When this change occurred, CWTA did not initially document the OJT hours in FACES.NET. This issue therefore placed all new direct service staff hires below the 80-hour required threshold. CWTA has adjusted how OJT is documented to reflect the abbreviation of pre-service training.

**Figure 91. Percentage of Direct Service Staff with 80 Hours of Pre-Service Training**



Source: FACES.net report TRN030

Additionally, while CFSA social workers are assigned to a training unit and training supervisor during pre-service, private agency staff are assigned to their long-term supervisor as soon as they begin employment. Therefore, different strategies were developed for how to track the OTJ training hours for new CFSA direct service staff and new private agency staff. Finally, FACES.NET does not count any courses that are waived towards the 80 hours of pre-service. At least two staff members were marked as non-compliant or had pre-service (or portions of pre-service) waived.

With the Agency’s new training platform, waived hours will be counted towards the 80 required hours. CWTA will ensure all pre-service courses are designated as such in FACES.NET. Since CWTA solely provides pre-service training to newly hired direct service staff, this

benchmark was met for all but six hires. Finally, one session of training (Danger and Safety in July 2022) was entered into FACES.NET as an in-service training which accounted for 12 hours mistakenly missed by those in this session, which was later corrected during the reconciliation process. 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, which will occur during the next fiscal year.

### **Conclusion**

CFSA considers this measure **not achieved**.

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

### **Measure**

Of all CFSA and private agency direct service staff, **80 percent** 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, 2022 - September 30, 2023. In FY 2023, the deadline to complete 30 hours of in-service training was extended from June 30 to September 30. The 15-month extension was approved to accommodate the workforce in completing the training requirements based on the ongoing barriers identified to meet this measure.

### **FY 2023 Performance**

Of all direct service staff in the sample, 69 percent (n=125/180) completed the required 30 hours of in-service training between July 1, 2022 to September 30, 2023.

### **Historic Information**

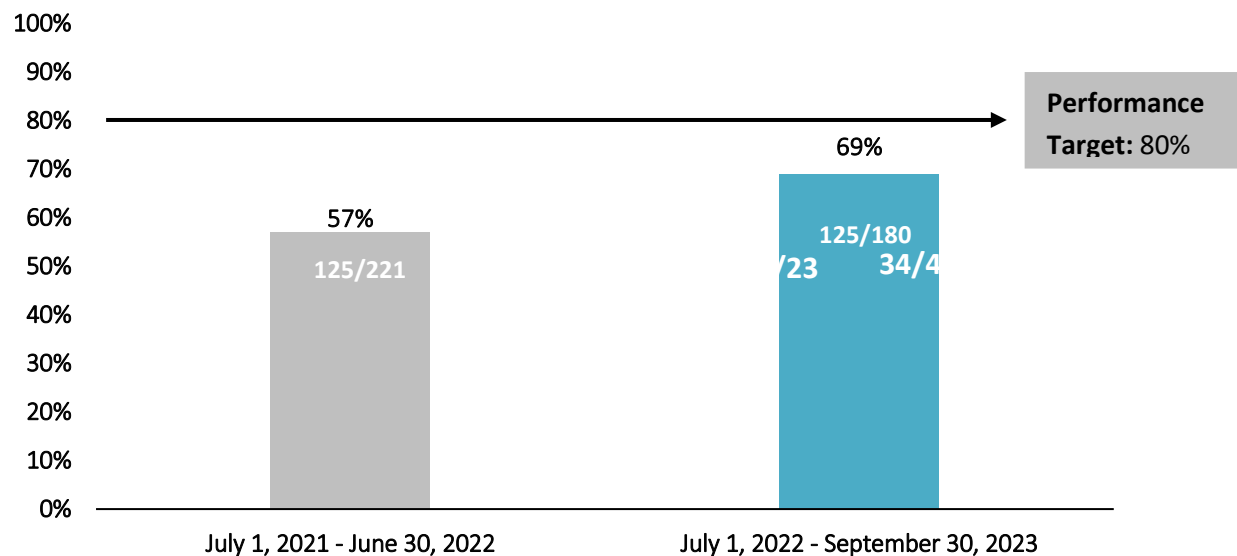
In FY 2022, this measure was a new indicator from the former Implementation and Exit Plan (IEP). Since CFSA regularly met this measure in the past, it was considered part of the *Outcomes to be Maintained* versus being reported on as part of the *LaShawn* Exit and Sustainability Plan (ESP). However, the measure was integrated into the Four Pillars Performance Framework starting in FY 2022 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. During the previous monitoring period, 57 percent (125 of 221) of direct service staff completed the required 30 hours of in-service training between July 1, 2021 and September 30, 2022.

**Analysis**

During the current monitoring period, CFSA and its contracted partner agencies employed 180 direct service staff. Sixty-nine percent (n=125) of those social workers completed the required 30 hours of in-service training.

**Figure 92. Percentage of Direct Service Staff with 30 Hours of In-Service Training**



Source: FACES.net report TRN031

CFSA identified several barriers to direct service staff obtaining the required annual in-service training hours, including but not limited to those listed here in descending order:

- 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; and
- Staff solely relying on CWTA in-house training to meet training requirements.

A significant portion of direct service staff (30 percent) are employed within Office of Hotline and Investigations. There have been significant staff shortages in this administration 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. In response, 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 CFSA and private agency leadership to encourage direct staff being allotted dedicated and uninterrupted time to take training throughout the year. CWTA continues to publish theSource, a newsletter, that offers training links, updates on new classes, and other training opportunities for staff to explore.

Further, in July 2022, CWTA expanded its array to include training about diversity, equity, inclusion, and belonging (DEIB). This DEIB training includes the following three sessions: Race Equity in Child Welfare, Understanding Bias and Forms of Racism, and Applying a Racial Equity Lens with Race Equity Tools.

In May 2023, a training taskforce was established to address training compliance concerns, improve the training tracking system, and explore the training needs of the workforce. It was determined that additional employees would be required to complete in-service training, including educational specialists, Hotline/Warmline workers, licensing specialists, Office of Well-Being therapists, resource development specialists, administrative staff, program specialists, and Quality Assurance reviewers. The training for these additional roles will focus on providing an overview of child welfare and role-specific training. The Diversity and Equity Administration (DEA) along with CWTA plans to work closely with human resources and administrations across the Agency to identify a training plan for these additional roles.

In FY 2024, CFSA plans to reduce the in-service training hours from 30 hours to 20 hours for all direct-service staff (including direct service supervisory staff) to align with the continuing education requirements for the DC Board of Social Work and to reach the performance target (40 hours every two years). Additionally, CFSA plans to change the timeframe for this data measure from the July-June timeframe to align with the Agency’s fiscal year calendar (October 1 – September 30). CFSA’s continued efforts to support the workforce in achieving this measure also includes developing a new training portal to make it easier for direct service staff to track their training progress on a dashboard that will be available by FY 2025.

### **Conclusion**

CFSA considers this measure not achieved.

## **43. Pre-Service Training for Direct Service Supervisory Staff**

### **Measure**

Of all newly hired CFSA and private agency direct service supervisory staff, **90 percent** 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 2023 Performance**

Of direct service supervisory staff, **58 percent** (n=7/12) completed the required 40 hours of pre-service training within 8 months of assuming supervisory responsibility between July 1, 2022 and June 30, 2023.<sup>85</sup>

### **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 largely 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

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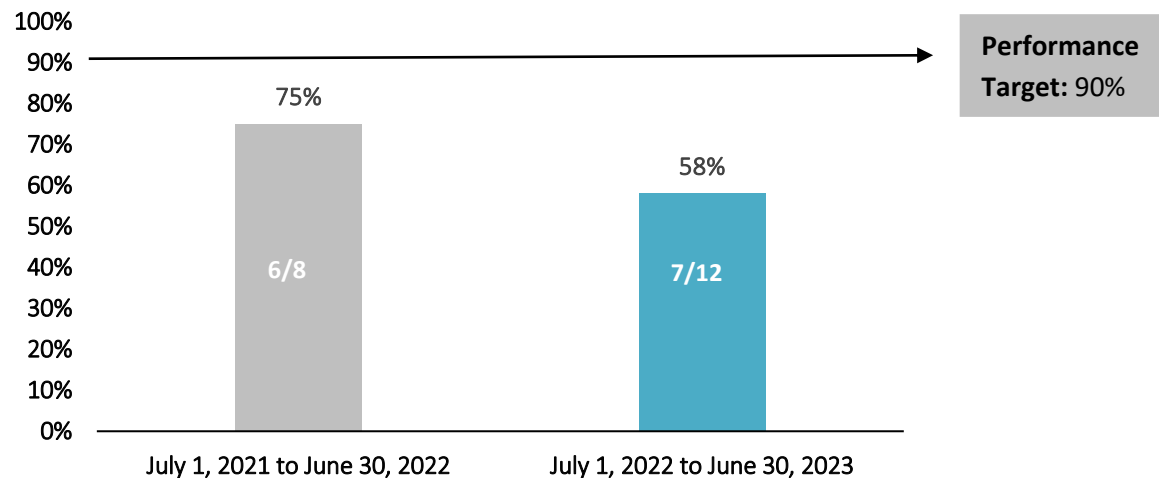
<sup>85</sup> This training calendar was established during the lawsuit and has not yet been updated.

initiatives.<sup>86</sup> This measure is a new indicator from the former Implementation and Exit Plan 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. 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. In FY 2022, 75 percent of direct service supervisory staff completed the required pre-service training. The compliance rate fell 17 percent from FY 2022 to FY 2023.

### Analysis

During the current monitoring period, CFSA and its contracted partner agencies had 12 supervisors who should have completed their 8 months of training between July 1, 2022, and June 30, 2023. Of those 12, 58 percent (n=7) completed the required 40 hours of pre-service training.

**Figure 93. Percentage of Direct Service Supervisory Staff with 40 Hours of Pre-Service Training**



Source: FACES.net report TRN032

<sup>86</sup> Motivational interviewing is an evidence-based strategic, client-centered interviewing method that encourages a client toward behavioral changes.

CFSA’s internal continuous quality improvement analysts monitor this performance measure on a quarterly basis. As a result of this monitoring, the Agency identified the approval of pre-service training waivers as an area in need of improvement, due to compliance 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. CFSA’s Child Welfare Training Academy (CWTA) noted that other barriers to meeting this target include no-shows for trainings.

CWTA provides internal training but also promotes external training to help supervisors meet this measure’s target. CWTA further offers a training website, newsletter, and other resources to keep staff appropriately updated on training opportunities. Due to the small sample size of staff in this population, the performance on this measure is significantly impacted. CFSA is planning to improve how these data are tracked in STAAND to make it easier to reconcile and monitor performance with transparency.

### **Conclusion**

CFSA considers this measure **not achieved**.

## **44. 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 FACES.NET management reports 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, 2022 – September 30, 2023. In FY 2023, the deadline to complete 30 hours of in-service training was extended from June 30 to September 30. The 15-month extension was approved to accommodate the workforce in completing the training requirements based on the ongoing barriers identified to meet this measure.

### **FY 2023 Performance**

Of all direct service staff in the sample, **77 percent** (n=46/60) completed the required 24 hours of in-service training between July 1, 2022 to September 30, 2023.

### **Historic Information**

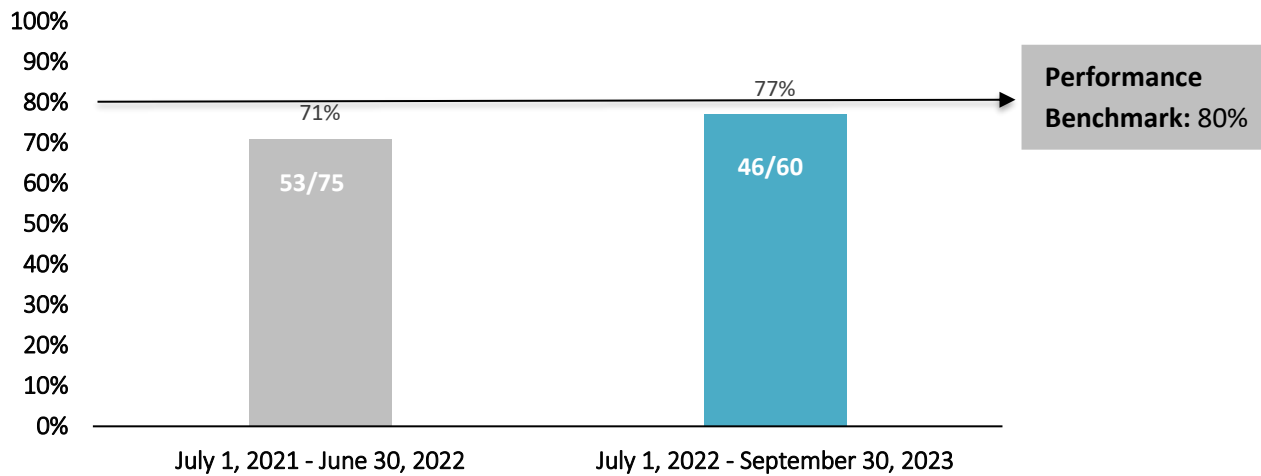


In FY 2022, this measure was a new indicator from the former Implementation and Exit Plan (IEP) and since CFSA regularly met this measure in the past, it was considered part of the *Outcomes to be Maintained* versus being reported on as part of the *LaShawn* Exit and Sustainability Plan (ESP). However, the measure was integrated into the Four Pillars Performance Framework for FY 2022 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 effectively 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 supervisory training curricula and continues to create opportunities for a supported workforce through tailored child welfare-specific trainings geared toward professional development, self-care, secondary trauma, and motivational interviewing. During the previous monitoring period, 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.

### **Analysis**

During the current monitoring period, 60 direct service supervisory staff were employed by CFSA and its partner agencies. Seventy-seven percent (n=46) of those supervisory staff completed the required 24 hours of in-service training.

**Figure 94. Percentage of Direct Service Supervisory Staff with 24 Hours of In-Service Training**



Source: *FACES.net report TRN033*

CFSA narrowly missed the target by 3 percent and 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 assist with direct service activities in order to meet the needs of children and families served. These added activities also impact the capacity of supervisory staff to ensure completion of training hours. The lowest rate of completion was in Office of Hotline and Investigations, which can be directly correlated to the staff shortages along with time-sensitive and emergency activities inherent with the initiations of investigations and assessments to ensure the safety of children and families referred to the Agency through the Hotline. Furthermore, CFSA’s Child Welfare Training Academy (CWTA) observed that direct service supervisory staff were relying solely on internal trainings to meet training requirements versus taking advantage of other training opportunities. For example, CWTA partners with the 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 other 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. These trainings also support supervisors’ capacity to incorporate a clinical practice during supervision. 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 the following readily accessible resources to support the needs of the workforce:

- Links to targeted trainings for primary and secondary traumatic stress (P/STS);
- Link to 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; and
- Trainings through DCHR’s Center for Learning and Development are provided via the new website.

Additional virtual training slots were also added to accommodate larger enrollment in trainings. In June 2022, CWTA expanded its array to include diversity, equity, inclusion, and belonging (DEIB) training. CWTA also continues to publish theSource, a newsletter that offers training links, updates on new classes, and other training opportunities for supervisory staff to explore. In May 2023, a training taskforce was established to address training compliance concerns, improve the training tracking system, and explore the training needs of the workforce.

In FY 2024, CFSA reduced the in-service training hours from 30 hours to 20 hours for all direct service supervisory staff to align with training requirements for DC Board of Social Work and to reach the performance target. Additionally, CFSA plans to change the timeframe for this data measure from the July – June timeframe to align with the Agency’s fiscal calendar (October 1 – September 30). Lastly, CFSA’s continued efforts to support the workforce in achieving this measure also includes developing a new training portal to make it easier for direct service supervisory staff to track their training progress on a dashboard that will be available by FY 2025.

### **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 reports 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 2023.

### **FY 2023 Performance**

100 percent (n=101/101) of resource parents had completed the required 30 minimum hours of pre-service training prior to being licensed during the January through September 2023 reporting period.

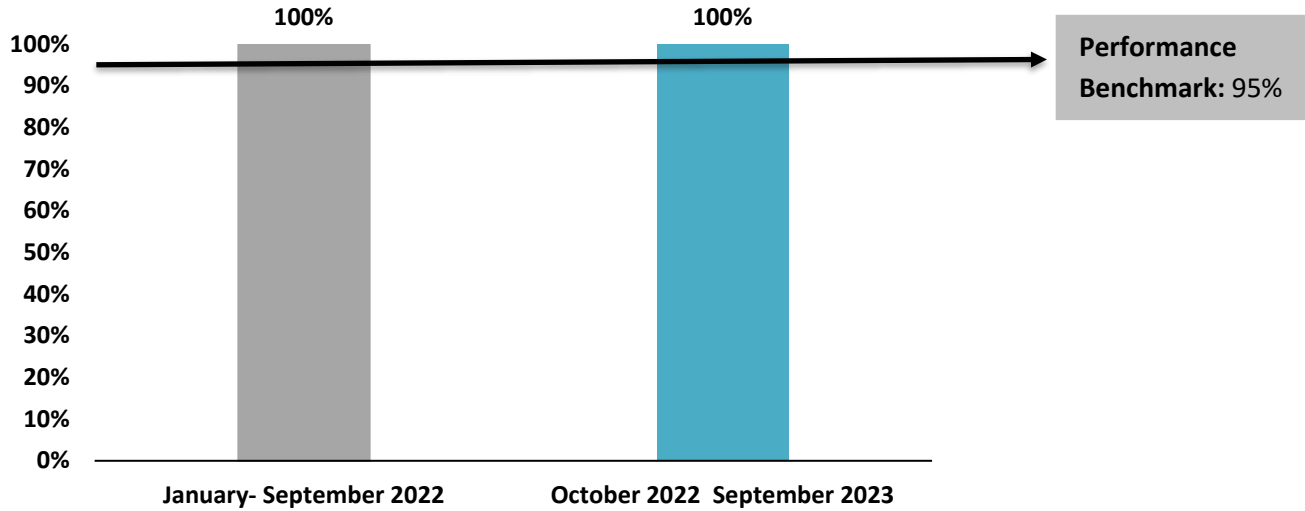
### **Historical Information**

Prior to placing children in the care of resource parents, CFSA is responsible for equipping those resource parents with the skills, support, and resources needed to meet the needs of the children and families served. To prepare resource parents, CFSA intentionally provides pre-service training to equip the individuals with the confidence and support needed to successfully navigate their new role. CFSA is committed to this responsibility by ensuring that every resource parent receives and completes the training necessary to competently and effectively provide care and direction to the DC children entrusted to the child and family well-being system. Further, newly approved resource parents receive comprehensive trainings that prepare them for a variety of situations that often occur while taking care of children who have experienced trauma, abuse, and neglect. The pre-service benchmark is a new indicator from the former Implementation and Exit Plan. CFSA added the measure to the FY 2022 Four Pillars Performance Framework to ensure that the Agency adequately reports on training as a core function of child welfare practice.

### **Analysis**

During the performance period, between October 2022 through September 2023, 100 percent (n=101/101) of CFSA's new resource parents were successful in achieving the required number of training hours prior to licensure. The training arm of CFSA, the Agency's Child Welfare Training Academy, along with various CFSA partners, is steadfast and consistent in utilizing updated and pertinent training to provide education, policy, guidance, and support to all resource parents. This performance measure continues to be maintained because of the collaboration between CFSA and its contracted agency partners, coupled with the dedication of resource parents.

### **Figure 95. Percentage of Resource Parents with Required Pre-Service Training**



Source: FACES.net report TRN008

### Conclusion

CFSA considers this measure **achieved**.

## 42. In-Service Training for Resource Parents

### Measure

Of all CFSR and private agency resource parents, **95 percent** of resource parents whose licenses are renewed shall receive the required 15 hours of annual in-service training for each year of their license. Therefore, resource parents with a 1-year license will receive 15 hours of in-service training and resource parents with a 2-year license will receive 30 hours of in-service training.

### Methodology

To assess performance, CFSA analysts used FACES.NET management reports for tracking data compliance with this measure. The universe counts the number of resource parents who were relicensed between October 2022 and September 2023.

### FY 2023 Performance

For resource parent in-service training, **99 percent** (n=258/261) completed the required 30 hours of service training hours prior to re-licensure.

### **Historic Information**

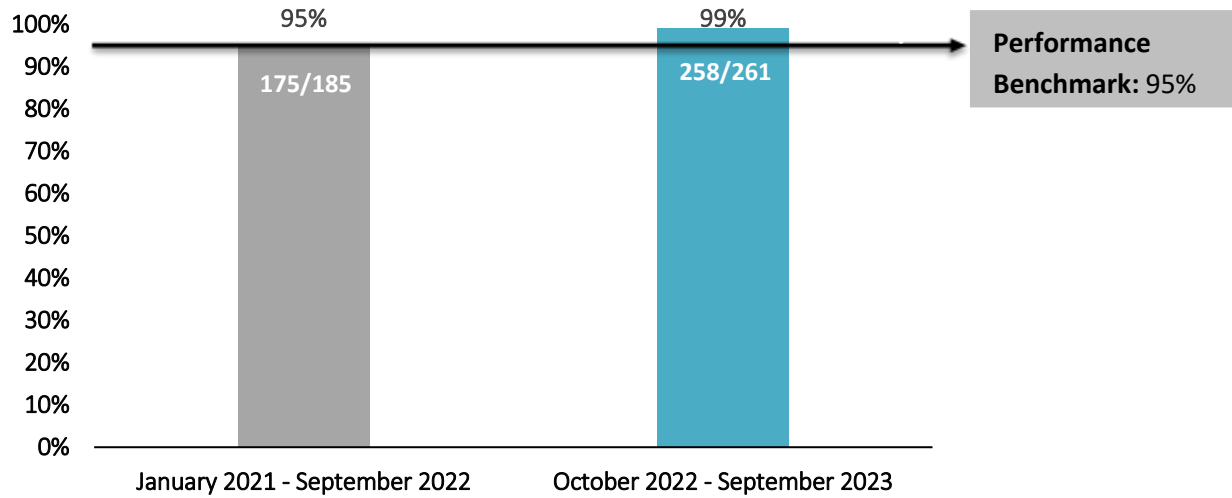
CFSA and its contracted private agency partners are responsible for and committed to promoting a well-functioning child welfare system. CFSA is largely responsible for ensuring ongoing training of resource parents to equip them with the necessary education, tools, and support to meet the ever-evolving 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 measure 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 also 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 caregiving role and responsibilities.

During January 2022-September 2022, 95 percent (n=175/185) of resource parents completed the required number of in-service hours prior to re-licensure.

### **Analysis**

During the current monitoring period, 99 percent (n=258/261) 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. Further, CFSA's Child Welfare Training Academy is committed to providing training opportunities, reminders, and implementation of a new system to provide real-time updates to re-licensing staff on the status of resource parents' training hours to ensure this target is maintained once STAAND is fully implemented.

**Figure 96. Percentage of Resource Parents with Required In-Service Training**



Source: FACES.net report TRN009

**Conclusion**

CFSA considers this measure achieved.

# APPENDIX A

## Summary Table of Performance

Table 19. Four Pillars Performance FY 2023

Front Door				
4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
1. Timely Initiations Reporting frequency: Quarterly	Number of youth with investigation initiated within 24 or 48 hours  Note: No performance target set for FY23	March 2022: 41% of closed investigations initiated within 24 hours, 69% initiated within 48 hours  June 2022: 40% of children in closed investigations initiated within 24 hours, 63% of children initiated within 48 hours  September 2022: 39% of children in closed investigations initiated within 24 hours, 60% of children initiated within 48 hours	March 2023: 34% (n=206/596) of children in closed investigations initiated within 24 hours, 64% (n=383/596) initiated within 48 hours  July 2023: 37% (n=151/407) of children in closed investigations initiated within 24 hours, 62% (n=252/407) of children initiated within 48 hours.	N/a <sup>87</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 FY23	Monthly range of 49-76%  January-57%, February-69%, March-76%, April-73%, May-60%, June-51%, July-49%, August-60%, September-68%	Monthly range of: 38%-62%  Range of closed investigations applicable: 268 to 373 referrals  October- 62%, November-58%, December-54%, January-40%, February-43%, March-51%, April-47%, May-45%, June-48%, July-38%, August 41%, September-48%	N/a

<sup>87</sup> Due to no performance target being assigned in FY 2023, a finding of met or not met is not applicable.



## Front Door

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
3. Acceptable Investigations  Reporting frequency: Bi-annually	80% of investigations will be of acceptable quality	March 2022-90% of investigations closed in March had acceptable quality September 2022-92% of investigations closed in September had acceptable quality	March 2023: 156/176- 89%  September 2023: 114/133-86%	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 are in need of and agree to additional supports shall be referred to an appropriate Collaborative or community agency for follow-up.  Note: no performance target set for FY23	55% of families with an identified service need and who agreed to receive services were referred to a community-based service	51% (n=34/67) of families with an identified service need and who agreed to receive services were referred to a community-based service	N/a
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	91% (n=333/367) 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

# Front Door

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
6. Social worker visits to children 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	<p><b>Families with 1 visit:</b> January-90%, February-90%, March-89%, April-88%, May-84%, June-87%, July-84%, August-82%, September-84%</p> <p><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%</p>	<p>Range of families applicable: 279 to 322</p> <p><b>Families with 1 visit:</b> <b>Monthly range of 84%-90%</b></p> <p>October- 86%, November-86%, December-84%, January-87%, February-90%, March-88%, April-88%, May-86%, June-85%, July-90%, August 89%, September 89%</p> <p><b>Families with 2 visits: Monthly range of 75% -84%</b> October-79%, November- 79%, December-77%, January-78%, February-83%, March-83%, April-80%, May-79%, June-75%, July-80%, August 82%, September 84%</p>	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>88</sup> and Planning Interventions: Safety/Protection. <sup>89</sup>	88% of In-Home cases reviewed in FY 2022 received an acceptable rating on Child Safety and Planning Interventions: Safety and Protection	81% (n=46/57) of In-Home cases reviewed in FY 2023 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	4% (n=29/661) of open in-home families experienced a new substantiated investigation during their open In-Home Case	Achieved

<sup>88</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>89</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	FY 2023 Performance	Achieved
<p>9. Social Worker Visits to Children in Foster Care</p> <p>Reporting frequency: Monthly</p>	<p>95% of children in out of home care will receive monthly visits by their social worker.</p> <p>At least 50 percent of monthly caseworker visits occur in the residence of the child</p>	<p><b>Social Worker Visits: Monthly range of 92-96%</b></p> <p>January-94%, February-93%, March-93%, April-92%, May-93%, June-96%, July-95%, August-96%, September-95%</p> <p><b>Placement SW Visits: Monthly range of 86-92%</b></p> <p>January-90%, February-89%, March-90%, April- 89%, May-89%, June-87%, July-88%, August- 92%, September- 86%</p>	<p>Range of 464 to 509 children applicable each month</p> <p><b>Social Worker Visits: Monthly range of 93%-98%</b></p> <p>October-95%, November-95%, December-95%, January-96%, February-96%, March-98%, April-95%, May-96%, June-95%, July- 93%, August- 97%, September- 94%</p> <p><b>Placement SW Visits: Monthly range of 77% to 84%</b></p> <p>October- 82%, November-83%, December-79%                      January-83%, February-82%, March-80%, April-81%, May-84%, June-81%, July-77%, August 80%, September-79%</p>	<p>Partially Achieved</p>

## Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
<p>10. Family Engagement with their Children</p> <p>Reporting frequency: Monthly</p>	<p>Percent of children with the goal of reunification with weekly visitation with the parent with whom reunification is sought.</p> <p>Note: no performance target set for FY23</p>	<p>Monthly Visits: Monthly Range of 42-61%</p> <p>January 2022, 48% February 2022, 61%</p> <p>March 2022, 56% April 2022, 55%</p> <p>May 2022, 42% June 2022, 48%</p> <p>July 2022, 47% August 2022, 46%</p> <p>September 2022, 47%</p>	<p>Range of 216 to 247 children applicable each month</p> <p><b>Monthly range of: 42%-52%</b></p> <p>October-46%, November-46%, December-42%, January-47%, February-50%, March-52%, April-46%, May-49%, June-48%, July-50%, August-46%, September-42%</p>	<p>N/a</p>
<p>11. Family Engagement with the Agency: Reunification</p> <p>Reporting frequency: Monthly</p>	<p>Percent of parents with monthly visitation with the social worker while the goal is reunification</p> <p>Note: no performance target set for FY23</p>	<p><b>Monthly range of 55%-68%</b></p> <p>January: 68%, February: 65%, March: 60%, April: 59%, May: 55%, June: 66%, July: 66%, August: 62%, September: 59%</p>	<p>Range of 167 to 189 parents with a goal of reunification applicable each month</p> <p><b>Monthly range of 56%-68%</b></p> <p>October-59%, November-61%, December-65%</p> <p>January-63%, February-67%, March-68%, April-62%, May-59%, June-66%, July-67%, August-64%, September-56%</p>	<p>N/a</p>

## Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
<p>12. Sibling Visits</p> <p>Reporting frequency: Monthly</p>	<p>80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.</p>	<p>Monthly visits: Monthly range of 70 – 87%</p> <p>Twice monthly visits: Monthly range of 67 – 81%</p> <p>Monthly Visits: January: 83%, February: 87%, March: 81%, April: 78%, May: 73%, June: 70%, July: 78%, August: 87%, September: 85%</p> <p>Twice monthly visits: January: 75%, February: 75%, March: 73%, April: 72%, May: 67%, June: 68%, July: 75%, August: 81%, September: 68%</p>	<p>Range of 104 to 123 children applicable each month</p> <p><b>Monthly Visits: Monthly range of 79-88%</b></p> <p>October-84%, November-79%, December-81%, January-88%, February-85%, March-80%, April-85%, May-82%, June-83%, July-82%, August-83%, September- 80%</p> <p><b>Twice monthly Visits: Monthly range of 68-86%</b></p> <p>October-75%, November-70%, December-74%, January-86%, February-75%, March-76%, April-76%, May-80%, June-72%, July-80%, August-81%, September-68%</p>	<p>Not Achieved</p>
<p>13. Sibling Placement</p> <p>Reporting frequency: Monthly</p>	<p>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</p> <p>Note: no performance target set for FY23</p>	<p><b>Monthly range of 73%-78%</b></p> <p>January: 74%, February: 73%, March: 73%, April: 73%, May: 73%, June: 76%, July: 76%, August: 76%, September: 78%</p>	<p>Range of 165 to 196 children applicable each month</p> <p>Monthly range of: 68%-79%</p> <p>October-79%, November-79%, December-77%, January-74%, February-73%, March-71%, April-72%, May-73%, June-69%, July-70%, August 68%, September-68%</p>	<p>N/a</p>

## Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
<p>14. Placement Stability: For Children Entering Care (entry cohort)</p> <p>Reporting frequency: Annually</p>	<p>The percent 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 FY23</p>	<p>During CY2020, percentage of kids who experienced their first placement change from all placement types:</p> <p>0-3 months: 52%</p> <p>3-6 months: 13%</p> <p>6-9 months: 14%</p> <p>9-12 months: 13%</p> <p>12-15 months: 2%</p> <p>15-18 months: 2%</p>	<p>During CY2021, of the total 184 children who entered during the year, the percentage of kids who experienced their first placement change from all placement types:</p> <p>0-3 months: 57%</p> <p>3-6 months: 14%</p> <p>6-9 months: 4%</p> <p>9-12 months: 5%</p> <p>12-15 months: 5%</p> <p>15-18 months: 3%</p>	<p>N/a</p>

## Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
<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 FY23</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>	<p>a. Among the 532 children in care as of 1<sup>st</sup> day of FY:</p> <ul style="list-style-type: none"> <li>-17% had 1 placement by end of FY</li> <li>-21% had 2 placements by end of FY</li> <li>-62% had 3 or more placements by end of FY</li> </ul> <p>b. Among the 162 children who entered/reentered care during FY23:</p> <ul style="list-style-type: none"> <li>-65% had 1 placement by end of FY</li> <li>-17% had two placements</li> <li>-19% had 3 or more placements by end of FY</li> </ul>	<p>N/a</p>

## Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
16. Placement Stability: Kin Placements for Children Entering Care  Reporting frequency: Quarterly	Percent of children placed with kin within 30 days of entering care  Note: no performance target set for FY23	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.  Q1: 18% Q2: 26% Q3: 26% Q4: 53%	During FY23 18% of all youth who entered care and remained in care for at least 8 days (n=165) were placed with kin within 30 days of entering care  Q1: 17% Q2: 18% Q3: 19% Q4: 15%	N/a
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.	Between October 2022 and September 2023, there were 5 placements in an emergency, short-term or shelter facility or foster home for more than 30 days, experienced by 4 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.	Between October 2022 and September 2023, there were 124 overnight stays at CFSA, experienced by 13 unique children.	Not Achieved



## Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
<p>19. Placement of Young Children in Most Family-Like Setting</p> <p>Reporting frequency: Bi-annual review</p>	<p>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.</p> <p>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.</p>	<p>Between January and September 2022, there were 7 children between 6 and 12 who were in congregate care settings, and all seven were appropriate.</p>	<p>Between October 2022 and September 2023, there were 4 children between 6 and 12 who were in congregate care settings, and the placement setting and duration were appropriate for 75% (n=3/4) of the children.</p>	<p>Not Achieved</p>
<p>20. Out-of-Home Safety assessments (QSR)</p> <p>Reporting Frequency: Annually</p>	<p>80% of the out-of-home sample will have an acceptable rating on two QSR indicators: Child Safety<sup>90</sup> and Planning Interventions: Safety/Protection.<sup>91</sup></p>	<p>FY2022: 88% rated acceptable (64 out of 73)</p>	<p>FY2023: 92% rated acceptable (59 of 64)</p>	<p>Achieved</p>

<sup>90</sup> See FN 88.

<sup>91</sup> See FN 89.

## Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	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)	FY2023: 91% rated acceptable (110 out of 121)	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)	FY2023: 93% rated acceptable (113 out of 121)	Achieved

# Temporary Safe Haven

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	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	Range of 20% to 28% surplus of foster care beds  October-22%, November-24%, December-23%, January-28%, February-27%, March-23%, April-22%, May-20%, June-23%, July-22%, August-21%, September-22%	Achieved

## Well-Being

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
<p>24. Timely Health Exams</p> <p>Reporting frequency: Monthly</p>	<p>85% of children in foster care shall receive a full medical evaluation within 30 days of placement.</p> <p>95% of children in foster care shall receive a full medical evaluation within 60 days of placement.</p>	<p>Jan: 86%; Feb: 100%; Mar.: 100%; Apr.: 97%; May: 96%; Jun.: 90%; Jul.: 89%; Aug.: 89%; Sept: 89%</p> <p>Jan: 94%; Feb: 100%; Mar.: 100%; Apr.: 100%; May: 98%; Jun.: 94%; Jul.: 91%; Aug.: 93%; Sept: 96%</p>	<p>Range of 24 to 51 children applicable each month</p> <p>Within 30 days: Monthly range of: 83%-95%</p> <p>October-88%    November-86%    December-91%, January-88%,    February-95%,    March-94%,    April-86%,    May-84%,    June-88%, July-87%,    August 85%, September 83%</p> <p>Within 60 days: Monthly range of 90%-100%</p> <p>October- 91%    November-90%    December- 100%, January-97%,    February-97%,    March-97%,    April-96%,    May-97%,    June-100%, July-100%,    August- 94%, September-97%</p>	<p>Achieved</p>
<p>25. Timely Dental Exams</p> <p>Reporting frequency: Bi-annually<sup>92</sup></p>	<p>Percent of children who received a full dental evaluation within 60 days of placement.</p> <p>Note: no performance target set for FY23</p>	<p>Between January to September 2022, 76% completed dental exams within 60 days of placement.</p>	<p>67% (n=116/174) completed dental exams within 60 days of placement</p>	<p>N/a</p>

<sup>92</sup> For this transitional year, the data is reported once for the 9-month period.

## Well-Being

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
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 FY23	87% of 12 <sup>th</sup> graders graduated	73% of 12 <sup>th</sup> graders graduated (16/22)	N/a
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 FY23	<b>45 percent</b> of youth aged 18 years and older had an employment or internship experience in 2022 for 30 days or longer.	<b>54 percent</b> (n=80/147) of children aged 18 years and older had an employment/internship experience in FY2023 for 30 days or longer	N/a

## Exit to Permanence

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
<p>28. Permanency in 12 Months for:</p> <p>a. Children Entering Foster Care (8 days-11 months)</p> <p>b. Children In Foster Care (12 - 23 months)</p> <p>c. Children In Foster Care (24+ months)</p> <p>Reporting frequency: Annually</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Note: no performance target set for FY23</p>	<p>a. <b>20%</b> 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.</p> <p>b. <b>51%</b> 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.</p> <p>c. <b>36%</b> children who were in foster care for 24 months or longer on September 30, 2021, achieved permanency by September 30, 2022</p>	<p>a. <b>18% (n=33/181)</b> of children who entered foster care for the first time between October 2021-September 2022 and who remain in foster care for eight days or longer achieved permanency by September 30, 2023.</p> <p>b. <b>45% (n=60/134)</b> of children who were in foster care for more than 12 months but less than 23 months on September 30, 2022, achieved permanency by September 30, 2023.</p> <p>c. <b>27%</b> (n=34/125) children who were in foster care for 24 months or longer on September 30, 2022, achieved permanency by September 30, 2023</p>	<p>N/a</p>

## Exit to Permanence

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
<p>29. Moving Children Toward Finalized Adoption/Guardianship</p> <p>Reporting frequency: as of September 30, 2022</p>	<p>Of total children with goal of adoption and guardianship:</p> <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> <p>Note: no performance target set for FY23</p>	<p>Of the 196 children with either a goal of adoption (n=142) or a goal of guardianship (n=54) as of September 30, 2022, 39% (n=76) had an adoption petition or guardianship motion already filed.</p>	<p>Of the 160 children with a goal of adoption (n=116) or a goal of guardianship (n=44) as of September 30, 2023, 39% (n=63) had an adoption petition or guardianship motion already filed.</p>	<p>N/a</p>
<p>30. Aging out of foster care</p> <p>Reporting frequency: Bi-annually</p>	<p>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).</p> <p>Note: no performance target set for FY23</p>	<p><b>71%</b> of youth aged 18 or older exited foster care due to aging out</p>	<p>79% (n=33/42) of youth aged 18 or older who exited foster care did so by aging out</p>	<p>N/a</p>

## Exit to Permanence

4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
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 missing/absent status on the date their case closes	<b>93%</b> of children exited foster care with stable housing	<b>100%</b> (n=29/29) of children who aged out of foster care did so 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 FY23	<b>100%</b> of youth maintained enrollment or completed a vocational training or certification program.	<b>62%</b> (n=8/13) of youth who enrolled into vocational programming or a certification program maintained enrollment in 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 FY23	<b>33%</b> (5 of 15)	<b>33%</b> (n=6/18) of children who started college five years ago in foster care have graduated.	N/a



## Creating a Supported Workforce

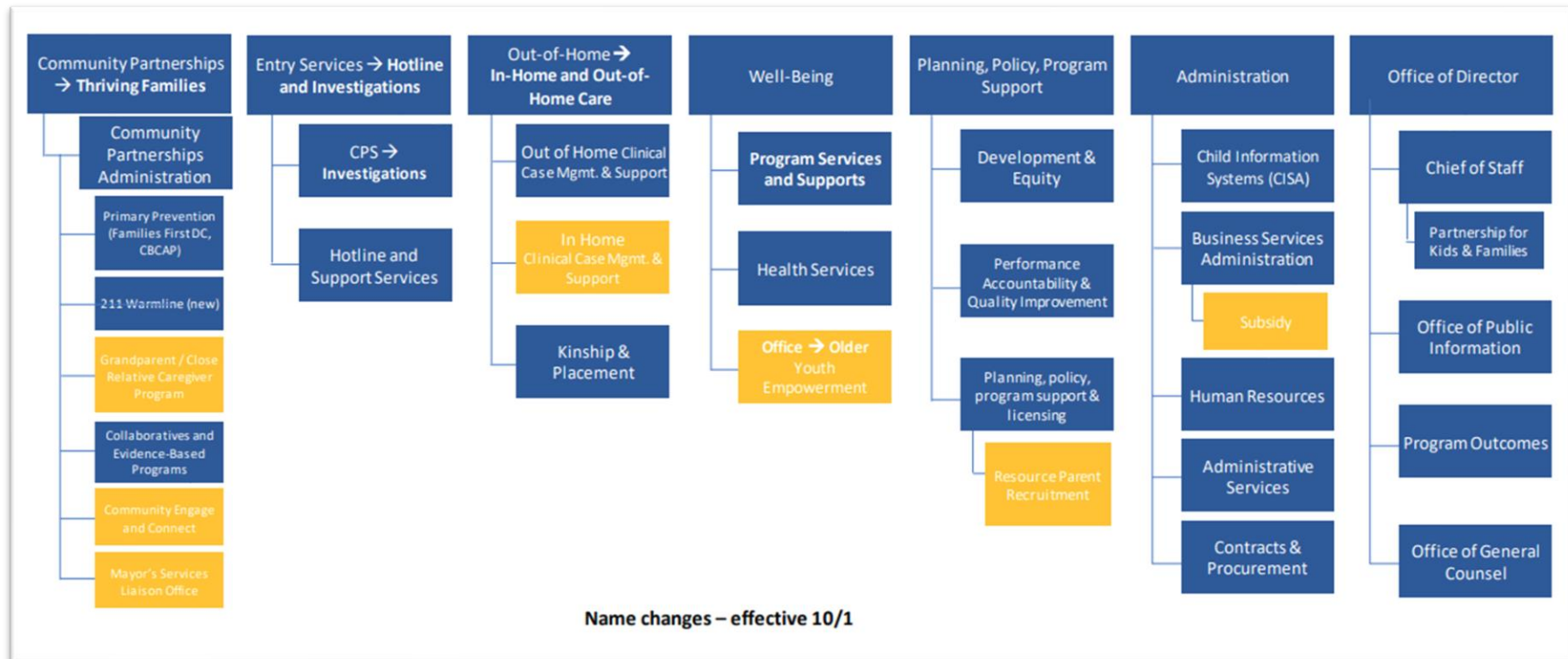
4 Pillars Indicator	Measure	FY 2022 Performance	FY 2023 Performance	Achieved
<p>26. Office of Hotline and Investigations Caseloads</p> <p>Reporting frequency: Monthly</p>	<p>90% of investigators and social workers will have caseloads that are not greater than 12 cases. No individual investigator shall have a caseload greater than 15 cases.</p>	<p>Monthly range of 60% - 97% of OHI workers met the caseload requirements.</p> <p>Jan: 94%, Feb: 97%, Mar: 93%, Apr: 68%, May: 63%, Jun: 60%, Jul: 81%, Aug: 95%, Sep: 80%</p>	<p>Range of 44 to 57 investigative social workers each month</p> <p>Monthly range of 35% to 74% compliance</p> <p>October- 74%, November-54%, December-50%, January-53%, February-47%, March-36%, April-40%, May-35%, June-40% July-53%, August-51%, September-38%</p>	<p>Not Achieved</p>
<p>27. In-Home Caseloads</p> <p>Reporting frequency: Monthly</p>	<p>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.</p>	<p>100% of social workers met the caseload requirement each month. No social worker had a caseload of more than 18.</p> <p>Jan: 100%, Feb: 100%, Mar: 100%, Apr: 100%, May: 100%, Jun: 100%, Jul: 100%, Aug: 100%, Sep: 100%</p>	<p>Range of 34 to 43 social workers each month</p> <p>100% compliance each month</p> <p>October- 100%, November-100%, December- 100%, January-100%, February-100%, March-100%, April-100%, May-100%, June-100%, July-100%, August-100%, September- 100%</p>	<p>Achieved</p>

<p>28. Out of Home and Private Agency Caseloads</p> <p>Reporting frequency: Monthly</p>	<p>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.</p>	<p>Monthly range of 99%-100% of ongoing workers met the caseload requirement each month. No social worker had a caseload of more than 18.</p> <p>Jan: 100%, Feb: 100%, Mar: 100%, Apr: 100%, May: 99%, Jun: 100%, Jul: 100%, Aug: 100%, Sep: 99%</p>	<p>Range of 57 to 69 social workers each month</p> <p>Monthly range of 97% to 100% compliance.</p> <p>October-99%, November-97%, December-97%, January-100%, February-98%, March-100%, April-100%, May-100%, June-98%, July-100%, August-100%, September- 100%</p>	<p>Achieved</p>
<p>29. Pre-service training for Direct-Service Staff</p> <p>Reporting frequency: Annually</p>	<p>90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training</p>	<p>95% of newly hired CFSA and private agency direct service staff received 80 hours of pre-service training in 90 days.</p>	<p>84% (n=32/38) of newly hired CFSA and private agency direct service staff received 80 hours of pre-service training in 90 days.</p>	<p>Not Achieved</p>
<p>30. In-Service Training for Direct Service Staff</p> <p>Reporting frequency: Annually</p>	<p>80% of CFSA and private agency direct service staff shall receive the required annual in-service training.</p>	<p>57% of CFSA and private agency direct service staff received 30 hours of required annual in-serving training</p>	<p>69% (n=125/180) of CFSA and private agency direct service staff received 30 hours of required annual in-serving training</p>	<p>Not Achieved</p>
<p>31. Pre-Service Training for Direct-Service Supervisory Staff</p> <p>Reporting frequency: Annually</p>	<p>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</p>	<p>75% of newly hired CFSA and private agency supervisors received 40 hours of pre-service training within 8 months of assuming supervisory responsibility.</p> <p>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.</p>	<p>58% (n=7/12) of newly hired CFSA and private agency supervisors received 40 hours of pre-service training within 8 months of assuming supervisory responsibility.</p> <p>Note: measure looks at supervisors hired between 11/1/21 through 10/30/22 who were scheduled to complete their 8 months of training between 7/1/2022 through 6/30/23.</p>	<p>Not Achieved</p>

<p>32. In-Service Training for Direct-Service Supervisory Staff Reporting frequency: Annually</p>	<p>80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive at least 24 hours annual in-service training</p>	<p>71% of CFSA and private agency supervisors and administrators who have casework responsibility received at least 24 hours annual in-service training.</p>	<p><b>77%</b> (n=46/60) of CFSA and private agency supervisors and administrators who have casework responsibility received at least 24 hours annual in-service training.</p>	<p>Not Achieved</p>
<p>33. Pre-Service Training for Resource Parents Reporting Frequency: Bi-annually</p>	<p>95% of CFSA and contract agency resource parents will receive 30 hours of pre-service training prior to their initial license date.</p>	<p>100% of CFSA &amp; contract agency resource parents received 30 hours of preservice training prior to initial license date.</p>	<p><b>100% (n=101/101)</b> of CFSA &amp; contract agency resource parents received 30 hours of preservice training prior to initial license date.</p>	<p>Achieved</p>
<p>34. In-Service Training for Resource Parents Reporting frequency: Bi-annually</p>	<p>95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.</p>	<p>95% of foster parents whose licenses were renewed received 30 hours of in-service training.</p>	<p>99% (n=258/261) of foster parents whose licenses were renewed received 30 hours of in-service training.</p>	<p>Achieved</p>

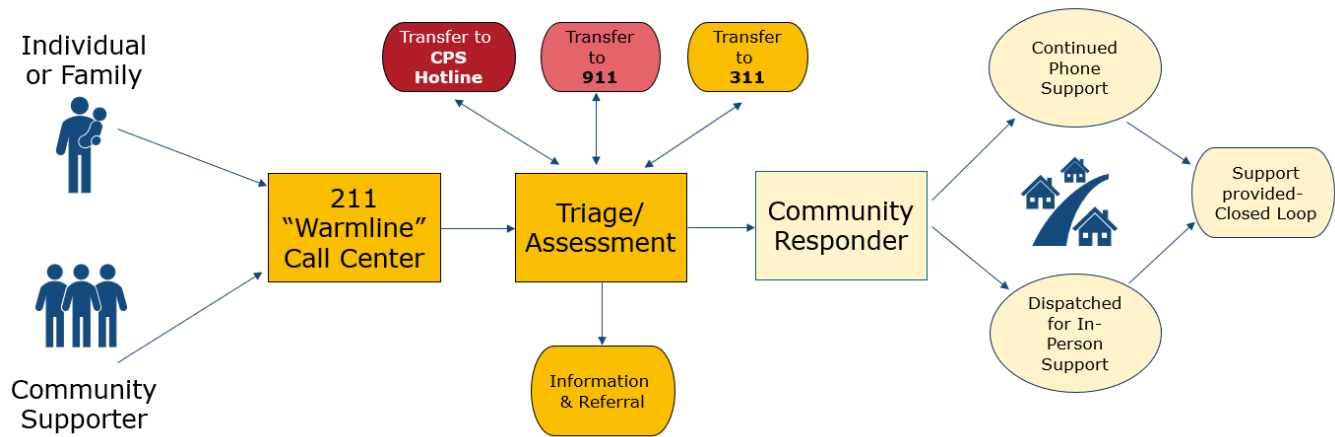
# APPENDIX B

## CFSA Organizational Chart as of 10/1/23



# APPENDIX C

## 211 Warmline & Community Response Process



# APPENDIX D

## 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 Census as of last day of the month	Unused Beds (%)
Oct-22	Family Based (not including Kinship)	253	455	290	112 (22%)
	Congregate Providers	10	63	35	
	Other Settings*	N/A	N/A	81	
	<b>Total</b>	<b>263</b>	<b>518</b>	<b>406</b>	
Nov-22	Family Based (not including Kinship)	263	466	278	126 (24%)
	Congregate Providers	10	63	30	
	Other Settings*	N/A	N/A	95	
	<b>Total</b>	<b>273</b>	<b>529</b>	<b>403</b>	
Dec-22	Family Based (not including Kinship)	264	463	288	123 (23%)
	Congregate Providers	10	63	31	
	Other Settings*	N/A	N/A	84	
	<b>Total</b>	<b>274</b>	<b>526</b>	<b>403</b>	
Jan-23	Family Based (not including Kinship)	266	476	284	150 (28%)
	Congregate Providers	10	62	34	
	Other Settings*	N/A	N/A	70	
	<b>Total</b>	<b>276</b>	<b>538</b>	<b>388</b>	
Feb-23	Family Based (not including Kinship)	266	476	282	147 (27%)
	Congregate Providers	10	62	34	
	Other Settings*	N/A	N/A	75	
	<b>Total</b>	<b>276</b>	<b>538</b>	<b>391</b>	
Mar-23	Family Based (not including Kinship)	263	463	288	119 (23%)
	Congregate Providers	10	62	34	

	Other Settings*	N/A	N/A	84	
	<b>Total</b>	<b>273</b>	<b>525</b>	<b>406</b>	
<b>Apr-23</b>	Family Based (not including Kinship)	260	456	293	<b>114 (22%)</b>
	Congregate Providers	10	63	28	
	Other Settings*	N/A	N/A	84	
	<b>Total</b>	<b>270</b>	<b>519</b>	<b>405</b>	
<b>May-23</b>	Family Based (not including Kinship)	255	446	291	<b>105 (21%)</b>
	Congregate Providers	10	63	27	
	Other Settings*	N/A	N/A	86	
	<b>Total</b>	<b>265</b>	<b>509</b>	<b>404</b>	
<b>Jun-23</b>	Family Based (not including Kinship)	253	444	281	<b>115 (23%)</b>
	Congregate Providers	10	63	31	
	Other Settings*	N/A	N/A	80	
	<b>Total</b>	<b>263</b>	<b>507</b>	<b>392</b>	
<b>Jul-23</b>	Family Based (not including Kinship)	254	438	280	<b>104 (21%)</b>
	Congregate Providers	10	63	31	
	Other Settings*	N/A	N/A	86	
	<b>Total</b>	<b>264</b>	<b>501</b>	<b>397</b>	
<b>Aug-23</b>	Family Based (not including Kinship)	256	434	275	<b>98 (20%)</b>
	Congregate Providers	10	63	31	
	Other Settings*	N/A	N/A	93	
	<b>Total</b>	<b>266</b>	<b>497</b>	<b>399</b>	
<b>Sep-23</b>	Family Based (not including Kinship)	254	426	272	<b>106 (21%)</b>
	Congregate Providers	11	69	34	
	Other Settings*	N/A	N/A	83	
	<b>Total</b>	<b>265</b>	<b>495</b>	<b>389</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 Census as of last day of the month
Oct-22	122	173	130
Nov-22	128	178	134
Dec-22	127	173	138
Jan-23	129	180	131
Feb-23	127	168	130
Mar-23	123	164	121
Apr-23	113	152	118
May-23	112	150	116
Jun-23	114	153	116
Jul-23	111	145	110
Aug-23	107	142	107
Sep-23	99	134	107

Other Settings*	Total Children											
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Residential Treatment	14	15	14	14	13	13	13	11	11	12	14	14
Abscondence	24	30	26	23	25	22	24	27	24	24	20	19
College/Vocational	1	1	0	0	1	2	1	1	0	0	1	1
Correctional Facility	11	9	8	8	10	11	13	12	10	12	12	12
Developmentally Disabled	4	5	5	5	5	5	5	5	5	5	5	5
Hospitals	4	8	4	6	7	12	7	6	6	8	7	6
Not in Legal Placement	23	27	27	14	14	19	21	24	24	25	34	26
<b>Total</b>	<b>81</b>	<b>95</b>	<b>84</b>	<b>70</b>	<b>75</b>	<b>84</b>	<b>84</b>	<b>86</b>	<b>80</b>	<b>86</b>	<b>93</b>	<b>83</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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