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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DC MURIEL BOWSER, MAYOR



# FY 2024 Annual Progress and Services Report

## June 2023

DC Child and Family Services Agency  
Director Robert L. Matthews

DC Child and Family Services Agency  
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## INTRODUCTION

The District of Columbia (District or DC) herein submits its fiscal year (FY) 2024 Annual Progress and Services Report (APSR) as part of the [FY 2020 - FY 2024 Child and Family Services Plan \(CFSP\)](#). This report includes program updates and data from FY 2022 and, where available, the first and second quarters of FY 2023. All new updates appear under the heading **FY 2024 APSR Update**. All other information has been preserved in this report for context and historical perspective, which includes Agency practices as they existed at the time of the CFSP submission or as they evolved over subsequent reporting periods leading up to the [FY 2023 APSR](#).

## FEDERAL PRIORITIES

While the District’s Child and Family Services Agency (CFSA or Agency) tailors its supportive infrastructure to the unique characteristics and needs of children and families living across its eight wards, CFSA and its partners also ensure that programs and practices reflect any prevailing national trends that may inform new guidance from the Administration for Children and Families (ACF). The Agency strives to support and empower District residents and stakeholders in alignment with both community-driven objectives and federal priorities, whether involving considerations around equity and diversity, child welfare prevention, or the support of such populations as kinship providers, youth transitioning out of foster care, or the child welfare workforce.

### Prioritizing and Advancing Racial Equity and Support for Underserved Communities

In a 2022 [Informational Memorandum](#), ACF encourages states to assess and address how programs and policies may perpetuate systemic barriers for children and families of color.

### **FY 2024 APSR Update**

*The child welfare field has moved from acknowledging the problem of systemic racial and ethnic disproportionality and disparity to formulating and implementing solutions that change systematic and historical practices which have mostly, and negatively, impacted communities of color. We must first understand the contributing factors to racial disproportionality and disparity. Children of color are over-represented in the District’s foster care system. According to Kids Count Data Center, in 2021, 69 percent of District’s overall child population was Non-Hispanic Black or Hispanic or Latino, but this group comprised 94 percent of the child welfare population as of the end of 2022.*

*There is an intersection between neglect and poverty. Families need support and not all families are intentionally neglectful. We would like to support families early on by intervening sooner than later before they come to the attention of CFSA and other agencies. CFSA would like to take a “help you” vs. “penalize you” approach; our goal is Keeping DC Families Together.*

Robert L. Matthews

Director, CFSA

Testimony before the Council of the District of Columbia (excerpted)

February 24, 2023

In June 2022, CFSA established the Development and Equity Administration (DEA) to formalize the Agency's priority towards inclusion, belonging, and workforce well-being. To provide supportive leadership to DEA activities, the Agency created the new position, Chief Equity and Development Officer. To make DEA activities and principles accessible to the community, the Agency created a [DEA website](#). Among the DEA's newly developed units, [Equity and Change Management](#) focuses on implementing the work of CFSA's Diversity, Equity, Inclusion, and Belonging (DEIB) Steering Committee, which CFSA established in 2020 in response to a nationwide focus on DEI and disproportionality in child welfare. Targeted data analyses reveal a level of disproportionality and disparity for Black and Brown children and families. As such, DEA has developed recommendations to address the implicit biases of the District's mandated reporters and the CFSA workforce, including a requirement that mandated reporters complete an Implicit Bias Module as part of the District's mandated reporter training, as well as a requirement that members of the CFSA workforce complete the training, *Understanding Racial Equity in Child Welfare*. Additionally, the newly established Lived Experience Advisory Council (described later in this section) highlights and provides recommendations to mitigate systemic barriers and inequities.

In November 2022, the District enacted the [Expanding Supports for Crime Victims Amendment Act of 2022](#), which incorporates the key mandated reporter training provisions that were originally developed by the DEIB Steering Committee and introduced by the Office of the Attorney General (OAG) under the *Protecting Children and Vulnerable Adults Through Mandated Reporting Amendment Act of 2021*. Notably, the new legislation includes the training requirements described above that emphasize the dynamics surrounding the impact of implicit racial bias on mandatory reporting. Mandated reporter protocols and considerations are evolving to reflect the District's increasing emphasis on finding alternatives to formal child welfare involvement, where appropriate, and assessing families through the DEIB lens. An updated mandated reporter training curriculum that emphasizes how implicit bias might impact decisions, especially when codified, will help achieve the District's goals related to prevention and equity.

### **Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual Individuals (LGBTQIA+)**

A 2022 [Executive Order](#) directs the Children's Bureau to partner with state child welfare agencies to address and eliminate disparities in the child welfare system experienced by children, parents, and caregivers who self-identify as LGBTQIA+.



## ***FY 2024 APSR Update***

*To achieve the vision of being a child and family well-being system, we must recognize that everyone deserves to be seen and heard where they are and for who they are, regardless of their sexual orientation, gender identity, or expression. We intentionally work to ensure equitable treatment and outcomes for LGBTQIA+ individuals through the Connecting Rainbows initiative and other Agency partnerships. Most forms requesting information regarding adults in the home have been updated to remove binary and heteronormative language. Public facing information includes LGBTQIA+ individuals in their images and training focused on effectively supporting LGBTQIA+ children and families has been mandatory since 2013. Currently, we are working closely with the STAAND (CFSA's updated CCWIS) developers to ensure data related to sexual orientation, gender identity, and expression is captured to assess and determine additional needs. Finally, the Connecting Rainbows initiative engages in resource development specific to the needs of LGBTQIA+ children in care.*

*Dr. Brandynicole Brooks*

*Chief Development and Equity Officer*

*Development and Equity Administration, CFSA*

*April 2023*

CFSA strives to maintain a placement array that reflects the community. In addition to targeted recruitment efforts, described later in this report, the Agency periodically surveys its resource parent pool to identify LGBTQIA+ friendly homes, and offers training on understanding and working with youth who self-identify as LGBTQIA+. In March 2022, an internal resource parent demographic report revealed that 43 percent of CFSA's resource parents identified as LGBTQIA+ or LGBTQIA+- friendly.

## **CHILDREN'S BUREAU PRIORITY GOALS**

### **Prevent Children from Coming into Foster Care**

The Children's Bureau directs states to examine legal definitions and frontline practice to disentangle poverty and neglect, and to ensure that families have access to legal services. In addition, states must advocate for services and resolve issues that leave families vulnerable to child welfare involvement or that impede permanency for children in care.

## ***FY 2024 APSR Update***

*In order to successfully implement our transformation from a child welfare agency to a child and family well-being system, we need enhanced coordination among the District's government agencies serving children and families.*

Through this collaborative approach, children and families will be linked to resources in their communities with the goal of never having to come to the attention of CFSA, unless there is abuse or neglect present. Our vision for this initiative is that we aspire to create a caring, diverse community comprising residents, non- and for-profit organizations, and government agencies – each with unique roles and strengths – working together in seamless coordination to ensure that all individuals, children, and families thrive in the District. We would like District agencies to take a unified approach to well-being. With this approach, families are trusted, and their voice is central to decision-making and problem-solving.

Robert L. Matthews


Director, CFSA

Testimony before the Council of the District of Columbia

February 24, 2023

Continuing a decades-long trajectory of reducing the population of children served out of the home (i.e., in foster care), CFSA is as focused as ever on enhancing the District’s prevention and family preservation network. The current manifestation of this effort involves the community-based and stakeholder-driven transformation from a child welfare agency to a child and family well-being system, which is now known as *Keeping DC Families Together*.

DC'S Child And Family Well-Being System

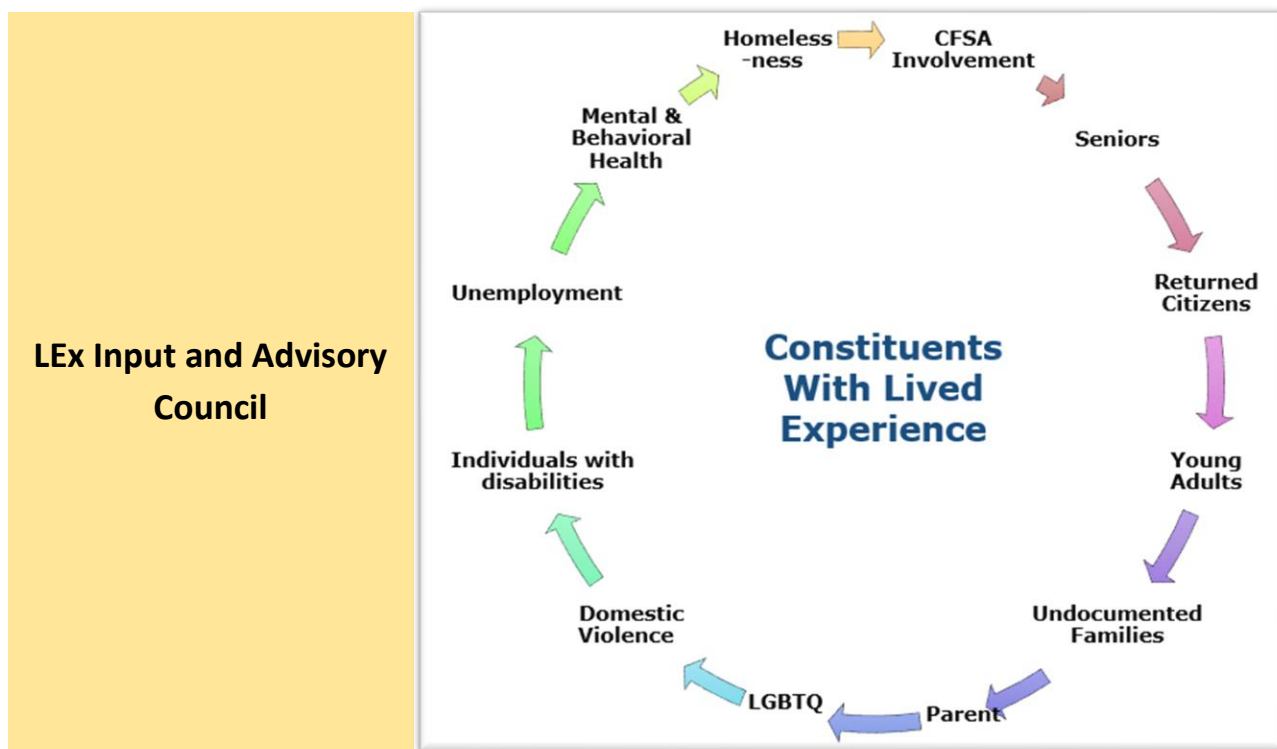
**Our Vision** →   
**KEEPING DC FAMILIES TOGETHER**

We aspire to create a caring, diverse community comprised of residents, community-based organizations, and government agencies – each with unique roles and strengths – working together in seamless coordination to ensure that all individuals, children, and families thrive in DC.

Integral to the evolution of a child and family well-being system is the creation of a citywide Warmline and Community Response (WL/CR) model, which will allow for voluntary linkages of children, families, and individual community members to the District’s governmental systems of care and community-based services before they come to the attention of the Child Protective Services

(CPS) Hotline. Although Warmline triage protocols may result in a call to the CPS Hotline, there may also be instances where CPS referrals are redirected to the Warmline. The creation of a citywide WL/CR model fundamentally transforms the District’s approach to child welfare and community prevention by getting ahead of the challenges that individuals and families experience, instead of reacting to, mitigating, or penalizing crises.

CFSA has also developed a model where families with lived experience engage with the effort of Keeping DC Families Together. Co-developers of the above vision statement, the Lived Experience (LEx) Advisory Council is helping to design, create, and implement programs, services, and supports beneficial for District residents. CFSA understands the value of individuals with lived experience and how their stories are critical to decisions. The LEx are trusted advisors and partners to inform the Agency and system on how to support children and families better.



In January 2023, the District enacted the [Educator Background Check Streamlining Amendment Act of 2022](#), which includes amendments to the current Child Protection Register (CPR) expungement statute. Placement on the CPR register often has negative consequences for the very children and families the Agency seeks to protect. For example, a teen parent’s poor decision might meet the legal definition of abuse or neglect, resulting in placement on the CPR database for the rest of her or his life, even if that decision was not severe enough to warrant separation of the child from the home. Additionally, employers have the right to terminate a parent’s employment or rescind employment offers after learning that the individual’s name showed up in the CPR database. Unemployment can cause stress and instability that reduces a parent’s capacity to provide a safe and stable home. Inclusion in the CPR database can also prevent a child’s grandparent or other close relative, whom CPS may have

substantiated decades prior, from becoming a much-needed kinship caregiver. The new law, which became effective on March 10, 2023 (with an October 1, 2023 implementation date), creates a three-tiered approach where an individual’s name can be expunged after one, three, or five years for certain substantiated or inconclusive reports of child abuse or neglect. The tiers establish a critical distinction from more serious substantiations that can never be expunged (serious physical abuse, child fatality, sexual abuse, sex trafficking). In prescribing a more equitable CPR standard, the new legislation will help serve the District’s objectives of keeping families together and promoting the safety, stability, well-being, and permanency of children separated from their home of origin.

Additionally, the OAG is collaborating with Warmline and LEx advisory committee members on proposed revisions to the District’s statutory definition of child neglect.<sup>1</sup> This collaboration is part of an effort to further distinguish the type of conduct that requires mandated reporters to call the CPS Hotline from the type of family or environmental circumstances that can be addressed through the Warmline and a supportive community response.

### Support Kinship Caregivers

The Children’s Bureau directs states to ensure equitable access to licensure and to expand kinship navigator programs to include access to financial support, legal assistance, and support groups.

#### *FY 2024 APSR Update*

*Relatives raising children in their immediate or extended families for the short or long-term is not a novel phenomenon. Informal caregiver arrangements have always occurred in families and communities across the world, and right here in the District, for a variety of reasons. When children lack familial support prepared and willing to commit to their care, they are at risk of entering foster care.*

*Through the Kinship Navigator Program, we administer robust kinship support as the program engages relative caregivers (and potential relative caregivers) of children both inside and outside the foster care system. CFSA uses Kinship Navigator Program funding to augment existing services and supports, and leverage community-based services to help improve community and caregiver capacity to keep children safe and well in the homes of their relatives. As an effort to further strengthen our family safety net, we need to remove as many barriers to assistance as we can. Increasing access to these programs means that more families have access to the resources that help keep their youngest loved ones fed, clothed, safe, and well.*

*Richard F. Howard*

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<sup>1</sup> [Code of the District of Columbia § 4-1341.01\(3\)](#) “Child neglect” means harm to the child’s health or welfare which occurs through the failure to provide adequate food, clothing, shelter, education, or medical care.



Supervisory Resource Development Specialist  
Kinship Outreach and Support Unit, CFSA  
Testimony before the Council of the District of Columbia  
December 9, 2021

CFSA's process for temporary licensure of kinship homes in the District and Maryland expedites emergency placements for children with relatives who are willing and able to take on the role of caregiver. For example, a temporary license can allow immediate placement with kinship caregivers, provided the eligible caregiver can comply with certain procedures. In addition, special considerations may be given to kinship caregivers when making licensing determinations that would be in the best interest of the child.

In early FY 2023, CFSA launched the [Kinship Navigator website](#) and companion mobile application, which allow participants to access supports and services, including emergency assistance, and to apply online for the Grandparent Caregivers and Close Relative Caregiver subsidy programs. The Agency also established the Innovative Family Support (IFS) Unit, an after-hours unit of kinship licensing staff who can help identify kinship caregivers and ensure emergency licensure. The Kinship Navigator and IFS Unit are further updated in *Section C2. Update to the Assessment of Current Performance in Improving Outcomes*.

### **Ensure Youth Leave Care with Strengthened Relationships, Holistic Supports and Opportunities**

The Children's Bureau directs states to promote legal and relational permanency, provide services and supports to promote physical and mental health, ensure youth participate in school and community activities that are a normal part of the transition to adulthood.

#### ***FY 2024 APSR Update***

*We recognize the promise and potential in all our youth. With the right support, exposure to appropriate opportunities, love, and care, they will find their way. By creating opportunities to thrive, CFSA's Office of Youth Empowerment (OYE) encourages youth to maintain employment, embark upon their education, and tap into entrepreneurship opportunities. Agency efforts have yielded results as youth are meeting milestones, securing employment, saving for life goals and most importantly, exiting foster care with true stabilization.*

*This year, for example, we supported a 20-year-old mother of twins, who managed to secure gainful employment while completing two professional certifications. She also purchased a car and is in the process of obtaining her own apartment. Most importantly, she is equipped with the tools needed to be a successful and stable parent. Also, two of our young people recently took advantage of our matched savings program, created LLCs with strong business plans, and managed to*

*maintain lucrative incomes after aging out of foster care. We continue to meet youth where they are by implementing creative programming and strong engagement efforts, helping youth along pathways to success.*

*Asante Laing*

*Program Administrator*

*Office of Youth Empowerment, CFSA*

*April 2023*

As detailed throughout this report, OYE offers a robust variety of educational, vocational, and life skills supports to assist youth in the transition from foster care to independent adulthood. Additionally, OYE conducts regular information outreach activities and facilitates youth advocacy groups to ensure that the voices of youth are the drivers for programs, supports, and service frameworks.

### **Invest in the Child Welfare Workforce**

The Children's Bureau directs states to perform the following: develop and enhance strategies for retaining current child welfare staff and explore new and innovative pathways to expand agency recruitment pools; prioritize the hiring of a diverse, stable, and well-trained workforce essential to providing culturally sensitive services to children and families from a wide variety of backgrounds; and increase child welfare educational opportunities by enhancing and expanding stipends, traineeships, or other incentive programs.

### ***FY 2024 APSR Update***

*Work processes and interventions must drive towards the well-being of CFSA's workforce, reduce turnover, maintain professional competency, and increase efficacy in our mission to achieve best outcomes for children and families.*

*In FY 2024, CFSA will continue to expand its recruitment efforts and finding ways that we can improve the retention of our staff. It is our hope that an increase in social workers will lead to a decrease in burn-out among our staff and improve in our social workforce retention. We are taking a hard look at our current workforce and identifying how to work smarter.*

*Tanya Torres Trice*

*Chief of Staff, CFSA*

*May 2023*

By [District law](#), which is enforced by the Board of Social Work, CFSA's social workers with case management responsibility must possess a master's degree or a doctorate from an accredited social work program. In FY 2023, CFSA submitted a proposal to the Board of Social Work to allow CFSA to

recruit licensed bachelor level social workers to manage cases. Approved in May 2023, the new recruitment standard serves as a response to the current strain on health and human services agencies that do not have enough licensed master-level social workers in the pool to relieve the workforce. The Agency can now recruit a pool of licensed bachelor level social workers for case management that previously would have been ineligible for hire. Additionally, the Agency continues to engage local colleges and universities, and to utilize external job boards to increase visibility and to expand opportunities to identify talented candidates.

As noted above, CFSA's Development and Equity Administration is also focusing on workforce well-being. In 2018, CFSA created the Secondary Traumatic Stress (STS) Workgroup to address the impact of STS on CFSA's workforce. Out of that workgroup came several recommendations for recognizing, addressing, mitigating, reducing, and supporting workforce healing exposed to STS. The work of the STS Workgroup became Workforce Clinical Well-being and a part of the Development and Equity Administration in June 2022.

One strategy to promote staff well-being involves breaking up the workweek with Wellness Wednesdays. During these two-hour blocks of meeting-free protected time, staff are encouraged to participate in an abundance of creative, healthy, and entertaining activities, including walking and exercise, meditation, Spanish classes, wellness discussions, and professional development seminars. Staff are also free to choose for themselves the best way to reflect and recharge, or to seek an alternative block of time, during the week, if they have commitments during Wellness Wednesday.

In the fall of 2022, a total of 43 CFSA administrators and managers from across all Agency programmatic and administrative functions participated in a three-day retreat to promote workforce development, retention, and well-being. Facilitated by the nationally recognized [Alia Innovations](#), the retreat focused on three critical competencies: building trust and strengthening relationships; building a culture of learning and inclusion by understanding inequities, communication styles, conflict, and collaborative decision making; and building a culture of well-being through self-care, retention, and resilience.

In FY 2023, CFSA further formalized workforce-related strategies by detailing a strategic initiative around recruitment and retention, which includes the management priorities listed below.

Designing a child and family well-being system with the primary goal of “Keeping DC Families Together”



**Five Management Priorities**

1. Build an environment of safety
2. Create a community of trust
3. Establish a culture of problem solving
4. Normalize rich dialogue
5. Discuss all issues freely without hesitancy

To enhance Recruitment and Retention and organizational culture, we defined **Five Management Priorities**

## C1. COLLABORATION AND VISION

### STATE AGENCY ADMINISTERING IV-B PROGRAMS

The District of Columbia’s Child and Family Services Agency has the unique function of providing both local and “state” child welfare functions for the jurisdiction. CFSA is also the public child welfare agency charged with the legal authority and responsibility to administer programs under Titles IV-B and IV-E of the Social Security Act. CFSA provides both in-home and out-of-home services to enhance the safety and well-being of abused, neglected, or at-risk children and their families (see attached Agency Organizational Chart).<sup>2</sup>

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

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<sup>2</sup> For purposes of this document, the terms “child” and “children” are inclusive of birth through age 20.

## INFORMING THE ANNUAL PROGRESS AND SERVICES REVIEW UPDATES

To inform the development of the CFSP and the updates to the Annual Progress and Services Report, CFSA utilizes multiple methods to obtain information and feedback from a variety of stakeholders, including feedback from committees, advisory boards, focus groups, surveys, and other forums.

### *FY 2024 APSR Update*

On September 9, 2022, the *LaShawn A. v. Bowser*<sup>3</sup> class action lawsuit officially ended. As a result, CFSA is no longer under federal court oversight. The Agency continues to successfully build internal data capacity, expand continuing quality improvement (CQI) processes, and improve public reporting and accountability. As part of the Settlement Addendum, and in order to satisfy the settlement agreement which subsequently ended all court involvement in December 2022, CFSA collaborated with the independent validation agent (IVA) and consulted with the plaintiffs' counsel to develop meaningful metrics to measure CFSA's performance. Measures address placement stability, social worker family engagement, and permanency, including both reunification and access to subsidized guardianship and adoption, among other measures. CFSA's leadership worked closely with child welfare research and policy experts from [Chapin Hall](#) in Chicago to develop these meaningful measures, based on best practices and other jurisdictions' measures. The IVA and plaintiffs' counsel approved CFSA's proposed measures on March 29, 2022. In total, there are now 44 measures in the [Four Pillars Public Performance Framework](#). During FY 2022, CFSA implemented 42 of the 44 measures. These efforts are ongoing, as summarized below and as detailed in *Section C.2. Update to the Assessment of Current Performance in Improving Outcomes*.

### Needs Assessment

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

In addition to data analysis, the *Needs Assessment* considers the collective voices of children, teen parents, birth mothers and fathers, as well as traditional, adoptive, and kinship caregivers,<sup>4</sup> all of whom

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<sup>3</sup> The American Civil Liberties Union (later Children's Rights, Inc.) filed the initial *LaShawn A. v. Barry* lawsuit in 1989. The lawsuit focused on the quality of the District's services, particularly placement services being provided to abused and neglected children in its care.

<sup>4</sup> The terms "resource parent" and "resource provider" are inclusive of traditional resource parents, kinship caregivers, and pre-adoptive or adoptive parents.



are key stakeholders in the decisions surrounding the future of the District’s child welfare system,<sup>5</sup> and hence in the development of the CFSP. Through ongoing focus groups, interviews and surveys, these stakeholder groups will continue to be active participants in the monitoring of the Agency’s progress over the course of the coming five years. Resource parents continue to be a prominent voice in the identification of needed resources for children and families achieving permanency.

### ***FY 2024 APSR Update***

Over the years, the *Needs Assessment* expanded in scope. However, the [FY 2022 Annual Needs Assessment](#) focused on placement stability. CFSA recognizes that implementing the strategies that most reliably promote placement stability will help achieve timely permanency for children and their families. Stable placements still require an adequate placement array in conjunction with necessary services and supports that are suited to meet the needs of the children and families served. To this end, the *Needs Assessment* focuses on a better understanding of the areas in need of improvement to ensure that children are more likely to remain in their first placement. In addition, the report examines circumstances where a second placement may also be appropriate for meeting the changing needs of the population of children in foster care. Looking forward, the *FY 2023 Needs Assessment* will focus on families receiving services from CFSA’s In-Home Administration.

### **Comprehensive Child Welfare Information System (CCWIS)**

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

### ***FY 2024 APSR Update***

CFSA is currently transitioning to a new Comprehensive Child Welfare Information System (CCWIS): *Stronger Together Against Abuse and Neglect in DC (STAAND)*, which meets the federal requirements for functionality and efficiency necessary to track real-time data alongside ongoing practice.

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<sup>5</sup> When CFSA initially developed the FY 2020-2024 CFSP, the term “child welfare system” reflected the District’s prevailing social services construct. As noted earlier, CFSA is currently emphasizing its function as the District’s child welfare *agency*, which is only one component of a broader, community-driven, child and family well-being system.



## Objectives and Guiding Principles



### Why we are pursuing STAAND

- 1 Streamline processes
- 2 Integrate with other systems
- 3 Provide a user-friendly and family-centric technology system
- 4 Transition from FACES seamlessly
- 5 Minimize manual data entry

### How we are working

-  **People-focused**  
*E.g., Capturing your voice from ground up*
-  **Process-oriented**  
*E.g., Building on Lean "Great State" processes*
-  **Product-based**  
*E.g., Tailored modules that can evolve over time*
-  **Partners-powered**  
*E.g., Working with industry leader* 

Replacing the current Statewide Automated Child Welfare Information System (SACWIS) system, known as FACES.NET, the Agency is deploying STAAND incrementally, through “releases” which first began in February 2023 and are expected to be completed in early 2025. Each release is broken into waves, which involve the training of select administrations and the “go live” date for certain modules in the STAAND portal. As of this report, all 4 waves of Release 1 have been completed, with CFSA’s resource parent licensing activities, including a resource parent portal, Office of Well-Being, and Office of Youth Empowerment referrals and services transitioning to STAAND.

### System and Program Level Data Analysis

In addition to the above, under the purview of OPPPS, the Performance Accountability and Quality Improvement Administration (PAQIA) provides system level data analyses in partnership with data analysts from CFSA’s programmatic areas from the Program Outcomes Unit. Despite their units, all data analysts are equally invested in using data to inform shared goals and activities and assess outcomes for children and families in the District’s child welfare system.

In June 2019, CFSA’s Office of Community Partnerships established the Evaluation and Data Analytics (EDA) team to regularly conduct comprehensive reviews of referral and outcome data for such partner organizations as CFSA’s contracted partnership with the community-based Healthy Families/Thriving Communities Collaboratives (Collaboratives), as well as the local Family Success Centers, and Community-Based Child Abuse Prevention grantees, described later in this section.

During FY 2020, CFSA created a Program Outcomes Unit that focuses on data analysis at the program level. The unit, comprising programmatic data analysts who partner with the data analysts within PAQIA focusing on system level analysis. Cooperatively, PAQIA and the Planning Unit (both within OPPPS), CISA, the Program Outcomes Unit, and any other data analysts embedded in the program

areas are equally invested in the use of data to inform shared goals and activities, and the assessment of outcomes for children and families in the District’s child welfare system.

### Equity Considerations in Systems Analysis

CFSA explores ways in which the Agency can fully integrate equity into current governance, and provide equitable experiences for all clients, including resource families of all races. To do so, the Agency continually examines the changing city demographics, out-of-home placement rates, staff values, and current practices. CFSA has also established a technical assistance partnership with the Capacity Building Center for States (the Center) to address race equity and disproportionality. The Center has provided guidance and support for a solution-based exploration process, focusing on assessing organizational capacity and readiness to address race equity and disproportionality.

Accordingly, the Agency has committed itself to provide staff coaching and consultation with the following objectives in mind:

- Supporting the establishment of a team to guide the change and implementation process
- Developing criteria for policy review
- Conducting policy reviews and equity audits
- Making recommendations to align policy with CFSA’s vision
- Conducting focus groups and surveys with frontline staff
- Developing plans and strategies for analyzing administrative data
- Analyzing administrative data to identify gaps
- Developing plans to address gaps in data needs
- Developing a theory of change
- Developing and documenting a shared vision statement

The Center’s technical assistance has included three dedicated subject matter experts to assist CFSA with development of an overall steering committee comprising a broad cross-section of CFSA staff. In addition, there are three subcommittees to focus on the Agency’s DEIB priorities. To recruit subcommittee membership, steering committee members sent requests to CFSA’s deputy directors to ask staff from the various administrations to self-identify interest in joining the subcommittees. Forty-four staff responded and joined the subcommittees, developing team charters and outlining the individual subcommittees’ objectives, direction, and deliverables, including shared language, data, and policy.

Since 2021, CFSA, through a formal, Agency-wide initiative, has been implementing comprehensive plans, programs, and activities pertaining to DEIB. This initiative has served to develop a change management plan to better meet the needs of the children and families served, as well as partners,

stakeholders, and Agency staff. This macro DEIB strategy is designed to address culture and climate within the Agency that will support a deeper understanding of the root causes of disproportionality within the client population, as well as cultivating an organizational culture to better inform practice change needs around DEIB.

During the first year, the three subcommittees deconstructed the practice and structural needs around DEIB. Through the subcommittees, CFSA and the Center have engaged in solution-based exploration of staff's readiness for change, defining and operationalizing what a DEIB Framework means for CFSA's culture, and ensuring alignment of definitions with other organizational guidance. Overall, the work addresses training needs, creation of data monitoring mechanisms via CCWIS, and any other collection methods required to plan implementation monitoring.

Thus far the subcommittees have accomplished the following tasks in its first year:

- **Shared Language Subcommittee:** Members developed a philosophical statement for the Agency's DEIB work. Additionally, the subcommittee led the creation of the DEIB glossary to include the development of companion tip sheets to support the publication.
- **Policy Subcommittee:** Members led efforts around creation of an adaptive race equity lens utilizing the DC Council Office of Racial Equity (CORE) Racial Equity Impact Assessment (REIA) Tool to be applied to a universe of policies in need of updated DEIB language. The policy subcommittee in partnership with the policy team has reviewed the policy index to identify priority policies to apply language revisions.
- **Data Subcommittee:** Members examined race and ethnicity data within the SACWIS system, cross tabbing the variables according to placement stability and permanency data. The data subcommittee has also identified research questions to better understand gaps and data needs relative to racial disproportionality and Agency practice. Having moved into year 2, the data subcommittee spearheaded the development of a culture and climate survey with the intent of using the results to inform Agency practices and policy needs, training curricula, and the Agency DEIB project work trajectory.

Anticipating outcomes for Year 2, the Center team will provide subject matter expertise, facilitation, coaching, and consultation on the development and analysis of an additional adaptive climate survey to better inform CFSA about their organizational readiness. The survey will also be used to secure buy-in for change related to the implementation of the DEIB theory of change and framework. The key objective is to support families of color, meet their needs, and reduce the likelihood of these families coming to CFSA's attention.

Lastly, CFSA works with the DC Office of Racial Equity to ensure a more equitable child welfare agency for the District. Moreover, the Agency's DEIB work dovetails with DC Mayor Bower's establishment of the Office of Race Equity which also carries forward the implementation of the District's [Racial Equity Achieves Results \(REACH\) Amendment Act of 2020 \(D.C. Law 23-181\)](#).

### ***FY 2024 APSR Update***

In FY 2023, the DEIB Steering Committee continued its work with the Capacity Building Center for States and developed additional partnerships to support the advancement of an equitable child and family well-being system.

The subcommittees within the DEIB Steering Committee shifted, following the attainment of several goals. The work of the Shared Language and Understanding Subcommittee and the Practice, Policy, and Policy Integration Subcommittee began to overlap, which resulted in their merger to create the Communication and Policy Subcommittee. Additionally, the Training Subcommittee was created to provide information on the practices of inclusion and belonging that align with the Agency's Philosophical Statement and the DEIB Framework with Agency staff and partners, such as resource parents, congregate care staff, and other identified partners.

Thus far, the subcommittees have identified the following tasks for FY 2024:

- ***Communication and Policy Subcommittee:*** Members will develop a communication and implementation plan and create other tools for the communication toolkit.
- ***Training Subcommittee:*** The team has been drafting revisions to the current mandated reporter training to include a module focused on implicit bias. The team has been communicating the newly adapted race equity and DEIB framework to users. The team has also been working on an ongoing basis to adapt training for potential neglect law changes. The subcommittee's intent is to roll out changes in partnership with other DEIB subcommittees and to develop recommendations for additional training opportunities related to equity and inclusion.
- ***Data Subcommittee:*** The DEIB Data Subcommittee designed a DEIB Culture and Climate Survey, which the subcommittee administered to all CFSA employees in March 2022. A total of 181 employees (26 percent of CFSA's workforce) completed or partially completed the survey. The subcommittee developed a report with clear recommendations from this survey. These recommendations will enhance ongoing analyses to inform CFSA's project and the small test of change toward translating data into action, gaining knowledge, and developing strategies to address the issue of missing race and ethnicity data. Currently CFSA leadership is reviewing the report. Findings were not available as of this APSR but will be shared internally as well as on the [DEA website](#).

CFSA partnered with the DC Mayor's Office on Racial Equity (ORE) as a part of its second cohort of Racial Equity Action Teams (REAT). Through this work, CFSA has conducted an Internal Agency Racial Equity scan, which will inform the Agency's Racial Equity Action Plan. This action plan will map out the Agency's strategy for advancing racial equity within child welfare and family well-being, including timelines for implementation and accountability structures.



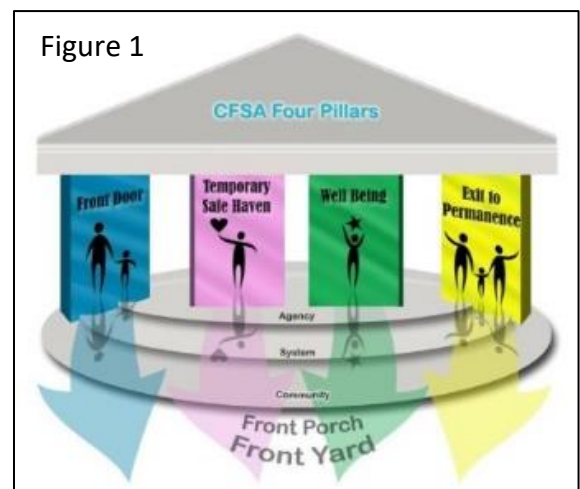
Since the summer of 2022, CFSA has been among the child welfare jurisdictions participating in the [Data for Equity and Action \(D4EA\) Lab](#). Hosted and facilitated by the Center for the Study of Social Policy (CSSP) in partnership with Casey Family Programs, the D4EA Lab offers strategies on how to collect, analyze, and use demographic data to enhance equity. Through participation in the D4EA Lab, CFSA has been able to identify gaps in data collection and report those gaps as they relate to demographic information for children and families engaged by the Agency. Through national peer-to-peer support, the DEIB Steering Committee has been able to provide suggestions regarding the disaggregation of data related to race and ethnicity. The goal of this lab is to grow capacity to collect, analyze, report, and use demographic information (including race, ethnicity, sexual orientation, gender identity and expression, Tribal affiliation, nationality, among other identify markers).

Finally, through the Agency's *Keeping DC Families Together* work, CFSA's Lived Experience (LEx) Advisory Council (described earlier) provides opportunities to actively engage families and the community in the design, implementation, and evaluation of various aspects of the child and family well-being system. Made up of community stakeholders and individuals with lived experience, the LEx Council focuses on creating a culturally competent system with practices, policies, and training that promote equity throughout all operations and decision-making processes.

## STRATEGIC FRAMEWORK

### Children and families are stable and thriving within their communities.

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



- **Front Door:** The goal is to narrow the Front Door. Children deserve to grow up with their families and should be removed only as the last resort. When CFSA must remove a child for safety, the Agency seeks to place with relatives first.
- **Temporary Safe Haven:** Foster care is a good interim place for children to live while CFSA works to get them back to a permanent home as quickly as possible. Planning for a safe exit begins as soon as a child enters the system.

- **Well-Being:** Every child has a right to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement. Children should leave foster care better than when they entered.
- **Exit to Permanence:** Every child and youth exits foster care as quickly as possible for a safe, well-supported family environment or life-long connection. Older youth have the skills they need to succeed as adults.

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

- **Front Yard:** Families in CFSA’s Front Yard are not involved with CFSA but may demonstrate potential risk factors for involvement. Primary prevention efforts are designed to ensure children and families in the CFSA’s Front Yard receive support in their communities.
- **Front Porch:** Families at CFSA’s Front Porch may have engaged with CFSA, but whose children have been able to safely remain, or reunify with their families, and receive community-based prevention services offered by CFSA’s partnership with CFSA’s contracted Collaboratives.
- **Front Door:** Families engaged at CFSA’s Front Door have an open case with CFSA. Whenever possible, CFSA prioritizes keeping families together and working with parents and children in their communities.

### Keeping DC Families Together (*Title IV-E Prevention Program Five-Year Plan*)

For the past decade, CFSA has been on a journey of transformation, moving purposefully away from a system primarily focused on foster care to an agency that supports and strengthens families. CFSA believes that its investments in community-based prevention and its partnerships with sister health and human services agencies significantly contributed to this 60 percent reduction in foster care cases.

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

CFSA maximized its efforts to address these and other risk factors by tailoring prevention strategies with funding from the Agency’s successful bid for the time-limited Title IV-E Waiver Demonstration

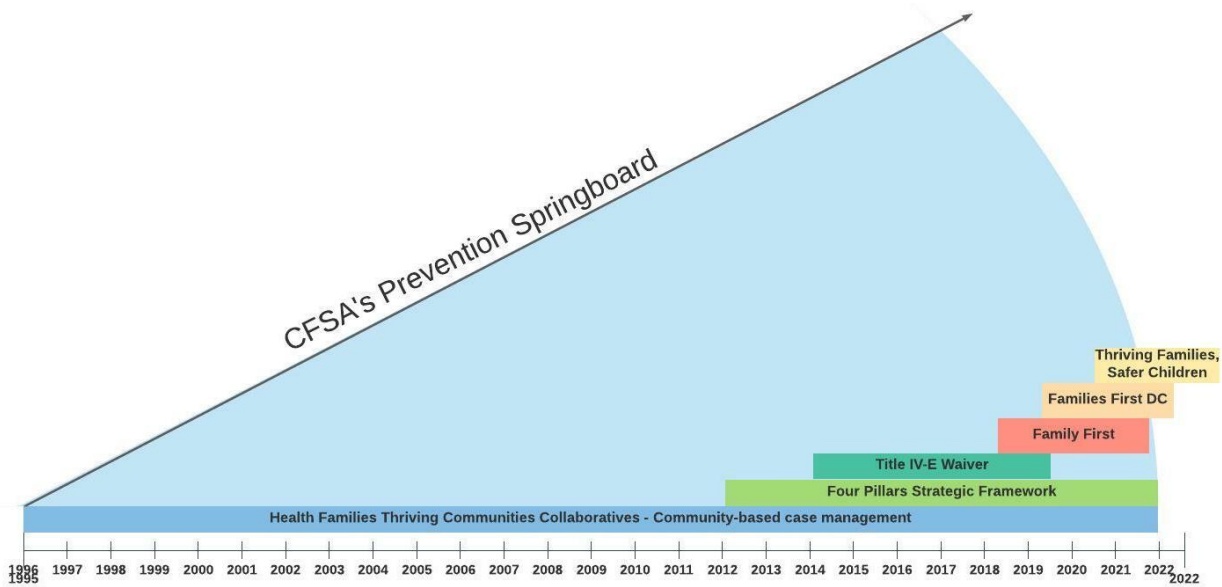
Project. More recently, the enactment of the Family First Prevention Services Act (*Keeping DC Families Together*) has provided an opportunity to bridge the end of the Waiver with a holistic District prevention strategy – but only if coupled with a broader primary prevention plan. When CFSA launched its Family First Prevention Work Group in June 2018 with a cross-sector of government and community members, the charge was clear: develop a citywide strategy to strengthen and stabilize families. The plan was not to be driven by Family First, but rather to leverage new opportunities provided by Family First as part of a comprehensive approach to family and child well-being.

The plan describes the broader context of the Families First DC initiative, building on the substantial progress made over the past decade. The plan further reinforces the successes garnered through the implementation of CFSA’s Waiver and capitalizes on the critical lessons learned to better meet the needs of DC’s children, youth, and families.

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

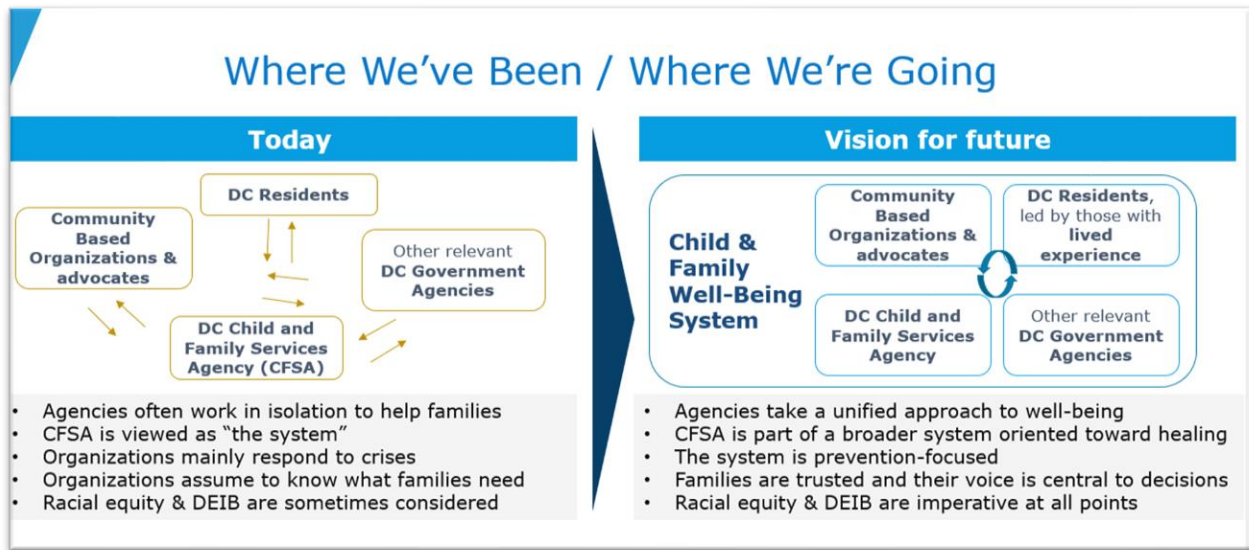
In 2020, the Children’s Bureau approved CFSA’s revised plan amendment, which added Motivational Interviewing (described below) and afforded the Agency the opportunity to claim and bill for these services in its work with children and families. CFSA also made technical system enhancements to track referrals and child-specific prevention plans submitted by social workers on behalf of families and children, as well as ongoing CQI activities to improve business processes and data quality concerns.

In the summer of 2021, CFSA joined the second Cohort of the Thriving Families, Safer Children (TFSC): A National Commitment to Well-Being Initiative, developed by the U.S. Children’s Bureau, Casey Family Programs, the Annie E. Casey Foundation and Prevent Child Abuse America. The Agency’s participation allows for CFSA, other District agencies, and nonprofit organizations to further expand upon the array of services that support families early enough to prevent them from becoming system-involved. Through this initiative, the Agency is building on cross-sector relationships to address the root causes of maltreatment of children while working to prevent initial and repeat occurrences, to avoid needless family disruption, to reduce family and child trauma, and to interrupt intergenerational cycles of abuse. The Agency is increasingly focused on learning from other jurisdictions within the cohort and on leveraging the insight of a more diverse selection of service professionals, including such areas as housing, human services, judicial services, education, and health care.



### FY 2024 APSR Update

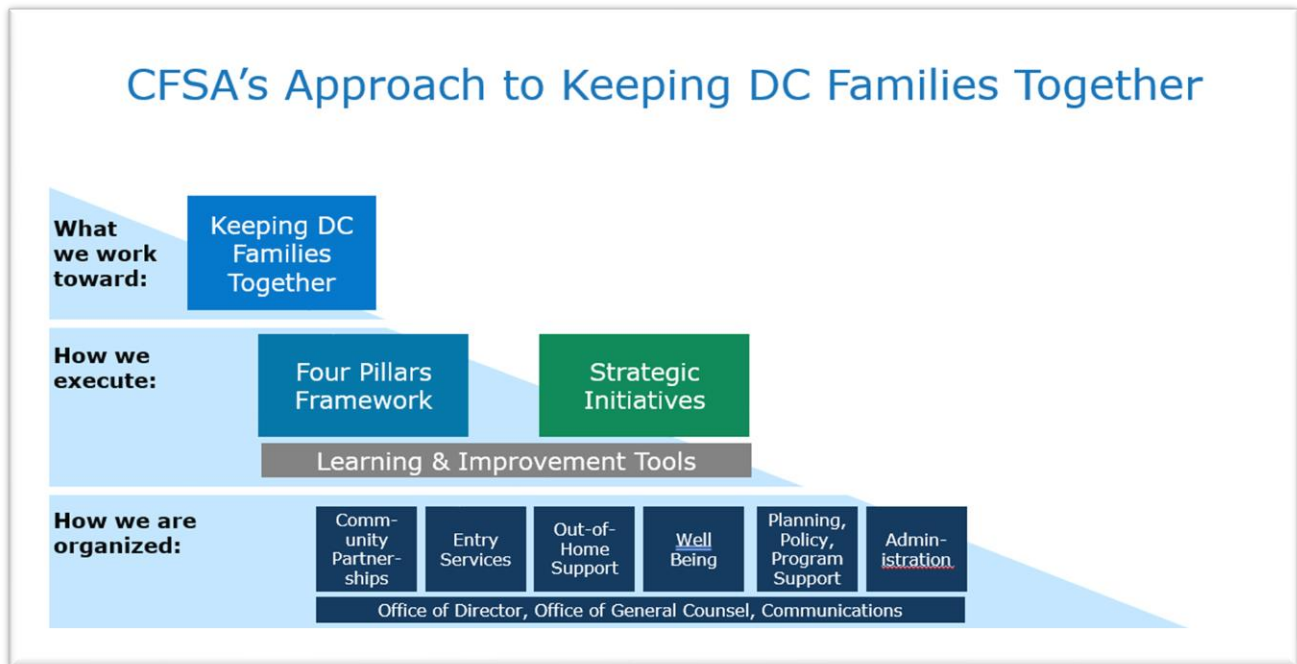
CFSA is now in Year 4 of the 5-year implementation for Family First.



CFSA currently has two evidence-based practices, approved by the Children’s Bureau, that are embedded in case practice: [Motivational Interviewing \(MI\)](#) and [Parents as Teachers \(PAT\)](#). As a result, the Agency can claim and bill for these services while working with children and families.

As described throughout this section, the *Keeping DC Families Together* workgroups continue to implement strategies to prevent children from entering foster care. In an April 2023 Steering Committee meeting, the DEIB subcommittee shared proposed revisions to the District’s neglect statutes, as well as updated curricular components and approaches to mandated reporter training. The Warmline subcommittee outlined its progress in developing a Warmline and Community Response Model that includes a proposed staffing structure for the Family Support

Warmline (211) call center, as well as triage protocols for staff to follow. The Impact and Evaluation Subcommittee is exploring methods to measure the quality of 211 calls and call-taker performance, strategies to advertise 211 in the community, and methods for connecting callers with partner organizations.



In January 2023, CFSA submitted an amendment to the District’s Family First Prevention Plan. Currently under review by the Children’s Bureau, the amendment proposes to expand the scope of primary, secondary, and tertiary prevention strategies, including an emphasis on evidence-based practices that support families experiencing or at risk of homelessness.

As of March 31, 2023, there were 527 children receiving out-of-home care, while 1,092 children received in-home services. Compared to March 31, 2022, these figures represent an 8 percent decrease from the 573 out-of-home cases and a 16 percent decrease from the 1,298 in-home cases.<sup>6</sup>

## COLLABORATION

Central to the Agency’s ability to maintain and build upon its successes to-date are the strong cross-system collaborations with CFSA’s sister agencies and community-based partners. Collectively, CFSA and stakeholders’ mutual focus on prevention and long-term vision for the District’s health and human services agencies will provide a strong foundation for effective implementation of the CFSP. The District is fortunate to have within its borders a number of child welfare organizations and advocacy

<sup>6</sup> Source: FACES.NET management report CMT 232, pull dates April 15, 2023 and April 15, 2022.



groups locally focused on improving the child welfare system. While these groups vary in areas of concentration (e.g., some focus on specific areas of practice or service while others maintain interest in the entire child welfare spectrum), all have played a key role in the development of the Agency's CFSP.

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

## CFSP DEVELOPMENT WITH STAKEHOLDERS

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

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

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

- The five protective factors should be reflected in CFSA's goals, and therefore the CFSP objectives and measures.
- CFSP needs more objectives related to in-home youth and families.
- The Agency needs to more adequately address emotional well-being.

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

As demonstrated throughout this report, CFSA continues to adapt and incorporate the above feedback into the objectives and progress measures of the FY 2020 to FY 2024 CFSP.

## CURRENT COLLABORATIONS

The following passages provide an overview of CFSA’s collaborations, as well as any updates to their format, content, scope, and key outputs. Further details on feedback generated by these activities, CFSA’s response, and the impact that stakeholder recommendations have on evolving practices can be found in section C2. *Update to the Assessment of Current Performance in Improving Outcomes.*

### Stakeholder Forums and Convenings

**Public Town Halls and Listening Sessions** – In 2020 and 2021, CFSA conducted a series of events to engage all interested stakeholders and provide an opportunity for meaningful information exchange. Stakeholder recommendations involved such topics as teaming between birth and resource parents, information-sharing within the Agency and across providers, supporting older youth in out-of-home placements, education on the child welfare and legal process, and mechanisms for confirming the resolution of elevated issues.

#### ***FY 2024 APSR Update***

CFSA developed Public Town Halls and Listening Sessions to coincide with the conclusion of the *LaShawn* lawsuit, described earlier. Specifically, the Agency used these events to demonstrate its capacity and commitment to sustain transparency and accountability despite the conclusion of court oversight. Comparable activities, including the “Pop-Up Briefs” described below, continue to meet this objective.

**Budget Stakeholder’s Forum** – Prior to presenting the proposed budget for the upcoming fiscal year to DC Council, CFSA leadership shares the budget with internal and external stakeholders in order to maintain transparency, share Agency strategies and priorities, and address questions from community members.

#### ***FY 2024 APSR Update***

In April 2023, CFSA presented the FY 2024 proposed budget to a broad variety of Agency, court, and community-based stakeholders via webinar. The presentation summarized Mayor Bowser’s “Fair Shot” budget which represents the District’s fiscal priorities to address the reduced revenue caused by high inflation and continued trends toward telework. The presentation also included the Agency’s responses to stakeholder questions submitted in advance. To support advocates asking questions, the Children’s Law Center (described below) compiled stakeholder questions and sent them to CFSA who incorporated the questions and responses into the forum. Topics included education, the new child welfare information system, kinship support, the placement array, well-being supports, housing assistance, and community-based providers.

**Pop Up Briefs** – CFSA conducts “Pop-up-Briefs” for such stakeholders as community-based service providers, foster parent advocates, legal professionals, public oversight bodies, and District government officials. Each briefing focuses on one area, allowing for in-depth information and discussion during a presentation and a question-and-answer session.

#### ***FY 2024 APSR Update***

In June 2022, the Kinship and Placement Administration presented information to kin caregivers and other interested stakeholders on the Kinship Navigator, the Grandparent and Close Relative Caregiver programs, and placement data. In August 2022, the Agency and OAG provided internal and external stakeholders with updates on the Agency’s Safety Planning and Informal Family Planning data and policies. In October 2022, CFSA presented the philosophical and practical drivers for promoting quality improvement through the Four Pillars Public Performance Framework. In December 2022, the Kinship unit presented and demonstrated the Kinship Navigator website and mobile application. In February 2023, the District’s Office of the Ombudsperson for Children (described later in this section) provided updates on office functions and reported activities. In March 2023, the Agency provided stakeholders with a status update and definition of the Child and Family Well-Being System, and also shared progress on Agency efforts to change the District’s statutory definition of “neglect” as described earlier. These forums allow for stakeholder feedback and the opportunity to ask questions and to obtain any needed clarifications.

**Family First Prevention Workgroup** – To implement the Family First Prevention Services Act, CFSA has engaged stakeholders citywide to design and draft the District’s Title IV-E Five-Year Prevention Services Plan. The TFSC Citywide Steering Committee makes key recommendations for inclusion in CFSA’s Prevention Plan. The two key focus areas are (1) identify the target populations for services (i.e., “candidates” for foster care) and (2) recommend the best evidence-based services to meet these

families' needs. Workgroup participants include directors of partnering human service organizations and representatives from the Executive Office of the Mayor, the DC Council's Health and Human Services Committee, Parent Watch DC,<sup>7</sup> and the Collaboratives. Additional participants include members from community advocacy organizations, community-based agencies, the Citizen's Review Panel, the Mayor's Advisory Committee on Abuse and Neglect (MACCAN), the Family Court Operations Division (Family Court), and DC Council. The Committee convenes quarterly to solicit, discuss, and operationalize stakeholder feedback. Conducted with an emphasis on equity and inclusion, meetings may be informed by the expertise of professionals, but they are geared toward soliciting and leveraging the expertise of individuals with lived experiences, not just for the power of their stories but for the impact their perspective can have on clinical decision-making.

The TFSC Citywide Steering Committee includes the following three subcommittees which meet monthly to further implement plans for comprehensive, inclusive, and effective outreach:

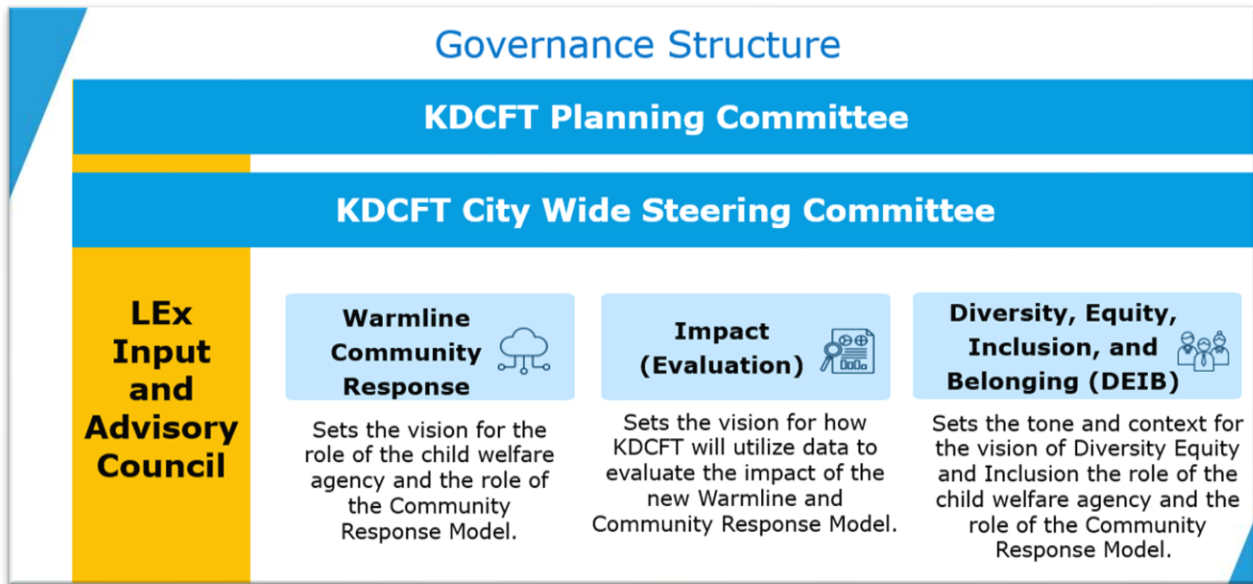
- The *TFSC Warmline Subcommittee* focuses on creating a resource that can be utilized when families need the support of their community (as opposed to child welfare intervention). In developing this resource, the subcommittee has been exploring methods to recruit individuals with lived experience.
- The *TFSC DEIB Subcommittee* examines practices and terminology that promote inclusivity and understanding so as to eliminate biases and prejudices, and to help internal and external stakeholders to move beyond the stigma associated with an individual's life experiences.
- The *TFSC Impact & Evaluation Subcommittee* evaluates methods used to ensure that the necessary stakeholders are at the table, including youth, and that they are engaged and made to feel valued. The Impact Subcommittee is tasked with assessing outreach efforts, service utilization data, and the efficacy of community programs based on feedback from clients.

### ***FY 2024 APSR Update***

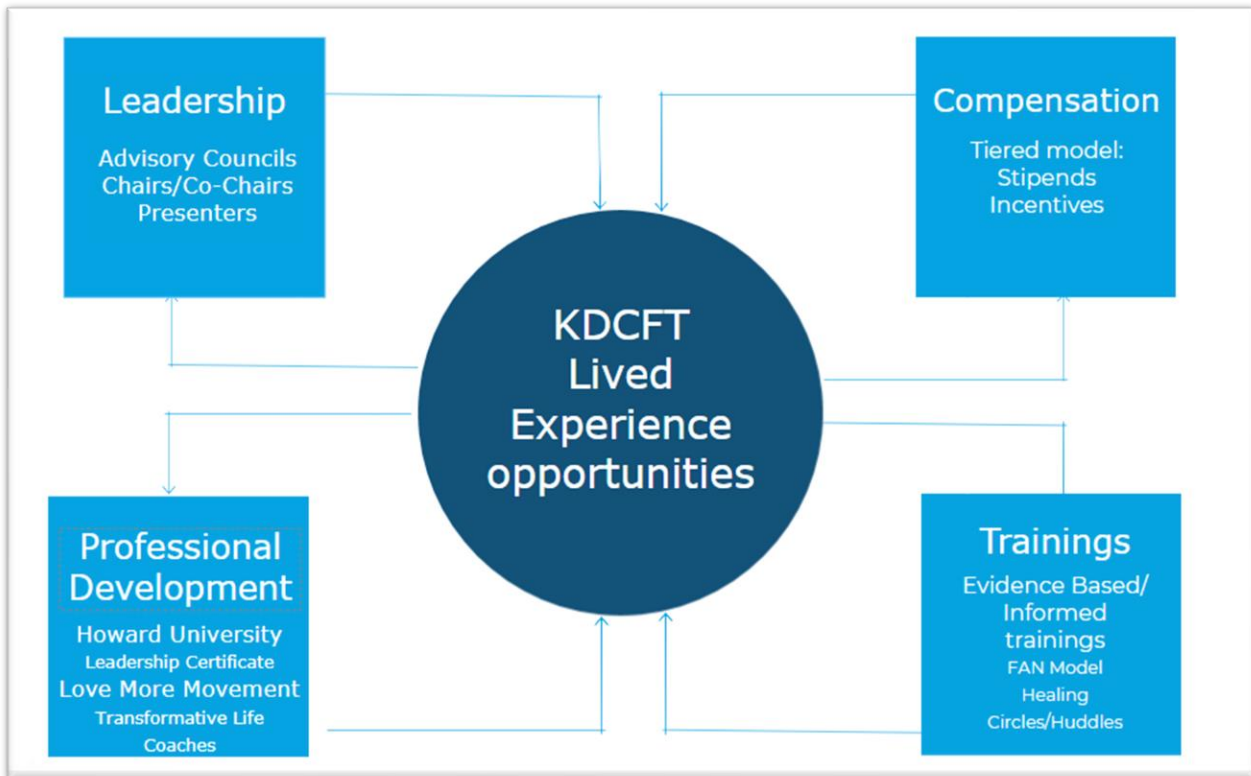
The following graphic reflects the most recent framework and articulation of what is now known as the Keeping DC Families Together City-Wide Steering Committee.

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<sup>7</sup> Parent Watch, Inc. is a privately held, family-driven advocacy group focusing on delinquency prevention.



In FY 2022, the LEx Advisory Council, described earlier, emerged as a vital catalyst for the development and enhancement of the District’s prevention and family preservation service framework, *Keeping DC Families Together*. Comprising District residents with lived experiences involving child welfare, homelessness, mental and behavioral health services, employment, and other systemic needs, LEx Advisory Council members meet monthly to decide on resources, approaches, and strategies that serve the best interests of the community. In turn, members are compensated with stipends and incentives, receive evidence-based trainings, and can obtain leadership credentials and experiences.



The inaugural LEx cohort received Leadership Certification from Howard University in January 2023, and LEx members serve as co-chairs and co-planners for all *Keeping DC Families Together* activities.

## LEx Advisory Council

The LEx Advisory Council is comprised of residents of the District of Columbia. Members have committed to partnering with CFSA to design a Child and Family Well-Being System that meets families where they are in their communities.

### The LEx Advisory Council:

- Meets monthly
- Partners with CFSA & Sister Agencies
- Offered KDCFT LEx opportunities: *training/prof dev, leadership, consulting*
- Advises on the key activities of KDCFT
- Helps make decisions that are in the best interest of the community



Photo: Inaugural cohort of the Howard University LEAD Certification – Graduation Ceremony, January 2023

The Warmline Subcommittee has met with the DC Office of Unified Communications (OUC) to discuss using the District’s 211 line that will receive community calls. Calls will be transferred via the UniteUs platform and answered by the 211 community. The 211 platform will link families to services and will reduce the number of calls that consumers have to make to get the assistance they need.

As noted in the update on Equity Considerations in System’s Analysis, the DEIB Steering Committee has made recent strides in learning how to use data and stakeholder input to better understand the complexities of disproportionality and disparity in the child welfare system.

The Impact and Evaluation Subcommittee is working to develop the processes that will measure the quality of calls for the new 211 call-taker performance. The subcommittee is also meeting to determine how to advertise the new 211 department.

## Standing Commissions, Councils, Task Forces, and Advocacy Groups

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

***The Mayor’s Advisory Committee on Child Abuse and Neglect (MACCAN)*** – MACCAN was established to advise the mayor on aspects of the District of Columbia's continuum of child welfare services, including prevention, early intervention, treatment, and sources of permanency (i.e., reunification, guardianship, kinship care, and adoption). The District’s mayor and DC City Council appoint MACCAN’s governmental and non-governmental members, according to their demonstrated expertise in working



on behalf of children and families, along with their dedication and commitment to service. CFSA occupies one seat on this board and provides resources to ensure MACCAN's effective operation. MACCAN meets four times annually to stay abreast of the state of child welfare across the District and receives regular updates from CFSA staff and the Agency director regarding CFSA's work.

MACCAN facilitates community meetings involving CFSA strategic initiatives, various local supports and resources for children and families in the District, and other topics as requested or relevant to MACCAN's role of advising the mayor and the community.

In previous years, MACCAN has collaborated with CFSA's Office of Public Information to develop or promote activities to raise awareness during National Child Abuse Prevention Month. Such activities have included *Wear Blue Day*, receipt of the *Mayoral Proclamation of Child Abuse Prevention Month*, the *Think before You Spank* campaign, as well as the following District wide town hall meetings: *Protecting our Children and Their Future (2021)*, *Stop the Violence: Building Stronger Families and Safer Communities in the District (2022)*, and *Supporting a Brighter Future for Children and Families: A focus on Suicide Prevention and Risk Behaviors (2023)*.

Additionally, each year MACCAN reviews and offers comments on CFSA's [Annual Public Report \(APR\)](#) which CFSA submits to the mayor and DC City Council. The APR describes ongoing and specific actions the Agency has taken to implement the federal *Adoption and Safe Families Amendment Act of 2000* (DC Law 13-136; 47 DCR 2850). Over the past several years, MACCAN has encouraged continued focus on preventive intervention, increased budgeting for CFSA's parent mentoring program, collaboration with local education agencies around educational decision-making barriers, and the behavioral and financial competencies that help young adults successfully transition from foster care to independent adulthood.

### ***FY 2022 APSR***

During FY 2022 and FY 2023 meetings, the CFSA director updated MACCAN on the Thriving Families, Safer Children movement, the Warmline, potential changes to the neglect statute, diversity, revisions to CFSA's [Safety Plans policy](#), and the Agency's focus on diversity, equity, inclusion and belonging.

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

CFSA administers the CJA grant and has CFSA staff members assigned to serve on the Task Force within the category of child protection agencies, health professional, and parent or parent advocate. The Task Force also has legal representation from the Court Improvement Project (described below) and the Family Court. The Task Force has three subcommittees (training, child welfare/criminal justice, and legislation) that work on identified projects and goals. CFSA has presented the Task Force with findings from the CFSR, along with progress on the Agency's PIP and APSR.

Each year, CFSA submits the CJA annual program report and grant application to the Children's Bureau. The program report outlines the expenditure of CJA grant funds as well as the programs undertaken by the CJA Task Force. Every three years, the CJA Task Force undertakes a comprehensive review and evaluation of how the District responds to child maltreatment and makes recommendations for improvements in the following three funding categories: (1) investigative, administrative, and judicial handling of cases of child abuse and neglect; (2) model programs to improve trauma in children due to abuse, neglect or sexual trafficking; and (3) reform of state laws, policies, and procedures.

### ***FY 2024 APSR Update***

In FY 2023 the CJA Task Force continued to recommend and dedicate funds to implement, monitor, maintain, or update the following programs:

- Child Protective Services (CPS) Investigations: A Guide for Parents – A tool that CPS social workers provide families during investigations, the CPS Investigations Guide for Parents outlines policies and procedures and explains the investigation process.
- In-Home Services Guide –The Task Force will continue to plan to support the development and printing of an In-Home Guide in English and Spanish for families receiving services through CFSA's Office of Entry Services.
- HOPE Court 8 - The CJA Task Force continues to be invested in supporting the work of HOPE Court to improve the judicial handling of human trafficking cases, and to ensure therapeutic supports are available to mitigate the trauma experienced by vulnerable case participants.
- Mandated Reporter Training –CJA continues to support CFSA's work with its contracted vendor to ensure training is up to date, including the release of a Spanish version and curricular modifications to emphasize equity considerations.
- Commercial Sexual Exploitation of Children (CSEC) Training – CJA continues to support the CSEC training for public and private agency social workers, resource parents, Collaborative workers, MPD officers, attorneys, mandated reporters and interested community partners. CJA also funds participation of child welfare-involved professionals to the annual JuST (Juvenile Sex Trafficking) conference so they can stay abreast of current legislation, news, and trending on this important topic.

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<sup>8</sup> HOPE (Here Opportunities Prepare you for Excellence) Court is a treatment court established to address the multiple needs of court-involved youth who are victims of commercial sexual exploitation.

- Marijuana and Your Baby Pamphlet – CJA Task force members continue to circulate the link to the Marijuana and Your Baby (English) and La Marihuana Y Su Bebé (Español) pamphlets for families served by their own agencies or organizations as well as with their community partners. In addition to the digital format, hard copies of the pamphlet remain available to all CFSA case-carrying social workers, as well as nurses and substance abuse specialists to share with individuals and families.
- Domestic Violence Training – CJA has been exploring opportunities to provide domestic violence education to child welfare professionals and community members in the District. In 2022, CJA convened its second Domestic Violence Forum, Working with Fathers Who Have Used Intimate Partner Violence.
- Children’s National Hospital DC Regional Academy on Family Violence – CJA supported the annual conference held May 4-5, 2023 at the Children’s National Research & Innovations Campus in Washington, DC. This year’s conference was titled Generational Trauma-Breaking the Cycle. The two-day conference included sessions on mandated reporting, working with fathers who use harm and oppression, medical aspects of sexual violence, family violence and parenting, and child physical abuse.
- Expungement Proposal – CJA, in partnership with CFSA’s Office of General Counsel, successfully advocated for changes to the Child Protective Register expungement legislation. In January 2023, DC enacted the Educator Background Check Streamlining Amendment Act of 2022. The new law creates a three-tiered approach whereby an individual’s name can be expunged after one, three or five years for certain substantiated or inconclusive reports of child abuse or neglect. This establishes a critical distinction from the more serious substantiations which can never be expunged, e.g., child fatality, serious physical abuse, sexual abuse, sex trafficking.

***The Citizen Review Panel (CRP)*** – The locally and federally mandated CRP includes a group of DC residents who are appointed by DC City Council and the mayor to volunteer as an external, independent oversight body for the District's child welfare system. CRP examines the policies, practices, and procedures of CFSA and any other District government agency or community-based provider that offers services to children who are at risk of abuse and neglect, or who are already victims of abuse and neglect and currently in foster care. At bi-monthly meetings, the CRP often hears from outside speakers and invites them to share recommendations, which the CRP itself may endorse. CFSA’s leadership team members attend CRP meetings, upon request, to provide Agency updates. The CFSA grant monitor meets on a quarterly basis with the CRP facilitator and interim chairperson to check in and discuss any open issues and needs.

The panel prepares a [CRP Annual Report](#) of its recommendations to improve services to children and families in the District. CFSA is legally required to reply to the recommendations, which the Agency includes in the APSR submission. Upon request, CFSA attends the CRP meetings to hear feedback directly from panel members and to provide information about how CFSA has addressed or plans to address areas of need.

***FY 2024 APSR Update***

In July 2022, CFSA entered into a contract agreement with a new CRP facilitator. The new facilitator met with the panel members and established a shared understanding of CRP goals. Under new leadership, the CRP set out to understand the current child welfare landscape to determine their specific scope and how to act in synergy with other child welfare stakeholders. To accomplish this task, CRP held the following monthly information and training sessions between September 2022 and March 2023:

- “CFSA 101” presented by the CFSA chief of staff and other members of the executive leadership team
- CRP members found this very helpful and requested continuing opportunities to build their knowledge about other District committees and commissions, CFSA priorities, and current trends and issues.
- CFSA presentation on recommendations from CRP Older Youth Report, Child Fatality Review Committee, and MACCAN.
- DC’s new Ombudsperson for Children presented to the CRP as part of their regularly scheduled meeting.
- CJA Task Force and The Life Cycle of a Neglect Case
- Takeaways from “Life Cycle of Neglect Case” presentation
- Family Success Centers
- Next steps for workgroups and meeting with new Mayor's Office of Talent and Appointments liaison

Between meetings, CRP members examined two areas: the structure and scope of the CRP and the review of past materials. The Structure and Scope subcommittee looked at CAPTA legislation, CPR local legislation, DC CRP bylaws, and the DC CRP Memorandum of Agreement with CFSA to determine any limitations or guidelines that would impact the choice of workgroups. The Review of Past Materials subcommittee reviewed CRP past reports and projects to determine if there were any threads that needed to continue from prior CRP work or if past reports and projects were “one and done.” Subcommittee recommendations formed the basis for next steps in identifying their work ahead. Next steps include multi-year projects that will explore and generate recommendations on the following subjects:

- **Prevention** – How effective are prevention efforts? When are those efforts working? When are prevention efforts not working and how might we recommend improvements?
- **Older Youth** – Continuing the Older Youth Working Group – Are youth who are aging out of care provided significant services and contacts to assist with aging into adulthood and independence?
- **Placement** – Once in CFSA custody, what provisions are made to ensure youth have contact with their families? What does that contact look like?

Recent examples of CRP activities and recommendations, as well as CFSA's response, can be found in Section C2. Update to the Assessment of Current Performance in Improving Outcomes.

In FY 2023, the CRP also had an opportunity to engage CFSA and the Office of the Attorney General (OAG) around current initiatives impacting a variety of child and family supports. In the December 2022 CRP meeting, the OAG presented the CJA activities described in the previous section. Also during this meeting, an attorney from the Children's Law Center gave a presentation on the role of the children's attorney (GAL) in Family Court cases, the life cycle of a foster care case, and court standards. CRP members, having grown accustomed to hearing about court functions from an Agency perspective, reported that hearing the GAL perspective was very valuable in gaining a further understanding of the impact that court activities and decisions can have on children and families.

***Internal Child Fatality Review Committee (ICFR)*** – The Agency's ICFR has representation (at a minimum) from CFSA leadership, the CFR Unit, the Office of the General Counsel, the National Center for Children and Families (CFSA's contracted foster care provider in Maryland), and the Office of the Chief Medical Examiner (OCME). At each monthly meeting, CFR Unit staff present the committee with details of individual fatality cases for any child known to the Agency within five years of the child's death. Presentations emphasize practice issues and any identified themes related to the family's service needs during any involvement with CFSA. The CFR Unit also tracks data on all fatalities for inclusion in the [CFSA Annual CFR Report](#). In-depth committee discussions among the membership may result in recommendations for practice changes. CFSA leadership reviews and vets the recommendations. If leadership accepts the recommendations as viable and achievable, the assigned administration provides the CFR Unit with details on next-step activities and time frames.

#### ***FY 2024 APSR Update***

Recurring themes across 2022 child fatality reviews included community violence impacting older youth, and issues with consistent inter-agency communication and co-ordination, particularly when children and families are served concurrently by multiple systems. The ICFR also continue to review cases involving sleep-related fatalities for infants and toddlers. For this reason, the ICFR developed three subcommittees to consider ways to operationalize strategic communications and possibly advocate for practice and system-wide changes: Inter-Agency Service Coordination and Information Sharing; Community Safety; and Safe Sleep. Activities and committee recommendations are detailed in *Section C5. Update on Services – Efforts to Track and Prevent Child Maltreatment Deaths*.

***Children's Law Center (CLC)*** – The District-based non-profit CLC provides legal services and policy advocacy for children and birth parents. In addition to the case-specific teaming that arises from representation of CFSA clients, CLC ensures that the voices of children are represented in system-wide discussions, as well as activities to develop and revise policies. Currently, CLC meets bi-monthly with CFSA and the Office of the Attorney General to discuss systemic issues, policies, and case-related matters.

***Court Appointed Special Advocates (CASA) for Children of DC*** – At the recommendation of case-involved parties, Family Court judges may appoint a CASA volunteer to provide a voice in court and a supportive relationship for children in care. In addition to teaming with CFSA in the individual case management process, CASA volunteers and staff provide an advocacy role by participating in stakeholder meetings and collaborations with other programs, such as the Court Improvement Project.

***Foster and Adoptive Parent Advocacy Center (FAPAC)*** – FAPAC is a community-based organization that provides training, support, and advocacy for resource parents. FAPAC also partners with CFSA, participates in the monthly PAC meetings, shares feedback from the resource parent community, and develops strategies to promote continuous system-wide improvements in resource parent engagement, support, and performance. Additionally, FAPAC participates in discussions regarding the status of CFSA practices, policies, and special projects.

### ***FY 2024 APSR Update***

Since the summer of 2022, CFSA and FAPAC have met monthly to plan the Foster Youth Summit, a new FAPAC event to support older youth and complement caregiver supports around life skills, education, and career pathways. Occurring over a three-day period in May 2023, the Youth Summit’s presentations, workshops, and networking activities introduced over 50 youth, ages 15-23, to resources that help promote successful and independent adulthood. Participating youth learned from and communicated with experienced and dedicated professionals from the fields of employment, continuing education, housing, financial planning, interview skills, social media profile management, and more. The summit took place at a conference center in the District and included both online and in-person attendees.

FAPAC and CFSA are also partnering in the implementation of a [Resource Parent Mentoring Program](#) in which FAPAC will recruit and train 17 current resource parents to serve as mentors to prospective resource parents. The mentoring resource parents will assist navigation through the licensing process and beyond. Each mentor will provide 100 hours of mentoring during the program year for one to four mentees. The AmeriCorps program sponsors the mentoring.<sup>9</sup>

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

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<sup>9</sup> AmeriCorps is a network of local, state, and national programs that assist public agencies, non-profits, and community organizations to meet community needs.



## Ongoing Collaborations Among Resource Parents, Kinship Caregivers, and Birth Parents

In addition to ensuring that clinicians provide individualized supports to resource, kin, and birth parents, CFSA offers a variety of opportunities for resource parents to regularly collaborate with peers and engage with Agency staff and management:

### **Resource Parents**

- **Feedback and Fellowship** – These themed monthly meetings with CFSA’s Deputy Director for Out-of-Home Support (and additional foster care program leadership) promote a sense of connectedness and an understanding of processes and available supports. Topics have included well-being services, education support, the CPS process, the Family Court, shared parenting, adoption and guardianship, and crisis support.
- **Special Opportunities for Youth (SOY) Parent Meetings**– During monthly meetings, CFSA’s foster parent support staff provide information and obtain feedback for SOY resource parents caring for older youth.
- **Bridge Organize Nurture Develop (BOND)** – These peer-to-peer support meetings are attended by resource parents assigned to the same cluster (“Squad”). The Squad lead facilitates the meeting.
- **Monthly Professional Parent Meetings** – Facilitated by a resource parent support worker, these meetings allow resource parents to have peer connection, bonding, and mutual support, in addition to sharing experiences, discussing common challenges, and finding solutions.

### **Kinship Caregivers**

- **Kinship Programming Advisory Committee (KinPAC)** – During quarterly meetings, kinship support staff address issues that impact kinship caregivers, and also discuss any new laws, strategies, supports, and tools.
- **Family Enrichment Activities** – CFSA celebrates the whole family, quarterly, through fun and engaging events, including educational activities and holiday-themed events

### **FY 2024 APSR Update**

**Support Groups for Kinship Caregivers** – Beginning in March of 2022, these monthly events have occurred both virtually and in-person. Topics address the unique circumstances often faced by kinship caregivers, including children’s medication management, assisting children who have difficulty being separated from their parents, recognizing grief and loss, comprehending past child welfare experiences, realizing when there is a need for counseling and therapy for children, and various other challenging and isolating situations.

## **Birth Parents**

**Parent Talk** – Facilitated by the birth parent advocates from CFSA’s Parent Engagement, Education, and Resource (PEER) support team, this bi-weekly virtual support group provides a safe space for birth parents to socialize with others who understand what they are going through.

## **FY 2024 APSR Update**

In the fall of 2022, the PEER Unit launched the Dad Lab, a 12-week program to engage fathers and to promote their meaningful involvement in their children’s lives. Additional details and program topics can be found in section C3. Update to the Plan for Enacting the State’s Vision.

## **Strategic Partnerships**

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

**Healthy Families/Thriving Communities Collaboratives** – CFSA continues its multi-faceted, 20-year-plus contracted partnership with the Collaboratives, which involves various activities within the prevention and intervention continuum. The five Collaboratives serve all eight geographic Wards of the District of Columbia, and are located in neighborhoods where there is a high representation of families in contact with the child welfare system:<sup>10</sup>

- [Collaborative Solutions for Communities](#) (Wards 1 and 2)
- [East River Family Strengthening Collaborative](#) (Ward 7)
- [Edgewood/Brookland Family Support Collaborative](#) (Wards 5 and 6)
- [Far Southeast Family Strengthening Collaborative](#) (Ward 8)
- [Georgia Avenue Family Support Collaborative](#) (Ward 4)

As community-based social service organizations, the five Collaboratives are strategically located in District neighborhoods that have a high representation of families in contact with the child welfare system. In addition, CFSA has several nurses and in-home social workers co-located across the Collaborative sites, increasing direct accessibility of services and referrals from Agency clinicians partnering with Collaborative family support workers. Further, CFSA contracts with the Collaboratives to provide a range of services that fall within over-arching service categories: family support services, evidenced-based practices, and community capacity building. As part of these contractual agreements, the Collaboratives must engage in (and report on) activities that encompass a wide range of efforts to strengthen and expand the neighborhood resources available to community residents.

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<sup>10</sup> The District’s child welfare system has no history of serving a statistically significant percentage of the population residing in Ward 3. As a result, the Collaboratives have not traditionally served the residents of Ward 3.

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

A major component of the Collaboratives' work includes community engagement, i.e., special events, community forums and trainings, community networking meetings, and daily outreach. To foster awareness of abuse and neglect issues, the Collaboratives coordinate and promote ongoing engagement activities within their respective communities, bringing together residents, merchants, community groups, and other stakeholders around topics such as family preservation and support. The Collaboratives sponsor training and support groups, using multiple evidence-based practices. On a routine basis, data are shared between CFSA and the Collaboratives. Data are specific to referrals, linkages, and service delivery outputs and outcomes for clients. The Collaboratives have also been an integral partner in the Family First prevention services prevention planning workgroup.

***Families First DC Family Success Centers (FSC)*** – Fundamental to realizing the vision of Keeping DC Families Together, the FSCs provide supportive interventions directly to families in the neighborhoods that historically demonstrate heightened risk for child welfare involvement. Currently operating from 10 locations across Wards 7, 8 and, most recently, an additional location in Ward 5, the FSCs not only render services, they also collaborate with CFSA in the ongoing evaluation and enhancement of the District's upstream prevention framework. Comprising CFSA and FSC managers, the DC Family Success Center Network meets quarterly to discuss strategies and updates related to the empowerment and well-being of communities, families, and staff; the integration of services and partnerships; and data, programming, and continuous quality improvement (CQI). Additionally, CFSA staff meet monthly with each FSC to conduct CQI meetings. When appropriate, Agency staff also attend ongoing programming meetings held by the FSC's leadership body, the Community Advisory Council. Additional information and updates about the FSC network are provided in section C5. *Update on Service Descriptions*.

***The DC Children's Trust Fund (DCCTF)*** – DCCTF is a 501(c) 3 nonprofit, established by District legislation in 1993 to strengthen families and protect children from abuse and neglect through public education and parent support programs. DCCTF develops public education materials that promote the primary prevention of child maltreatment; public messages that emphasize and promote ways to strengthen families and develop healthy children; and monetary, programmatic, and in-kind resources that support primary prevention efforts by leveraging funds and resources. DCCTF also builds the capacity of local groups to implement child abuse prevention programs through training and technical assistance.

DCCTF further works closely with CFSA as a participating member of MACCAN (described earlier in this section) and was a participant in the citywide Family First Prevention Workgroup. DCCTF is a strong partner in supporting the District's prevention provider network and ensuring stakeholder engagement in prevention planning through the facilitation of focus groups, interviews, surveys, and other training and leadership development activities with parents.

### ***FY 2024 APSR Update***

In the first two quarters of FY 2023, DCCTF conducted 10 training webinars for a total of 114 community members. Topics included domestic violence, cultural competence, the Association of Black Social Workers, and a Kwanzaa essay contest. DCCTF also conducted 29 outreach activities to establish parent support groups, reaching 134 total people, along with 16 general outreach activities that addressed available services and supports. These activities were conducted in partnership with other community organizations and included a total of 244 participants.

***Community-Based Child Abuse Prevention (CBCAP) Grantees*** – CFSA, as the District's lead agency for the CBCAP grant, ensures that CBCAP funding supports the strengthening and expansion of the District's network of coordinated child abuse prevention resources and activities. A revised FY 2022 scope of work directs the CBCAP grantees to perform the following activities:

- Enhance Child Abuse and Neglect Prevention Awareness, Access, and Activities in the District of Columbia.
- Participate in the Citywide Prevention Workgroup, TFSC, Primary Prevention Network and MACCAN.
- In collaboration with CFSA and community partners, develop and implement public awareness campaigns regarding child abuse and neglect prevention, including planning and conducting Family Strengthening Month Activities (April) on behalf of the CBCAP network. Enhance parents' and caregiver knowledge on financial literacy, health, and wellness.
- Identify and recommend parent leaders to participate in a parent prevention council, CFSA-sponsored workgroups, and other local prevention-focused workgroups and committees.
- Adopt the utilization and work with the NowPow platform<sup>11</sup> developers to maintain a list of prevention services and programs in the District of Columbia, including the name of the organization, primary contact information, hours of operations, availability (day and time), and address location of each prevention program.
- Enhance Parents' Knowledge and Skills
- Develop and implement activities to recognize exemplary parents during National Parent Leadership Month (February).

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<sup>11</sup> The NowPow application is a platform used for matched, shared, tracked and coordinated referrals. NowPow also functions as an e-prescribe capability for the entire risk spectrum of a community and for a wide array of basic needs and chronic conditions.

- Coordinate and sponsor a Parent Leadership Awards Luncheon to recognize local parent leaders who, after graduation, will serve as mentors for other parents.
- Sponsor at least one Parent Leadership Series (10 weekly sessions) for 15 parents.
- Enhance parents and caregivers' knowledge on how the political and social systems operate, including DC laws on child abuse and neglect, and how to be more effective advocates for the needs of their children and themselves.
- Provide six training sessions reaching 120 parents to enhance the knowledge skills as described above.
- Conduct Parent Anonymous support groups and outreach to those District neighborhoods where special populations are currently not being served.

For FY 2022, CFSA decreased the grant award from \$200,000, as allotted in previous years, to \$159,000. This decrease specifically addresses the service areas that CFSA has brought in-house to better address network coordination and technical assistance needs for the CBCAP network.

### ***Office of the Ombudsperson for Children***

#### ***FY 2024 APSR Update***

In February 2023, the District formally transitioned CFSA client and stakeholder complaint processing and reporting from internal review through the DC CFSA Ombudsperson to an external office. Pursuant to 2020 [DC legislation](#), the Office of the Ombudsperson for Children serves as an independent, impartial office, responsible for reporting to DC Council and tasked with improving outcomes for children involved with, previously involved with, or otherwise known to CFSA. The ombudsperson receives feedback and complaints from clients and stakeholders; shares feedback and recommendations with CFSA leadership during bi-weekly meetings; facilitates interagency communication related to issues impacting CFSA children; provides recommendations on policies, procedures, and trainings; and provides an annual report to DC Council, summarizing trends and analyses related to Agency activities. Additionally, the ombudsperson sits on CFSA's ICFR Committee and MACCAN.

### **Collaboration with the Court and Legal Community Members**

**Details and updates regarding recent court and legal community collaborations can be found in section C2. *Update to the Assessment of Current Performance in Improving Outcomes – Permanency Outcome 1 and Systemic Factor 2.***

***DC Superior Court*** – The Family Court works with CFSA to discuss ideas and data, and to share issues that need resolution. Representatives from CFSA's Office of the General Counsel, Office of the Director, Office of Program Operations, and the DC OAG meet with the Family Court on a quarterly basis to

review Agency practice. The same representatives also address and strategize for the improvement of permanency outcomes, including reunifications, adoptions, subsidized guardianships, and re-entries. The following topic areas are examples of policy and practice discussions:

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

***Court Improvement Program (CIP) – Qualitative Information Exchange*** - CIP provides regular, structured opportunities for CFSA, OAG and the Family Court to address mutual barriers to permanency, as identified in the Child and Family Services Review, quality service reviews, and Agency performance analyses. CIP regularly conducts focus groups with judges and attorneys to discuss court-related barriers such as goal changes, trial delays and scheduling issues.

#### ***FY 2024 APSR Update***

The CIP Advisory Committee continues to convene quarterly. FY 2023 discussion topics included updates on the following programs and initiatives:

- Preparing Youth for Adulthood (PYA) – A CASA DC initiative created to support young adults aging out of foster care and promote their engagement in their court process.
- COVID-era funding – A final accounting of expenditures, including laptops and Chromebooks distributed throughout the community to help parents access court hearings.
- Quality Legal Representation Project – A partnership between social workers and parents’ attorneys to increase parent participation in case planning. Recent additions include the establishment of a social worker consultant position to provide a clinical perspective and assist with program administration.
- CIP Membership - The proposed expansion of the CIP to include foster parents, service providers, youth formerly in care, birth parents, and children’s attorneys.

***CIP-Data Sharing*** – CFSA and the Family Court also engage in focused collaboration around data-sharing and implementation of data-informed practice improvements. Notably, the Agency shares with the Court data obtained from CFSA’s comprehensive Permanency Tracker platform, which is described later in this report.



### ***FY 2024 APSR Update***

As of this report, the CIP is restructuring a data sub-committee in which CFSA, OAG, and Family Court data analysts and legal practitioners will collaborate in the assessment of best practices for identifying and reporting on trends related to court-involved families. Among proposed strategies are the creation of a data dashboard with court-centered elements of CFSA’s current tracking database, which will allow Family Court data analysts to flag cases that aren’t meeting court benchmarks. Additionally, the subcommittee plans to review a sample of cases that have been open long enough to have had at least two permanency hearings. This will allow data analysts to compare CFSA and Family Court records to ensure coordinated standards and methodology, and it will also provide further insight into any procedural barriers to timely hearings and outcomes.

***Children’s Law Center (CLC)*** – In addition to the advocacy described earlier, CLC also serves as a valuable thought partner when assessing policy and practice issues and operationalizing new strategies related to child welfare matters, including participation in the activities listed in the CIP section above. Additionally, CLC and CFSA have jointly focused on improving communication amongst the teams and clarifying roles and responsibilities. In FY 2022, CFSA’s Child Welfare Training Academy worked with CFSA, OAG, CLC, and CFSA’s contracted private agency partner, the National Center for Children and Families, to create a three-part series entitled *Connecting the Dots*. During the series, team members participated in facilitated conversations that addressed issues around biases, conflict resolution, and shared expectations. During debriefing sessions, participants suggested that issues around role clarification or confusion be brought to the partnership meetings so that leadership can address them together.

### ***FY 2024 APSR Update***

In FY 2022 and during the first two quarters of FY 2023, CLC has continued to participate in many of the *Keeping DC Families Together* and court-related activities described earlier. CLC has also participated in bi-monthly meetings with CFSA deputies and attorneys from OAG, as well as several Lean events, which are described immediately below.

### **Additional Stakeholder Assessment of Agency Strengths and Areas Needing Improvement**

To complement the stakeholder-feedback opportunities that are inherent in the collaborations described above, CFSA continuously performs targeted activities to evaluate and enhance the policies, programs, services, and approaches to serving the District’s children and families in the community, in the home, and during out-of-home placements.

**The activities, listed below, are further detailed in the following sections: C2. Update to the Assessment of Current Practice in Improving Outcomes, C3. Update to the Plan for Enacting the State’s Vision, and C5. Update on Service Descriptions.**

**Lean Events** – CFSA uses Lean events to explore process improvements across the Agency. Supported by consulting firm [Leanovations International](#), Lean is a plan, act, do, and check model designed to help government systems identify then implement the most efficient, value-added way to provide services. As needed, CFSA conducts week-long Lean events, which are focused on a targeted, defined process to identify opportunities for the Agency to better serve children and families while streamlining processes for CFSA staff. Lean Teams include CFSA staff and managers assigned to the relevant topic area, and commonly include Agency planning, policy, and data specialists. A vital component of the Lean process involves a presentation of the week’s findings and recommendations to representatives of all impacted stakeholder groups. During the presentations, stakeholders are asked to share their impressions and additional recommendations. The Lean Teams who formulate recommendations during their Lean workshops are also responsible for implementing the identified changes. This results in a broad, coordinated set of change efforts across the Agency on various key processes, led by the staff most familiar with the work. The Lean Teams work to identify changes in three broad categories: “Quick Wins” (those that can be completed in roughly 90 days), “Good State”, (those that take longer to implement), and “Great State” (those changes that require major technology changes to implement, typically via the CCWIS technology project underway).

#### ***FY 2024 APSR***

In FY 2022, Lean topics included Domestic Violence Services, Partners for Kids in Care (donation and support resource), Service Referrals, Post-Permanency Supports, and Youth Cell Phone Distribution. Thus far in FY 2023, topics have included Service Referrals (Family Team Meetings, PEERs, Department on Disabilities Services), STAAND Integration and Document Translation, Social Worker Recruitment, Service Navigator (Referrals and Community Partnerships Integration), Procurement, Policy Development and Implementation and Employee Retention.

**Older Youth – Information-Gathering Activities** – CFSA continues to actively pursue diverse and effective methods of incorporating the voice of youth for programming decisions and process improvements. Through interviews, focus groups, surveys, the Youth Advisory Council, and events facilitated by Agency partners, youth have shared experiences and recommendations on the placement array, the foster care experience, the service array, Agency protocols, and social work practices. As detailed in prior APSR submissions, youth have emphasized the need to maintain an array of placements, including homes in urban environments with transportation access as well as independent living and congregate care settings. They have pointed to the importance of supportive interventions to birth parents, including parenting support, teaming, and financial support. They have described the value of meeting their resource parents prior to being placed with them as part of the placement matching process. Youth have found tutoring and mentoring to be essential services, particularly when they are tailored to individual needs. Resources needed but not always provided include parenting classes for youth with children and life skills courses. All youth stress the importance of advocating for themselves within a support system of quality social workers and resource parents

that can help insure a positive transition to independence. A summary of recent Youth Council and youth survey activities can be found in *Section C5. Update on Service Descriptions*.

***Birth Parents – Information-Gathering Activities*** –Through peer networking events, described earlier in this section, birth parents have shared experiences and recommendations related to support needs, service approaches, teaming, and communication. The Agency’s annual *Needs Assessment* surveys and focus groups have also allowed birth parents to discuss such topics as the value of therapeutic services around loss and healing, employment assistance, furniture and food donations, behavioral health services, childcare, parenting education, and legal services. A summary of recent PEER-facilitated birth-parent engagement activities can be found in *Section C.3 Update to the Plan for Enacting the State’s Vision*.

***Resource Parents – Information-Gathering Activities*** – Although resource parents can share their experiences and recommendations with their support workers, peer network members, or through the regular group activities described earlier in this section, the Agency regularly obtains feedback through surveys, focus groups, and specialized work groups. Over the past several years, these activities have revealed that resource parents’ experiences vary by case management agency as well as by needs of the child in their care; that resource parents require as much information as possible about the children about to be placed in their care; that the Agency make more concerted efforts to mitigate the impact of emergency placements; and that the Agency more consistently places children in accordance with resource parents’ capacity and express preferences. Resource parents have also stressed the need for more trauma-informed resources (e.g., mentors, tutors, crisis management), improved case planning communications, improved publicizing of available resources, and increased wellness supports. The activities have also been detailed in prior APSR submissions and published *Needs Assessments*.

***CFSA Staff – Information-Gathering Activities*** – As part of CFSA’s ongoing CQI efforts, the Agency gathers information through the CFSP, *Needs Assessments*, quality service reviews, and program-level activities to examine Agency functioning, strengths, and areas of need across program areas. Information gathering includes surveys and interviews on all topics pertaining to the safety, well-being, and permanency of the children served by CFSA.

## C2. UPDATE TO THE ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

The 2016 Child and Family Services Review (CFSR) assessed the District of Columbia’s baseline performance on Round 3 - Safety, Permanency and Well-Being Outcomes. In response, CFSA developed its performance improvement plan (PIP) to address challenges and strengthen areas of practice. In formulating many of the Child and Family Services Plan (CFSP) measures of progress, CFSA integrated PIP activities and incorporated core metrics from the District’s Four Pillars Scorecard, which served as the Agency’s primary benchmarking document (in alignment with the Four Pillars Strategic Framework). As noted, the Agency included stakeholder feedback during the collaborative CFSP development process (see *Section C1. Collaboration and Vision*).

The following section includes a summary of CFSA’s progress in implementing the policies and practices related to the outcomes and systemic factors that drive a successful and sustainable child and family well-being system.

CFSA recognizes the critical importance of incorporating stakeholder feedback in system enhancements. The Agency regularly strives to obtain that feedback through surveys, focus groups, interviews, Q&A sessions in standing meetings, and joint reviews of state and federal child welfare data. Regardless of whether outreach activities were conducted during the previous fiscal year with respect to each individual item below (as summarized under the heading *FY 2024 APSR Update*) CFSA is continuing to identify stakeholder groups to jointly review data, practices, policies, and strategies; and to provide feedback and recommendations for the FY 2024 Statewide Assessment, as part of the Child and Family Services Review (CFSR).

### OUTCOMES

#### Safety Outcome 1 - Children Are, First and Foremost, Protected From Abuse and Neglect.

##### Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

###### ***Standard***

The Agency must initially respond to all accepted child maltreatment reports and make face-to-face contact with the children within the timeframes established by Agency policies or state statutes.

###### ***Policy and Practice***

Per CFSA’s [Investigations Policy](#), accepted Hotline reports of alleged child maltreatment shall be investigated in a timely fashion that ensures child safety and well-being. The initial phase of an investigation shall be completed within 24 hours. The initial phase includes seeing and interviewing all

children living in the home outside of the presence of their caregivers and completing an assessment of safety and risk, not only to the identified alleged child victim, but also to all children residing in the home. Investigations and assessments shall comply with best practice standards, including the investigative tasks of contacting and interviewing all individuals related to the investigation, including collateral and core contacts, within the mandated timeframes, and completing formal and informal assessments prior to investigation closure.

**Data**

CFSA’s Performance and Quality Improvement Administration (PAQIA) tracks and presents data on practices and outcomes through the Four Pillars Framework reporting. Since the conclusion of the *LaShawn v. Bowser* lawsuit (referenced earlier) PAQIA has modified scoring frameworks to optimize alignment with District standards and Agency values. Prior scoring frameworks and data can be found in the [FY 2023 Annual Progress and Services Report](#).

4 Pillars Indicator	Standard	Jul – Dec 2021 Performance
Timely Initiation	95% of all investigations will be initiated within 48 hours	<p>August 2021 performance: 90% (277 out of 307 referrals)</p> <p>November 2021 performance: 80% (348 out of 434 referrals)<sup>12</sup></p>

From October 2021 through April 2022, compliant initiations counted the number of investigations where the social worker had initiated contact with all victim children for a given referral within 48 hours or if the social worker made reasonable initiation efforts but was unable to initiate until after 48 hours.

Month	Total # of Referrals	# of Referrals Where Contact was Initiated within 48 Hours or Initiation Efforts were Met	Initiation Measure
Oct-21	410	359	88%
Nov-21	437	397	91%
Dec-21	433	367	85%
Jan-22	396	340	86%
Feb-22	318	281	88%
Mar-22	402	373	93%
Apr-22	305	279	91%

<sup>12</sup> Unless otherwise specified, performance ratings and summaries are inclusive of CFSA’s Clinical Case Management and Support Administration, as well as CFSA’s contracted partnerships with private agencies providing case management for foster care services.

### ***FY 2024 APSR Update***

Throughout the CFSP reporting period, CFSA conducted case reviews using the Child and Family Services Review’s (CFSR) [Onsite Case Review Instrument \(OSRI\)](#). Using a version of the OSRI that was updated for CFSR Round 4, PAQIA reviewers have finalized OSRIs for 13 cases for periods under review (PUR) dating from late FY 2021 through early FY 2023. For Item 1, there were 8 applicable cases based on an investigation occurring within the PUR. Of these cases, 75 percent (n=6) received a Strength rating while 25 percent (n=2) were rated as an Area Needing Improvement (ANI).

In the FY 2022 Mayor’s Performance Plan, CFSA reported that 89 percent of investigations were initiated within 48 hours, which nearly met the 95 percent target.

CFSA updated the initiation measure during FY 2022. The new measure counts initiations by child (including non-victim children), while the old measure counted initiations by referral and only considered victim children. Also, unlike the original measure, the new measure only considers whether the social worker successfully initiated contact within 48 hours; it does not account for reasonable efforts. In September 2022, the Agency initiated 51 percent (n=251/490) of investigations within 48 hours. In March 2023, the Agency initiated 59 percent (n=231/366) of investigations within 48 hours, including 38 percent that complied with a recently added initiation standard of 24 hours.

CFSA’s qualitative review of timely investigations, which removed 63 children from the sample due to exclusionary criteria, included documented barriers to initiation.<sup>13</sup>

<b>Outcome</b>	<b>June 2022</b>	<b>September 2022</b>
All alleged children were seen within 24 hours.	252 (40%)	171 (40%)
All alleged children were seen within 24-48 hours.	133 (21%)	80 (19%)
All alleged children were interviewed within 48 hours, per the qualitative review.	7 (1%)	6 (1%)
Total compliance occurred for timely initiations within 48 hours.	392 (63%)	256 (60%)
Initiations were met with sufficient barriers and efforts documented, even though contact was not made with all alleged children per review.	133 (21%)	104 (24%)
Total compliance occurred for timely initiations per qualitative review.	525 (84%)	360 (84%)
Total non-compliance for timely initiations within 48 hours.	100 (16%)	67 (16%)
<b>Total Applicable Children/Referrals for Measure</b>	<b>625 (100%)</b>	<b>427 (100%)</b>

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

<sup>13</sup> Exclusionary criteria include referrals with no identifying information for the children, referrals that were closed within one day, and duplicate referrals. A common barrier to initiation frequently included secured entry to public housing with no response, despite multiple attempts to initiate contact over varying times of day and night by more than one social worker over the course of 24 to 48 hours.



## **Stakeholder feedback – CFSA Response**

### **FY 2024 APSR Update**

For the cases reviewed between March and September 2022, CPS investigators noted common barriers to initiating referrals, including an inability to access or locate children and family members despite multiple and varied contact attempts; incomplete contact referral information at the time of intake; parents who would not engage the Agency; locked residential buildings; children or family members residing outside the jurisdiction; and a lack of staff coverage necessary to initiate referrals during a given shift. Reports of limited coverage are supported by recent Agency documentation that shows a continued decrease in personnel. Against a standard that 90 percent of CPS investigators and social workers have caseloads of 12 or fewer, the rate has fallen from 76 percent in October 2022 to 43 percent in March 2023.

**Safety Outcome 2 - Children are safely maintained in their homes whenever possible and appropriate.**

### **Item 2: Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry Into Foster Care**

#### **Standard**

The Agency must make concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification.

#### **Policy and Practice**

CFSA’s approach to family preservation and child welfare prevention is comprehensive and constantly evolving. From building a supportive community-based infrastructure for upstream diversion to enhancing the skills, practices, models, and resources among the Hotline, CPS, and In-Home teams, CFSA operates within the fundamental framework of Keeping DC Families Together. An overview of the Agency’s vision can be found in *Section C1. Collaboration and Vision*, and a breakdown of the family preservation strategies and interventions developed over the CFSP reporting period can be found in *Section C3. Update to the Plan For Enacting the State’s Vision*.

### **FY 2024 APSR Update**

CFSA’s 2023 Annual Needs Assessment will focus on in-home services. Data analysts will conduct a deeper dive into family circumstances, supportive interventions, service outcomes, and additional needs.

**Data**

Between July and December 2021, 196 children entered foster care. The annual benchmark is 185. Data reported 10.4 percent re-entries within 12 months. The benchmark is 8 percent. Data for recurrence of maltreatment reported 16.6 percent. National performance is 9.5 percent.

4 Pillars Indicator	Standard	Jul – Dec 2021 Performance
Initial Entries to Foster Care	Reduce new entries into foster care (Annual target: 185)	Annual performance: 196 unique children had initial entries into foster care.
Re-Entries to Foster Care within 12 months	No more than 8% of entries into foster care will be re-entries.	10.4% 19A-21B (with RSP) <sup>14</sup>
Recurrence of Maltreatment	9.5%	16.6 % (19B-20A)

The Four Pillars Performance Framework includes metrics related to new reports received on families with an open in-home case and foster care entries from an open in-home case. Of the new reports received for families with an open in-home case, the standard is no more than 9.5 percent.

4 Pillars Indicator	Standard	Jul – Dec 2021 Performance	Jan – Sept 2022 Performance
New Reports While In-Home	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 cases experienced a new substantiated investigation	7% of open In-Home cases experienced a new substantiated investigation

**FY 2024 APSR Update**

The Round 4 OSRI sample reviews indicated that only 6 of the 13 finalized cases were applicable for Item 2. Of this number, five were rated as a Strength and one was rated as an ANI.

CFSA’s Office of Community Partnerships (OCP) tracks monthly referral and service activity pertaining to prevention services. In a March 2023 report, OCPs Evaluation and Data Analytics team (EDA) noted that the five Health Families/Thriving Communities Collaboratives (described earlier) collectively provided primary prevention services to a total of 60 families during the month of February 2023. The EDA team also reported that, in the month of March 2023, the Collaboratives collectively served a total of 133 families that were referred from CFSA due to identified risk factors or referred to mitigate the impact of prior child maltreatment. Against a benchmark that 90 percent of families will not have a substantiated neglect report for up to six months after Collaborative case closure, the EDA team found overall compliance with 92 percent (n=349/379) of families whose cases closed in FY 2021.

<sup>14</sup> Risk Standardized Performance (RSP) which utilizes a statistical model to provide a more equitable comparison.

EDA's March 2023 report evaluated the District's six Community-Based Child Abuse Prevention (CBCAP) grantees that provide home visiting services to families (described in the next section). Over the first two quarters of FY 2023, CBCAP grantees collectively served a total of 259 families. CFSA's framework for primary, secondary, and tertiary levels of child welfare prevention is described in *Section C3. Update to the Plan for Enacting the State's Vision*.

For children and families served by CFSA's In-Home Administration, the benchmark requires the Agency to complete two monthly visits to the home in 85 percent of cases. One of the two visits must be completed by a social worker; the second visit may be completed by a family support worker or a nurse. While consistently performing above this benchmark prior to the pandemic, the Agency did not resume meeting its performance standards once the public health emergency's restrictions were relaxed. After observing 72 percent compliance in May 2021, the In-Home Administration began recording visitation barriers. Most commonly, social workers reported challenges to engaging families and issues around time management. Over the next two years performance began to improve. In March 2023, the Agency was just below the benchmark with 84 percent of families being visited in the home twice per month. Concurrent with this increase was an observed decrease in issues pertaining to time management.

In FY 2022, the District experienced a total of 160 new entries into care, surpassing its performance target of 185 or fewer new entries. Although PAQIA has also stopped using the framework to report foster care entries from In-Home cases, the Mayor's Performance Plan measures the "number of removals from in-home within one year." In FY 2022, CFSA met its target of 100 or fewer entries with 77 children entering foster care.

According to the Child and Family Services Review (CFSR 4) Data Profile, issued by the Children's Bureau in February 2023, the District of Columbia's performance regarding re-entries into foster care has been statistically similar to the national performance between 2018 and 2021. An exception included slightly worse performance during the second half of 2020 and the first half of 2021. During FY 2021, the District saw an approximate average of 8.1 percent of children re-entering foster care compared to the national performance of 5.6 percent.<sup>15</sup>

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<sup>15</sup> Throughout this report, references to the CFSR Data Profile are inclusive of its sources, i.e., the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) submissions as of December 21, 2022. Data only captures children and youth under 18 years old. National performance (NP) refers to the average across all child welfare jurisdictions. Percentages indicated for the District of Columbia are based on Risk Standardized Performance (RSP) which utilizes a statistical model to provide a more equitable comparison. RSP accounts for the characteristics of similar jurisdictions and uses risk adjustment to minimize differences in outcomes that are due to factors over which states have little control. A state's performance is considered statistically similar to national performance if its RSP interval (percentage range when accounting for a potential statistical error) intersects with the NP.

The District has seen a substantial reduction in its foster care population over the past 10 years. At the end of FY 2013, there were 1,318 children in foster care, compared to 541 children in foster care at the end of FY 2023. The prevention efforts that provide services to families upstream through the Collaboratives and the 11 Family Success Centers have decreased many families' CFSA involvement. In addition, families assessed at moderate to higher risk with no safety concerns receive family preservation services through CFSA's In-home Administration. As a result of these efforts, CFSA is serving an increasing proportion of families in the home, i.e., in FY 2013, 56 percent of the overall CFSA population received in-home services while at the end of FY 2023 Q3, families served in their homes represented 69 percent of the overall population.

From FY 2016 to FY 2022, initial entries into foster care over a 12-month period declined from 325 to 160. Re-entries declined from 80 to 41. The District has also seen a decline in the rate of foster care entries relative to national levels. In 2013, the foster care entry rate for children in the District of Columbia was 4 entries for every 1,000 children in the population, while the national rate was 3 entries per 1,000. By 2020, the District's rate had dropped to 2 entries per 1,000 children, while the national rate remained at 3 entries per 1,000.<sup>16</sup>

Additionally, the District's proportion of investigations resulting in foster care cases has been comparatively small. In 2019, CPS investigated 12,312 Hotline reports; of those reports investigated, 3 percent (n=357) entered foster care. This entry rate of 29 foster care entries for every 1,000 investigations is well below the national average of 71 entries for every 1,000 investigations.<sup>17</sup>

In April 2023, independent research expert, Child Trends, released [State-level Data for Understanding Child Welfare in the United States](#). The report looked at the 15,508 referrals made to the CFSA Hotline in 2021. Notably, the report found that there were 61.9 investigations for every 1,000 children living in the District, compared to the national average of 40.5. Among the referrals for which at least one maltreatment allegation was substantiated, 12 percent (n=211) of children received foster care services compared to the national average of 22 percent. Additionally, the report found that in 2021 there were 3.2 children in foster care for every 1,000 children in the population, compared to the national average of 4.5. These data represent a decline of 1.3 from 2018 District levels, compared to the national decline of 0.5 from 2018 levels.

The Child Trends report also categorized the reasons for which children entered foster care during FY 2021. While the totals include children that entered for multiple co-occurring reasons, a higher percentage of foster care cases in the District (relative to national averages) included substantiated allegations of neglectful or abusive conduct. Most notably, 74 percent of District foster care cases included a substantiated neglect allegation compared to the national average of 64 percent.

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<sup>16</sup> Kids Count data on District of Columbia and national foster care entry rates available at [datacenter.kidscount.org](https://datacenter.kidscount.org), retrieved August 2022

<sup>17</sup> Casey Family Programs data available at [casey.org](https://casey.org), retrieved July 2022

Conversely, the District’s foster care entries included a lower proportion of reasons that required investigators to distinguish between willful conduct and the type of circumstances that might be addressed through community-based support. Notable examples are provided below.

Reason for Entry	District of Columbia	United States
Inadequate housing	1%	9%
Parental substance abuse	16%	40%
Child behavior problem	4%	7%
Inability to cope	6%	13%

As noted in the introduction, CFSA is not only determined to ensure that formal child welfare involvement is a last resort, but that families whose children do enter foster care have been viewed through an equitable lens, i.e., to ensure mitigating circumstances or biases did not lead to disproportionate outcomes.

**Stakeholder feedback – CFSA Response**

**FY 2024 APSR Update**

**DC Mayor’s Advisory Committee on Child Abuse and Neglect (MACCAN)** – In the December 2022 response to CFSA’s Annual Public Report, MACCAN applauded the use of the Family Success Centers and Collaboratives as a promising approach for providing prevention and family preservation supports to DC families. Additional details can be found in CFSA’s [2022 Annual Public Report](#).

**Office of the Ombudsman** – In the [Office of the Ombudsman Annual Status Report of 2022](#), CFSA’s internal ombudsman recognized the importance of kinship providers keeping children out of foster care and emphasized the need for measures to help ensure kin are properly informed and equipped to care for the children.<sup>18</sup>

- **Ombudsman Recommendation:** CFSA’s Kinship team should consider increasing outreach and follow-up to enquire about unfinished Close Relative Caregiver Program (CRCP) applications and late renewals. This approach will avoid rushed applications and provide more opportunities to guide CRCP recipients through the application and renewal process, preventing delays to recipients receiving their benefit.
  - **CFSA Response:** The new Kinship Navigator website includes an online portal that allows CFSA staff to see application progress and timelines so they can follow up with applicants when appropriate.

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<sup>18</sup> The report was the final annual submission from CFSA’s ombudsman, as the internal position officially transitioned in FY 2023 to the external District of Columbia Office of the Ombudsperson for Children.

- **Ombudsman Recommendation:** The CRCP program would benefit from an automated intake system for potential clients to better understand eligibility requirements, application process, and timeframe.
  - **CFSA Response:** This step is also accomplished through the Kinship Navigator website and mobile application.

### Item 3: Risk and Safety Assessment and Management

#### **Standard**

The Agency must make concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care.

#### **Policy and Practice**

CFSA's [Investigations Policy](#) establishes guidelines for assessment protocols and decision points, including the following required tasks for completion by CPS investigators:

- Review the District's Comprehensive Child Welfare Information System (CCWIS) for information about prior family involvement with the Agency.
- Assess children and families for safety (imminent danger) and for risk (the likelihood of future abuse or neglect), as well as for family strengths and service needs.
- Complete within 24 hours, document within 30 days, and update as needed a Structured Decision Making® (SDM) Danger and Safety Assessment.
- Continue to assess safety and risk throughout the investigation process, documenting any changes or new concerns in the CCWIS.
- Assess the family to determine which specific referrals for services may be needed to protect the safety and well-being of the children and to ensure family stability.

CFSA uses safety plans to achieve the primary objective of facilitating and promoting family efforts to keep children safe. A safety plan is a formal document that clearly describes immediate threats to the children's safety and details how those threats will be managed to eliminate, or at least mitigate, safety risks to the child. Safety plans, which must be signed by the parent, are time-limited and require consistent re-evaluation among case participants.

Additional safety measures, including petitions for court authority to monitor families in the home, formal caregiver assessments, informal child assessments during visitation, and family team meetings are detailed and updated in *Section C3. Update to the Plan for Enacting the State's Vision*.

#### **FY 2024 APSR Update**

CFSA revised its [Safety Plan Policy](#) in July 2022. In so doing, the Agency's Entry Services management team collaborated with attorneys from the Office of General Council, the Office of the Attorney



General, and the Children’s Law Center to include updated terminology, to account for the conclusion of the LaShawn lawsuit, and to reflect the new protocols described in the [Informal Planning Arrangements Administrative Issuance](#) (AI). Additional stakeholders who reviewed the updates included CFSA’s Office of the Director; the Deputy Director for Out-of-Home Support; the Deputy Director for the Office of Planning, Policy, and Program Support; and the Child Welfare Training Academy.

CFSA’s SDM model is a propriety model, which is developed and managed by a nonprofit organization called Evident Change. To maximize use of the tool and holistically improve its work with families, CFSA is incorporating the SDM assessment tools as part of the ongoing software development of the Agency’s new child welfare information system (STAAND). CFSA’s partnership with Evident Change will also ensure fidelity to the SDM practice model such that the tools are automated correctly. In the initial stages of this work, the Evident Change project staff and CFSA staff reviewed CFSA assessment policies at the key decision points that the SDM system is designed to address.

In addition, Evident Change is beginning a series of focus groups with CFSA staff to gather feedback as they embark on the major task of updating the SDM tools that have been used to support CFSA practice for more than 20 years. With a great deal of change in practice, Evident Change’s review and recalibration of these tools is essential. The CFSA staff focus groups will further examine the practice elements around two of the tools: the SDM Hotline Intake Assessment and SDM Danger and Safety Assessment. Four focus groups have been held thus far during February and March 2023.

### ***Data***

CFSA’s internal standard and Four Pillars Performance Framework both require 80 percent acceptable reviews for child safety. In addition to data from the OSRI tool, CFSA considers (at a minimum) two other processes to measure child safety: the Quality Services Review (QSR) and the Acceptable Investigations reviews. For QSR reviews, CFSA looks at the Agency’s practice performance for intervention planning. When evaluating acceptable investigations practice, CFSA considers assessments of risk and safety among the primary activities for review. For children involved in a safety plan, CFSA tracks whether the child experienced a separation within 30 or 60 days; whether the child had a subsequent Hotline call within 30 or 60 days, if the call was screened in, and the result of the investigation; and whether the child has a case currently open with CFSA.

### ***FY 2024 APSR Update***

The Round 4 OSRI sample reviews indicated that 77 percent (n=10/13) of the finalized cases were a Strength and 23 percent (n=3/13) were an ANI for Item 3.

The Agency conducted two Acceptable Investigations qualitative reviews during 2022. In terms of completing safety and risk assessments, 90 percent (n=171/190) of the investigations that closed in

March 2022 were of acceptable quality, while 91 percent (n=131/144) that closed in September 2022 were of acceptable quality.

- Of the 19 investigations in March 2022 that were not of acceptable quality, the two most frequent reasons included (1) investigative social workers not interviewing one or more (n=10) key collateral contacts, and (2) information obtained during interviews with core contacts was insufficient (n=8). Of the 13 investigations in September 2022 that were not of acceptable quality, the two most frequent reasons included (1) investigative social workers not interviewing one or more (n=8) core contacts, and (2) investigative social workers not interviewing one or more (n=7) key collateral contacts.
- For the 19 referrals rated as unacceptable in March 2022 and the 13 referrals rated as unacceptable in September 2022, reviewers could identify multiple reasons for unacceptability. Consistent with the 2022 qualitative reviews, one of the top reasons for unacceptable practice was not interviewing one or more key collateral contacts.

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

Over the months of October and November 2022, CFSA implemented 33 safety plans (28 CPS and 5 In-Home) for a total of 66 children. The following results were reported:

- 6 children experienced a separation within 60 days of the plan taking effect.
  - 3 children experienced a separation within 30 days.
  - 3 children experienced a separation between 31-60 days.
- 12 children were involved in a new Hotline call within 60 days of the safety plan.
  - 11 were screened out. The one screened-in referral was linked to an ongoing investigation, which ultimately resulted in a separation.
- 37 have a case open with CFSA (31 in-home, 6 out-of-home) as of February 9, 2023.

The CFSR Data Profile indicates that the District achieves statistically similar performance to the rest of the nation regarding the rate of maltreatment for children in foster care. In FY 2020, the District experienced approximately 5.8 victimizations for every 100,000 days in care, compared to the national performance of 9.07 victimizations.

The District has seen elevated recurrence of maltreatment relative to the rest of the nation. From FY 2020 through FY 2021, the District experienced approximately 18.3 percent of children who were the subject of a substantiated maltreatment report with a subsequent maltreatment substantiated within 12 months. As one method for addressing this issue, CFSA is currently developing a Family Stabilization

Unit that will serve as a step-down resource from the In-Home Administration. Consisting of four social workers and one supervisor, the unit will help families transition to community-based resources, including the Collaboratives, Family Success Centers, or other individual providers. Based on current business processes and strategies, the Agency expects to implement the unit in FY 2024.

The QSR process examines assessments of safety and risk through a slightly different lens. The QSR protocol rates safety for children in the home or placement, at school, and in the community (or other places). For purposes of practice performance, however, the protocol looks at how the Agency plans for safety interventions, based on the reasons the child came to the Agency's attention as well as any safety issues identified as a result of ongoing assessments.

In calendar year 2022, QSR specialists reviewed 128 combined in-home and out-of-home cases. Acceptable practice performance ratings for safety planning applied to 97 percent (n=124) of the cases. In terms of the breakout between out-of-home and in-home cases, reviewers found acceptable rates of safety planning in 90 percent of out-of-home cases and 88 percent of in-home cases.

### ***Stakeholder feedback – CFSA Response***

In a 2020 survey, a majority of child welfare professionals indicated that social workers assess and address risk and safety concerns with sufficient frequency to meet benchmarks and expectations of strong clinical practice. Noted areas of improvement involve risk assessment protocols, approaches, and communication habits. These areas suggest a rush to permanency inspires a hurried process instead of a true and meaningful assessment that reflects the observations of all team members. Others have noted a lack of follow-up on identified service needs, as well as a need to ensure the assessment results are provided to resource parents. At the system level, observed areas for improvement involved informing school systems on how the Agency assesses and addresses risk, engaging community-based resources to prevent domestic violence (DV), and obtaining resources to appropriately address safety for DV victims and treatment for offenders.

In the fall of 2020, CFSA's Office of Planning, Policy, and Program Support (OPPPS) held a debriefing session to discuss the following survey feedback and to develop next steps for responding to the prevalent concerns raised.

- To improve the quality of assessments, actions steps were developed including the completion and communication of a new [In-Home Procedural Operations Manual \(POM\)](#), which emphasizes the concepts of teaming, partnering, and warm hand-offs with staff across the Agency.
- To address the housing, substance use, and mental health challenges that accompany many child separations, the Agency is urged to support the social workers (who may feel responsible for actions out of their control) by identifying concerted efforts that the system should take to help eliminate barriers to family participation in services.

- To further promote awareness of available District supports for DV victims, OPPPS suggested that social workers sign-up for the Victim Assistance Network (under the purview of the District’s Office of Victim Services and Justice Grants) in order to receive notifications of resources; test the NowPow platform to determine what DV resources exist, and then add resources to the NowPow database as they are discovered. In the spring of 2022, NowPow merged under an entity called Unite Us. CFSA’s Office of Community Partnerships is working with Unite Us to procure the platform for ongoing services for CFSA social workers to add to the user experience. CFSA is prioritizing this area of need for DV supports.
- To improve confidence among social workers in identifying and working with families that experience DV, OPPPS suggested increasing dialogue with CFSA’s Office of Well-Being (OWB), as well as a refresher and enhanced pre-service training on the topic and a liaison in each administration who can consult with OWB’s DV expert. The Agency will look into hiring a second DV subject matter expert to meet demand, will continue to develop and enhance relevant training modules, and will look to making the modules accessible at any time red flags are identified.
- To improve communication with educational partners, particularly around the identification and reporting of abuse and neglect, CFSA continues to update its mandated reporter training webinar and to develop a communication plan to schools that considers all school types and includes evaluative points to measure. The Agency is considering turnover, thus the need for information to be repeated through the year to the same entities (and new ones). The same information should be communicated to social workers, so they are aware of their role, rights and messaging around abuse and neglect with educational institutions. To support the Agency guidance relative to educational services, the policy team is currently revising the educational services policy, which will be completed by the end of the fiscal year.

#### ***FY 2024 APSR Update***

Due to budgetary constraints, CFSA was required to suspend authorization for the hiring of a second DV subject matter expert. The DV specialist will continue to work with the eight DV liaisons representing CFSA’s program administrations to provide case consultation and support to front-line social workers and supervisors. Revisions to the Educational Services policy are still pending as of this report, due to ongoing programmatic modifications.

As noted earlier, SDM focus groups are currently underway to allow CFSA staff an opportunity to share their practice experiences with the Evident Change team. These group discussions include changes that affect the SDM assessments, and what immediate and long-term changes are projected as CFSA’s practice and service delivery models evolve. Evident Change facilitates the focus groups and offers guidance around enhancement, practice, policy development, and STAAND infusion.

**Permanency Outcome 1 - Children have permanency and stability in their living situations.**

#### **Item 4: Stability of Foster Care Placement**

**Standard**

The child in foster care must be in a stable placement, and any changes in placement must be in the best interests of the child and consistent with achieving the child’s permanency goal(s).

**Policy and Practice**

CFSA’s [Placement and Matching Policy](#) establishes the Agency’s priorities and practices for identifying suitable and sustainable placement matches in the least restrictive most family-like environment possible. At the threshold, CFSA strives to ensure that no child stays overnight in the Agency intake center or office building, and that no child remains in an emergency, short-term, or shelter facility for more than 30 days.

CFSA formally and informally assesses children and prospective caregivers to promote successful placement matches, seeking first to place children with siblings and with kin. If placing children with kin is not possible, CFSA maintains a continuum of placement settings designed to meet the various needs of the children in foster care. Additionally, resource parents are provided with a myriad of informational and practical supports to optimize their capacity to provide a safe and stable home. More information on the placement array and resource parent supports can be found in *Section C3. Updating the Plan for Enacting the State’s Vision.*

**Data**

As of February 2022, data profile performance for placement stability averaged 11.32 moves per 1,000 days for the foster care population. The Four Pillars Performance Framework’s metrics focus on reduction of monthly placement disruptions. The target is no more than 35 disruptions each month.

4 Pillars Indicator	Standard	Jul – Dec 2021 Performance
Placement Disruptions	Reduce monthly placement disruptions  Target: 35 disruptions each month	July: 30 August: 24 September: 30 October: 26 November: 22 December: 18

**FY 2024 APSR Update**

The Round 4 OSRI sample reviews indicated that 8 of the 13 finalized cases were applicable for Item 4. Of this number, four were rated as a Strength and four were rated as an ANI.

Between January 2022 and September 2022, a total of 17 unique children experienced a total of 31 overnight stays in the Agency’s office building. Of this number, 13 children had an extensive history with the Agency or exhibited behaviors that were unsafe for placement in a traditional setting at the

time of the overnight stay. On 12 occasions, CFSA had identified a placement, but either the youth had refused the placement or the resource parent could not be reached.

CFSA contracts with one community provider for emergency placements for youth 13 to 17 years old. Between November 2022 and March 2023, the number of youths placed in emergency shelters ranged from two to eight. Of this number, one youth remained in a shelter for more than 30 days.

A total of 177 children entered or re-entered foster care during FY 2022. By the end of FY 2022, 46 percent (n=82) had been in one placement, while 29 percent (n=51) and 25 percent (n=44) were in two placements or three or more placements, respectively.<sup>19</sup>

CFSA reported a total of 418 placement disruptions in FY 2022.<sup>20</sup> Of this total, the number of unique children disrupting from a placement was 180, as some children disrupted multiple times. Compared to prior years, there was a substantial increase in total placement changes that were reported as disruptions. For example, in FY 2021, there were 98 disruptions involving 79 unique children. However, the increase is primarily attributable to this report's addition of two new (and common) placement change reasons as disruptions: *Provider Requested Change of Placement*, which accounted for 162 disruptions among 92 unique children in FY 2022, and *Child Requested Change of Placement*, which accounted for 91 disruptions among 60 unique children in FY 2022.

According to the CFSR Data Profile, the District has achieved statistically worse performance related to placement stability than national performance over the past several years. During 2022, children experienced approximately 7.53 moves for every 1,000 days in foster care, compared to the national performance of 4.48 moves for every 1,000 days. As noted below, in *Systemic Factor 3: Quality Assurance*, CFSA has been revisiting its approach to categorizing and assessing placement performance. Whereas the CFSR Data Profile counts all placement changes as an indicator of placement stability, CFSA is working to establish measures that are specific to placement disruptions, and do not include positive moves to, for example, a less restrictive environment or to the home of a newly identified pre-adoptive or kinship caregiver.

CFSA's Four Pillars Performance Framework measures placement stability for children in foster care by determining the number of placements for children who have been in care for specific periods of time (broken into three-month increments from 0 to 18 months). Although there was no placement target for FY 2022, CFSA will use Rational Target Setting (RTS) to set performance targets in the future. In this

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<sup>19</sup> Source: FACES.NET management report PLC 259.

<sup>20</sup> Source: FACES.NET special query. Placement disruptions are a subset of placement changes. Disruptions involve situations where a provider is unwilling or unable to care for a child, the provider cannot meet the child's behavioral or medical needs, or the child was moved from the placement as a result of the provider's contract ending. In response to placement disruptions, CFSA determines a child's individual service and re-placement needs after completion of comprehensive assessments and follow-up action plans within 30 days.



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

On the first day of FY 2022, the Agency was serving a total of 616 children out of the home. By the end of FY 2022, 58 percent (n=355) had three or more placements, 18 percent (n=112) had two placements, and 24 percent (n=149) had one placement.

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 the children were in one placement, while 29 percent (n=51) and 25 percent (n=44) of the children were in two placements or three or more placements, respectively.

### ***Stakeholder feedback – CFSA Response***

CFSA's *Annual Needs Assessment* surveys in 2019 and 2020 have indicated that CFSA and its partner agencies must continue to improve promotion of placement stability and timely permanency. Other identified challenges suggest the need for a more diverse placement array and consistent services that support stability. Respondents also suggested that the quality of fostering may be improved by requiring and ensuring that resource parents are well educated in trauma-informed care and proper management of children with complex needs.

During Public Town Halls and Listening Sessions in 2020, resource parents shared the observation that during times of crisis, such as when an older youth's behavior is escalated, they are often merely instructed to call the police, whereas direct CFSA intervention would have been more appropriate.

OPPPS held a debriefing session during fall 2020 to discuss the next steps that CFSA's Office of Out-of-Home Support would take to respond to the overarching concerns of stakeholders. To promote a diverse placement array that can meet individual needs, CFSA's Office of Out-of-Home Support is working to ensure there are sufficient homes and providers, possibly including a specific cohort of providers who have experience with children with special needs, children or youth who self-identify as LGBTQIA+,<sup>21</sup> older youth, and large sibling groups. Efforts to identify, secure, and support a sufficient and diverse placement array are detailed and updated in the Diligent Foster Parent Recruitment Plan, submitted with this report. The following additional recommendations focus on positively impacting permanency:

- Establishing a resource database and a list of services that the Agency offers in one central location
- Increasing emphasis on including all team members in case planning, and training social workers to promote more respectful, culturally competent, and unbiased engagement of birth parents.

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<sup>21</sup> Gay, Lesbian, Bisexual, Transgender, Queer, Intersex, and Asexual.

- As observed through other information-gathering activities, there remains a need for a more deliberate placement matching process to prevent disruptions. The Office of Out-of-Home Support continues to work with OPPPS to identify disruption themes in order to improve practice. This issue is also addressed through recruitment efforts described above.
- More coordination is needed between the licensing team and the ongoing social worker team. Duplicative processes and a lack of reciprocal information flow have been observed. CFSA leadership has been exploring tools and protocols to address this issue.

### ***FY 2024 APSR Update***

For the *FY 2022 Annual Needs Assessment*, CFSA surveyed 64 resource parents to learn about their experiences with placement stability support. The survey showed that unplanned or emergency placements commonly include complications that impact the placement’s appropriateness, including the extent to which placement matches reflect resource parent’s expressed preferences and the extent to which resource parents are provided enough information about the child to determine whether they can meet that child’s needs. Resource parents, in general, believe the Agency’s placement team specialists are accessible and supportive, and that their peer networks help them resolve the issues they raise.

Survey responses and a detailed overview of the strategies and supports CFSA implements or pursues to address them can be found in *Section C3. Update to the Plan for Enacting the State’s Vision, and in the [FY 2022 Annual Needs Assessment](#)*.

## **Item 5: Permanency Goal for Child**

### ***Standard***

The Agency must establish appropriate permanency goals for all children in a timely manner. For children who recently entered care, CFSA expects the first permanency goal to be established within 60 days from the date of the child’s separation from the home. For children whose goal was changed from reunification to adoption, CFSA considers the federal termination of parental rights (TPR) standard which requires a TPR petition be filed once a child has been in foster care for 15 of the previous 22 months.

### ***Policy and Practice***

Per [DC statute](#), the District’s Family Court establishes permanency goals for children in foster care at the disposition hearing, which is to be held within 105 days of a child’s separation from the home and entry into care. In the interim, it is not uncommon for Agency staff to operate from a presumption of reunification; however, no goal is formally established until the disposition hearing.

CFSA’s practices around establishment and review of permanency goals are built upon deliberate and regular case planning in partnership with birth parents, kin, family supports, resource parents,

supervisors, clinical specialists, and legal practitioners in the Office of the Attorney general. More details can be found in the CFSA policy [Permanency Practice](#) and the business processes outlined in [Case Planning](#), [Permanency Goal Change](#), and [Adoption](#).

### **Data**

For the PIP Baseline Year performance, practice ratings for 36 of 51 applicable cases reviewed between March 2018 and February 2019 for Item 5: Permanency Goal for Child, practice ratings for 22 of the 51 applicable cases were again a strength (43.1 percent).

### **FY 2024 APSR Update**

The Round 4 OSRI sample reviews indicated that 8 of the 13 finalized cases were applicable for Item 5. Of this number, five were rated as a Strength and three were rated as an ANI.

The disposition hearing essentially serves as the date of formal goal establishment and represents a suitable milestone for measuring timeliness. According to the [Family Court 2022 Annual Report to Congress](#), 68 percent of cases filed in 2022, where the child was separated from the home, held disposition hearings within the 105-day timeline. This number may increase as pending cases filed late in 2022 will still have their disposition hearings. In 2022, the median time to reach disposition was 77 days. *TPR updates are provided below, under Item 23.*

## **Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement**

### **Standard**

The Agency must make concerted efforts to achieve reunification, guardianship, adoption, or another planned permanent living arrangement. Federal guidance recommends states to consider a timeframe of 12 months to achieve reunification, 18 months to achieve guardianship, and 24 months to achieve guardianship. However, the same guidance permits states to illustrate circumstances that may justify any delays.

### **Policy and Practice**

Permanency is a priority and responsibility of CFSA, and all of its staff and partners, whether by engaging kin as the first option for out-of-home care, or by ensuring that time in out-of-home care is short, or by securing alternative, lifelong resources if reunification cannot be achieved. As noted in CFSA's policy [Permanency Practice](#), the Agency strives to achieve and maintain permanency for all children served, as quickly as possible, and consistent with federal guidelines. These efforts involve supporting a child and family at home, or if the child is separated from the home, supporting the child through reunification with the caregiver from whom they were separated. If efforts to reunify have been exhausted, CFSA supports adoption or guardianship (preferably with a relative).

The District’s formal requirements for establishing and reviewing permanency goals are set forth in DC Code [§ 16–2323. Review of dispositional orders](#) and the [Superior Court Rules for Neglect and Abuse Proceedings](#). A permanency hearing must be held within 12 months after a child’s entry into foster care, and no less frequently than every six months thereafter. Among other items, hearings include discussion of the permanency goal, review of Agency efforts to help the family achieve the goal, and justification for maintaining or changing the goal.

Among other initiatives developed during the FY 2020-to-FY 2024 CFSP period, CFSA established Permanency Goal Review Meetings (PGRM) and launched the Permanency Tracker data system to discuss, track, evaluate, and enhance the numerous milestones along a child’s journey toward a safe and permanent return to the home. Both initiatives are described in *Section C3. Update to the Plan for Enacting the State’s Vision*.

### **Data**

CFSA’s continuing emphasis on prevention and family preservation has led to a substantial reduction in the foster care population. As a result, families with children who pass through the “Front Door” to foster care must have displayed elevated risk factors related to a child’s safety and well-being, as well as heightened service needs in such areas as substance use, behavioral health, domestic violence, and effective parenting. For those who do enter foster care, CFSA continues to focus on returning children home to their parents (when appropriate) or achieving a permanent home through adoption, guardianship, or legal custody (preferably each with a family member).

For the PIP Baseline Year performance (applicable cases reviewed between March 2018 and February 2019), OSRI Strength ratings were found for 13 of the 51 applicable cases (25.5 percent). Permanency data profile performance as of February 2021 reported 28 percent of cases achieving permanency within 12 months. Performance as of February 2022 reported 29.7 percent of cases achieving permanency within 12 months.

### ***FY 2024 APSR Update***

The Round 4 OSRI sample reviews indicated that 8 of the 13 finalized cases were applicable for Item 6. Of this number, three were rated as a Strength and five were rated as an ANI. Reasons for ANI ratings included instances where the Agency could have made more concerted efforts to submit an ICPC application in a timely fashion, finalize an adoption after the goal changed had been approved, assist a birth mother in overcoming barriers to negative drug tests, and pursue a goal change for a child whose father demonstrated no potential for reunification.

According to the [Family Court 2022 Annual Report to Congress](#), 92 percent or more of foster cases between 2018 and 2021 had a permanency hearing within the required timeline.

The Child Trends [State Level Data report](#) evaluated length of time in foster care by exit reason for all children who exited care in FY 2021. The District’s averages are compared to the national averages below:

Exit reason	District of Columbia	United States
Reunification	15.9 months	13.4 months
Adoption	33.6 months	34.2 months
Guardianship	33.0 months	22.9 months

For the FY 2022 Mayor’s Performance Plan, CFSA reported that it nearly met its target of 85 percent of youth exiting to positive permanency with a safe, well-supported family environment or lifelong connection, as 78.9 percent of youth achieved this outcome.

CFSA’s Four Pillars Performance Framework aligns with the Children’s Bureau’s Child and Family Services Review data profile to measure the percentage of children who achieve timely permanency within three cohorts:

- Cohort 1: Permanency for Children Entering Care during a 12-month period  
Of the 229 children who entered foster care in FY 2021 and remained in foster care for 8 days or more, 20 percent (n=45) of the children exited to positive permanency by September 30, 2022. This performance is slightly lower than the previous year’s performance of 21 percent.
- Cohort 2: Permanency for Children in Care more than 12 and less than 23 months  
For the 110 children who had been in care more than 12 months and less than 23 months on September 30, 2021, 51 percent (n=56) had achieved permanency by September 30, 2022. This performance is an increase from the previous year’s performance of 48 percent.
- Cohort 3: Permanency for Children in Care for 24 months or longer  
For the 178 children who had been in care 24 or more months on September 30, 2021, 36 percent (n=65) of the children achieved permanency by September 30, 2022. This performance represents a slight decline from the previous year’s performance of 44 percent.

The CFSR Data Profile indicates that the District is not performing as well as the rest of the nation with regard to the proportion of children achieving permanency within 12 months of entry into care. From the second half of 2020 through the first half of 2021, the District saw approximately 25.1 percent of children exit within 12 months of entry compared to the national performance of 35.2 percent. For the most part, the District has remained statistically similar to the rest of the nation for children that have been in care for 12 to 23 months (approximately 50.8 percent) and for children in care for 24 or more months (approximately 38.0 percent).

As noted earlier, CFSA’s emphasis on prevention and family preservation has led to a substantial reduction in the population of children being served out of the home. As a result, families with children who pass through the “Front Door” to foster care are, compared to prior years, displaying elevated risk factors related to a child’s safety and well-being, as well as heightened service needs in areas such as substance use, behavioral health, domestic violence, and effective parenting. Despite this natural byproduct of a higher barrier for foster care entry, the Agency has managed, over the past decade, to reduce children’s time in out-of-home placements. When comparing length of time in foster care between the 1,552 children who were in out-of-home placements as of the end of FY 2012 with the 537 children who were in out-of-home placements as of the end of FY 2022, the average length of time in care decreased by 35 percent (46 months to 30 months) and the mean length of time decreased by 33 percent (30 months to 20 months).<sup>22</sup>

### ***Stakeholder Feedback – CFSA Response***

In October 2019, the Court Improvement Program (CIP) convened practitioners to participate in the Urgency to Permanency Forum, which focused on the top barriers to permanency, the role of the parent’s attorney, and the presenting challenges around timely disposition of TPRs. Forum participants identified barriers related to the quality and availability of services, parental involvement, social work turnover, and judge turnover, as well as procedural delays related to scheduling conflicts, competing petitions, subsidy negotiations, the issuance of findings, and the timeline for ruling on appeals.

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

- Have stronger post-reunification services through the Collaboratives to assist with reintegrating such services in the community. Collaboratives to report plans in FACES.NET to share information.
- Develop a tracking report that looks at the timeliness of filing to identify and address barriers.
- Enhance the review of the adoption report to ensure legal requirements are met.
- Have TPR and Ta.L. hearings heard together at the permanency hearing.<sup>23</sup>
- Have more judges to address scheduling issues.
- Consider using the voucher program to cap how many cases CCAN attorneys are annually assigned.
- Recruit more attorneys who are willing to take adoption cases.
- Have the Family Court order conduct earlier mediations.
- Support better communication with the Family Court.
- Improve case plan format.
- Improve assessments to ensure referral to appropriate services.

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<sup>22</sup> FACES Management Report CMT 366, pull dates 10/15/2012 and 10/15/2022.

<sup>23</sup> In a December 2016 case (“In re Ta.L.”), the DC Court of Appeals held that parents have the right to an evidentiary hearing before the Family Court changes the goal of a case away from reunification.



Following up on the forum, in September 2020, four Family Court judges organized each convened virtual focus group with a cross-section of attendees from the District’s Counsel for Child Abuse and Neglect (CCAN), a guardian *ad litem* (GAL) panel, attorneys from the Children’s Law Center (CLC), and CFSA. Centered on parent engagement, respondents discussed the level of parental engagement they expected from CFSA to have had by the time an attorney is assigned. Additional discussion included the importance of parental engagement to successful reunification, and what parent engagement should ideally look like.

Since the forum and focus groups, CFSA has worked with attorneys, the Family Court, and community partners to implement the following strategies:

- *Permanency Mediation Program* – To reduce delays in reaching permanency, any participant in a neglect case may refer the case for permanency mediation prior to the first permanency hearing or at any time CFSA recommends a goal change from reunification to adoption.
- *Parent Engagement* –CFSA refers all families to the Collaboratives for supportive services during the family’s reunification process, either while the family is approaching or during the family’s status under protective supervision. To promote successful parent engagement during this transition, the Agency ensures a warm hand-off between the CFSA permanency social worker and the assigned Collaborative social worker, increasing the potential for sustainable reunification outcomes.
- *Adoption Reports* – CFSA’s adoption report template was reviewed and met legal sufficiency in FY 2022. At least every six months, the social worker submits an adoption report to the Family Court. The reports outline the child’s adjustment and the status of the adoption process.
- *Attorney Vouchers* – CCAN maintains an extensive list of attorneys who are willing to accept payment through the CFSA voucher program when representing parents during the adoption process. In FY 2021, the Agency expanded the voucher program to also include payment for attorneys representing parents in guardianship matters.

In March 2022, leadership from CFSA and the Office of the Attorney General (OAG), along with subject matter consultants from Casey Family Programs, all met with DC Family Court judges to present an analysis of factors contributing to the timeliness of permanency achievement. The analysis emphasized the pace of court-specific action steps, such as when the court holds required evidentiary hearings and trials and when CFSA files adoption petitions or guardianship motions. Data gathered by CFSA through its Permanency Tracker system demonstrated, for example, that in order to achieve the federal permanency guideline of adoption by 24 months from the removal of a child, the following activities must be completed:

- A Ta.L evidentiary hearing must be held within two months of a goal change recommendation. However, across courtrooms this hearing is taking five months on average.

- An adoption petition must be filed within two months from the establishment of the goal. Across courtrooms, filings are taking 10 months on average.
- An adoption trial must be held within five months of a petition filing. Across courtrooms, trials were six months on average.

Using the above information, CFSA, OAG, and Casey Family Programs developed three objectives to address timeliness impacting permanency outcomes: 1) to increase awareness among judges and court personnel of where and how permanency is delayed by the timing of court processes; 2) to encourage individual judges to consider their own courtroom practice adjustments to support a more expedited permanency process (note: CFSA is planning follow-up meetings with the judges to explore such adjustments and potential options); and 3) to support repositioning the work of CIP toward development and analysis of available “court-side” data that can inform decision-making for specific areas for court improvement.

Additionally, the Agency shares data with the Family Court, obtained from CFSA’s comprehensive Permanency Tracker platform, which is described later in this report. Among the 74 items that Permanency Tracker developers identified as milestones in case progression toward positive permanency, several are also related to court and legal activities:

- CFSA has used subsidy timing data to identify whether delays occurred within the referral process, the negotiation process, or the completion of the subsidy. Staff then adjusted communications and duty structures to address the trouble spots.
- The Agency is actively working with the Family Court and other external parties on effective responses to timeliness issues identified in the scheduling of trials and hearings, the filing of petitions and motions, the issuance of findings, and finalization of adoptions and guardianships.

### ***FY 2024 APSR Update***

As part of the Agency’s preparation for transitioning to the new child welfare information system, STAAND (detailed earlier), CFSA followed the Lean methodology (described in the previous section) to review tools to support children in reaching the goal of permanency. Through conversations with stakeholders, which included CFSA frontline staff and people with lived experience, CFSA determined that the case plan could be a more family-friendly document. A workgroup identified the concept of a “family roadmap” to make case planning simpler and more concise. The new roadmap will also serve to streamline multiple different “family plans” (e.g., CPS intervention plan, case plan, FTM plan) into one single plan. As part of that design effort, the team developing the roadmap consulted with stakeholders from across the Agency, along with CFSA’s PEER team and with birth parents.

Permanency Lean sessions also focused on expediting and streamlining processes by allowing for autofill of frequently used forms, such as adoption and guardianship reports, and establishing electronic notifications to participants across events to ensure enhanced timeliness and higher quality data for CFSA teams.

To further promote practice improvements and timeliness for various court-related functions, STAAND will include full mechanization of all court reports. A CFSA-OAG working group is currently developing new report templates as part of a substantially expanded integration between the CFSA and DC Superior Court data systems.

Also in FY 2022, a CFSA workgroup developed a way to significantly simplify the adoption and guardianship subsidy referral processes to expedite completion and reduce their impact on permanency timelines. In January 2022, the median time from adoption petition to subsidy referral completion was 83 days, against a practice objective of 30 days; by March 2023, the median time was 28 days.

**Permanency Outcome 2- The continuity of family relationships and connections is preserved for children.**

## **Item 7: Placement With Siblings**

### ***Standard***

The Agency must place siblings in foster care together unless a separation is necessary to meet the needs of one of the siblings.

### ***Policy and Practice***

As noted earlier, CFSA's [Placement and Matching policy](#) emphasizes the importance of placing siblings together, whenever safe and appropriate. CFSA routinely assesses and tracks the placement of siblings to determine trends and to make improvements in this area wherever needed; however, DC regulations limit the licensing capacity for some foster homes because of space. For example, Chapter 60 of DC Regulations indicate that the total number of birth children and foster children in a household cannot exceed six children; CFSA cannot place more than three foster children in one home.

### ***FY 2024 APSR Update***

While completing the [2022 Annual Needs Assessment](#), CFSA further uncovered challenges that the District's housing landscape poses to placing siblings together. According to [2020 United States Census Bureau Data](#), only 13 percent of homes in the District and only 7 percent of homes in Wards 7 and 8 had four or more bedrooms compared to the national average of 23 percent. In 2019, a [DC Housing Survey Report](#) found that over one third of low-income, large households in the District face a bedroom shortage. The survey also found that Black residents are over three times more likely than White residents to have last moved due to an inability to pay a bank or landlord; 20 percent of Black residents in Wards 7 and Ward 8 believe they will need to move within three years due to an inability to pay housing costs. Based on race and Ward of origin of the majority of children in the District's foster care

system, these conditions impact the pool of kinship providers, as well as traditional foster parents who can provide placements for sibling groups close to their birth family, community, and school.

**Data**

CFSA’s Four Pillars Framework currently reviews the percentage of children who enter foster care with – or within 30 days of – their siblings.

**FY 2024 APSR Update**

All three of the applicable Round 4 OSRI sample cases showed a Strength rating for Item 7.

Over FY 2022, the monthly total ranged from 73 to 78 percent of applicable children being placed with siblings. Additional placement data has been broken down by the size of sibling groups, below:

**Sibling Group Data as of December 31, 2022**

# of Siblings	Total Children	Children Placed with 1+ Siblings	Children Not Placed with Siblings	% Children Placed with Siblings
2	108	66	42	65
3	67	47	20	70
4	56	44	12	79
5	15	12	3	80
Total	246	169	77	69%

Source: Faces Management Report PLC003, run date January 15, 2023

**Item 8: Visiting With Parents and Siblings in Foster Care**

**Standard**

The Agency must ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members.

**Policy and Practice**

CFSA’s [Visitation Policy](#) demonstrates the Agency’s awareness of the importance of frequent, quality visitation between children in out-of-home care and their families. Social workers are instructed to ensure that visits with parents occur within the first week of a child’s separation from the home and that siblings, who may initially be placed apart, have contact with each other within 48 hours of placement. Children with a goal of reunification visit with their parents at least once a week unless it is deemed clinically inappropriate. Siblings in separate placements have at least twice monthly visitation, but the social worker should look for additional ways to promote regular contact. Additionally, social workers are instructed to develop visitation plans with families and caregivers, make reasonable efforts to engage parents, and consider the child’s preferences. While the COVID public health

emergency impacted visitation protocols and resulted in the option of virtual visitation, CFSA believes that regular in-person visits remain necessary for effective case planning and family engagement. To further promote regular quality visitation in the family home or community, the PEER and Family Support Worker units assign staff to provide support and supervision.

**Data**

For parent and child visits, the benchmark is 80 percent compliance with the required visitation timelines. As of FY 2020 Q1, 75 percent of parents and children were meeting their visitation requirements. As of the end of FY 2020, 76 percent of parents and children were meeting their visitation requirements.

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21-Q1
Increase parent/child visits	80%	75%	83%	76%	75%

Source: Four Pillars Scorecard, FY 2021 Q1

CFSA’s current sibling visitation benchmark requires that 80 percent of children have monthly visits with their separated siblings, and 75 percent of children have twice-monthly visits. CFSA’s current parent-child visitation benchmark, which is limited to reunification cases, requires four monthly visits in 80 percent of cases.

**FY 2022 APSR Update**

The Agency received a Strength rating in two of the three applicable cases for Item 8 during the Round 4 OSRI sample reviews.

Between January and September of 2022, the rate of children placed apart from their siblings having monthly visits with siblings ranged from 70 percent to 87 percent, and the twice-monthly rate ranged from 68 percent to 81 percent.<sup>24</sup> In FY 2023 Q1-Q2, the rate of monthly sibling visits ranged from 79 percent to 88 percent, and twice-monthly visits ranged from 70 percent to 88 percent.

Against a benchmark of four monthly parent-child visits in 80 percent of reunification cases, Agency performance ranged from 42 percent to 61 percent over the months from January to September 2022. In FY 2023 Q1-Q2, visitation ranged from 42 percent to 52 percent. The Agency recognizes that the visitation measures have not been achieved and continues to conduct targeted analysis in this area.

Until January 2022, CFSA used the Missed Visit Efforts audit to identify barriers in cases where required parent-child visitation did not occur. During September 2022, analysts from 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

<sup>24</sup> Source: FACES.net management report CMT 219.

collection of this data in October 2022. In a May 2023 presentation to the Agency, analysts discussed the most commonly reported barriers across cases involving 236 children with a goal of reunification. Engagement challenges were observed in 30 percent of cases. In 10 percent of the cases, social worker performance, inability to locate the parent, and youth refusal were reported.

The Agency currently requires at least one monthly parent-child visit in order to provide greater flexibility for clinical assessment and judgment 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.

## Item 9: Preserving Connections

### ***Standard***

The Agency must make concerted efforts to maintain the child's connections to his or her neighborhood, community, faith, extended family, kin, Tribe, school, and friends.

### ***Policy and Practice***

CFSA's [Placement and Matching Policy](#) establishes the Agency's position that ties to the child's home and proximity to school and community shall be maintained whenever possible. This position is reinforced through clinical practice, an [Education Policy](#) that prioritizes maintaining children in their school of origin, and transportation supports that help ensure children can remain connected to their community. In practice, the family teaming and case management processes include regular opportunities to ask children, birth parents, and relatives about community connections.

### ***FY 2024 APSR Update***

As of this report, CFSA is finalizing the Administrative Issuance (AI): *Best Interest Determination Process for School Placement*. The AI requires the Agency to seek the input of the Local Education Agency (LEA), the child's education decision-maker, the child (if age-appropriate), and other stakeholders when determining whether it is in the child's best interest to remain in their school of last enrollment after entering foster care or changing placements. The AI also directs staff to utilize the Best Interest Determination (BID) Guide for School Placement form to document the decision-making process and final decision. The form includes such factors as personal safety, continuity of instruction, impact on academic performance, capacity to meet instructional needs, social and emotional well-being, sibling school placement, and time remaining in the academic year.



## **Data**

CFSA does not currently pursue a benchmark related to the preservation of connections. However, pursuant to the Agency's concerted efforts to keep children in their school of origin when placed out of the home, CFSA does track the overall number of school changes during a given school year.

During the pandemic, the total number of school changes increased. In school year (SY) 2019-20 and 2020-21, only 10 percent of all youth in care experienced a school change, whereas in SY 2021-22 that number rose to 17 percent. The increase can be attributed to the difficulties many students expressed with returning to in-person learning and re-engaging with school after the pandemic. Many elected to change schools during SY 2021-22 to get a fresh start.

## **FY 2024 APSR Update**

The Round 4 OSRI sample reviews indicated that 8 of the 13 finalized cases were applicable for Item 9. Of this number, five were rated as a Strength and three were rated as an ANI.

Of the 369 children in out-of-home placements who were enrolled in a K-12th school or a school-based pre-K (preschool) program at the end of SY 2021-22, 17 percent (n=61) experienced a change of school during the academic year. Of the 61 youth who changed schools, 21 percent (n=13) changed to a school in closer proximity to a new foster care placement. The other 48 changed schools due to residential placement or detention, service needs, or by choice of a child or guardian.

Of the 366 children in foster care who are currently enrolled in a K-12th school or a school-based pre-K (preschool) program to date in SY 2022-23, a total of 6 percent (n=21) have experienced a change of school since the start of the new academic year. Of the 26 youth who changed schools, 19 percent (n=4) changed schools to a school in closer proximity to a new foster care placement. The other 17 youth changed schools due to residential placement or detention, service needs, or by choice of a child or guardian.

## **Item 10: Relative Placement**

### **Standard**

The Agency must make concerted efforts to place the child with relatives when appropriate.

### **Policy and Practice**

CFSA's [Placement and Matching](#) and [Diligent Search](#) policies demonstrate the Agency's imperative that kin caregivers are the first choice for placement. Upon a child's separation from the home, the Agency's Diligent Search, Family Team Meeting, and Licensing units promptly work to ensure kin caregivers are identified, engaged, vetted, and licensed. To assure the same level of protection for all children who are placed in out-of-home care, kin caregivers are subject to licensure requirements in

accordance with the same laws and regulations established for and applicable to non-kin foster homes. To facilitate its goals of expediting placement of children with kin in exigent situations, CFSA's policy [Temporary Licensing of Foster Homes for Kin](#) establishes a process for temporary licensure of foster homes for kin residing within the District of Columbia and Maryland.

The Kinship Outreach and Support Unit continues to implement and support program enhancement activities directed at improving community and caregiver capacity to keep children safe and well in the homes of their relatives.

- CFSA administers a dedicated toll-free Kinship Caregiver Warmline. Staffed by the Kinship Navigator of the Kinship Outreach and Support Unit during business hours, the line provides an opportunity for real-time facilitation or mediation of conflicts or issues that are occurring in the kinship caregiver's home. The Warmline further serves as a mechanism for promptly linking kinship caregivers to nearby community-based resources. For messages left after-hours, the Kinship Unit responds by the next business day.
- Currently accessed by CFSA's Kinship specialists, the Online Resource Directory includes tools and resources that address the particular needs of kinship caregivers. Using the directory, specialists can search for services and resources by location and service type before forwarding the information to clients via text messaging or email.
- The Kinship Program Advisory Committee (KinPac) has been conducting quarterly virtual meetings since October 2019. Facilitated by the Kinship Outreach and Support supervisor, meeting participants commonly include kinship caregivers, resource parent advocates, attorneys, Kinship Unit staff, Community Resources Administration staff, and, at times, various other community-based organizations, District government agencies, and CFSA personnel. Committee meetings provide an opportunity to facilitate presentations and exchange feedback on relevant topics. Recent examples include Grandparent and Close Relative Caregiver legislation, parenting skills instruction, educational enrichment, enhancement of the Kinship Navigator platform, family enrichment events, and support group activities.
- Support Groups for Kinship Caregivers began convening in March of 2022. The bi-monthly events occur both virtually and in-person. Topics address the unique circumstances often faced by kinship caregivers, including children's medication management, assisting children who have difficulty being separated from their parents, recognizing grief and loss, comprehending past child welfare experiences, realizing when there is a need for counseling and therapy for children, and various other challenging and isolating situations.

### ***FY 2024 APR Update***

In FY 2022, CFSA's Program Outcomes Unit conducted a kinship analysis to identify trends and needs related to separations and placements. The analysis found that 38 percent of FY 2022 separations occurred after business hours. In response, CFSA introduced the Innovative Family Support (IFS) Unit. The IFS is working to increase kin placements for after-hours separations, support staff retention by performing tasks that must occur during evenings and weekends, support intentional family visitation

outside business hours, and partner with CPS during investigations to assist with widening the family circle and safety planning. Twelve positions were repurposed to create the units.

On December 8, 2022, CFSA launched the [Kinship Navigator](#) website which allows participants to have access to supports and services and the ability to apply online for the Grandparent Caregivers and Close Relative Caregiver subsidy programs. As of March 25, 2023, the website has had approximately 1,200 unique visitors and 4,000 page views. A mobile application is now also available to reinforce the purpose of the website and encourage engagement by kinship users.

Recent additional efforts to promote kinship placement include an FY 2021 collaboration with CFSA’s Child Welfare Training Academy (CWTA) to develop and provide continuing education units for case-carrying CFSA and CFSA-contracted social worker training on kinship resources. The training provides CFSA-contracted licensing staff with technical assistance for screening and assessing potential kinship resources and completing kinship licensing packets. As well, training provides Entry Services staff with the skills to complete phone assessment screenings that help identify viable kin prior to or immediately upon a child’s separation from the home.

**Data**

CFSA previously measured kinship placement performance against a 35 percent overall benchmark.

Measure of Progress	Benchmark	FY20-Q1	FY19	FY20	FY21-Q1
Increase placement with kin	35%	28%	28%	29%	26%

Source: Four Pillars Scorecard, FY2021 Q1

Although CFSA does not currently have a performance target for kinship placement, the Agency examines performance by considering the percentage of children that enter kinship placements within 30 days of entry into care. The Agency also tracks overall kinship placement rates and average timeframes.

**FY 2024 APSR Update**

The Round 4 OSRI sample reviews indicated a Strength rating for Item 10 in 7 of the 8 applicable cases.

Of the 201 total FY 2022 foster care entries (200 unique youth), 183 remained in care for at least eight days. Of these 183 children, CFSA placed 28 percent (n=51) with kin within 30 days of entering care. This represented a 2 percentage-point increase from the prior year. CFSA placed an additional 20 children with kin between 36 and 200 days of entry or re-entry into care with an average of 105 days to placement. Due to smaller sample sizes during FY 2023 Q1-Q2, the percentage of children placed with kin has varied substantially, each month, ranging from 11 percent (n=2/19) to 30 percent (n=3/10).

The Agency’s prioritization of kin placements is supported by data that shows greater stability of kinship placements compared to traditional foster care. Of the 51 children placed with kin within 30 days of foster care entry, only 6 percent (n=4) had placement moves, which occurred after an average of 60 days with the kin provider.

The [Child Trends report](#) (cited earlier) found in 2021 that 20 percent of children were placed with relatives compared to the national average of 32 percent. Although kinship placements in the District remain lower than national averages and have slightly declined relative to other placement types over the past several years, exits from kinship placements to permanency continue to have a statistical impact on the kinship population. At the end of FY 2022, the 131 children living in kinship homes accounted for 24 percent of the overall foster care population. Yet, over the course of FY 2022, children in kinship care accounted for 27 percent (n=75) of all exits. Moreover, exits from kinship placements continue to be overwhelmingly positive. All FY 2022 exits from kinship placements were either to reunification, guardianship, or adoption.<sup>25</sup>

Additionally, the limitations imposed by the District’s housing landscape, as described above with regard to sibling placement, can also be expected to impact kinship placement rates.

### ***Stakeholder feedback – CFSA Response***

#### ***FY 2024 APSR Update***

As noted earlier in this section, the [Office of the Ombudsman Annual Status Report of 2022](#) included recommendations from CFSA’s internal ombudsman regarding support of kin caregivers through benefits-application processes. The Agency’s online Kinship Navigator portal is emerging as a comprehensive and accessible tool to provide such support.

## **Item 11: Relationship of Child in Care With Parents**

### ***Standard***

Concerted efforts are required to promote, support, and maintain a child’s positive relationships through activities other than just arranging for visitation between the child in foster care and his or her mother and father or other primary caregivers.

### ***Policy and Practice***

CFSA emphasizes the importance of maintaining positive relationships between children and their parents in a variety of ways. The policy [Educational Services](#) directs social workers to involve parents in their children’s education as much as possible. CWTA, for example, offers the in-service training, *Maintaining Family Connectedness*, to help child welfare professionals to understand how they can

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<sup>25</sup> FACES.NET report CMT 367, pulled October 15, 2022. The count includes one youth with the exit reason, “Live with other relatives (non CFSA custody).”

strengthen family ties throughout the life of a case. Additionally, CFSA encourages and supports resource parents to help maintain and nurture parent-child bonds through multiple strategies offered in the [Resource Parent Handbook](#). Shared Parenting is an example. This team approach promotes ongoing, active, supportive relationships between birth and resource families. It is an evidence-based model that emphasizes listening, learning, sharing information, collaborating, and making joint decisions. Most importantly, the shared parenting model decreases loss and trauma for a child, increases placement stability and helps expedite permanency.

### **Data**

Aside from benchmarks around parent-child visitation as described above, and the OSRI review, updated below, CFSA does not currently pursue a benchmark that is related to parent-child relationships.

### **FY 2024 APSR Update**

The Round 4 OSRI sample reviews indicated that only three cases were applicable for Item 11, of which two received Strength ratings.

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

### **Item 12: Needs and Services of Child, Parents, and Foster Parents**

#### **Standard**

The Agency must make efforts to assess, identify service needs, and provide services to address issues related to the family's involvement in an out-of-home case.

#### **Policy and Practice**

By [District law](#), the Agency's responsibility to assess and render appropriate services to families is a fundamental component of the reasonable efforts that must be demonstrated in all out-of-home cases. To this end, social workers, nurse care managers, and other clinical specialists are trained and supported to administer formal caregiver assessments and to make informal assessments during visits to the family. Based on the needs presented, social workers may provide supportive counsel, or they may recommend or refer families for Agency-based or community-based services in areas such as substance use support, mental health, domestic violence, public benefits, legal advocacy, parenting classes, anger management classes. *More information can be found later in this section under Systemic Factor 5: Service Array and Resource Development.*

#### **Data**

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

QSRs currently review practice performance regarding assessments and supports. Acceptable ratings are given when a team demonstrates an ability to plan interventions that may ensure appropriate implementation of supports and services, ultimately to achieve positive incomes.

**FY 2024 APSR Update**

The Round 4 OSRI sample reviews indicated that, overall, Item 12 was a Strength in 46 percent (n=6/13) of cases and an ANI in 54 percent (n=7/13) of cases. Within this item, 92 percent (n=12/13) of cases included Strength ratings for assessment and services to children and 83 percent (n=5/6) of applicable cases included Strength ratings for resource parents. However, only 30 percent (n=3/10) of applicable cases received Strength ratings for parents.

Among the cases that received an ANI for Item 12B, reviewers found the following concerns: insufficient Agency effort in contacting a birth mother, an unexplained delay in initiating an appropriate father and child bonding program, limited attempts to contact an incarcerated father, a lack of ongoing assessment of two parents’ needs, and insufficient efforts to follow up on a reported instance of domestic violence.

In totality, Item 12A-C underscores the extent to which CFSR evaluative measures can lead to different overall findings than more holistic approaches, such as the QSR. For example, the OSRI rubric may compel an ANI for Item 12B if a reviewer finds efforts lacking with regard to an incarcerated father, regardless of the efforts to assess and serve the mother, even if the Agency is pursuing reunification with the mother. Additionally, an ANI rating may be required in cases where initial assessments are effectively administered but are not ongoing, regardless of clinical barriers. The same holds true where assessments are a strength but services are not. Although the OSRI tool permits and even encourages anecdotal evidence of strong clinical practice, aggregated ratings are often determined by the weakest component of multi-faceted case management activities.

In 2022 CFSA conducted QSRs of practice performance regarding assessments and supports in an overall sample of 128 cases. CFSA met or surpassed the 80 percent standard for each of these metrics.<sup>26</sup>

Participant	Assessments	Supports and Services
Mother	89% (n=80/90)	92% (n=79/86)
Father	80% (n=44/55)	92% (n=33/36)
Caregiver	96% (n=44/46)	93% (n=42/45)

<sup>26</sup> Assessment and services for children were also evaluated (94 percent and 91 percent respectively); however, the supports and services relevant to this item were not separated from the supports and services pertaining to Well-Being Outcomes regarding child education, physical and dental health, and behavioral health.

In the FY 2022 Mayor’s Performance Plan, CFSA reported that it met the 90 percent target of administering a developmental screening to children aged birth to 5 within 30 days of entry into care. CFSA reported 90.6 percent compliance. Additionally, the Agency met a 90 percent target for pre-placement substance abuse screenings for youth age 11 and older, with 98.4 percent compliance.

### ***Stakeholder feedback – CFSA Response***

**Birth Families** – CFSA staff surveys in 2020 indicated that the most common service area needs involved domestic violence, drug addiction, inadequate housing, financial problems, and public assistance. Surveys also highlighted the existence of barriers to service provision across the following areas: physical, cultural, language, skills and training, client resources, financial, psychological, geographical and programmatic resources. Behavioral health services tend to involve the most programmatic barriers. Respondents have indicated a need to improve service availability, coordination, and timeliness. Assessments on service effectiveness vary greatly based on the type of service and the individual client experience.

In order to close the feedback loop on needs, strengths, and areas in need of improvement related to safety, OPPPS held a debriefing session in 2020 to discuss the next steps taken by the Office of Well-Being (OWB) to respond to the concerns of stakeholders. Staff agreed that additional information in the Placement Passport Packet provided for resource parents would make them more prepared to foster.<sup>27</sup> OWB agreed to work with CWTA to identify gaps where OWB staff should be present to assist with the trainings. OWB will also work to identify vendors who can be more culturally competent, less rigid in approach (youth-focused) and flexible with schedules.

In May 2021, CFSA updated the Placement Passport Packet to include the universal health certificate and immunization record, both of which must be obtained within three business days of placement. The passport further includes a medical authorization form, the child’s Medicaid number, medical history record, and dental health record.

**Resource Parents** – Through an internal survey in early 2022, 45 resource parents revealed their understanding of and level of satisfaction with the various CFSA units, programs, and activities that impacted their experience and their ability to provide for the children in their care. In general, respondents in general indicated that CFSA’s recruitment team effectively supported them throughout the orientation, training, application, and licensing processes. While an assessment of CFSA’s placement specialists revealed that resource parents understood their function and found them to be relatively effective in identifying placements in an emergency, the survey provided further evidence that resource parents do not feel that children are always placed according to the resource parent’s

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<sup>27</sup> The Placement Passport Packet contains information specific to the child, such as copies of the child’s birth certificate, Medicaid card, court orders, medical history, etc. CFSA provides this packet of information to the child’s current resource provider. The packet also follows the child to any subsequent placements.



preferences. The surveys produced favorable findings regarding the Agency's resource parent support workers (RPSW), noting that RPSWs are generally accessible and supportive, but in some cases, they could be more knowledgeable of available supports, empowered to advocate for the resource parent's position (e.g., to the case management team), and accommodate the resource parent's schedule.

### **Item 13: Child and Family Involvement in Case Planning**

#### **Standard**

The Agency must make efforts to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

#### **Policy and Practice**

As noted in the Agency policy [Permanency Practice](#), permanency cannot be achieved without active, productive engagement of the children and families involved. Engagement is achieved through building relationships that are characterized by respect, empathy, cultural competence, and equity. CFSA's engagement expectations include providing the birth parent with information on how to navigate the child welfare system, the court process, and what to expect. In addition, social workers receive training to recognize the impact of trauma while still focusing on family strengths and including families' voices and choices in all decision making. Engagement further requires shared parenting, as appropriate, and clearly, repeatedly communicating the expected, actionable steps to permanency. This communication may occur through multiple means and in a manner that attempts to mitigate any barriers to a family's understanding. Lastly, CFSA's expectations for engagement include ensuring that staff have the training and supervisory support they need to authentically fulfill the expectations outlined above. Supervisory support also includes regular supervision and evidence of positive performance indicators.

#### **Data**

For PIP baseline year performance, CFSA reviewed 76 applicable cases between March 2018 and February 2019. For *Item 13: Child and Family Involvement in Case Planning*, 25.7 percent (n=18/70) received a Strength for the practice ratings.

CFSA's QSR also includes practice performance ratings related to a child, family, and caregiver's involvement in case planning.

#### **FY 2024 APSR Update**

The Round 4 OSRI sample reviews found Strength ratings in 58 percent (n=7/12) of applicable cases for Item 13. Three of the five cases that received an ANI rating were found to include a general lack of effort involving one or more birth parents in the case planning process. One review specifically noted reduced efforts to engage a mother after the child's goal changed to adoption. Another review found a lack of concerted efforts to engage an incarcerated father.

The following table includes acceptable practice performance ratings for the QSR indicator, *Voice and Choice*, for applicable parties within the 128 cases reviewed in 2022:

Participant	Acceptable Rating
Child	96% (n=77/80)
Mother	92% (n=66/72)
Father	88% (n=30/34)
Caregiver	91% (n=43/47)
Other	87% (n=20/23)

Additionally, the QSR findings below for the *Engagement* indicator are helpful for understanding levels of case planning involvement:

Participant	Acceptable Rating
Child	94% (n=91/97)
Mother	90% (n=84/93)
Father	85% (n=50/59)
Caregiver	93% (n=43/46)
Other	88% (n=28/32)

**Stakeholder feedback – CFSA Response**

In the *2020 Annual Needs Assessment*, child welfare professionals generally felt that CFSA and its partner agencies included youth, birth parents and resource parents in case planning. Still, there remained some barriers to participation, such as unwilling birth parents, inability to locate a birth parent, children unprepared to provide input, older youth unwilling to attend or provide input, and resource parents not being invited to a team meeting or court hearing.

**FY 2024 APSR Update**

In April 2023, CFSA launched the Fatherhood Engagement Steering Committee to further highlight effective practices with fathers, particularly by CFSA’s In-Home Administration. The committee is currently developing a workgroup of subject matter experts to reboot the Agency’s fatherhood engagement efforts through targeted pre-service and in-service workshops for staff, technical assistance from leaders in the field, the Dad Lab father engagement program, and focus groups with LEx fathers and fatherlike figures.<sup>28</sup> As part of its initial launch phase, the committee conducted focus

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<sup>28</sup> The Lived Expertise (LEx) Advisory Council is detailed in *Section C1: Collaboration and Vision* and the Dad Lab is detailed in *Section C3: Update to the Plan for Enacting the State’s Vision*.

groups with CFSA social workers to discuss the importance of father engagement, identify barriers to father engagement, and explore the needs that both fathers and case managers express and demonstrate. Common themes included respect and appreciation, flexibility, consistent and intentional engagement, father-specific services, and emotional and social support. These focus groups prompted the following call to action for all Agency staff, which the committee shared with the CFSA management team during an April 2023 presentation:

- Commit to engaging fathers at every stage.
- Remind staff of CFSA’s vision for Fatherhood Engagement.
- Encourage staff to attend Fatherhood Engagement trainings and workshops.
- Consistently state the improved Protective Factors for families with engaged fathers.

#### **Item 14: Caseworker Visits With Child**

##### ***Standard***

The frequency and quality of visits between caseworkers and children must be sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

##### ***Policy and Practice***

Upon the conclusion of the LaShawn lawsuit, CFSA modified its visitation policy to align with federal guidelines for social worker visits to children in foster care. The frequency of visits must reflect the circumstances and needs of each child; however, social workers must complete at least one visit per month. To ensure a safe and stable placement, at least 50 percent of visits must occur in the child’s residence. CFSA policy also includes directions to ensure quality visitation, including discussions with the caregiver, opportunities to visit with the child outside of the caregiver’s presence, and additional protocols that align with safety assessment objectives.

##### ***Data***

For PIP baseline year performance between March 2018 and February 2019, CFSA reviewed 76 applicable cases. For *Item 14: Caseworker visits with Child*, 59.2 percent (n=45/76) of the cases were rated as a Strength.

CFSA’s current performance benchmarks include at least monthly visits to children in 95 percent of cases, and at least 50 percent of monthly visits occurring in the child’s residence.

##### ***FY 2024 APSR Update***

The Round 4 OSRI sample reviews indicated Strength ratings for Item 14 in 84 percent (n=11/13) of cases.

Against the performance benchmark that children receive at least monthly visits in 95 percent of cases, Agency performance ranged from 92 percent to 96 percent from January to September of 2022. During FY 2023 Q1-A2, performance remained at or above the benchmark, reaching 98 percent in March 2023. Against the benchmark that at least 50 percent of monthly visits occur in the child’s residence, performance ranged from 86 percent to 92 percent from January to September 2022, and ranged from 79 percent to 84 percent during FY 2023 Q1-A2.<sup>29</sup> The most commonly reported barriers to visitation included social worker performance, children not being home during the visit, engagement challenges, and a youth’s refusal to receive a visit.

## **Item 15: Caseworker Visits With Parents**

### ***Standard***

The frequency and quality of visits between caseworkers and the mothers and fathers of the children must be sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

### ***Policy and Practice***

As with the Permanency Planning policy described above, CFSA’s [Visitation Policy](#) also emphasizes the need to engage parents and involve them in case planning. When a child’s goal is reunification, the Agency must visit with the parents at least twice per month for the first three months from the time child has been separated from the home, and at least once per month thereafter. At least one of the initial and ongoing monthly visits must be completed by the social worker with case management responsibility. During visits, social workers are directed to promote progress toward reunification by reviewing the case plan with the parent, assisting in obtaining needed resources, affirming progress, addressing concerns, and addressing any other child and family specific issues and needs.

### ***Data***

For PIP baseline year performance between March 2018 and February 2019, CFSA reviewed 76 applicable cases for *Item 15: Caseworker visits with Parents*. Of these reviews, 22.7 percent (n=15/66) of applicable cases rated as a Strength.

The Agency currently tracks the number of parents whose children have a goal of reunification and who have at least one visit with the social worker per month.

### ***FY 2024 APSR Update***

The Round 4 OSRI sample reviews indicated Strength ratings in 5 of the 10 applicable cases for Item 15. Of the foster care cases, sufficient frequency and quality was only found with respect to two of the

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<sup>29</sup> Source: FACES.net management report CMT 165.

three applicable mothers, and neither of two applicable fathers. Of the in-home cases, sufficient frequency and quality was found with respect to four of the five applicable mothers but not with respect to the one applicable father. Reasons for ANI ratings in several cases overlapped with Item 12B (assessment and service to parents) and Item 13 (family engagement in case planning). There were reduced efforts to visit a mother after the child’s goal changed to adoption and there was a lack of ongoing efforts to visit a father. There were also insufficient efforts to visit a mother whose whereabouts were difficult to ascertain. In one case, twice-monthly visits with a father were noted. However, the visits were deemed of insufficient frequency and quality to work toward case goals. A case with concurrent goals of adoption and reunification received an ANI based on insufficient visits with the father during the first half of the PUR.

From January to September of 2022, the percentage of reunification cases in which the Agency completed at least one monthly visit with the parent ranged from 55 percent to 68 percent.<sup>30</sup> During FY 2023 Q1-Q2, monthly visitation ranged from 59 to 68 percent. In a May 2023 presentation to the Agency, analysts from the Program Outcomes Unit shared commonly reported barriers to visitation for 170 active households with a goal of reunification, including engagement challenges (39 percent), inability to locate a parent (20 percent), and social worker performance (12 percent)

## **Well-being Outcome 2 – Children receive appropriate services to meet their educational needs.**

For Well-Being Outcomes 2 and 3, the 2016 CFSR findings showed that CFSA was not monitoring in-home cases opened for educational neglect. Overall, the Agency was assessing the physical health and dental care needs of children. Regarding well-being and mental health, generally the initial assessments were adequate to identify the mental and behavioral health needs of the children. However, the cases did not have follow-up or ongoing assessments to determine the need for ongoing services or any changes with the child’s mental health or behavior.

## **Item 16: Educational Needs of the Child**

### ***Standard***

The Agency must make concerted efforts to assess children’s educational needs at the initial contact with the child and on an ongoing basis. The Agency must also appropriately address identified needs in case planning and case management activities.

### ***Policy and Practice***

CFSA’s [Educational Services policy](#) establishes objectives and practices to ensure all children in out-of-home placements have access to appropriate educational programming that is designed to meet their

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<sup>30</sup> Source: FACES.net management report CMT 267.

unique needs and suitably prepare them for additional education, future employment, self-sufficiency, and independent living. In collaboration with school systems and community partners, CFSA is responsible for ensuring that children are appropriately enrolled in school. As applicable to home-schooling, children must be receiving an authorized independent study program or private instruction consistent with District law. All children should be meeting their educational goals in a timely and appropriate fashion. To this end, CFSA uses the Check & Connect educational support model for youth in high school. Check & Connect is a mentoring intervention model used to engage students and promote student success through school data (grades, attendance, behavior) and available educational resources to support student needs. Details and updates on CFSA’s current education models and practices can be found in *Sections C3. Update to the Plan for Enacting the State’s Vision* and *C5. Update on Service Descriptions*.

**Data**

Measure of Progress	Benchmark	FY19	FY20
Increase youth who have employment or internship experience	55%	46%	64%
Increase youth in foster care who graduate from high school	70%	73%	69%

Source: Four Pillars Scorecard, FY 2021 Q1

CFSA’s Office of Youth Empowerment currently maintains data regarding the rate of youth in out-of-home placements who graduate from high school. The Agency standard requires all youth to graduate.

**FY 2024 APSR Update**

The Round 4 OSRI sample reviews indicated Strength ratings for Item 16 in 78 percent (n=7/9) of applicable cases.

In 2022, 87 percent (n=27/31) of 12<sup>th</sup> graders graduated in 2022. Additionally, 45 percent (n=76/168) of youth aged 18 or older had an internship experience of 30 days or longer in 2022.

The 2022 QSRs found that there was a decrease in “planning for education” from 94 percent in 2021 to 82 percent in 2022, even though in-home performance ratings overall exceeded the 80 percent benchmark. In exploring the reason behind the decline for the QSR planning indicator, QSR specialists noted inconsistent planning for parents with medical or mental health issues to an extent that impacted, among other things, their children’s school attendance.

**Stakeholder feedback – CFSA Response**

**FY 2024 APSR Update**

In its December 2022 response to CFSA’s Annual Public Report, the DC Mayor’s Advisory Committee on Child Abuse and Neglect (MACCAN) acknowledged recent Agency efforts to improve access to DC

Public Schools recordkeeping. Such access would promote more timely interventions and the educational success of children and youth in care. Additional details can be found in the CFSA's [2022 Annual Public Report](#).

### Well-being Outcome 3 – Children receive adequate services to meet their physical and mental health needs.

#### Item 17: Physical Health of the Child

##### **Standard**

The Agency must address the physical health needs of the children, including dental health needs.

##### **Policy and Practice**

The CFSA policy, [Healthcare Coordination](#), requires the Agency to offer each child entering care optimal and comprehensive healthcare through the timely and appropriate coordination of healthcare services. CFSA should ensure a coordinated healthcare system that supports the provision of assessments, treatments, and follow-up services in accordance with the established healthcare standards set forth by the American Academy of Pediatrics and the Child Welfare League of America (CWLA). CFSA includes the family team for collaborative coordination of a child's healthcare so that medical and mental health decisions and services can promote permanency and stability. Additional CFSA policies provide guidance on particular components of healthcare service delivery and monitoring, including the following: [Healthy Horizons Assessment Center and Nurse Care Managers](#), [Medication Administration and Management](#); [Medical records management](#); [Medical Consents](#); and [HIV, Sexual and Reproductive Health Services](#).

##### **Data**

CFSA's current benchmarks require 85 percent of children to receive a full medical evaluation within 30 days of placement and 95 percent to receive an evaluation within 60 days.

##### **FY 2024 APSR Update**

The Round 4 OSRI sample reviews indicated Strength ratings for Item 17 in 67 percent (n=8/12) of applicable cases. Strength ratings were found in 7 of the 8 applicable foster care cases and only one of the four in-home cases. Across both case types, there was no statistically significant difference between physical and dental health assessments and services.

Over each month from January to September 2022, CFSA exceeded the benchmark that 85 percent of children would receive a full medical evaluation within 30 days of placement (range of 86 percent to 100 percent). During FY 2023 Q1-Q2, the Agency remained above the benchmark, ranging from 86 percent to 95 percent. From January to September of 2022, CFSA was close to the benchmark of 95



percent for children to receive a full medical evaluation within 60 days of placement (range from 91 percent to 100 percent). Through FY 2023 Q1-Q2, the Agency ranged from 90 percent to 100 percent.

In the FY 2022 Mayor’s Performance Plan, CFSA reported that 49.3 percent of children received a full dental examination within 60 days of placement, against a newly established target of 60 percent. In FY 2023 Q1-Q2, timely dental evaluations ranged from 17 percent to 50 percent. The most commonly identified barrier to timely evaluation was “the first available appointment falling outside the 60-day timeframe.” There were also several instances of youth being absent, missing, hospitalized, or in an unstable placement impacting their ability to attend the scheduled dental appointment.

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

CFSA has implemented its CQI efforts after consulting with Chapin Hall and reviewing the RTS approach (referenced earlier).

## **Item 18: Mental/Behavioral Health of the Child**

### ***Standard***

The Agency must address the mental and behavioral health needs of the children.

### ***Policy and Practice***

The Agency’s framework for assessing behavioral health needs and providing services is included in the Healthcare Coordination policy described above. Additionally, as noted throughout this report, CFSA offers tailored trainings to clinicians and caregivers, including information on specialized placements, and in-house and community-based assessments and therapeutic interventions for children who present with a variety of behavioral health conditions.

**Data**

The Agency’s benchmark is 90 percent for the number of children aged birth to five years old who receive a developmental screening within 30 days of entering foster care. In FY 2021, 90 percent of these children received developmental screenings. In FY 2022-Q2, 92 percent of this same age group received developmental screenings.<sup>31</sup>

**FY 2024 APSR Update**

In the six applicable cases for Item 18, the Round 4 OSRI sample reviews indicated Strength ratings for five cases.

OWB’s Mental Health Unit internally tracks assessment and referral rates and service timelines for children who demonstrate a need for behavioral health supports. In FY 2022, the unit evaluated 69 children, recommended in-house therapy for 63 children, and provided therapeutic services to 43 children. OWB also referred 12 children to MBI Health Services, LLC (MBI), a core service agency contracted through CFSA. MBI provides diagnostic assessments, psychiatric evaluations, medication management, individual and family therapy, community support services, and other specialized therapies. In FY 2022, the average time between a child’s separation from the home to the date of a mental health evaluation was 22 days. The average time from the evaluation to the initial appointment was 21 days.

**SYSTEMIC FACTORS**

**Systemic Factor 1: Statewide Information System.**

**Item 19: Statewide Information System**

**Standard**

How well is the statewide information system functioning to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

**Policy and Practice**

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

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<sup>31</sup> CFSA Mayors Performance Plan FY 2021, FY 2022 Q1-Q2

As an effort to reach the goal of 100 percent data entries for race, CFSA utilizes several internal workgroups (i.e., Data Quality, DEIB, Four Pillar Huddles, and Finish Line) to focus on collecting and analyzing data to monitor performance. Through this process CFSA has been successful in tracking Agency performance, steering stronger supports for child and family outcomes, and ensuring continued data accuracy through all program areas.

CFSA's Child Information Systems Administration (CISA) is responsible for maintaining the District's comprehensive case management system and, when necessary, enhancing the system to improve worker efficiency and overall case practice, and to streamline data entry efforts. To ensure proper use of the system, CISA provides training for new staff members during pre-service training and for ongoing employees through in-service training. CISA then disseminates tip sheets to help social workers understand and remember how to navigate particular screens. Such activities support CFSA's efforts to maintain data accuracy. In addition, CISA continues to maintain the same data entry processes that resulted in an overall rating of Strength under the Information System (Item 19) rating during the 2016 Child and Family Services Review (CFSR).

## **Data**

### ***FY 2024 APSR Update***

CFSA launched its new Comprehensive Child Welfare Information System, known as STAAND (Stronger Together Against Abuse and Neglect in DC), Release 1 (Wave 1), on Feb 6th, 2023. During this release, the Agency implemented data reporting components pertaining to child status and demographics. Developers utilized Microsoft PowerBI tools to create STAAND management reports and dashboards. The PowerBI tools will replace the multiple tools within CFSA's current system, FACES.NET, such as Crystal Reporting for management reports and the Tableau and MicroStrategy for dashboards.

Until FACES.NET is sunset, it will remain the source of reporting. As of March 31, 2023, the District has continued its conformity with the data entry component of *Systemic Factor 1: Information Systems*. Regarding demographic characteristics, CFSA data entry is 100 percent for gender and age of clients. For goals, the data entry is 99 percent. For legal status, data entry is 100 percent. Ethnicity data entry is also 100 percent. However, data entry for race is currently at 91 percent, despite the goal of 100 percent. In an effort to reach the goal of 100 percent data for race, CFSA relies on several workgroups, including Data Quality, DEIB, Four Pillars Huddles, and CFSA LAB (formerly Finish Line).<sup>32</sup> Each workgroup includes a focus on accurate collection and analysis of data to monitor performance.

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<sup>32</sup> The LAB acronym stands for Learning with each other, Accountable to DC families, and Building performance systems together.

## Systemic Factor 2: Written Case Plan

The 2016 federal CFSR found CFSA not to be in substantial conformity with the Case Review System systemic factor. While the CFSR rated three of the five items in the systemic factor as a Strength, the review determined two others as ANIs. The two ANI items were Written Case Plans (Item 20), and Termination of Parental Rights (TPR) (Item 23).

### Item 20: Case Review System

#### **Standard**

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parents and includes the right provisions?

#### **Policy and Practice**

As established in the CFSA policy on [Permanency Practice](#), CFSA's requirements for timely development and ongoing review and update of case plans are standardized across case types. Whether the case is an in-home case or a foster care case, the assigned social worker is required to develop the case plan within 30 days of the case opening. Thereafter, social workers are required to engage and partner with caregivers and age-appropriate children for purposes of a joint review of the case plan. As needed, the case planning team updates the case plan at least every six months for as long as the case remains open with the Agency.

For children separated from the home, CFSA continues to establish case planning objectives through the family-driven Family Team Meeting (FTM), to identify trends and necessary interventions through the Permanency Goal Review Meeting (PGRM), and to monitor individual and aggregate progress of case milestones through the Permanency Tracker.

For children served in the home, the level of service is based on risk reassessment scores, which are subject to supervisory override, based on a clinical determination of discrepancies between scores and actual needs. Risk levels continue to determine the frequency of Agency visitation with the family, as well as the timelines and comprehensiveness of safety plans.

#### **Data**

Between the months of September 2021 and March 2022, the percentage of families with a current case plan ranged from 82 percent to 87 percent. The percentage of foster care cases ranged from 77 percent to 86 percent for case plan development within 30 days of a child's separation from the home and for updates within six months.

### ***FY 2024 APSR Update***

As of the end of FY 2022, 92 percent (n=489) of foster care cases had a documented current case plan. Six percent (n=33) had an expired case plan, and two percent (n=17) had no case plan.<sup>33</sup>

In March 2023, 84 percent of family cases had a current case plan. For foster care cases, 85 percent had a plan developed within 30 days and updated within six months of the child’s separation from the home. As noted earlier in this section, QSR findings for the *Voice and Choice* indicator for children showed acceptable practice ratings in 96 percent of cases; for the mother, acceptable ratings occurred in 92 percent of cases and for the father in 88 percent of cases. Acceptable ratings were 91 percent for the substitute caregiver. These high acceptable ratings demonstrate that mothers, fathers, children, and caregivers are involved in case planning.

### ***Stakeholder Feedback – CFSA Response***

In preparation for a case plan redesign, two staff members conducted a scan of prior discussions in the 2018 Clinical Practice Working Group as well as interviewing leadership and staff across each program area in 2021 to obtain input and feedback for the redesign. Feedback included observations that the case plan template was not family-centric, and included duplication across sub-plans, which did not sufficiently connect to the monitoring mechanisms that drive clinical practice improvements. Overall, the case plan was generally cumbersome.

In the fall of 2021, CFSA began a case plan redesign effort to achieve three objectives:

1. Enable the content to be dynamic and updatable.
2. Reduce duplication of efforts by streamlining multiple-related planning documents and processes.
3. Create a “family-friendly” section of the document to use with clients.

The design of the new child information system, STAAND, will help to realize these objectives.

## **Item 21: Periodic Reviews**

### ***Standard***

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every six months, either by a court or by administrative review?

### ***Policy and Practice***

The District’s periodic review of permanency goals is integrated into the functions of the Family Court. CFSA does not administer an independent periodic review (such as an Administrative Review) due to

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<sup>33</sup> Source: FACES.NET Management Report CMT 163. Data exclude children in foster care less than 30 days.

the frequency of Family Court hearings for foster care cases. In addition to the permanency hearings that comport with guidelines promulgated by the Adoption and Safe Families Act (ASFA), the District's Family Court judges commonly convene "status" or "review" hearings at shorter intervals.

## Item 22: Permanency Hearings

### **Standard**

How well is the case review system functioning statewide to ensure that a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date that each child entered foster care and no less frequently than every 12 months thereafter.

### **Policy and Practice**

Commencing upon a child's separation from the home and within the first year of a child's placement, a series of initial, dispositional, and permanency review hearings take place. Beginning at the one-year mark of a foster care case and beyond, permanency hearings occur no less frequently than every six months, and they continue through to the closure of the case. As noted earlier in this section, the District's formal requirements for establishing and reviewing permanency goals are set forth in DC Code [§ 16–2323. Review of dispositional orders](#) and the [Superior Court Rules for Neglect and Abuse Proceedings](#).

### **Data**

The 2016 CFSR found that periodic reviews and permanency hearings were both items of Strength for the District's child welfare system. The CFSR confirmed that the District ensures that a periodic review for each child occurs no less frequently than once every six months. Often, more than one periodic review is held between the dispositional hearing and the child's first permanency hearing. Thereafter, permanency hearings are consistently held as required.

### **FY 2024 APSR Update**

According to the most recent data available from the [Family Court 2022 Annual Report](#), 94 percent of cases filed in 2021 had a permanency hearing within the required timeline. This percentage represents a slight increase from 2019 and 2020, which showed 92 percent and 93 percent compliance, respectively.

## Item 23: Termination of Parental Rights

### **Standard**

How well is the case review system functioning statewide to ensure that the filing for the termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

### ***Policy and Practice***

At the nine-month Permanency Goal Review Meeting (PGRM), which is described in the following section, social workers and management staff discuss the issue of a potential goal change away from reunification. If clinical judgment informs a decision to pursue a goal of adoption, the Agency develops a plan for requesting the required Ta.L. Evidentiary Hearing (referenced earlier under Item 6). Through the assigned OAG attorney, CFSA requests a Ta.L. hearing. The timing of the hearing varies significantly based on the docket of the assigned judge. CFSA discusses Ta.L. status at every subsequent PGRM, which occurs every three months.

The Code of the District of Columbia establishes the [legal grounds](#) for the termination of a parent and child relationship. The DC [Superior Court Rules Governing Neglect and Abuse Proceedings](#) direct judges to apply ASFA guidelines regarding the timeline for either ordering or documenting a compelling reason not to order a TPR.

Family Court judges in the District of Columbia are generally not inclined to schedule a TPR hearing if there is no adoptive resource. However, the OAG will push for the scheduling of a TPR when the parent's conduct is directly interfering with adoption recruitment or other adoption processes.

CFSA generally seeks a TPR in tandem with the adoption trial due to the Ta.L. hearing. In the District, a TPR cannot be final until a parent exhausts all options for judicial appeal, which takes a minimum of two years. This requirement and timeframe create a disincentive to TPR "too early" (i.e., outside the adoption proceedings) because if parents win on appeal, re-litigation will further delay achievement of a finalized adoption.

### ***Data***

A key activity of the District's PIP required improving compliance with the ASFA timelines. Specifically, CFSA was charged to ensure that the assigned OAG attorney file a motion for TPR (in consultation with the CFSA social work team) for all children who have been in an out-of-home placement for at least 15 of the preceding 22 months. If not, compelling reasons must be documented in the court order and case record. CFSA and OAG collaborate on internal communication protocols to alert key stakeholders of ASFA deadlines, to prompt timely filing of petitions, and to document decisions.

In a 2018, a CIP case review of 60 cases (20 cases across the goals of reunification, guardianship and adoption) indicated that the most commonly observed delays across all reviewed cases were goal extensions, late goal changes, court personnel changes, placement issues, and Ta.L. delays. Ta.L. delays were found in 30 to 35 percent (n=6-7) within each permanency goal of the cases reviewed. The data collected in a 2019 review shows that the court has greatly improved its Ta.L. hearing process in that most cases are being resolved quickly. The data do not reflect the impact of Ta.L. proceedings on the first permanency hearing.



## ***FY 2024 APSR Update***

In 2022, the Family Court [reported](#) that OAG attorneys filed 19 TPR motions, compared to 2021 when the Agency filed 40 TPR motions. In 2022, the median time was approximately 15.5 months between filing the original neglect petition and the TPR. The Agency filed 48 percent (n=9) of the 19 TPRs within 15 months.

## **Item 24: Notice of Hearings to Caregivers**

### ***Standard***

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are (1) receiving notification of any review hearing held with respect to the child, and (2) have a right to be heard in any review or hearing held with respect to the child?

### ***Policy and Practice***

[District law](#) allows resource parents to become parties in a foster care case, although requirements for doing so vary depending on the length of time the resource parent has been caring for the child in question. [Family Court rules](#) require that the current foster, pre-adoptive, legal guardian, or kinship caregivers and their attorneys be provided notice of, and an opportunity to be heard in, neglect or termination proceedings. Family Court permanency hearing orders require the court to indicate whether CFSA sent written notice of the hearing to the foster, pre-adoptive, or kinship caretaker.

### ***Data***

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

### ***Stakeholder feedback – CFSA Response***

In a 2020 survey of 168 child welfare professionals, CFSA asked a question as to whether respondents thought that CFSA (and partner agencies) notified youth, birth parents, and resource parents about court hearings. Respondents (n=91) included CFSA social workers, CFSA-contracted private agency social workers, community-based organization employees, court partners, and other system stakeholders. The response ranged from “usually” (80 percent of the time) to “always” (100 percent of the time) which was similar to prior survey findings. Youth and resource parents responded being informed about court hearings “often” (60 percent of the time) to “usually” (80 percent of the time). Some resource parents commented that they were only notified if they reached out to the social worker and were persistent about attending hearings. Notification normally comes from the Agency, so there were times when the social worker would not notify the parties but rather depended on the

letter generated by FACES.NET and sent by CFSA staff to the case participants. Birth parents seemed to be informed more than youth and resource parents. However, parents agreed that most communication or updates with a social worker occurred right before a hearing. In regard to court notifications, parents expressed the need for ongoing reminders versus depending on them receiving paper notifications.

### Systemic Factor 3: Quality Assurance System

#### Item 25: Quality assurance system functioning

##### **Standard**

How well is the quality assurance (QA) system functioning to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifying strengths and areas of needs of the service delivery system, (4) providing relevant reports, and (5) evaluating implemented program improvement measures?

##### **Policy and Practice**

**Performance Accountability and Quality Improvement Administration (PAQIA)** – CFSA provides a continuous learning environment for consistent use of data that helps to improve Agency processes, procedures, and functions. PAQIA achieves this mission through several functions, all of which provide valuable qualitative and quantitative analyses to evaluate the quality of services, to identify strengths and needs of the service delivery system, and to provide reports that include information about program and performance measure improvement. The following activities are included:

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

In 2019, CFSA took its first steps to establish a CQI approach that integrates all facets of the Agency's work. PAQIA completed an inventory of all Agency data collection activities for the following program

areas: Entry Services, Program Operations, Administration Services, the Office of the Attorney General, the Office of Well-Being, and OPPPS. This inventory allowed PAQIA to gain a comprehensive view of Agency-wide data collection work, thereby laying the foundation for integrating individual program analyses.

In FY 2020, the Office of Community Partnerships developed an Evaluation and Data Analytics team (EDA). The EDA team includes a data scientist and a management analyst who collectively support CQI efforts and evaluations of federal and local prevention programs. Initially, the EDA team's work centered on Family First and Families First DC implementations, which are now incorporated in a city-wide prevention framework under the broader umbrella of Thriving Families, Safer Children, called *Keeping DC Families Together*.

In 2021, CFSA established the Program Outcomes Unit to deepen the analyses and reporting of program area data. The unit includes analysts who work in and represent the following administrations: Placement, Permanency, Entry Services and In-Home. In contrast, PAQIA's CQI function serves to provide system-level data that integrates the collective CQI work of other offices and administrations to develop a broad examination of overall CFSA performance.

During FY 2022, the Program Outcomes Unit began partnering with supervisors around the Agency to present data on a semi-monthly basis in a forum named the Four Pillars Huddles. During these meetings, CFSA supervisors present data performance unrelated to the Four Pillars Performance Framework. All CFSA employees are invited to attend the Huddles. The first Four Pillars Huddle occurred in December 2021 and focused on the In-Home Administration and the Families First DC division of the Community Partnerships Administration.

Since then, an additional four presentations have occurred and focused on the following program areas:

- Contracts Monitoring Division – How the Congregate Care Providers' Scorecard reflects providers' practice performance.
- Family Team Meetings – How the FTM process functions, types of FTMs, core FTM values, and a review of FTM metrics.
- Kinship Analysis - How CFSA utilizes Kinship Analyses to determine the effectiveness of and the barriers to placing children with kin.
- Mental Health Services and Psychiatric Residential Treatment Facilities (PRTFs) - How CFSA supports children and families with mental health services along with practice regarding PRTFs.

To demonstrate the Agency's commitment to performance, transparency, and public reporting, CFSA provides quarterly updates on quantitative data on the [CFSA Public Dashboard](#). The dashboard data

includes total service counts, Hotline calls, investigations, child demographics, case status, entries and re-entries, placement status, and foster care exits.

To establish priorities and complete objectives across all agency functions, CFSA continues to sharpen its focus on achieving and maintaining the highest standard of data quality. To that end, CFSA has outlined a comprehensive strategy in its Data Quality Plan and Biennial Assessment. Notably, the report summarizes the key opportunities, objectives, and accomplishments of a child and family well-being system that no longer has to be measured by the yardstick of compliance, but can instead measure itself by achievements directly related to the outcomes of the children and families it serves.

Data scientists and managers from CFSA's Performance Accountability and Quality Improvement Administration, Program Outcomes Unit, and Office of Community Partnerships ensure that priorities align with ongoing quality assurance and continuous quality improvement objectives through a data quality strategy based on the following core principles:

- **Prevention** – The first prevention element involves validation checks and mandatory fields in the system to ensure data is accurate and complete. Additionally, the prevention strategy includes the development of dashboards to assist with requirements of case level data including most recently a dashboard identifying duplicate clients. A lexicon of terms, acronyms, and relationships are the 3rd element of prevention to ensure the Agency speaks the same language and can more easily collaborate with its partners.
- **Reminders** – Alerts and notifications to workers to complete necessary documentation of case level data. Additionally, other tools have been developed and are available to assist with this strategy such as exception and data clean up reports to identify data completeness, accuracy and timeliness of data entry.
- **Supervision** – A strategy by which workers and managers review cases for completeness and accuracy prior to approving requests in the system.
- **Remediation** – In the event the previous strategies aren't successful, this strategy is necessary and requires the technical team to perform data fixes to correct the data.
- **Assessment** – Beginning with the end in mind, the Agency is establishing an assessment methodology that drives each project to perform Root Cause Analysis of issues in advance and establish recommendations for measuring success.

### ***FY 2024 APSR Update***

At the beginning of FY 2023, PAQIA 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 CQI forum, 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. Initial LAB meetings have focused on the Agency's strategic initiatives related to the

community response model and Warmline, in addition to the Kinship Navigator, the STAAND launch, and CFSA’s staff recruitment and retention strategies.

The FY 2024 Data Quality Plan Biennial Update, which is currently under review by the Administration of Children and Families, includes an examination and update of the following topics:

- The inaugural publication of the Four Pillars Public Performance Measures
- Phase II of STAAND: CFSA's new CCWIS
- Rollout of the new Data Quality Framework
- Updates to existing Biennial Assessment Appendices
- Duplicate Client Records
- CFSR Measures
- NYTD Program
- Introduction of new Biennial Assessment Appendices
- Four Pillars Public Performance Measures
- AFCARS 2020
- NCANDS
- Data Quality Collection Plan Template

**Data Quality Committee** – CFSA’s Data Quality Committee drives and refines the Agency’s mission and vision for data quality. The committee is responsible for identifying and establishing processes and strategies to prevent and resolve data quality issues. The Data Quality Committee meets regularly with the respective data owners and teams to ensure progress for activities and goals related to the reduction of duplicate client records. The committee also checks on the development of internal capacity to replicate the federal permanency outcome measures and to develop management reports that will track the monthly progress towards achieving the measures. Lastly, committee members check progress on the incorporation of National Youth in Transition (NYTD) youth-exit report findings into the Agency’s CQI process.

#### ***FY 2024 APSR Update***

Over the past year, the Data Quality Committee (DQC) rescoped its membership and structure to better support its purpose. The DQC prioritizes commitment to organizational data quality through collaboration with managers and subject-matter experts, formal and explicit definition of clear and achievable data quality goals, and adherence to best practice standards against which performance is measured to promote accountability throughout the Agency.

The DQC Charter serves as a high-level document that outlines and defines the expectations of the committee. Given the substantial breadth of data under the jurisdiction of CFSA, the DQC will prepare

a comprehensive data dictionary that will detail for each element technical specifications, business information, security and privacy settings, data retention requirements, etc.

For each Data Quality Collection, the DQC will appoint a CFSA staff member to serve as the data custodian (custodian) who will prepare a Data Collection Quality Plan (Collection Plan). The Collection Plan is an action plan to achieve the highest possible level of quality for each element in the Collection. For each Collection, the DQC will also assign an “auditor” to analyze the data over time and report the extent to which the data meets the requirements outlined in the Collection Plan.

The iterative process allows for Collection Plans to be adjusted over time to reflect realities (positive or negative) affecting the Collection Plan goals. The DQC will consider everything and work with the custodian to modify the Collection Plan on an ongoing basis as needed. The monthly auditor reports and subsequent version-controlled modifications to the Collection Plan are added to the Data Quality Framework documentation repository and permit a historical re-creation of the sequence of events for all Data Collections over time.

**Quality Service Review (QSR) Unit** - The Agency uses the QSR process to regularly review cases and to analyze data on the quality of case planning and service delivery for children and families. Trained QSR specialists gather case information from a two-day review process and submit their data for finalization by a supervisory QA process. The specialists also use a defined protocol to score indicators, based on information obtained through interviews with children, parents, and caregivers. Interviewees share their experiences with the foster care system, their level of satisfaction with the services received, and their feedback on whether they feel “heard” and included in the case planning process. The QSR process also includes reviews of hard case files and case notes from FACES.NET, along with interviews of other key stakeholders (i.e., social workers, attorneys, and service providers). QSR findings are aggregated and published in the [Annual Quality Service Review Report](#).

**Child and Family Services Reviews** – Using the Administration for Children and Families’ [Onsite Review Instrument](#) (OSRI) PAQIA specialists, including QSR specialists, complete approximately six case reviews each quarter to evaluate case practice and maintain evaluative standards in preparation of the fourth round of the Child and Family Services Review. As with the QSR process, CFSR reviewers examine case files and interview case participants. However, in this context, ratings place a comparatively greater emphasis on compliance with the 18 Outcomes described earlier in this section.

#### ***FY 2024 APSR Update***

In addition to the ongoing case reviews, whose findings are summarized through this section, CFSA has embarked on the Round 4 CFSR. As of this report, the Agency has begun entering OSRI data under the Round 4 CFSR OMS system and continues to determine case sampling methodology along with initiating stakeholder outreach, developing a support work plan with the Center for States technical

assistance provider and federal partners, and collaborating with other jurisdictions on best practices and lessons learned.

**Partner Foster Care Agency Compliance and Performance** – CFSA’s Contracts Monitoring Division is responsible for assessing the National Center of Children and Families’ (NCCF) delivery of contract requirements, including:

- Personnel matters
- Placement capacity
- Licensing and training of resource parents
- Delivery of case management services to children, youth, and families
- Follow-up with unusual incidents and child protection services reports
- COMAR (Maryland regulations) compliance maintenance
- Addressing resource parent and community provider concerns

CFSA’s PAQIA team also applies the QSR process, described above, to NCCF performance against system-level benchmarks and continues to provide NCCF with reports of QSR findings.

**Prevention and Family Preservation** – Operating within the Office of Community Partnerships, the EDA Unit, previously mentioned, monitors and evaluates community-based partners to ensure compliance with contractual obligations, as well as fidelity to best practice models.

- CFSA conducts CQI and fidelity monitoring activities for the two programs approved for claiming in the Agency’s five-year plan: Motivational Interviewing and Parents as Teachers.
- EDA conducts monthly and annual reports on the Healthy Families/Thriving Communities Collaboratives, whose case management is assessed based on the following indicators: a) substantiations after six months and b) successful Collaborative case closure.
- Each Family Success Center conducts its own needs assessments, data analyses, and evaluation activities as part of its Families First DC (FFDC) grant. In addition, CFSA has developed a strong FFDC network-wide evaluation framework in partnership with the FFDC staff, the EDA Unit, and the Family Success Center (FSC) provider network (including their evaluation leads). The framework includes family, program, and community-level indicators. Since the FSCs launched in October 2020, CFSA has measured the success of the FSCs across four performance management indicators:
  - **Reach** – The number of families served and referred to services.
  - Protective Factors Surveys – The results administered and analyzed after a minimum of 12 hours of service.
  - Family Satisfaction Surveys – The level of families’ satisfaction with programming and services.



- Program & Self-Assessment Tool – The use by each FSC to assess their progress in the implementation of the Standards of Quality for Family Strengthening and Support (nationally adopted standards used as a blueprint for family strengthening and support programs to promote quality practice, peer learning, and mutual support).

### ***FY 2022 APSR Update***

In November 2022, CFSA began contracting with Lyssn, a company with expertise in artificial intelligence (AI), to expand the use of Motivational Interviewing (MI). In addition to providing guidance to improve MI skills, the Lyssn AI platform measures and reports on participation, improvement, and considerations around equity with respect to the populations served.

As of FY 2022-Q2, approximately 65 percent (n=141/216) of designated CFSA and Collaborative staff have used the Lyssn AI platform at least once. In FY 2022 Q1-Q2, 44 percent (n=94/216) of designated staff had completed MI training modules. Additionally, 28 percent (n=60/216) of designated employees demonstrated that they could use MI skills in 75 percent or more of their interactions with all virtual clients. CFSA is currently compiling initial data and feedback to identify strengths and barriers related to platform capacity and model fidelity. The Agency is also working with Lyssn to develop solutions to barriers.

***Internal Child Fatality Review (ICFR) Committee*** – The statutory responsibility for reviewing child deaths falls under the District’s Child Fatality Review Committee (CFRC), under the auspices of the Office of the Chief Medical Examiner (OCME). CFSA has permanent representation on CFRC as well as conducting its own internal process for reviewing fatalities of any children whose family had contact with the Agency within five years of the child’s death. CFSA’s ICFR Committee includes a multidisciplinary team of key program leaders from the Offices of the Director, Entry Services, Out-of-Home, Well-Being, Child Welfare Training Academy, and General Counsel. A representative from OCME also attends the monthly ICFR meetings to ensure a stronger network between the Agency and CFRC. Additional information about ICFRC activities and findings can be found in *Section C5. Update on Service Descriptions - Efforts to Track and Prevent Child Maltreatment Deaths*.

***Targeted Practice Reviews*** – PAQIA also conducts or partners with CFSA program staff to conduct targeted reviews of critical practice areas:

- **Acceptable Investigations** – The Acceptable Investigations review examines the quality of practice during essential CPS investigatory actions. CFSA and the Agency’s former Court Monitor, the Center for the Study of Social Policy (CSSP), completed the review jointly. PAQIA led two Acceptable Investigations reviews. Findings from recent reviews can be found, earlier in this section, under Safety Outcome 1.
- **Community-Based Service Referrals** – This review determines whether CFSA was able to connect families (assessed with low-to-moderate risk levels) with appropriate services through one of the Collaboratives or other community-based agencies.

- **Educational Neglect Reporting** – CFSA receives educational neglect referrals during the academic year. Monthly reports provide the number of educational neglect referrals, referral source, trajectory of referrals, program area that case-managed the family, findings of the referral, and the number of children (tailored to ages 5-to-13) that the Agency case-managed at the time of the educational neglect referral. Quarterly reports compile monthly data to highlight trends. PAQIA shares the quarterly report with the city-wide Everyday Counts Task Force<sup>34</sup> and the Everyday Counts Data Committee.
- **Hotline Call Quality Assessment** – This review examines the appropriate management and quality of a stratified randomized sample of Hotline calls during one calendar month per quarter. The review determines whether the Hotline staff is asking relevant questions, demonstrating appropriate customer service, and accurately completing a referral summary. At the end of the assessment, the QA team either agrees or disagrees with the Hotline’s decision on accepting or screening out the calls. After compiling the quarterly findings, PAQIA notifies CPS senior management of the results. During FY 2021-Q4, PAQIA reviewed 152 Hotline calls recorded by 22 Hotline staff during the month of September 2021. The results of the review indicated that on average the Hotline workers applied customer service skills 93 percent of the time throughout the duration of a call. Also, on average, the Hotline workers gathered information on the alleged victim child and other children in the care of the parent or caregiver 86 percent of the time. Similarly on average for 86 percent of the time, CPS workers entering written narratives into FACES.NET included information that was consistent with information provided by the reporter. Lastly, QA agreed with the Hotline supervisory screening decision 94 percent of the time.
- **Initiations Review** – This one month-per-quarter review examines whether Entry Services has completed all the actions required to meet the Timely Initiations standard for CPS investigations.
- **Mental Health Evaluation** – PAQIA collaborates with the Office of Well-Being (OWB) to evaluate the Agency’s internal mental health program. From October 1, 2020 to March 31, 2021, CFSA staff submitted in-house mental health referrals for 130 children, including 85 new entries and 45 re-entries. Eighty-five percent (n=41/48) of eligible clients received a mental health evaluation. In addition, of those children completing evaluations, the Agency recommended 73 percent (n=30) for therapy. Of those clients recommended for therapy during the same period, 40 percent (n=12) participated in at least one in-house mental health treatment. All clients recommended for therapy were seen within 45 days, surpassing the 60-day goal.

**Additional Quality Assurance Activities** – CFSA and its partners conduct program-specific evaluations of the following services and supports:

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<sup>34</sup> The Everyday Counts! Task Force is a partnership of diverse District of Columbia agencies and stakeholders that collectively advance and coordinate strategies to increase student attendance and reduce truancy.

- **Mentoring** – CFSA and the District’s Department of Youth Rehabilitation Services (DYRS) are developing a memorandum of agreement to identify youth involved with both agencies and to share outcome data with the District’s Criminal Justice Coordinating Council, which will provide an analysis back to the agencies and the Office of the Ombudsperson for Children. The target date for completion is FY 2023-Q3.
- **Older Youth Life Skills and Transition Preparedness** – CFSA’s Office of Youth Empowerment (OYE) internally tracks outcome data for older youth engaged in the LifeSet program (described in the Chafee section of this report). Data focuses on the areas of housing, employment, education, and avoidance of arrest.
- **Financial Literacy Programs** – To evaluate financial planning education and savings programs, OYE managers regularly review curriculum and perform “drop-ins” to observe and assess the classes, and work with the provider on needed improvements, such as increasing alignment with youths’ level of understanding and vernacular. As with all OYE programming, participants are provided with surveys and focus group opportunities to gather their feedback. OYE monitors account balances to troubleshoot any individual or systemic issues that emerge.
- **Pregnant and Parenting Youth (PPY) Programs** – To ensure the safety and quality of services for pregnant and parenting youth, CFSA conducts announced and unannounced visits at the youth’s residence, reviews youth and staff records, and interviews youth. CFSA monitors the impact of teen parent programs by assessing individual youth outcomes across a number of critical domains, including education, vocation, mental health, daily living skills and crisis management. The Agency reviews the individual youth outcomes in alignment with a youth’s developmental stage and functional abilities, ongoing case management, and the Youth Transition Planning (YTP) process. In addition, CFSA tracks program and population outcomes in similar domains through monthly reports from PPY program provider, Mary Elizabeth House, and through YTP meetings.

### ***Stakeholder feedback – CFSA Response***

From 2018 to 2020, CFSA’s *Annual Needs Assessments* and other outreach activities revealed that the Agency’s different program areas were creating manual databases as an immediate “data fix” for addressing discrepancies that FACES.NET could not address in the time frame needed (or did not have the capability of addressing). These findings prompted the Agency’s Child Information Systems Administration (CISA) to create a Data Quality Committee to address current and future data enhancements, particularly those necessary for meeting CFSA’s CCWIS requirements. Focus groups and surveys indicated that FACES.NET was not continuously updated to optimize performance, was not user-friendly or easy to navigate, was prone to freezing or crashing, and was too vulnerable to the duplication and inconsistency that can arise from user error.

### ***FY 2024 APSR Update***

As noted earlier in this section, PAQIA had not completed a qualitative review of placement stability for several years. During recent activities that resumed qualitative reviews of placement stability, reviewer feedback indicated some challenges in accessing and understanding child-level case data. Some

reviewers identified circumstances surrounding a child or youth's placement changes were entered in several different places in FACES.NET, which contributed to confusion as to the circumstances and outcomes of many of the documented placement changes. This confusion occurred when information in one place contradicted information documented elsewhere, or there was missing or incomplete information in one place compared to another, e.g., contact notes and FACES.NET placement screens. Reviewers reported that placement provider documentation was the most clear and comprehensive for accuracy of placement changes when present. However, those notes are currently completed only by CFSA resource development specialists. 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, challenges the analytical process for determining systemic areas in need of growth.

The Agency is incorporating stakeholder feedback and working to ameliorate data quality issues with the launch of STAAND. The Agency plans to develop screens so that all parties (social work teams, resource parent support workers, and resource development specialists) are documenting efforts regarding placement stability in one place. These screens should address the lack of comprehensive documentation regarding the factors leading to placement changes and the efforts to prevent placement disruptions. The consolidation of data will clearly set expectations regarding what should be documented regarding placement stability.

#### **Systemic Factor 4: Staff and Provider Training**

##### **Item 26: Initial Staff Training**

##### **Item 27: Ongoing Staff Training**

##### **Item 28: Foster and Adoptive Parent Training**

#### ***Standard***

- How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?
- How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?
- How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of

state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their caregiving duties with regard to the CFSP?

### ***Policy and Practice***

#### **Training for Child Welfare Professionals**

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

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

- **CWTA Pre-Service Training:** Training for new employees and supervisors is designed to provide the foundational skills necessary to perform the required duties of the new position.
- **CWTA In-Service Training:** Training for experienced employees is designed to develop additional skills or provide the specialized knowledge necessary to enhance an employee's current skill level.
- **External Training:** Training received from organizations other than CWTA trainers, including all other state or federal agencies, private consultants, or other recognized subject-matter experts.

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

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

In alignment with the Agency's submission of the Family First Prevention Plan, CWTA developed a certificate-based training and began facilitating MI courses for direct service staff and supervisors. The two-day training focuses on the principles and skills of the client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors.

Additionally, supervisors attend a one day session focused on the utilization of the MI Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP). This assessment supports clinical supervision and enhancing MI skills for direct practice social workers. CWTA also held several supervisor brown bag sessions to review the assessment tool and key concepts of the MI curriculum with the goal to enhance fidelity to completion of the assessment too. The Agency's goal is to integrate MI as a practice standard for CFSA's direct service staff.

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

**Cultural Responsiveness** – The *Cultural Humility* in-service course includes information about the role of poverty, bias, and its relationship to decision-making regarding allegations. Supervisors may also discuss the impact of poverty on allegations during clinical supervision.

#### ***FY 2024 APSR Update***

During FY 2022 and into FY 2023, CFSA staff were required to complete the *Understanding Race Equity in Child Welfare* training. This course focuses on understanding implicit personal biases, recognizing their impact, and being culturally responsive while applying a racial equity lens to social work practice. As of February 2023, 53 percent of staff have completed this training.

**Commercial Sexual Exploitation of Children (CSEC)** – In addition to the CWTA's in-service trainings on trafficking, the DC Children's Justice Act (CJA) Task Force supports CSEC training for public and private agency social workers, resource parents, Collaborative workers, police officers, attorneys, mandated reporters and interested community partners. CJA also funds the participation of child welfare-involved professionals in the annual *JuST* (Juvenile Sex Trafficking) conference so they can stay abreast of current legislation, news, and CSEC-related trends.

#### ***FY 2024 APSR Update***

In FY 2023, the Task Force provided water bottles with monograms on CSEC awareness to CPS professionals engaged in CSEC training. The 2022 *JuST* conference was held in Fort Worth, Texas from October 31 to November 3. CJA provided funds for five CFSA staff to attend. At the conference, CFSA staff presented a session entitled, *A CPS Approach to CSEC Investigations Involving Non-Caregivers*. In addition to discussing their approach when completing CSEC investigations, particularly with allegations against a non-caregiver, the CFSA presenters addressed the ways roles change when there are no allegations against a caregiver and how this presents complex challenges to CPS social workers when working with children and families. They also shared how, despite these challenges, CPS social workers in DC are uniquely prepared to conduct assessments and help address the many needs that children and youth may have when they have been exploited or are at risk of exploitation.

**Domestic Violence** – Just as CWTA provides webinars and workshops on domestic violence, CJA explores opportunities to provide domestic violence education to child welfare professionals and community members in the District.

### ***FY 2024 APSR Update***

In October 2022, the CJA Task Force held its second Domestic Violence Forum, *Working with Fathers Who Have Used Intimate Partner Violence*. Attended by 112 professionals and community members from across the District, the webinar introduced *Pathways to Accountability*, an approach that enhances the safety and well-being of adult and child survivors of intimate partner violence (IPV). This approach is unique by including fathers who have abused the survivors and is based on three fundamental ideas: (1) fathers who have used IPV can be held accountable and supported to change simultaneously, (2) accountability can be achieved both through systems and personal relationships, and (3) fatherhood can be a powerful motivator for behavioral changes in people who have used violence. The forum included a presentation by a father with a history of IPV, his personal journey, and his recognition and self-accountability for changing his behaviors. Participants in the forum responded positively to this real-life case and discussion. The forum further included discussion around practical strategies and tools to safely engage fathers.

### **Training for Resource Parents**

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

For CFSA and CFSA-contracted private agency resource parents, training includes the following sessions:

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

CWTA adopted the CWLA Family Development Plan (FDP). The FDP is a tool intended to help potential resource parents move beyond the pre-service preparation and assessment process toward continued training and support. The purpose of the FDP is also to provide a formal and systematic means of (a)



identifying professional development needs to improve knowledge and skills, and (b) comparing each resource parent's needs and abilities for their fostering role against current training offerings and to determine future training needs.

Resource parent training follows the New Generations PRIDE Model of Practice, which teaches knowledge and skills in the following five essential competency categories:

- Protecting and nurturing children
- Meeting children's developmental needs and addressing developmental delays
- Supporting relationships between children and their families
- Connecting children to safe, nurturing relationships intended to last a lifetime
- Working as a member of a professional team

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

In FY 2022, CFSA's Resource Parent Support Team created CFSA's Trauma-Informed Professional Parents (TIPP) program to provide specialized support 24 hours-a-day, 7-days-a-week for children ages 8 and older, focusing especially on children ages 8-12. TIPPs are trained to care for children who have experienced trauma, and for whom an appropriate family-based placement is difficult to identify because of mental and behavioral health concerns resulting from that trauma. To support the preparation and retention of these professional resource parents, and to increase placement stability, CWTA created a four-module trauma-tailored and trauma-informed training series. This series focuses on understanding behaviors related to trauma, addressing these behaviors, and maintaining a supportive network for the professional resource parents. Course details can be found in CWTA's Training Plan, attached to this report.

CWTA continues to utilize different forms of communication to ensure that staff and external partners (i.e., private agencies, congregate care providers, and sister agencies) are aware of CWTA's training offerings. Communications include the continuation of theSOURCE newsletter that is developed quarterly, detailing the trainings available for resource families and all CFSA and private agency staff. CWTA sends all training emails CFSA and CFSA-contracted private agency staff. Further, CFSA Today, a monthly newsletter for CFSA staff, includes a link to *theSOURCE* newsletter, along with other Agency updates and information.

### ***FY 2024 APSR Update***

***Educational Enrichment for Kinship Caregivers*** – The 12-session bi-weekly classes, which began in May 2022, are based on the Chicago Parent Program (CPP) model, an evidence-based parenting program created for parents of children aged 2 to 8 years old. CPP is specifically designed to meet the needs of a culturally and economically diverse audience. CFSA has also partnered with the community-based organization, Martha’s Table, to facilitate the sessions.

### ***Data***

In the 2016 CFSR, CFSA received a Strength rating for indicators covering the Initial Staff Training, Ongoing Staff Training, and Foster and Adoptive Parent Training. The CFSR found CFSA to be in substantial conformity for staff and provider training. CFSA continues to maintain substantial conformity in this area.

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

To support direct service staff in meeting the Agency benchmark for in-service training, CWTA continues to provide detailed quarterly reports to CFSA program administrators, outlining course registration, attendance, and completion for each of their program areas. CWTA also continues to accept social workers’ external training hours when aligned with CFSA’s mission and goal. Additionally, CWTA continues to identify and develop relevant independent study material, webinars, and additional training to support continued professional development. Support includes a sufficient amount of learning and development opportunities for the Agency’s direct service team. In addition, the program areas continue to complete training plans with their staff to better monitor training hours and to ensure their staff receive the professional development support needed.

### ***FY 2024 APSR Update***

The Agency’s benchmark is 90 percent for newly hired direct service staff to complete the required 80 hours of pre-service training. During the period of July 2021 – June 2022, 87.5 percent (n=21) of applicable direct service staff completed the required 80 pre-service training hours, a 9.5 percentage-point decrease from the prior year.<sup>35</sup>

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<sup>35</sup> FACES Report TRN030

The Agency’s benchmark is also 90 percent for newly hired supervisors to complete their 40 pre-service hours, allowing completion within eight months after assuming supervisory responsibility. For the same time of July 2021 – June 2022, 100 percent (n=4) of the direct service supervisors completed the required 40 pre-service training hours. This percentage remains in line with the prior year.<sup>36</sup>

The District standard is 95 percent for resource parents completing a minimum of 30 pre-service hours. During the calendar year 2022, there were 90 CFSA and CFSA-contracted private agency resource parents licensed. Ninety-one percent (n=90) completed the required 30 pre-service training hours, a 5 percentage-point increase from the prior year.<sup>37</sup> Final performance was 91 percent. In 82 of 90 homes, the resource parents received 30+ hours of pre-service training prior to licensure.

For completion of direct service staff annual in-service training, the Agency benchmark is 80 percent. Between July 2021 and June 2022, 46 percent (n=223) of applicable direct service staff completed the required 30 in-service hours, which was a 39 percentage-point decrease from the prior year.<sup>38</sup> However, during the COVID-19 pandemic, particularly between July 1, 2021 and June 30, 2022, there was high staff turnover. Data was compromised after 61 employees left the Agency without completing the 30 hours of in-service training.

The Agency’s benchmark is also 80 percent for supervisors, program managers, and administrators with casework responsibility to complete their annual in-service training. For the same period of July 2021 to June 2022, 43 percent (n=75) of the direct service supervisors, program managers, and administrators completed the required 24 in-service hours, which was a 50 percentage-point decrease from the prior year.<sup>39</sup>

In March 2023, CFSA’s initiated an effort to align the required amount of in-service training hours with the D.C. Board of Social work’s licensure standards. Specifically, the Agency is seeking to reduce annual in-service training requirements from 30 to 20 hours for direct services staff and from 24 to 20 hours for managerial staff.

For resource parents’ in-service hours for license renewal, the Agency benchmark is 95 percent. During the calendar year 2022, there were 204 CFSA and CFSA-contracted private agency resource homes. Ninety percent (n=167) completed the required 15 hours of in-service training for a one-year license and 30 hours of in-service training for a two-year license, which was a 1 percentage-point increase from the prior year.<sup>40</sup>

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<sup>36</sup> FACES Report TRN032

<sup>37</sup> FACES Report TRN008

<sup>38</sup> FACES Report TRN031

<sup>39</sup> FACES Report TRN033

<sup>40</sup> FACES Report TRN009

Performance data shows that CFSA was able to meet the 90 percent benchmark for pre-service hours for newly hired supervisors. However, CFSA was not able to meet the 95 percent benchmark for resource parents' in-service hours for license renewal. The Agency was not able to meet the benchmark for newly hired direct service staff, or the benchmark for direct service staff annual in-service training or the benchmark for supervisors for in-service hours.

### ***Stakeholder Feedback – CFSA Response***

In a May 2019 survey, CFSA's social workers, supervisors and managers evaluated the Agency's pre-service and in-service training. Approximately 67 percent of Entry Services staff reported that initial trainings supported their case management activities while 80 percent reported that ongoing trainings supported their case management activities. Among out-of-home staff, 25 percent reported that initial trainings supported their case management activities; 33 percent responded in the negative. The remaining respondents "did not know" the impact of training on their case management. There was a total of 50 percent who responded that ongoing trainings supported their case management activities; 42 percent responded in the negative.

Also in 2019, as part of the Agency's *Annual Needs Assessment* development process, CFSA staff completed surveys to determine suggested training topics. Some responses included effective court writing, dealing with challenging behaviors, cultural competency, coaching birth parents for careers or vocation, and working with birth parents diagnosed with cognitive delays. In a similar survey, resource parents suggested content on coping with death and loss for youth, dealing with mental health needs for resource parents, specialized training on dealing with runaways and challenging or trauma-related behaviors of children, and parent 101 classes specific to infants (e.g., feeding, sleeping, child development).

In the *2020 Annual Needs Assessment*, staff suggested that training topics should include cultural competence and implicit bias, family engagement and teaming, working with vulnerable populations (e.g., trafficked youth, youth self-identifying as LGBTQIA+), working with birth parents, secondary trauma, and the court process (e.g., effective court report writing and testifying). Survey responses from birth parents, resource parents, and youth included suggestions for additional training for social workers on conflict resolution, engagement of fathers in case planning, cultural competence, and active listening. In addition, suggestions included birth parent training on legal rights, caregiver training on managing children with autism and complex needs, resource parent training on parenting 101 and the child welfare system, and youth life skills training.

In preparation for the *2021 Annual Needs Assessment*, CFSA surveyed 168 child welfare professionals between May and June 2021 to determine satisfaction of Agency practice, including training. There were 40 responses to the specific training-related question, "What training topics, if any, would you suggest for enhancing the support provided to children and families in the District?" Responses included cultural competence and implicit bias, family engagement and teaming, working with

vulnerable populations (e.g., trafficked youth, youth self-identifying as LGBTQIA+), working with birth parents and understanding the child welfare process for community partners. Nine birth parents from a focus group indicated the need for courses on child development and managing children with challenging behaviors. The birth parents also indicated that social workers and resource parents would benefit from child development courses, cultural competency, and engagement training to improve communication with all team members. Similarly, 15 resource parents indicated in the survey that they needed a better understanding of how to support and engage a child and birth parents with trauma or challenging behaviors, how to navigate resources, and how to understand their legal rights. Child welfare professionals reiterated that life skills are crucial for youth; the Youth Council received similar feedback directly from youth, specifically that money management is an ongoing need for life skills' proficiency.

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

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

CFSA continues to explore and implement effective and sustainable responses to internal and external stakeholder feedback, including feedback from individuals with lived experience in child welfare matters. The following examples illustrate steps taken during the 2020-2024 CFSP reporting period to address key concerns:

- **Stakeholder Feedback:** Training for social workers on court preparation is needed specifically in advance of court attendance, ensuring accuracy of documentation through engagement in paperwork, effective testimony, and court writing.
- **CFSA Response:** The Agency recognizes a disconnect exists between management and staff. When identifying practice concerns, leadership needs to examine more deeply how program managers guide their supervisors and how supervisors guide their staff. In addition to the disconnect between management and staff, it is possible that there is another disconnect between CWTA classroom training and the applied professional training (APT). Although both Entry Services and the Permanency Administration incorporate APT, the

Agency needs to understand more clearly how program managers from different administrations address practice concerns that have been observed with APT trainees.

- **Action Step #1:** Continue to produce the on-demand courses as needed and remind ongoing staff and management that CWTA refresher courses may be requested or accessed if managers identify challenges among individuals or their entire unit. This practice has been streamlined through CWTA's Training Request Information Portal. Supervisors, program managers, program administrators and deputy directors can request training specific to the needs of their staff via portal requests.
- **Action Step #2:** CWTA will work more closely with the APT trainees and their managers for clear comprehension of the curriculum being taught for infield training in light of what is taught through CWTA pre-service and ongoing training. CWTA will work with APT trainees on offering ongoing refreshers for new staff who may receive APT for 4-6 weeks or longer if their individual practice needs to be strengthened. There has been a good deal of transition in the position of the APT supervisor in CPS; there is now a new APT supervisor for the In-Home Administration. While CWTA had previously been engaged in building a tighter partnership, the transitions have somewhat slowed progress. However, CWTA is committed to continuing this partnership and learning more about the crosswalk between classroom training and APT. Recently, staff requested that pre-service training be abbreviated further to support filling vacancies. Much of the training specific to each administration will now occur via the APT supervisor and the permanent supervisors for private agency staff.
- **Stakeholder Feedback:** Training on cultural competence and transracial parenting is needed, specifically sensitivity training for understanding the culture of youth and stigma of youth in foster care. Examples from respondents included how to process Black Lives Matter for a White legal guardian caring for a Black teenager, how to parent a youth from a more urban community, and how to understand implicit bias.
  - **CFSA Response:** OPPPS' staff experts on cultural competence will present on cultural humility during management meetings and offer the same information to staff. In addition, CWTA will offer courses on racial equity and cultural humility. These courses will be offered both to staff and to resource parents.
  - **Action Step #1:** Identify collaborative efforts or other ways needed to boost the knowledge of course offerings around the requested topics, including transracial parenting. The first phase of transracial parenting training was offered to resource parents, but attendance was low even with advertisement. More resource parent support is required to understand if the training addresses the need. In October 2020, CWTA hosted a two-day transracial caregiving training and then in April 2022 launched the Race Equity in Child Welfare series for staff. The Cultural Humility course remains open to staff and resource parents. Although CWTA hosts Training Advisory Council Meetings to obtain resource parent feedback, these meetings have had low attendance. CWTA will be the keynote during an upcoming Fellowship and Feedback session scheduled for June 2022 and will revisit this effort.

- **Stakeholder Feedback:** Training on digital security is needed, specifically in a world of bullying and trafficking. Training should include how to talk about digital health and dangers to youth who have computers and cell phones.
  - **CFSA Response:** CWTA has a new training called *Social Media and Child Development*. The course discusses the importance of parental protections and the dangers of social media and sex trafficking.
    - **Action Step #1:** The *Social Media and Child Development* training was designed to be a classroom training and was offered between November and December in 2020. Although the *Social Media and Child Development* training is now being offered as an in-person training, CWTA will offer the training virtually for resource parents during the next fiscal quarter.
  
- **Stakeholder Feedback:** Training is needed on how to implement education advocacy, specifically on how to advocate for educational needs when birth parents' rights are intact. Respondents also wanted to understand individualized education plans (IEPs), and receive a training series on special education, school choice, and school discipline.
  - **CFSA Response:** CWTA partnered with OWB to create a training around education advocacy. The training may need enhancements based on the feedback.
    - **Action Step #1:** CWTA is updating the existing *Educational Advocacy* training to include a discussion around IEPs and 504 plans for children with a disability (as defined under federal and local laws). CWTA will also fold the training into the *Now What* series, which explains what resource parents may expect within the first six months of licensing.
  
- **Stakeholder Feedback:** Training on engagement of birth and resource parents is needed, specifically on the following topics: developing patience and working with co-parents, fathers, and mothers who may not be compliant with or who are angry with the case planning process; understanding roles during protective supervision; and ensuring that resource parents are included in case planning at relevant decision points throughout the placement and case planning process. These decision points include FTMs, respite decisions, language of system, court, and real foster care experience.
  - **CFSA Response:** There is a shared parenting training for birth and resource parents as well as an engaging birth parent training for social workers. There is no training on engaging resource parents. The rationale for this omission is the difference between teaming and engagement, i.e., teaming applies to work with resource parents (who are presumably already engaged by virtue of their roles as resource parents) while engagement applies to successfully working with birth parents, who may often need encouragement to participate in necessary services to effect stabilization and when applicable, reunification. However, feedback indicates that this view is not widely held throughout the Agency and may need to be reconsidered for training purposes to ensure that the social work, clinical, and court teams recognize engagement as an across-the-board practice applied to youth, birth parents and resource parents.



- **Action Step #1:** Identify what is needed to develop or create a training component for social workers on the engagement of resource parents. Identify co-facilitators (i.e., resource parents) to inform this conversation in FY 2021. Marketing the shared parenting training to birth parents can be improved as well. There is also a one-day training course on teaming with resource parents and social workers. During this training, participants learn the philosophy, principles, and components of teaming, specifically the use of the co-parenting model (i.e., the relationship between the resource parent, birth parent and social worker, values, and beliefs in child welfare practice). In addition, this six-hour training identifies contractual agreements (policies, stipends, transportation, etc.) for resource parents and social workers. The training is designed to help participants to identify and resolve problems unique to each case. Further, the training explains how to use active communication, support, and reciprocity while working with resource parents.
- **Stakeholder Feedback:** Training on life skills is needed, specifically for job applications, identification and completion of community service hours, filing taxes, completing W2 forms, gaining financial literacy skills (as well as financial planning skills), parenting, maintaining health and hygiene, self-regulation and self-discipline, understanding nutrition, practicing conflict resolution, familiarizing oneself with legal rights, complying with medication management needs, planning for college, practicing healthy sexual behaviors, and recognizing gender identity (LGBTQIA+).
  - **CFSA Response:** This request applies to the Office of Youth Empowerment (OYE). The assigned OYE specialist should be providing these services or contracting with providers who offer these services. YVLifeset should also support part of this request.
    - **Action Step #1:** Considering the utility of some life skills services, OPPPS will inquire how resource parents and youth (in both congregate and foster homes) are currently receiving life skills and who is providing the training? Are there any virtual life skills trainings occurring when life skills are indicated in the YTP? How is the resource parent integrated into ensuring the youth receives the needed life skills indicated in the youth's YTP? Are life skills classes voluntary and, if so, how are we ensuring all youth under CFSA's care are aware of access to available opportunities whenever a life skill is assessed as a need? Are existing services covering what is requested through feedback? The *Now What* series is undergoing a reboot since its inception in 2020. Partnering with OYE will provide resource parents with insight regarding the services and clinical case management services for older youth.
- **Stakeholder Feedback:** Training on parenting 101 is needed, specifically on topics related to handling children with special needs (autism, intellectual or learning disabilities, etc.); dealing with challenging behaviors (e.g., youth involved in foster care and the juvenile justice systems, behavioral diagnoses) and services for these populations. Additional topics included learning crisis intervention and de-escalation techniques and accessing services, dealing with sex trafficking and domestic violence, and for social workers, managing primary trauma for clients and secondary trauma for staff.

- **CFSA Response:** CWTA has a few trainings on some of the aforementioned needs: MANDT training is a two-day training that focuses on how to support people and not just their behaviors by using verbal de-escalation techniques. The training also addresses secondary trauma and specialized population training for resource parents caring for older youth, pregnant and parenting youth, youth self-identifying as LGBTQIA+, and children with specialized needs. In FY 2021, CWTA created a *Parenting Specialized Populations* training that addresses some of the aforementioned concerns.
  - **Action Step #1:** Include OWB and its services in the *Now What* series. Also consider collaborating with OWB on trainings for managing autism and other disabilities children may experience. Explore providing some staff with mental health first aid certification. The *Now What Series* will be partnering with the Office of Well Being with a concentrated focus on services through the Health Services Administration. Future sessions will include expanding into the clinical services dimensions of the Office of Wellbeing to include partnering with the Nurse Care Managers on co-training opportunities that will inform Resource Parents about the physical domains and common disorders children in care.
  - **Action Step #2:** Improve communications with OWB around resources and improve confidence of workers on the topic of domestic violence (DV) through refresher and enhanced training. Entry Services has improved the identification of DV cases. Both CPS and the In-Home Administration implemented a consultation process that includes a liaison per administration. There is one OWB expert who consults on cases when the liaisons are not available and also consults with the liaisons when it is unclear whether a case is DV-related. The confidence and comfort level of social workers managing the DV issue must also be improved. Liaisons are responding to DV assessments and red flag questions during consultations that supervisors and social workers should have already been equipped to answer or identify. The development of an ongoing training module to be accessed at any time related to DV assessments and identifying red flags should be considered. The training should draw from the baseline of questions developed in the existing consultation format that every social worker should have addressed before speaking with a liaison. CPS and In Home Social workers participate in the following courses: Domestic Violence (102), which addresses the impact DV has on child welfare professionals, and Safe and Together DC Coalition Against Domestic Violence, which is a two-day workshop which addresses the intersection between child maltreatment and DV.
  - **Action Step #3:** Resource Parent Support Workers and the PEERS were trained in the model, “A Family-Centered Parent Coaching”. The training provides techniques and interventions to support use while partnering with resource parents, as experience the joys and challenges of caring for children.
- **Stakeholder Feedback:** Stakeholders addressed the need to create, re-train on or update policies on the following topics: effects of cannabis, conducting culturally competent and thorough safety assessments, demonstrating parent engagement after a goal is changed from

reunification, concurrent planning, and life skills requirements for youth in foster care or group home settings.

- **CFSA Response:** Representatives from the Children’s Justice Act (CJA) Task Force, Entry Services, OWB and Program Operations worked together to develop and publish a cannabis brochure for parents and staff that was released April 2021. Regarding assessments and engagement, the In-Home Administration is in the process of developing a program operations’ manual. Concurrent planning and parental engagement are a part of best practices and should be completed on an ongoing basis. There are YTPs and the tool kit that should be tracking life skills, but the scope of how CFSA is ensuring that all youth are receiving life skills, being notified of all possible opportunities in-person and online, and how the Agency is tracking the information remains unclear across staff and may not be fully discussed in the actual policy. There is guidance from the National Youth in Transition Database (NYTD) and thresholds to be met are outlined in the older youth policy, which was revamped in 2019, to support their development.
  - **Action Step #1:** OPPPS Policy, Planning and training teams will continue to work with Program Operations on their policies and implementation of programs with this feedback in mind and what updates are necessary pursuant to the improvement of practice.
- **Overall Stakeholder Feedback:** CWTA has its pulse on the needs of social workers and clients as it relates to training. The feedback helped to identify ways in which some existing trainings could be enhanced as well as confirming new trainings about to be launched. Themes, descriptions, and populations were helpful. An overall challenge is marketing the work to each respective cohort of stakeholders requesting it.
  - **Overall Action Step:** CWTA will enhance and collaborate on trainings where needed. CWTA will partner with the Office of Public Information (OPI) and OPPPS, which manages several city-wide task forces to ensure all training correspondence is dispersed more widely.

In FY 2021, the Resource Parent Training Advisory Council provided the following recommendations to CWTA regarding training needs specific to Resource Parents and their families:

- **Recommendation:** Training course detailing CFSA involvement from the time of a child joining the resource family to reunification or other permanency.
  - **CWTA Response:** Developing the training series *Now, What? Navigating CFSA as a Resource Parent*. This will be a combined webinar and on-demand series of videos that provides resource parents with information regarding the program areas within CFSA they will likely interact with during the time a child is in their home.
- **Recommendation:** Support to resource parents for managing stress and anxiety during the public health emergency.
  - **CWTA Response:** CWTA provided coping strategies to Resource Parents via theSOURCE newsletter, which the Agency emails to all resource parents.

- **Recommendation:** Develop an Emergency Preparedness Training and Response for resource parents as it relates to the current public health emergency and future emergencies.
  - **CWTA Response:** CWTA partnered with the Resource Parent Support Unit to ensure dissemination of COVID-related information. The information came directly from DC Government’s District-wide COVID-19 information.

In FY 2021, CWTA reinstated the Internal Training Advisory Council (TAC) as an additional continuous quality improvement pathway for evaluation, information sharing, and feedback. The overarching purpose of the TAC is to bring together individuals from each CFSA and private agency administration to discuss training initiatives with the goal of ensuring Agency leadership in the training and development process. TAC membership includes direct service staff, supervisors, program managers, and program administrators, along with the CWTA team. During FY 2021, TAC provided the following recommendations to CWTA regarding training needs specific to CFSA and private agency staff:

- **Recommendation:** Training focused on customer service and professionalism in the virtual environment.
  - **CWTA Response:** CWTA will update the current training course on professional etiquette, *Your Reputation Precedes You*, and include the course on the FY 2022 training calendar.
- **Recommendation:** Verbal de-escalation training for staff.
  - **CWTA Response:** CWTA developed the *Crisis Intervention De-Escalation* training session, also in virtual format during the pandemic for staff and resource parents to learn additional techniques for verbal de-escalation.
- **Recommendation:** Training on new and updated policy and practice operations manuals.
  - **CWTA Response:** CWTA participates in policy planning and development roundtables to determine how new and updated policies are communicated across the Agency. The CWTA team is responsible for updating training sessions with relevant policies as they are finalized. Upon completion of practice manuals, CWTA develops training courses specific to the forthcoming topics, e.g., updated In-Home and Out-of-Home Practice Operations Manuals.
- **Recommendation:** Access to CWTA’s full training catalog to assist with determining which training sessions should be revisited for inclusion on the quarterly training calendars or what new sessions should be developed.
  - **CWTA Response:** CWTA has shared the FY 2022 Training Plan Matrix to TAC members. CWTA will also provide an online training catalog on the CWTA website<sup>41</sup> for access by all CFSA and private agency staff. The catalog is currently under review for an FY 2022 launch.

The Resource Parent Advisory Council ensures that CWTA provides a “living curricula” that expands and modifies to respond to resource parent training needs. The council convenes quarterly to discuss upcoming training options and any needs for new curriculum that is specifically geared towards

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<sup>41</sup> <https://cfsa.dc.gov/page/child-welfare-training-academy>

resource parents. The advisory council is made up of new and seasoned resource parents who have expressed interest in participation. The advisory council meetings provide the Agency’s resource parents and CWTA staff an opportunity to partner together to evaluate the resource parent curricula.

The District’s Citizen Review Panel (CRP) described earlier, has also provided recommendations on training needs, including through a 2021 subcommittee report:

- **Recommendation:** Training on “parenting 101” is needed, specifically on topics related to handling children with special needs (autism, intellectual or learning disabilities, etc.); dealing with challenging behaviors (e.g., dual jacketed youth, behavioral diagnoses) and services for these populations; learning crisis intervention and de-escalation techniques and accessing services; dealing with sex trafficking and domestic violence; managing trauma and secondary trauma (for social workers).
- **CFSA Response:** CWTA has a few trainings on some of the aforementioned needs: MANDT training, secondary trauma training as well as a specialized population training for resource parents on working with older youth, pregnant and parenting youth, youth self-identifying as LGBTQIA+, and children with specialized needs. In FY 2021, CWTA created a Parenting Specialized Populations training that addresses some of the aforementioned concerns.
  - **Action Step #1:** Include OWB and its services in the *Now What* series. Also consider collaborating with OWB on trainings for managing autism and other disabilities children may experience. Provide some staff with mental health first aid certification. OWB will partner with CWTA to include additional information on services within the *Now What* series, which provides service information to resource parents. Future sessions will expand to include dimensions of the Agency’s clinical services, including nurse care managers as co-trainers on the physical domains and common disorders of children in care.

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

#### ***FY 2024 APSR Update***

Post-training evaluations for pre-service trainings held between May 1, 2022-March 31, 2023 had a total of 189 respondents, to include social workers and management staff. The following tables provide information about the evaluation responses for pre-service trainings.

**The course content was practical and easy to apply (n=189).**

Strongly Agree	71.43%
Agree	28.57%
Neither Agree nor Disagree	0.00%
Disagree	0.00%
Strongly Disagree	0.00%

**This course content was relevant to my needs (n=189).**

Strongly Agree	83.07%
Agree	15.87%
Neither Agree nor Disagree	0.53%
Disagree	0.53%
Strongly Disagree	0.00%

**How would you rate the overall quality of the training? (n=189)**

Excellent	82.54%
Above Average	13.76%
Average	3.70%
Below Average	0.00%
Very Poor	0.00%

Post-training evaluations for in-service trainings held between May 1, 2022-March 31, 2023 had a total of 466 respondents. The following tables provide information about the evaluation responses for in-service trainings.

**The course content was practical and easy to apply (n=466).**

Strongly Agree	71.89%
Agree	26.39%
Neither Agree nor Disagree	1.72%
Disagree	0.00%
Strongly Disagree	0.00%

**This course content was relevant to my needs (n=466).**

Strongly Agree	75.54%
Agree	22.53%
Neither Agree nor Disagree	1.29%

Disagree	0.21%
Strongly Disagree	0.43%
<b>How would you rate the overall quality of the training? (n=466)</b>	
Excellent	69.53%
Above Average	24.25%
Average	5.58%
Below Average	.64%
Very Poor	0.00%

Based on post-training evaluations, participants continue to find trainings clear to understand, practical, and easy to apply. Participants also continue to feel that the quality of the instructor’s delivery and the quality of training are both superior.

## SYSTEMIC FACTOR 5: SERVICE ARRAY AND RESOURCE DEVELOPMENT

### Item 29: Service array and resource development system functioning

### Item 30: Individualizing Services

**Standard**

How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the Agency?

**Policy and Practice**

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



In instances requiring separation of a child from the home due to imminent safety risks and a substantiated allegation of abuse or neglect, CFSA begins work quickly to ensure that the child leaves care in a timely fashion, preferably to their home of origin, or a permanent home with kin. While the child is in foster care, CFSA maintains a wide variety of placement types to address placement needs. Similarly, the Agency develops case plans to address a variety of needs for individual children. When the Agency temporarily and safely places a child in foster care, CFSA works directly with birth families and resource parents to assess the family's protective capacity, including any ongoing safety risks that impact the child in foster care. Assigned case-carrying social workers partner with families and children (as appropriate) to develop safety plans, and to offer services that ensure placement stability, goal achievement and family stabilization after permanency is achieved.

CFSA's program policies and guidance materials apply to Agency practice across the District and to the CFSA-contracted case-managing agencies serving children and families in Maryland. Many policies, administrative issuances, procedural operations manuals, and companion documents directly relate to the service domains of education, legal, financial, health and well-being. Contained in the [Policy Manual](#) on the CFSA website, guidance materials are readily available to staff, stakeholders, and the public.

### ***Informational Materials***

CFSA provides clients, partners, and community members with informational materials to promote safe and healthy practices, and to identify resources that benefit children and families. The following information materials are recent examples:

- *Marijuana and Your Baby* (pamphlet): In April 2021, with funding from the DC Children's Justice Act Task Force, staff from Entry Services, OWB, and OPPPS developed the [Marijuana and Your Baby](#) bi-lingual pamphlet. This resource offers readers support while informing them about the effects of marijuana use while pregnant, breastfeeding, and caring for children. The resource is accessible online and in hard copy for providers and families.
- *CFSA Connects*: In March 2021, Entry Services launched CFSA Connects, an initiative to increase engagement with families who do not have allegations of abuse or neglect. Designated social workers research supportive resources that address family needs. After making the family's connection to the service provider, social workers stay in touch with families for five days to ensure the family's access and appropriateness for the identified services. These program enhancements will help improve CFSA's prevention efforts by linking families to resources that keep them healthy, safe, and well.
- *REACH Team and Redesigned [FosterDCKids.org](#) website*: The REACH initiative aims to improve resource parent recruitment and retention by engaging staff and community members to serve as ambassadors.<sup>42</sup> A December 2020 survey informed the inaugural cohort of staff participants,

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<sup>42</sup> The REACH (Recruit, Educate, Advocate, Collaborate, and Help) initiative is specific to resource parent recruitment and retention.

and the REACH team began recruiting ambassadors from the DC community in March 2021. As of February 2021, FosterDCKids.org has a new look and features new functions both in English and in Spanish, along with updated content for prospective and current resource parents. Visitors can meet and contact the recruitment team, register for events, submit applications, and explore resources. In addition, resource parents are able to attend a quarterly *Fellowship and Feedback* session to provide feedback, ask questions, or raise concerns directly with Agency leaders.

- *REACH Support Line*: CFSA’s newly launched REACH Support Line (RSL) is a telephone-based intervention that provides after-hours support to resource parents and youth experiencing behavioral, emotional, or family dynamic instability challenges. RSL staff are trained to help in an engaging, collaborative, and advocacy-based manner.

### ***FY 2024 APSR Update***

As discussed in the previous section, the District’s [Kinship Navigator](#) website went live in December 2022. Both the website and the subsequently launched mobile application provide formal and informal kinship caregivers with information and links to a host of supports.

### ***Neighborhood-based Prevention and Family Preservation Supports***

***Family Success Centers (FSCs)*** – An integral component of the *Keeping DC Families Together* initiative is the District’s 11 strategically-located, community-based FSCs, which provide the following array of services:

- Parent Cafés
- Concrete Support (food, clothing, diapers)
- Family Fun Night
- Restorative Justice
- Physical & nutritional health (fitness, dance, health eating & wellness checks)
- Trauma and Community Violence groups
- Personal and Professional Development
- Work Readiness
- Books & Breakfast
- Nurturing Parenting Program
- Knowledge of Child Development
- Economic Development
- Fatherhood/Men/Boys Sessions
- Creative Arts

- Mental Health and Wellness

### ***FY 2024 APSR Update***

CFSA maintained funding during FY 2022 and FY 2023 for the following services that are federally reimbursable through Title IV-E Prevention Services funding from the Family First Prevention Services Act:

- Motivational Interviewing-based case management provided by CFSA's In Home Units
- Motivational Interviewing-based case management via contracts with the Collaboratives

Services offered under the FFPSA Prevention Plan since its inception have been broken into the following categories:

- In-Home parenting and skill-building
- Mental health
- Substance-use disorders
- Cross-cutting interventions (Motivational Interviewing-based case management)

Based on an internal study conducted by CFSA's Office of Community Partnerships (CP) in September 2022, the most requested services from FSCs have been in the areas of food provision and whole family enrichment activities, such as holiday events and celebrations. Other requested services involve housing, youth recreation, parenting support, mental health, clothing, public benefits, and employment. While data tools to analyze FSC utilization and outcomes are still being developed, CP was able to report that the total number of families served each month in FY 2022 ranged from 1,000 to 2,800.

***Community-Based Child Abuse and Prevention (CBCAP)*** – CFSA is the designated lead agency for the CBCAP grant in the District of Columbia. CBCAP funding supports the strengthening and expansion of the District's network of coordinated child abuse prevention resources and activities.

### ***FY 2024 APSR Update***

The CBCAP providers in FY 2022 included the Collaboratives (described in further detail below) which offer classes in parenting and home visitation programs; Mary's Center, a community health center that offers home visitation and a fatherhood attachment program; and the District's Department of Behavioral Health, which provides functional family therapy. In FY 2022, the CBCAP providers served approximately 350 families, just over 300 of which were newly accepted.

***The Healthy Families/Thriving Communities Collaboratives (Collaboratives)*** – CFSA continues its multi-faceted, 20-year plus partnership with the District's neighborhood-based five Collaboratives, listed in *Section C1. Collaboration and Vision*. The Collaboratives provide the District's eight Wards with an array of supports along the prevention and intervention continuum.

As part of the broader child and family well-being system, the Collaboratives accept walk-ins as well as referrals from public agencies, community-based organizations, and the school system. Further, the Collaboratives provide an array of essential services both to non-CFSA-involved and CFSA-involved families. Services include case management, parent education, and information. The Collaboratives also provide referrals and linkages to core services to address housing, employment, and mental health needs, as well as needs for substance use treatment programs.

### ***FY 2022 APSR Update***

CFSA uses the term “Front Yard” to describe the service framework for families that are not known to the Agency but require community-based support to enhance protective factors. In FY 2022, the Collaboratives served 240 families in the Front Yard, preventing these families from coming to the attention of the District’s child welfare system. CFSA uses the term “Front Porch” to refer to families that have already been the subject of a CPS investigation but did not present with safety or risk levels that warranted opening a child welfare case. In FY 2022, the Collaboratives served 390 families on the Front Porch.

As part of the Warmline and Community Support model described earlier in this report, the Collaboratives’ contracts are being modified to establish their role within the District’s community response framework. Specifically, each Collaborative will serve as a community responder referred by the Warmline when a resident’s need exceeds information and referral support and requires the use of prompt service navigation within the local community. The Collaboratives are required to use CFSA’s designated online resource referral platform (currently Unite Us) to accept or reject referrals within one business day and to serve as community responders for each generated referral for no more than 15 business days before arriving at referral closure and documenting the status in the online platform.

***Mental Health – In-Home*** – CFSA In-Home families access mental health services through DC’s Department of Behavioral Health (DBH), which has the responsibility to ensure there is adequate mental and behavioral health support to children and adults in the District. CFSA and DBH work collaboratively to address families’ immediate and on-going mental health needs to achieve better outcomes for families. When an In-Home social worker has difficulty with linking clients to DBH services, OWB assists. OWB acts as a liaison between CFSA and DBH, and links In-Home clients to CFSA contracted mental health providers when deemed appropriate.

### ***Supports for Families During the CPS Investigation Process***

***Child Protective Services (CPS) Investigations: A Guide for Parents*** – During investigations, CPS social workers provide families with the guide, which outlines policies and procedures and explains the investigation process.

### ***FY 2024 APSR Update***

In July 2022, the DC Children’s Justice Act (CJA) Taskforce subcommittee on Criminal Justice and Child Welfare reviewed CFSA’s [CPS Investigation Guide](#) and offered edits designed to clarify issues and parents’ legal rights. The CJA Task Force will continue to revisit any additional steps helpful for modifying the *Guide*, including integration of any updates made to the CPS Investigations Policy and the Investigation Procedural Operations Manual (IPOM). Specifically, the Task Force will ensure that the *Guide* uses clear and up-to-date terminology to explain supervision guidelines and safety planning requirements.

### ***Well-Being and Permanency Supports for Families with Children Served Out of the Home***

***Parent Engagement, Education and Resource Support (PEER)*** – The PEER Unit provides valuable support to birth parents and caregivers by connecting them with dedicated CFSA PEER staff members. Each PEER draws from personal experience to provide coaching and mentoring. In addition, PEERs assist the birth parents and caregivers in navigating the child welfare system, achieving case plan objectives, and reunifying with their children. To this end, the PEER also ensures that birth parents receive the [Information and Resource Guide for Birth Parents Following the Separation of a Child](#). This pamphlet provides important information that birth parents will need regarding Agency expectations and responsibilities.

***Mental Health Unit*** – Since the 2018 implementation of the Mental Health Redesign, CFSA has provided in-house mental health services to children entering or re-entering foster care. In doing so, the Agency has been able to successfully expedite and improve children’s access to mental health treatment. Under the purview of OWB, there are four dedicated positions for licensed on-site clinical therapists to screen, assess, diagnose, and provide short-term mental health treatment to children. On a case-by-case basis, the therapists may also conduct family therapy, individual therapy with parents, and therapy with families receiving in-home services. Children already receiving mental health services in the community continue their engagement with their assigned providers. In addition to the licensed mental health therapists, the OWB Mental Health Unit includes a psychiatric mental health nurse practitioner (PMHNP). The PMHNP provides initial screenings, conducts mental health evaluations, creates initial therapeutic treatment plans and, when indicated, prescribes psychotropic medications. Based on the PMHNP’s recommendations, OWB’s mental health therapists provide tailored therapeutic interventions, including 12 months of short-term therapy, development of ongoing treatment plans, and facilitation of referrals for therapy support after 12 months, as needed. OWB’s therapists are trained to provide the following therapeutic interventions:

- Trauma Systems Therapy (TST)
- Family Therapy
- Child-Centered Play Therapy
- Grief and Loss Therapy

- Cognitive Behavioral Therapy (CBT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Traditional Integrative Approach

To monitor and promote emotional well-being in older youth, including those who have recently aged out of care, CFSA and partner agency social workers, as well as CFSA aftercare specialists discuss and assess for wellness during all visits. When youth present with a potential need for mental health services, social workers will link them with core services agencies; however, when immediate engagement is necessary for children and youth in care, social workers connect youth with OWB’s mental health clinicians.

***FY 2024 APSR Update***

OWB’s mental health referral numbers and timelines were summarized earlier in this section. In FY 2022, the 22-day average from a child’s separation to evaluation and the 21-day average from evaluation to initial appointment both continue to represent significant improvement over pre-Mental Health Redesign timeframes, which ranged from 60 to 120 days.

***Substance Use Support*** – OWB facilitates interventions for substance use treatment and recovery, oversees cases involved with the Family Treatment Court (described below), and facilitates the in-house Project Connect program, which works with high-risk families affected by parental substance abuse, mental health issues, and domestic violence. Consisting of a program coordinator, registered nurse, and four resource development specialists, Project Connect offers home-based counseling, substance use monitoring, nursing, and referrals for other services.

***FY 2024 APSR Update***

In FY 2022, the Project Connect team served 73 parents representing 165 children. Of this number, 34 parents had their Project Connect case closed in FY 2022 and 39 remained active in the program as of the last day of the fiscal year. Of those parents whose cases were closed, 17 had successful closure, 3 achieved their program goals before program completion, 7 had services terminated when the recommended goal was changed away from reunification, 6 disengaged for more than 21 days, and 1 parent voluntarily self-discharged.

***Family Treatment Court (FTC)*** – The District’s FTC is a voluntary, court-supervised, comprehensive service program that promotes timely family reunification for parents with a diagnosed substance use disorder. In addition to the judge, team members include the FTC coordinator, recovery specialist, assistant attorney general, social worker, and treatment providers. FTC conducts entry hearings, weekly group hearings, and weekly virtual case review meetings. Individual court appearances occur on a weekly, bi-weekly, or monthly basis, depending on the parent’s circumstances and progress toward identified goals. FTC participants are enrolled in and may complete either an inpatient or outpatient substance treatment program. Regardless of their preferred treatment choice, participating

parents must comply with random drug testing. To encourage and support each parent's progress, FTC incentivizes and celebrates the achievement of the following program milestones: (1) increments of time where clean drug tests indicate sobriety, (2) completion of substance use treatment, (3) reunification with a child, (4) completion of a program to advance stability (e.g., education, parenting skills, employment readiness), (5) demonstration of stable housing, and (6) successful completion of the FTC program.

### ***FY 2024 APSR Update***

In FY 2022, a total of 26 of the 160 entries into foster care had substantiated neglect allegations related to substance use impacting parenting. As a result of the substantiations, which often were not solely limited to substance use concerns, CPS separated the children from their parents or caregivers. In FY 2022, 12 parents enrolled in FTC, 11 of whom entered a substance abuse program. One of the 11 parents completed treatment. Three parents had their CFSA case closed prior to program completion, and seven parents were still active in the program at the end of FY 2022. There were also seven FTC cases where parents reunified with their children, resulting in successful case closure. Eight FTC cases involved parents whose children returned to their care under protective supervision.

***Housing Strategies*** – CFSA supports families' housing needs by exploring available city-wide resources and housing services in conjunction with external agencies, e.g., the District's Department of Human Services and the District of Columbia Housing Authority (DCHA). When external resource options have been exhausted, CFSA employs supportive internal strategies. The Community Partnerships Administration manages the following three housing support programs designed to assist youth and families experiencing housing instability:

- **Rapid Housing Assistance Program (RHAP)** – RHAP is a short-term rental assistance program, ranging from a one-time need to a 12-month need for assistance. This RHAP assistance helps to prevent children from entering foster care and assists families when housing is the only barrier to safely returning the child to the home. RHAP also assists older youth transitioning out of foster care, as well as former foster youth (up to age 23) to establish stabilized housing after exiting foster care.
- **Family Unification Program (FUP)** – FUP provides Housing Choice Vouchers (otherwise known as Section 8) through the DCHA. These FUP vouchers provide housing to CFSA-involved families where housing is a barrier to family stabilization or a barrier to safely returning the child to the home. The family vouchers allow for lifelong, permanent housing stability. The FUP vouchers also provide housing to youth aging out of foster care, as well as youth between the ages of 18-24 who left foster care after the age of 16 and are currently experiencing or at risk of homelessness. Historically, Youth FUP vouchers were time-limited, i.e., not exceed 36 months. However, recent amendments to the Fostering Stable Housing Opportunities (FSHO) Act have extended the voucher time limit for an additional 24 months (five years total) if the youth meets specific education, workforce development, or exemption criteria.



- **Family Flexible Funds (Flex Funds)** - The Flex Funds program includes emergency financial assistance for housing costs to help support families involved with CFSA. Flex Funds can help prevent children from coming into care by supporting families receiving in-home services, or by supporting family stabilization efforts when families have an open CPS investigation. If families are already receiving out-of-home services, Flex Funds can help support reunification efforts. These funds are reserved and readily available to meet the urgent service needs of families, providing additional, concrete social support particularly to families living in multi-generational homes. Flex funds are accessible both to CFSA-involved families and families working with Collaboratives in their communities.

### ***FY 2024 APSR Update***

In FY 2022, CFSA approved eight youth and three families for RHAP, in addition to identifying five families and eight older youth as eligible for referral to DCHA to apply for FUP vouchers. Also in FY 2022, CFSA distributed Flex Funds to a total of 181 households across the following Agency administrations: CPS, CCMS, In-Home, OYE, and Kinship. Additional households included families with children placed and served in Maryland by CFSA's contract with NCCF. Flex Funds helped families with expenses related to, among other things, housing and utilities, daycare, food, and clothing.

### ***Additional Services***

***Older Youth Services through the Office of Youth Empowerment (OYE)*** – OYE offers a myriad of educational, vocational, financial, life skills, and parenting supports to help youth achieve a successful transition to independent adulthood. Service domains and activities are detailed and updated in *Sections C3. Update to the Plan for Enacting the State's Vision* and *C5. Update on Service Descriptions*.

***Trafficking Victim Supports*** – CFSA contracts with Courtney's House to provide trauma recovery services to survivors of child sex trafficking and children at risk of being sex trafficked. The contract is designed to support youth who have an active case with CFSA. Courtney's House's Survivor Hotline provides 24-hour crisis intervention services. It also has a drop-in center that provides a safe environment for youth who can participate in support groups, workshops, and other therapeutic activities.

### ***FY 2024 APSR Update***

In FY 2022, CFSA entered into a contract with PSI Family Services for intensive foster care for up to 36 children. Many of the older youth who have experienced trafficking would be appropriate for this intensive foster care, which includes highly skilled and specially trained resource parents and home settings that are further from the District to allow for an extra safety zone.

The CJA Task Force continues to be invested in supporting the work of HOPE Court to improve the judicial handling of trafficking cases. HOPE Court funding previously included expenditures for the training and handling of a service dog, Pepper. This activity ceased due to the pandemic. However, given feedback on how helpful Pepper was for the children and youth at HOPE Court, CJA is exploring

reinstitution of support for a new service dog again. Additionally, CJA purchased stuffed animals, in Pepper's likeness, which will be distributed this year to children and youth who attend HOPE Court.

### **Data**

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

The District is aware that a large service array can present communication challenges for reaching all types of stakeholders in the most efficient manner, especially with respect to stakeholder turnover. To streamline communication, OPPPS staff conducted a survey for staff from CFSA's Office of Out-of-Home Support completed. Of the 12 key staff respondents, 75 percent reported that the Agency does "somewhat well to very well" for offering services that meet the individualized needs of a child. Twenty-five percent said the Agency "does not do well" for this measure.

Staff respondents expressed concerns that the Agency is more compliance-focused than quality-focused. Staff noted that services may exist but there are barriers to receiving the service or there is an information gap in knowing that the services are available. In a separate child welfare survey, comments from 96 respondents indicated that services are available but when there is a change in a particular service or provider, there is sometimes no universal or District-wide guide to inform child welfare professionals. Respondents also commented that even if the service is known to staff, there are often no details or "reviews" on the effectiveness of the service. There is also no way to know how to access and obtain information about service programs in order to share the information with clients. Respondents suggested that CFSA might include both a listing of services and updates on services on the Agency's website.

Through the Quality Service Review (QSR) process, CFSA increases its understanding of child and family needs, reasons for a family coming to the attention of the Agency, and subsequent services and supports that can help the family stabilize or help a child reach its permanency goal. The *Supports and Services* indicator from the QSR protocol seeks to assess the appropriateness of the offered services needed by a child, a mother, a father and, when applicable, a resource parent for children in out-of-home care. Supports range from behavioral health services (e.g., individual or family functioning therapy) to academic services (tutoring and individualized educational plans) to medical services (i.e., medical equipment) for children diagnosed as medically fragile.

In FY 2021, the QSR Unit reviewed 80 out-of-home and 63 in-home cases. Performance ratings showed that positive implementation of supports and services increased by 4 percentage points from 84 percent in CY 2020 to 88 percent in CY 2021. Findings from reviews also indicated that the combination of formal and informal supports and services fit the child and the family's situation. The delivery of

interventions was effective and demonstrated appropriate assistance to the family for achieving sustained permanency.

### ***FY 2024 APSR Update***

In a 2022 QSR sample of 68 cases, CFSA's overall ratings for Out-of-Home support and services were at 88 percent (n=60), exceeding the 80 percent benchmark for the Four Pillars Performance Framework. Moreover, the benchmark was exceeded across all case participant categories. In-Home cases reviewed in 2022 also remained above the 80 percent performance benchmark, although they declined overall from 92 percent in 2021 to 83 percent in 2022.

### ***Stakeholder Feedback – CFSA Response***

**Cross-Agency Functions – Needs Assessment** – During the 2019 and 2020 *Annual Needs Assessments*, internal and external stakeholders shared experiences regarding the barriers to accessing or utilizing the following resources: (1) mental health, (2) childcare, (3) social services, (4) education, and (5) life skills. Stakeholders knew about many of the Agency's resources but access to the resources often depended upon the quality of the individual case management, i.e., awareness of a service occurred only on a case-by-case basis. Once a client did receive services, client feedback affirmed that most services were effective. Still, clients noted barriers in communication (including communication up through the chain-of-command) and barriers to follow-through and response times. Suggestions included the need for a central repository of services. Stakeholders understood that clients have to be receptive and engaged in services for services to be effective, but stakeholders still need to be made aware of available services before attempting to engage clients to participate. Also, services must be adequate and appropriate to the needs of the client in order for client engagement to be sustained and for clients to feel supported by service programming and staff.

**Cross-Agency Functions – DC Citizen's Review Panel (CRP)** – In November 2019, a CRP working group focusing on CFSA's in-home practices and services published its findings in the [CRP In-Home Report](#). The report acknowledged the Agency's success in changing policies and practice to promote safety and safe case closure but the report also expressed concern about the service array, particularly for families with multiple and complex needs. Additionally, the report recommended increased incorporation of social workers' voices into new policies and practices.

**Mental Health Resources** – In the 2019 and 2020 *Annual Needs Assessment* surveys, respondents identified the top three barriers to receiving quality behavioral and mental health services as programmatic, geographic, and psychological. The primary themes related to consistent access of local services (e.g., within the District and the client's neighborhood or geographic location), in addition to a need for more services for vulnerable populations, more home-based therapies, and more alternative therapies. There was also a strong emphasis on the importance of addressing cultural and language barriers, including the importance of incorporating racial equity and increasing bi-lingual services.

A debriefing was held in 2020 with OWB, OPPPS, Program Operations, Community Partnerships, Entry Services and CWTA. Meeting participants discussed the most prevalent service array themes that were mentioned across stakeholders or repeated from the previous year. Since that time, CFSA has been working to implement new and improved protocols and practices.

- **Stakeholder Feedback:** In regard to mental and behavioral health services (e.g., alternative therapy, traditional therapy, medication management, anger management and substance abuse), stakeholders felt services were effective in 40-to-60 percent of instances. Areas for improvement were programmatic, geographic, and psychological in nature. These areas included improving access to CFSA in-house therapists for in-home families, increasing consistency in providers, improving knowledge of resources around domestic violence (DV), including batterer intervention programs, adding more bi-lingual and culturally competent providers, adding more grief and loss supports for parents and youth, and increasing the number of service providers with expertise in sex trafficking (CSEC), attachment disorders, etc.
- **CFSA Response:** Entry Services' In-Home Administration staff are aware that the CFSA in-house therapists receive referrals for in-home families, despite the target population being children in foster care. Referrals occur on a case-by-case basis under the discretion of the ongoing social worker. Despite current social worker awareness of the in-house therapists, OWB could advertise this service better. OWB is aware of the lack of resources for batterers and the need to increase capacity to provide DV support. Regarding bilingual providers, OWB needs to collaborate with OPPPS to maintain a log of the languages of the children coming into the system. For therapy referrals, OWB has a list of five or six modalities and supplemental therapies that CFSA-contracted providers offer. However, attachment disorder is not on that list of expertise. Equally, OWB is aware that there are insufficient therapists with expertise in sex trafficking. Both attachment disorder and sex trafficking are realities for the CFSA population. Lastly, within the past year, OWB met with the Wendt Center (which provides grief and loss counseling) and confirmed that options are insufficient and the Center maintains a relatively long waiting list. OWB employs an in-house therapist who is well-versed in grief and loss therapy but there is no dedicated therapeutic staff to address grief and loss or trauma.

**Action Step #1:** OWB is working with CFSA's Office of Public Information (OPI) to improve internal and external promotion of in-house therapy as a resource and referral process. OWB also worked with OPI in FY 2022 to provide Agency-wide communication to staff on OWB supports and resources. Additionally, OWB staff continue to advertise services throughout the year by attending management, supervisor, and unit meetings, e.g., updating and promulgating one-page information sheets on services. OPI then distributed the information sheets. OWB has also been involved in providing updates

during Four Pillars Huddles<sup>43</sup> and Hot Button Service Provider Presentations.<sup>44</sup> Lastly, OWB continues to conduct individual outreach to social work teams following RED Team Meetings and FTMs.

- **Action Step #2:** OPPPS provided OWB with the *Annual Needs Assessment's* breakdown of languages for all children. As of March 31, 2020, CFSA identified 2 percent (n=43) of CFSA children whose primary language was not English. Of those children, 33 were in foster care (the remaining 11 were receiving in-home services). Of the 33 children in foster care, 48 percent (n=16) were Spanish speaking. Children speaking other languages comprised 52 percent (n=17). The other languages included French (9 percent, n=3), American Sign Language (6 percent, n=2) and other non-English languages (36 percent, n=12), such as Somali, Swahili, Oromo, Dari, Tigrinya, and Eritrean sign language.
- **Action Step #3:** OWB will revisit the list of therapeutic modalities to determine what other services might be missing from the current in-house array to address children's needs, including attachment disorder, post-traumatic stress disorder, and sex trafficking. OPPPs forwarded the concern regarding a lack of grief and loss providers both to the CSEC Committee and the CJA Task Force. The Task Force offered funds to train persons throughout the District in CSEC. Since 2018, OWB has had a grief and loss therapist with experience working with youth involved with CSEC. Overall, OWB therapists treat the following diagnoses: attachment disorder, post-traumatic stress disorder, and trauma associated with sex trafficking. OWB continues to evaluate the needs of youth and families, utilizing a core service agency or contracted supported service when needed. For example, CFSA currently has a contract with MBI Health Services Inc, providing dialectical behavioral therapy and other longer-term therapeutic services to youth and families.<sup>45</sup>
- **Action Step #4:** Across the Agency there is a sentiment that there are no existing resources or a lack of consistent resources in the District either for DV victims or for batterer intervention. OPPPS suggested that social workers sign-up for the DC Victim Assistance Network (under the District's Office of Victim Services and Justice Grants) to

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<sup>43</sup> During FY 2022, the Program Outcomes Unit began partnering with supervisors across Agency administrations to present monthly data through the Four Pillars Huddles, described earlier in this report. During these meetings, participants discuss performance unrelated to the Four Pillars Performance Framework. Mid-level management, i.e., supervisors, present the data. The Agency invites all interested CFSA staff to attend the Huddles.

<sup>44</sup> Hot Button meetings are held biweekly to discuss youth who have increased behavioral, mental, and psychological needs; a history of running away; and a history of violent behavior that impacts placement such that the placement disrupts. The Hot Button team comprises social workers, supervisory social workers, program managers, program administrators, program specialists, and nurses. Team participants represent the following CFSA administrations: the Office of Well-Being, Health Services Administration, Clinical Case Management and Support Administration, Administration for Kinship and Placement, and the Office of Youth Empowerment. The team's collaboration focuses on finding the best placement option for the youth.

<sup>45</sup> Dialectical behavioral therapy (DBT) is a type of cognitive behavioral therapy that includes a more philosophical and meditative approach that may be more suitable for some diagnoses. Like cognitive behavioral therapy, DBT helps to replace negative thinking patterns with positive behavioral changes.

receive notifications of resources that advertise DV services.<sup>46</sup> As a service resource, access to NowPow was initially limited. Many staff were unaware that NowPow was fully accessible to everyone. Community Partnerships currently measures the utilization of NowPow as a service resource. Once CFSA verifies available DV and other resources, Community Partnerships adds the information to the NowPow database. Also, Community Partnerships has created training in NowPow for the individual administration leads and has improved communication of NowPow as a resource. As noted earlier, “Unite Us” acquired NowPow. CFSA’s Office of Community Partnerships is in dialogue with Unite Us to improve the platform’s experience for social workers. Training on navigating the new resource platform will remain readily available and ongoing for all CFSA administrations in hopes of enhancing the service delivery to children, youth, and families. In addition, CFSA is prioritizing the platform’s capacity to provide an array of comprehensive DV supports. To this end, the Agency recently procured a contract with a batterers intervention group provider to begin in FY 2022. Additionally, the Agency’s DV Unit engaged in a Lean session to redesign the coordination of supports provided to social workers and families.

**Childcare Resources** – CFSA’s childcare resources include daycare programs for out-of-school children, extracurricular and recreational activities, and respite. In general the *Annual Needs Assessment* respondents have noted that all related childcare resources are important to the success of a case. As with mental health services, CFSA’s 2020 debriefing led to the development of several childcare-related strategies in response to key themes in the stakeholder feedback.

- **Stakeholder Feedback:** In regard to childcare services (including daycare programs, recreational activities, and respite), stakeholders felt that services were effective for 80 to 100 percent of the time, excepting the daycare programs. Areas for improvement were programmatic, financial, and geographic in nature, such as childcare services for children with autism or disabilities and newborns not yet immunized. These areas in need of improvement were in addition to general financial support for childcare and childcare options that had non-traditional hours and were also located near a home.
- **CFSA Response:** There are at least five contracted caregivers who can provide emergency daycare. However, there are still barriers to placing a newborn who has entered foster care when a parent has not given consent for the Agency to obtain vaccinations and immunizations. CFSA needs to provide information to resource parents about this potential barrier to securing immediate childcare. CFSA administrations will consider additional ways to help birth parents to consent to immunizations of a newborn during the separation process. OWB will also work with CWTA on training points on the immunization process for resources parents.
- **Action Step #1:** The Placement Passport Packet was updated in May 2021 to include a copy of the Universal Health Certificate and Immunization Record. This addition is part of the checklist of items needed within three business days of a child’s placement in

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<sup>46</sup> <https://ovsjg.dc.gov/service/victim-assistance-network> (dcvan@googlegroups.com)

care. The assigned social worker or resource parent support worker ensures the resource parents receive the completed Placement Passport Packet. As needed, the packet follows the child if a new foster care placement is required.

**Social Services Resources** – Social service resources included DV supports, home-visiting supports, housing, sex-trafficking intervention and services, transportation, the Parent Education and Support Program (PESP), and community faith-based supports. In general, respondents noted that all of the indicated services were important to the success of a case, but the top three barriers were programmatic, financial, and “other” (e.g., children or older youth not engaging in services, lack of resources, lack of flexibility with provider or poor system coordination).

During the 2020 debriefing, OWB, OPPPS, Program Operations, Community Partnerships, Entry Services and CWTA also identified themes and responses to stakeholder feedback regarding social services resources.

- **Stakeholder Feedback:** In regard to social services (e.g., DV, home visiting, housing, sex trafficking, transportation, PESP and faith-based supports), stakeholder opinion varied greatly. Areas for improvement were programmatic, financial, and psychological in nature, such as providing more life skills for older youth and for birth parents, housing for CSEC victims, DV and fatherhood resources, respite for birth parents beyond permanency, service satellite offices at the neighborhood-based Collaboratives to improve efficiency, and reduction of stigma and travel.
- **CFSA Response:** OWB staff were not all aware of the home-visiting programs (e.g., Mary’s Center). Internal communications need to increase, especially with regard to information sharing on available services. OWB staff need to participate in both pre-service and in-service social worker training.
  - **Action Step #1:** OWB will work with CWTA to identify gaps in OWB staff’s presence and capacity to assist with the trainings. OWB will also work with OPI on creative ways to publicize resources and new contracts to internal and external staff. Regarding the stigma barrier, the Agency will determine whether any of the Families First Family Success centers (launched in Spring 2021) will assist with reducing the barrier. If so, the Agency will determine how to evaluate the assistance. OWB’s DV program specialist consistently works with CWTA to engage and provide trainings for staff and resource parents.

### ***FY 2024 APSR Update***

Throughout FY 2022 and FY 2023, OWB staff have regularly engaged in activities across administrations, particularly through committee forums to engage youth and families in available services. OWB also teams with CWTA to participate in training and onboarding activities to ensure that new staff are aware of service databases and how to access them. As needed, OYE engages CFSA program administrations to ensure staff are aware of any new services, providers, and protocols. Recent outreach activities include Hot-Button meetings, targeted trainings, focus groups, and



presentations to the Agency’s Comprehensive Addiction and Recovery Act (CARA) committee, Commercial Sexual Exploitation of Children (CSEC) Committee, Resource Parent Forum, and OYE Community Forum.

**Annual Needs Assessment** – In general, 2019 and 2020 *Annual Needs Assessment* respondents noted that all of the education-based services were important to the success of a case, but there were still the top three barriers: programmatic, client resources and “other” (e.g., a client needs to commit to the service and mentors need training in mental health). In the 2020 debriefing, OWB, OPPPS, Program Operations, Community Partnerships, Entry Services and CWTA discussed the most prevalent themes and formed responses.

- **Stakeholder Feedback:** In regard to education and life skills (e.g., tutoring, financial literacy, workforce development, food and nutrition and mentoring), stakeholders felt services were effective in 40 to 60 percent of instances. Areas for improvement were programmatic and client-related in nature, such as providing adult literacy programs, life skills for youth and birth parents, mental first aid, and more flexible and culturally specific services, including for mentors and tutors. Stakeholders requested that tutors not teach to an assessment but to homework help.
- **CFSA Response:** The team has also identified the lack of diversity among tutors and mentors as a barrier. The rigidity of tutoring should have been resolved but continues with the vendor.
  - **Action Step #1:** Provide more training to vendors on the type of youth both tutors and mentors will be serving. Identify vendors who can be more culturally competent, less rigid in approach (youth-focused) and more flexible with schedules. In FY 2022, CFSA recognized the need for a viable mentoring program to meet the needs of older youth. As a result, CFSA entered into a memorandum of understanding with the DC Department of Youth Rehabilitation Services (DYRS) to provide services from DYRS’ contract with Credible Messenger Mentoring. This program provides community support through mentors residing in the same neighborhoods where the youth lives. Credible Messengers are hired based on a flexible schedule during non-traditional hours and cultural competence, allowing them to relate better to youth. In FY 2021, 20 youth received mentoring services through Credible Messenger. As of February 2022, 19 youth had received mentoring services through Credible Messenger.

**DC Citizen Review Panel (CRP)** – A special CRP working group addresses services to youth who are aging out of foster care. In 2021, the CRP released the report, [District of Columbia Child and Family Services Agency \(CFSA\): Preparing Older Youth for Independence](#), which was based on interviews with older youth in care and surveys of foster parents caring for this population. Members of the workgroup prompted the review and evaluation of youth services based on older youth in DC foster care needing additional resources after leaving foster care, e.g., financial readiness and educational and vocational support. CRP reviewed CFSA's current practice against best practice standards and developed

recommendations for youth (ages 15-21) to receive quality financial readiness and educational achievement while still in foster care.

After responding to CRP's recommendations during a virtual meeting in February 2022, CFSA's director sent CRP a formal written response in April 2022. The following is a summary of that response:

- **CRP Recommendation** – Provide regular, accessible opportunities for all youth to engage in a financial literacy curriculum rather than just the single orientation.
  - **CFSA Response** – The Capital Area Asset Builders (CAAB)<sup>47</sup> contract includes financial literacy workshops. CFSA will assess the curriculum to determine if CAAB has infused the Consumer Financial Protection Bureau (CFRB)<sup>48</sup> curriculum into the CAAB curriculum. OYE ensures workshops are both age-appropriate and youth friendly.
- **CRP Recommendation** – Develop and implement programming designed to ensure that youth, social workers, and resource parents are aware of the available vocational training opportunities.
  - **CFSA Response** – OYE hired a program specialist in February 2022 to coordinate the distribution of information and programming for vocational training opportunities. In April 2022, CFSA presented a variety of resources available to resource parents, CFSA social workers, resource parent support workers, and CFSA-contracted private agency stakeholders. A regular monthly “power hour” occurs for youth to learn about programs.

### ***FY 2024 APSR Update***

The [Office of the Ombudsman Annual Status Report of 2022](#) discussed the following recommendations related to interagency protocols and family needs with regard to education and at-risk youth:

- **Ombudsman Recommendation:** Interagency team functioning and decision-making processes should be consistent with the principle of family-centered practice and integrated services. Sometimes this requires increased teaming between CFSA staff and other DC government agencies, such as DC Public Schools, to explore and discuss the expectations around CFSA's involvement with a family and its role as the child welfare agency. Having DC's foster care agency lead in interventions to support educational needs is not always in the family's best interest. In some instances, this may be more appropriately led by DC Public Schools in collaboration with CFSA or other community supports.
- **CFSA Response:** CFSA now holds weekly office hours where staff from any local education agency (LEA) has access to the supervisor of the Educational Neglect Triage Unit at CFSA. LEAs can ask questions about the educational neglect reporting and investigation process and staff can also vocalize concerns about attendance issues with students within their school community and get recommendations for next steps. These sessions are held on

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<sup>47</sup> CAAB is a local non-profit organization that focuses on building financial literacy and educating residents on asset building and wealth management.

<sup>48</sup>CFPB is a federal government agency dedicated to educating and protecting consumers through resources and education, including frauds and scams, credit reports, mortgages, debt collection, banking, etc.

Tuesdays for DC Public Schools (DCPS) from 11am-12pm and Thursdays for DC Public Charter Schools (DCPCS), also from 11am-12pm.

### ***Additional Activities to Identify, Provide, and Enhance Services***

The District has implemented and continues to improve upon the following activities in response to feedback received over the CFSP reporting period:

- **Improving services to victims of DV:** Survey feedback over the past two years revealed stakeholders' impressions that social workers are not equipped to case manage families dealing with DV. The social workers reiterated these concerns and reported low levels of comfort for addressing DV issues. In response, OWB assigned clinical DV liaisons to each case managing administration to improve the referral process, provide DV case consultation and support to social workers, and to improve clinical case practice for the safety and well-being of children and families experiencing DV.
- **Information Gaps:** Internal and external stakeholders expressed concerns that there is a lack of information-sharing regarding the array of available CFSA and community-based services. As one resolution, the OPPPS Policy Unit developed and promulgated the Policy Press in August 2018 to inform CFSA internal staff and external partners and resource parents of new practice policies and guidance.
- **In-House Mental Health Screenings and Therapeutic Interventions:** CFSA initiated the Agency's Mental Health Redesign in FY 2019. Details can be found in *Section C3. Update to the Plan for Enacting the State's Vision*.

As noted in *Section C1. Collaboration and Vision*, the District continues to implement the Title IV-E Family First Five-Year Prevention Plan through a comprehensive approach towards prevention strategies. The Prevention Plan highlights primary, secondary, and tertiary levels of supports and services, and also highlights the use of MI (referenced earlier) as an evidence-based case management model, which is currently in use both by CFSA social workers and the community-based Collaboratives. CWTA has trained all staff in the use of MI to support families to achieve their goals. To enhance that support, CFSA is refining the fidelity monitoring tools to advance successful MI usage in case practice.

The Children's Bureau's Systems Change Cohort 2 of the federal initiative, *Thriving Families, Safer Children (TFSC): A National Commitment to Well-Being*, allows CFSA, other District agencies, and nonprofit organizations to further expand upon the array of services that support families early enough to prevent them from becoming system involved. The TFSC Steering Committee meets quarterly to review progress. The committee membership totals approximately 140 individuals representing community-based providers, people with lived experience and government agencies. Community members with lived experience are most integral in co-leading the core planning committee and the three subcommittees. Each subcommittee (Warmline, Evaluation and Impact, and Diversity, Equity, and Inclusion) develops charters and 90-day plans.

As noted earlier, the deliberate inclusion of people with lived experience underpins the TFSC work to transform the child welfare system into a child well-being system. Internal and external recruitment began for a TFSC and Lived Experience Advisory group. Benefits of participating include compensation incentives, professional development, and partnering together with CFSA to inform decision-making. CFSA also hosted a lived-experience forum to create awareness of the TFSC initiative, answer questions, and learn why participants are interested in the work. CFSA looks forward to continuing working with the community and necessary government agencies on moving upstream to a child and family well-being system.

Putting Families First in DC (PFFDC) provides support to families in under-resourced neighborhoods with high risk factors through the 11 neighborhood-based Family Success Centers. To ensure successful engagement and service delivery, each center has developed a Community Advisory Council. Each council membership includes residents and stakeholders from the local neighborhood who help determine services, specifically for increasing protective factors, mitigating trauma, filling in service gaps, and empowering families. All PFFDC centers provide the following prevention-based assistance for their respective neighborhoods and communities:

- Referrals and engagement with services and resources
- Parent support, including learning and mentorship opportunities, as well as emphasis on developing stronger family-level communication
- Emotional wellness and mental health programming
- Youth development opportunities, including employment, tutoring, and recreation.

In addition to the above, CFSA identified a small population of younger children with significant behavioral challenges who could benefit from a local psychiatric residential treatment facility (PRTF) versus the non-local but available PRTFs in other jurisdictions that are currently included in CFSA's placement array. To address the identified need, the District explored the possibility of building a small PRTF in the District or surrounding area. Despite concerted efforts during the procurement process, CFSA encountered challenges identifying a provider to build and develop such a local PRTF. CFSA has subsequently determined that a less restrictive but still intensive placement solution will appropriately meet the needs of the same population. As a result, CFSA will contract for additional professional foster parents to offer smaller, yet intensive and supportive environments that provide the necessary clinical and therapeutic-based services.

## **Systemic Factor 6: Agency Responsiveness to the Community**

### **Item 31: State Engagement and Consultation with Stakeholders pursuant to CFSP and APSR**

## **Standard**

How well is the Agency's responsiveness to the community system functioning statewide to ensure that implementing provisions of the CFSP and developing related APSRs includes state engagement with ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies, including the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

## **Policy and Practice**

Although the Agency has no specific policy related to the quality of CFSA's community responsiveness, CFSA's regular practice includes stakeholder participation for developing or updating policies and practices, as well as stakeholder feedback for informing resource development and development of other documents.

The Agency's diverse and comprehensive approach to regularly and meaningfully incorporating all stakeholder voices is evidenced in *Section C1. Collaboration and Vision*, which lists a variety of public forums, strategic partnerships, standing commissions, advocacy groups, task forces, workgroups, peer engagement activities, and other structured information-gathering practices. Additionally, examples throughout this section and sub-sections can be found to illustrate Agency capacity, strategy, and performance in responding to the community.

## **Stakeholder Feedback – CFSA Response**

**CFSR/PIP** – As a result of the 2016 CFR, the District of Columbia received an overall rating of Strength and was found to be in substantial conformity for Items 31 and 32 (Agency Responsiveness). However, birth parent, resource, parent, and youth surveys at the time found mixed reports regarding the effectiveness of Agency communications. In a survey of eight birth parents, seven of the parents addressed the effectiveness of the Agency's communications. In general, the respondents commented that there is now more communication between the Agency and its partners and stakeholders than in the past. Nevertheless, there is room for improvement because clients and resource parents are still not fully aware or adequately informed about community resources.

**Annual Needs Assessments** – The 2019 and 2020 *Annual Needs Assessments* included the question "How effective is the Agency and its placement partners in making resources known?" Child welfare professionals from CFSA and CFSA's contracted private agency partners provided mixed responses with less than half rating the answer as "effective to very effective." A much smaller minority of resource parents found effective communication and, in fact, only a little over half found it average or better. By 2020, just over half of the birth parent respondents found communication "effective to very effective", attributing the increase over prior years to the specialists in the Parent Engagement, Education, and Resource (PEER) Unit. While only about one third of youth have found communication to be effective,

only a small minority have found it ineffective. The remainder found communication “average” or indicated they were unsure.

In a focus group of nine birth parents and three PEERs, birth parents were asked how the Agency could be more responsive to their needs and communicate better with partners. Birth parents agreed that social workers should be more solution-focused and all workers should understand the availability of resources in the District or at least know how to search for services to support the parent.

Youth suggested incorporating youth more often into meetings and hearings and utilizing more forums and assemblies. Youth also requested that social workers should simply answer the phone, and text message youth to inform them of information and resources.

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

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

In order to close the feedback loop on Agency responsiveness issues generated during the 2019 and 2020 *Annual Needs Assessments*, CFSA held a debriefing session in 2020 to discuss next steps to address recurring themes that were mentioned across stakeholder groups. Agency progress is noted below:

- **Stakeholder Feedback:** Stakeholders believe communication and transparency has improved overall with the Agency. One area identified for greater improvement included the need for a resource database in one central location where internal and external stakeholders can access the service array offered by the Agency.
  - **Action Step #1:** Improve communication across administrations. Create a single source to locate information on services, to assist social workers and clients with navigation (e.g., familiar terms with definitions), and to eliminate confusion for stakeholders and child welfare professionals. A single source will also eliminate outdated or scattered information. CISA is partnering with CFSA’s Office of Public Information, OPPPS, and individual program areas to improve online communication. Greater outreach and

communication planning may require a dedicated position with responsibility for streamlining resources and information across CFSA's administrations. This position would also be responsible for creating the one central online resource, monitoring necessary changes, and then communicating those changes throughout the child welfare community.

- **Stakeholder Feedback:** Internal and external stakeholders were pleased with the listening sessions and town hall updates but would like them to continue, even if only virtually, for ongoing updates related to Families First and Family First DC (resources, status, etc.). There is a perception that CFSA lacks effective partnerships with sister agencies and other organizations in the District regarding information sharing for available resources. There was a repeated need expressed for one central repository of service information. Social workers commented not knowing where such a repository exists while clients have commented that the CFSA website does not provide a single repository for service options. Clients (i.e., resource and birth parents, and youth) would like the same service information access as social workers. Clients continue to experience delays in social worker notification of available resources (or unavailable resources). There are times when a client learns that another CFSA client has received a similar resource, which compounds confusion regarding differences in service accessibility. All stakeholders noted that birth parents should have access to the same resources as the resource parents. Specifically, stakeholders indicated the need for a prevention and permanency resource that supports birth parent training and caregiving skills for a child diagnosed with a disability or diagnosed with behavioral challenges.
- **CFSA Response:** Community Partnerships reviewed feedback and identified action steps for FY 2022. To roll out the NowPow resource, each administration identified a person for training in the resource database and serve as the navigation technical assistant for their administration, but since people were still unaware of the resource, including staff, the communication plan for NowPow was revisited and implemented again in FY 2021. Eventually, the resource will also be transferred to the Family Success Centers.
- **Action Step #1:** Community Partnerships continues to monitor feedback for ongoing improvements to communicating the existence and access to the NowPow resource. In addition, Community Partnerships is developing a process to include additional needed resources into the NowPow database as those resources become known. As noted earlier, Unite Us purchased NowPow in 2021. Unite Us has been working with CFSA to develop a transition plan to their platform starting in the summer of 2022. The platform was developed based on feedback that CFSA staff wanted to have an online resource directory and it will remain a resource that allows users to search for community-based resources for children and families in one central location. There are three user groups for NowPow that include social workers, CFSA staff for the Kinship Navigator, and the Family Success Centers. CFSA employees have had access to NowPow's resource directory and referral-sharing functionalities since 2019. However, CFSA made the decision not to grant social workers access to NowPow's closed loop referrals, which would have allowed for more detailed tracking of ongoing referral status. This decision was made to avoid platform fatigue and duplication with CFSA's Community Portal.



Family Success Centers employees have had access to all NowPow functionalities, including closed-loop referrals, since October 2020. An FY 2021-2022 case study revealed low staff utilization of NowPow, based on the existence of other accessible search mechanisms. Going forward, the Agency's new CCWIS system, STAAND, will be integrated with the referral system. This will allow for one system to be used by social workers and the expectation that the usage and utility for social workers will be enhanced.

The Agency also continues to address the following practice areas highlighted by stakeholders during the CFSP reporting period:

- ***Collaboration Efforts with Schools*** – Management staff from Entry Services currently have routine meetings with representatives from the school system.
- ***Cultural Competence*** – CWTA has developed a cultural humility course and piloted two classes. Curriculum is currently in the development process for a transracial parenting training during FY 2020.
- ***General Communication Practices*** – CFSA has established multiple methods of information-sharing methods, based on resource parent requests per the Parent Advisory Committee and townhall sessions. Included in this request is modification of a child's Placement Passport Packet, which should allow more information on the child to be shared with the resource parents. In addition, CFSA developed several new FAQs to answer questions on topics of particular interest to resource parents (integrated and separate from the Resource Parent Handbook). Additional communication enhancements include the BOND program (discussed in the APSR) which functions as a consistent source of communication flow.
- ***Child Protection Register (CPR)*** – During several listening sessions that CSFA held with community members regarding the process for submitting applications for a CPR check, stakeholders expressed consistent frustrations over the timing and manual paper-based application process for individuals who need to prove that there is no history of child maltreatment. In response, the Agency converted the entire CPR application process to an online system. In addition, CFSA streamlined the application itself, included Spanish translations of the application, and implemented a set of clearly outlined instructions in English and Spanish.
- ***Resource Parent Support During Crises*** – During a 2020 Listening Session, resource parents expressed the need for greater support in crisis situations. In response, CFSA is planning to train resource parent support workers in a crisis response model, which will allow CFSA to bring the crisis response service in-house with 24/7 access. Planning continues with implementation anticipated in FY 2021. CFSA has already trained the support workers on a parent coaching model so they can provide such coaching to resource parents.
- ***Understanding and Navigating Child Welfare Matters*** – The District released three CFSA "explainer videos" in response to input from staff, birth and resource parents, and youth. The videos capture honest experiences and provide the perspectives of children ages 3-10, older

youth ages 11 and up, and birth parents. The videos explain what to expect when a birth parent, resource parent, or child comes to the attention of the child welfare agency. The videos also provide clear, consistent, and comforting messages regarding the trauma around separation. The storyline normalizes the unknowns and demonstrates the understanding and teaming atmosphere clients should expect. All three videos are available on the CFSA website. The children view the video when first assigned a CFSA therapist. Each child also gets a “worry eater” doll to help them process their entry into foster care.

- **Opportunities for Stakeholder Input** – Stakeholders have continued to acknowledge CFSA’s improvements to engaging the public. Stakeholders have also mentioned the need to continue community engagement through CFSA’s town halls, listening sessions, and focus groups and surveys. The only common complaint was the timing of public sessions, which would frequently conflict with birth and resource parent daily schedules. The Agency agreed and began offering virtual sessions at different times in the afternoon and after the workday or school, even as late as 7:00pm and 8:00pm in order to accommodate the parents’ schedules.

**FY 2024 APSR Update**

As noted above, CFSA’s response to community feedback is demonstrated throughout this report. Several recent notable examples are listed below.



Community Concern	Agency Response
Disproportionate child welfare involvement and outcomes result when systems do not work to distinguish a parent’s reportable conduct from the type of environmental circumstances that can be ameliorated through community-based support.	CFSA is developing the 211 Warmline (scheduled to begin operating in 2024) and Community Response Model to direct inquiries (or re-direct Hotline reports, as appropriate) to a community-based array of services to support and empower families.
The Child Protection Register (CPR) expungement law includes lifelong consequences that are too harsh, not just for the people on the register but for the children who lose potential kinship providers due to CPR status.	In collaboration with community partners, CFSA and the OAG successfully advocated for the District Council to amend the CPR Expungement Statute, including now tiers of substantiations that allow reduced periods on the register and automatically expunge substantiations based on the tiers.
Hotline referrals evidence racial and socioeconomic disproportionality in child welfare involvement.	The District will amend its Mandated Reporter curriculum to require an “Implicit Bias” module. The proposed Warmline and Community Responder model will also address this concern.
Permanency delays can be caused by complications and inconsistencies in completing frequently used court documents, such as adoption and guardianship forms.	A CFSA-OAG working group is developing new report templates with autofill features as part of a substantially expanded integration between the CFSA and DC Superior Court data systems.

Community Concern	Agency Response
Individuals with lived experience (LEx) have indicated that case plans need to be more family-friendly.	A workgroup, which included LEx members, developed the Family Roadmap to serve as a concise, streamlined, and family-friendly tool.
Informal and formal kinship caregivers need easy access to updated information, community resources, and application forms.	In partnership with kin providers and a variety of stakeholders, CFSA continues to evaluate, expand, and enhance its Kinship Navigator resources, including the new website and mobile application.
Resource parents who have gone through the licensing process report that it would be helpful to have a more accessible and efficient method of providing information and completing the licensing process.	CFSA launched an online portal in STAAND to help prospective and current resource parents access and upload documents to a single technology system for engagement, increased transparency, and improved communication with CFSA.
Based on Ward 5's increasing proportional levels of child welfare involvement, as well as a deeper-dive into neighborhood-level data, CFSA identified communities in Ward 5 that would benefit from upstream supports.	In FY 2022, CFSA expanded the Family Success Center network into Ward 5 by launching <i>Smart from the Start</i> in the Carver-Langston neighborhood.
Data and stakeholder feedback historically show barriers to effectively engaging fathers as partners in case planning and as permanency resources, even though there is some indication of current improvement.	CFSA launched the Fatherhood Engagement Steering Committee, which includes a workgroup of subject matter experts who will help reboot the Agency's fatherhood engagement efforts through targeted pre-service and in-service workshops for staff, technical assistance from leaders in the field, and focus groups with LEx fathers.
Nationally and locally, systemic inequities persist throughout social service infrastructures and workforces, based on race, culture, nationality, sexual identity, gender identity and additional demographic considerations.	CFSA established the Development and Equity Administration to promote diversity, equity, inclusion and belonging through a values-based framework based on integrity, respect, appropriate language, and cultural humility.
When developing and improving systems related to human services, LEx individuals must not only be invited to the table, these crucial partners must also assume a leadership role based on their critical perspective.	Members of the Lived Experience Advisory Council have been integral to implementing the District's vision: <i>Keeping DC Families Together</i> . LEx members are included in the planning meetings and co-chair subcommittees that have identified essential components for the new upstream prevention framework and have contributed proposed language for new laws around mandated reporting, CPR expungement, and the statutory definition of child neglect.

In addition to addressing concerns as they are raised by community partners and stakeholders, the District maintains a standard feedback and response protocol through CFSA and the Citizen Review Panel. Every year, CRP summarizes its activities and outcomes in a report to the DC Mayor, DC Council, and CFSA. (see Section D of this report). CRP also submits periodic reports to CFSA on matters that the Panel considers appropriate for immediate response. Examples are listed below:

CRP Recommendation	Agency Response
<p>Provide regular, accessible opportunities for all youth to engage in financial literacy curriculum rather than just the single orientation</p>	<p>The Capital Area Asset Builders (CAAB) contract includes financial literacy workshops.</p> <p>CFSA will assess the curriculum to determine if CAAB has infused the Consumer Financial Protection Bureau (CFRB) curriculum into their curriculum.</p>
<p>Provide financial literacy curriculum to resource parents (RP) so that they can serve as positive financial role models and contribute to the financial socialization of youth in their care.</p>	<p>CFSA is proposing that CAAB offer monthly sessions to the Fellowship and Feedback resource parent support group.</p> <p>OYE will also ask CAAB if they can provide online training for resource parents.</p>
<p>Increase supports to older youth to increase enrollment and participation in the Making Money Grow (MMG) program.</p>	<p>OYE regularly offers information and training to ensure staff, including case managers, are aware of MMG and other OYE programs</p>
<p>Improve MMG policies, technical infrastructure, and procedures.</p>	<p>All policies will be reviewed annually to ensure essential revisions occur, effective December 2022.</p> <p>CFSA will recommend that CAAB revamp current workshops to include increased interactive curricula, adding youth friendly guests with support from an OYE Facilitator.</p>
<p>Ensure that youth for whom CFSA receives Supplemental Security Income (SSI) payments understand how and when they can request to become their own payee. Youth should also know the amount they will receive and any restrictions/conditions that apply.</p>	<p>CFSA's Office of Well Being (OWB) has dedicated staff that provides support to youth, social workers, and resource parents on SSI payments and social security disability.</p> <p>OYE ensures that social security income continue is discussed in the youth transition planning (YTP) process.</p>
<p>Develop and implement programming designed to ensure that youth, social workers, and resource parents are aware of the vocational training opportunities available.</p>	<p>An OYE program specialist coordinates training opportunity presentations to social workers and resource parent support workers, as well as a monthly presentation to interested youth.</p>
<p>Report publicly, at regular intervals, with clearly defined metrics, the outcomes for youth in the Life Set Program, including those who leave the program prior to completion.</p>	<p>CFSA reports on outcomes under the <a href="#">Four Pillars Performance Report</a> which is posted on CFSA's website.</p>
<p>Develop a clear mission statement for older youth in care, specifically those for whom emancipation is the most likely path to exit from care. This mission</p>	<p>CFSA's mission, vision, goals, and objectives with respect to older youth is available on the <a href="#">OYE webpage</a>.</p>

CRP Recommendation	Agency Response
statement ought to include a culturally responsive definition of "success" on the part of the Agency in preparing youth for independence.	
Develop a strategic plan for older youth programming that includes, among other things, a tool for measuring the success of programming offered to older youth in helping them reach their goals prior to emancipation.	OYE's level of care system is a six-question assessment tool designed to determine a youth's level of progress in the area of life skills to include: education, financial literacy, employment and small gains determined. The Level of Care system will be conducted every 90 days by social workers.
Create a comprehensive guide or policy manual on programming available to older youth in care which includes eligibility requirements for each resource. This guide should be publicly available and regularly updated.	Details, eligibility requirements, and enrollment steps for all OYE programs are available in a series of flyers accessed through CFSA's <a href="#">Youth Services webpage</a> .

Similarly, the District of Columbia Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) submits a comments, every year, on CFSA's [Annual Public Report](#). In November 2022, CFSA issued responses to MACCAN's comments on the FY 2021 APR.



MACCAN Comment	Agency Response
There was no formal evaluation of the Collaboratives in 2020. Outcomes and indicators were developed to ensure child safety, but no quantitative or qualitative data. We look forward to learning more about the Collaboratives and their ongoing efforts to implement Family First	This year, the APR's includes summary information from two internal reports conducted by CFSA's Office of Community Partnerships. The first is an evaluation of CBCAP and Collaborative services and outcomes over Fiscal Year 2022. The second is the September 2022 Monthly Analytics Report, which evaluates utilization, service delivery, and outcomes for the District's Family Success Centers
Due to COVID, virtual hearings were the norm since March 2020. MACCAN suggests that CFSA explain those processes and their impact. An evaluation of virtual and hybrid virtual and in-person hearings and services is helpful to improve court processes, such as efficiencies or negatives for families and other interested parties, court date scheduling, and court-mandated treatment and services.	<p>In 2021, the Family Court conducted a study on youth participation in permanency hearings. Reviewing 58 cases with a total of 231 permanency hearings, the study noted an increase in youth attendance when hearings are conducted virtually. In April 2021, the Family Court distributed surveys to gather stakeholder feedback on virtual hearings. A total of 3 Family Court Judges, 83 child welfare professionals (attorneys and social workers) and 31 birth and resource parents responded to the surveys. Notable findings included the following:</p> <ul style="list-style-type: none"> <li>• The participation and punctuality of youth and parents have improved since virtual court proceedings began.</li> </ul>

MACCAN Comment	Agency Response
	<ul style="list-style-type: none"> <li>• Virtual hearings did not impact the distribution of court reports, counsel preparation, caseworker testimony, delays caused by continuances, or the number of issues raised.</li> <li>• Parents were the most common group to have difficulty accessing technology.</li> <li>• Remote appearances should continue after in-person hearings resume particularly as it relates to children, out-of-state parties, inclement weather and unforeseen circumstances.</li> <li>• Virtual hearings have improved the work/life balance of social workers</li> <li>• Virtual hearings are convenient for resource parents. They require less time and money (e.g., no need to take time off work/arrange for childcare); however, in-person hearings allow for better engagement with other parties.</li> </ul>
<p>Members of MACCAN expressed concerns about youth in transition and their life skills to handle finances and life skills as they leave care. Behavioral competencies could strengthen the youths' preparation for the work environment and coping with life challenges.</p>	<p>In a spring 2022 survey on youth preparedness, 72 percent (n=163) of social workers indicated that their youth clients had committed adults (e.g., family, resource parent, social worker, GAL) helping manage their money and plan for the future. CFSA acknowledges financial and life skills planning as an ongoing area of development for youth in care. To address this, the Agency continues to offer financial incentives, including matched-savings, to youth who participate in a financial literacy program. Between 2018 and 2022, the number of youth enrolled in financial literacy programming increased from 89 to 143 (this was despite the declining population of youth in foster care). For more details about financial and life skills planning, please refer to CFSA's most recently published Annual Progress and Services Report (APSR). <a href="#">FY 2022 Annual Progress and Services Report</a>. (p. 346-61)</p>
<p>Follow-up studies on youth leaving care could identify strengths and weaknesses of current programs and focus the resources of CFSA. COVID may present unique and challenging options for Youth Transition planning that required new approaches</p>	<p>By operating its own aftercare program for young adults, aged 21 to 23, CFSA can now monitor, firsthand, the individual progress of youth that have recently aged out of foster care. CFSA's youth council provides regular opportunities for peer feedback on programs related to older youth support. Additionally, youth exiting from foster care assess their level of preparedness by completing surveys for the National Youth Transition Database (NYTD). Survey domains</p>



MACCAN Comment	Agency Response
	<p>include employment, education, financial supports, community connectedness, life experience, parenthood, and health insurance. The data, which are aggregated among all child welfare jurisdictions in the nation, alert the District to areas of comparative strength and need. For more details, please refer to the Children’s Bureau’s <a href="#">Youth Outcomes Reports</a>. In the summer of 2022, the Office of Planning, Policy, and Program Support designed a survey for OYE to distribute to youth in order to determine which in-house supports are being utilized, which supports are helpful, and what else is needed. OYE is currently exploring methods of distributing this survey to ensure maximum completion rates</p>
<p>Stronger collaborations with Department of Education to facilitate identification of learning differences and identifying education supports is warranted, particularly early child education.</p>	<p>In FY 2022, CFSA began collaborating with the District of Columbia Public Schools (DCPS) on a Memorandum of Understanding to enhance and update data sharing practices. Notably, the agencies are moving toward a system in which CFSA will have immediate and direct access to DCPS recordkeeping systems (as opposed to the current standard of quarterly access) thus allowing for more timely interventions to promote the educational success of children in care.</p>
<p>As CFSA serves and includes the increasing diverse population, diversity, equity, and inclusion plans should be part of the planned legislative and program planning updates.</p>	<p>During FY 2022, CFSA established the Development and Equity Administration, which has continued the integration of DEIB principles into CFSA’s philosophy and day-to-day activities through workshops and wellness activities, as well as focused work on the intersection of DEIB and training. As this year’s APR indicates, the Thriving Families Safer Communities Steering Committee created a DEIB subcommittee to promote diversity of stakeholder input in the design of the District’s child and family well-being system, and to ensure equitable service delivery.</p>

**Item 32: Coordination of CFSP Services with Other Federal Programs**

**Standard**

How well is the Agency responsiveness to the community system functioning statewide to ensure that the state’s services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?



## ***Policy and Practice***

In June 2018, CFSA created a CBCAP/Primary Prevention subcommittee as part of the City-Wide Family First Prevention Work Group responsible for determining the target populations and evidence-based service interventions included in the District's five-year Prevention Plan. Work group and subcommittee participants included leadership and program staff from across DC government and local community-based organizations, including DC's Health and Human Services cluster agencies, DC Council, the Executive Office of the Mayor, Family Court, CFSA's court monitor, MACCAN, advocacy organization partners, and CFSA's contracted partnership with the community-based Collaboratives.

The CBCAP subcommittee reviewed data from the CFSA *Annual Needs Assessment* and synthesized it with information about priority populations across the District. The selected target populations and evidence-based services selected for primary, secondary, and tertiary prevention populations are still used to date.

Early childhood home-visiting programs are one of the three key service interventions allowable under Family First DC (in-home parenting, mental health, and substance use disorder services). These interventions continue to be an important part of the District's preventions services array.

The CBCAP/Primary Prevention subcommittee identified primary prevention and services for the following prioritized populations: (1) young parents (under age 24) with young children, (2) parents and teens with behavioral challenges, and (3) homeless families.

In addition, the subcommittee identified the following priority subgroups within the target populations: (a) families with complex concerns (e.g., homeless families with young children, young parents with mental health needs), (b) incarcerated parents, and (c) fathers. It was the subcommittee's recommendation that services be designed and delivered in a manner that is well-adapted to the priority subgroups, such as the use of tailored recruitment or retention mechanisms, a focus on service accessibility, and the removal of existing barriers to serving these subgroups.

*Service Interventions:* The subcommittee selected the following key services: (1) home visiting, (2) parenting skills, and (3) intensive therapeutic interventions. Within these categories, and in alignment with the Protective Factors Framework, the subcommittee selected six evidence-based interventions to be used with the selected target populations. Two additional interventions were noted as complementary services, (1) Parent Cafés and (2) Flex Funds (described earlier). Both interventions should be used in tandem with the other interventions to meet families' immediate needs and bolster parental resilience and social supports.

By leveraging Family First and other federal funds to provide Agency-involved families with critical services, including early childhood home visiting programs, CFSA has created the space for sister agencies and community partners to think about their core work differently. The District's continuum

of family-centered prevention services for children and families at the Front Yard, Front Porch, and Front Door blend local and federal resources to contract services with private agencies, non-profit organizations and sister agencies to serve families at home and in their communities.

### ***FY 2024 APSR Update***

*Section C1. Collaboration and Vision* illustrates numerous additional ways in which CFSA is working with community partners and interested stakeholders to implement federal programs. A recent example, which is also a component of the Title IV-E Prevention Program, involves CFSA's work with LEx individuals to drive the development of the District's new community-based family strengthening and preservation network through *Keeping DC Families Together*. CFSA's Community Partnerships Administration works closely with the contracted community-based service providers to evaluate and enhance services based on referral information, completion rates, and client feedback. In addition to Title IV-E, services are funded through CBCAP grants. CFSA, the Office of the Attorney General, the Family Court, and other interested stakeholders from the child welfare, legal, and law enforcement communities continue to engage in ongoing collaborations within the context of the Court Improvement Program and the Children's Justice Act Taskforce. CFSA also continues to apply federal funding to the expansion and enhancement of the District's Kinship Navigator Program, described earlier in this section. Finally, as described in the following section, the District uses U.S. Department of Housing and Urban Development (HUD) funding to administer the Family Unification Program (FUP) which provides housing support to CFSA-involved families where housing is a barrier to permanency or family stabilization.

## **SYSTEMIC FACTOR 7: FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION**

### **Item 33: Standards Applied Equally**

#### ***Standard***

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state standards are applied to all licensed or approved foster family homes or childcare institutions receiving Title IV-B or IV-E funds?

#### ***Policy and Practice***

**Local Regulations** – The District of Columbia's Municipal Regulations (DCMR) Title 29 sets forth licensing standards in [Chapter 60](#) for foster, kinship, and adoptive homes; [Chapter 62](#) for youth residential facilities (YRF); and, [Chapter 63](#) for independent living programs (ILP). Because of the level of operational detail in the municipal regulations, the chapters operate as policies to guide Agency licensing. The chapters also reflect federal requirements for licensure of foster care providers and

child-caring institutions. CFSA [policies](#) and the Agency's Office of Facilities Licensing (OFL) reinforce the regulations and provide detailed licensing protocols for staff and contracted partners.

**Standards for Foster Family Homes** – Chapter 60 is comprehensive in scope, addressing high-level requirements, personal role-based rights and responsibilities, child safety and security, interior and exterior environmental requirements, behavioral expectations (of social workers, resource parents, and children in care), family integration, behavioral management, child well-being, community engagement and support, and of course the home study and application process itself. Programmatically, the chapters highlight the collaborative nature of social work and emphasize the concept of teaming, transparency, and a mutual respect among a child's team members that is fundamental to the successful outcomes for children. The chapters also define the application activities, inspections, training, and documentation that must be completed for every prospective resource parent and for existing resource parents wishing to renew their licenses.

As of April 2019, approximately half of the District's foster care population resides outside of the District's boundaries. Much of this out-of-state population resides in nearby communities in Maryland. CFSA has a contractual engagement with a single Maryland-based private child placing agency (CPA) to facilitate placements in that state. The CPA has the authority under Maryland law to license and approve foster family homes according to the Code of Maryland Regulations (COMAR). CFSA also contractually obligates the CPA to apply the District licensing standards to its foster family homes in Maryland when and if the District's standards are more stringent than those outlined in COMAR. For instance, there are differences in the two jurisdictions' approach to background checks. COMAR's requirements for background checks extend to prospective resource parents only as part of the initial licensing process, whereas the District requires periodic criminal and CPR checks for licensed resource parents to maintain their licensure. Accordingly, CFSA requires its CPA partners' family-based resource parents to obtain regular periodic background checks according to the District's schedule.

**Standards for YRFs and ILPs** – District regulations in 29 DCMR Chapters 62 and 63 share many commonalities among their respective requirements while still distinguishing between the two placement settings. For example, the standards in 29 DCMR Ch. 62 are clearly articulated across the licensing domains of operating procedures; building, grounds, and equipment; interior space and physical plant; fire and carbon monoxide protection; sanitation; utilities and hygiene facilities; personnel policies; staff development; documentation and recordkeeping (including background check requirements for staff); confidentiality; and the timeliness of completion of required activities for licensure.

Most of these requirements are reiterated in 29 DCMR Ch.63, albeit with differences in the physical plant, staffing, monitoring, and other programmatic requirements that account for the higher level of independence granted to youth in this setting. Others are unique to ILP programming and service modality (e.g., initial individual transitional independent living plans).

In 2018, the Children’s Bureau (CB) issued a Program Instruction (PI) to Title IV-E agencies on amendments required to be made to an agency’s Title IV-E Foster Care and Adoption Assistance Plan. The PI addressed provisions amended or added by The Family First Prevention Services Act (FFPSA). On January 29, 2020, CB approved the District’s Title IV-E plan which addressed the requirements of the FFPSA with an effective date of January 1, 2020.

District of Columbia Child and Family Services Agency Title IV-E State Plan Amendment for Model Foster Family Home Licensing Standards

Requirement	State Regulatory, Statutory, and Policy References
<b>A. Foster Family Home Eligibility</b> A foster family home license includes the following:	
<b>a. Threshold Requirements</b> <ul style="list-style-type: none"> <li>i. Applicants must be age 18 or older.</li> <li>ii. Applicants must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child(ren) in foster care.</li> <li>iii. Applicants must be able to communicate with the child, the title IV-E agency, health care providers, and other service providers.</li> <li>iv. At least one applicant in the home must have functional literacy, such as having the ability to read medication labels.</li> </ul>	29 DCMR <ul style="list-style-type: none"> <li>i. 6001.2</li> <li>ii. 6001.6</li> <li>iii. 6001.1</li> <li>iv. 6002.1(k) &amp; (j), 6019.7</li> </ul>
<b>b. Physical and Mental Health:</b> All applicants must have recent (conducted <b>within the prior 12 months</b> ) physical exams from a licensed health care professional that indicate that the applicants are capable of caring for an additional child or children. <ul style="list-style-type: none"> <li>i. All household members must disclose current mental health and/or substance abuse issues.</li> <li>ii. All household members must provide information on their physical and mental health history, including any history of drug or alcohol abuse or treatment.</li> <li>iii. The title IV-E agency may require further documentation and/or evaluation to determine the suitability of the home.</li> <li>iv. All children who are household members must be up to date on immunizations consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and the American Academy of Family Physicians (AAFP), unless the immunization is contrary to the child’s health as documented by a licensed health care professional.</li> <li>v. All household members who will be caregivers of infants must have an up-to-date pertussis (whooping cough) vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual’s health as documented by a licensed health care professional.</li> <li>vi. All household members who will be caregivers of infants and children with special medical needs must have an up-to-date annual influenza vaccine consistent with the recommendations of the ACIP, unless the</li> </ul>	29 DCMR <ul style="list-style-type: none"> <li>i. 6001.3</li> <li>ii. 6001.4, CFSA Licensing Application (Sensitive Subjects)</li> <li>i. 6001.4, CFSA Licensing Application (Sensitive Subjects)</li> <li>ii. 6001.4</li> <li>iii. 6001.5 &amp; DOH Standards</li> <li>iv. See SPA transmittal letter</li> <li>v. See SPA transmittal letter</li> </ul>

Requirement	State Regulatory, Statutory, and Policy References
immunization is contrary to the individual’s health as documented by a licensed health care professional.	
<b>c. Background Checks</b> Applicants must submit to criminal record and child abuse and neglect register checks as required in section 471(a)(20) of the Social Security Act (the Act).	DC Code Title 4-1501.03(b) 29 DCMR 6001.7
<b>d. Home Study:</b> Applicants must have completed an agency home study, which is a written comprehensive family assessment to include the following elements: <ul style="list-style-type: none"> <li>i. At least one scheduled on-site visit to assess the home to ensure that it meets the state, tribal and/or local standards applicable to the safety and care of the home;</li> <li>ii. At least one scheduled in-home interview for each household member to observe family functioning and assess the family’s capacity to meet the needs of a child or children in foster care;</li> <li>iii. The title IV-E agency has discretion on whether to interview or observe each household member based on his or her age and development; and</li> <li>iv. Multiple applicant references that attest to the capability of the applicant to care for the child, including at least one from a relative and one from a non-relative.</li> </ul>	29 DCMR 6028 <ul style="list-style-type: none"> <li>i. 6028.3(b)</li> <li>ii. 6028.3(b)</li> <li>iii. 6028.3(b)</li> <li>iv. 6028.3(c)</li> </ul> CFSA Licensing Application
<b>B. Foster Family Home Health and Safety</b>	
<b>a. Living Space:</b> The home must be a house, mobile home, housing unit or apartment occupied by an individual or a family. The home must have: <ul style="list-style-type: none"> <li>i. An adequate supply of safe drinking water;</li> <li>ii. A properly operating kitchen with a sink, refrigerator, stove, and oven;</li> <li>iii. At least one toilet, sink and tub or shower in operating condition;</li> <li>iv. Heating and/or cooling as required by the geographic area, consistent with accepted community standards and in safe operating condition; and</li> <li>v. A working phone or access to a working phone in close walking proximity.</li> </ul>	<ul style="list-style-type: none"> <li>i. 6007.27 &amp; 6011</li> <li>ii. 6007.13</li> <li>iii. 6007.27</li> <li>iv. 6007.2</li> <li>v. 6007.6</li> </ul> CFSA Licensing Application (Basic Reqs to Maintain Foster Home License)
<b>b. Condition of the Home:</b> The applicant’s home, grounds, and all structures on the grounds of the property must be properly maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards. The interior and exterior must be free from dangerous objects and conditions, and from hazardous materials. The home must meet the following requirements: <ul style="list-style-type: none"> <li>i. Have adequate lighting, ventilation and proper trash and recycling disposal, if recycling is available;</li> <li>ii. Be free from rodents and insect infestation.</li> <li>iii. Proper water heater temperature;</li> <li>iv. Weapons and ammunition (separately) stored, locked, unloaded, and inaccessible to children;</li> <li>v. Pets are vaccinated in accordance with state, tribal and/or local law;</li> <li>vi. Have conditions that prevent the child’s access, as appropriate for his or her age and development, to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages;</li> </ul>	b. 6012.1, 6011.1, 6011.2 <ul style="list-style-type: none"> <li>i. 6007.2, CFSA Licensing Application (Basic Reqs to Maintain Foster Home License), 21 DCMR 808</li> <li>ii. 6011.5</li> <li>iii. 6011.4</li> <li>iv. 6007.9</li> <li>v. 6007.11</li> <li>vi. 6007.7 &amp; 6007.8</li> <li>vii. 6012.2 &amp; 6012.3, DCRA Adoption of the 2012 ICC on Swimming Pools/Spas (Chapter 3)</li> </ul>

Requirement	State Regulatory, Statutory, and Policy References
<p>vii. Swimming pools, hot tubs, and spas must meet the following to ensure they are safe and hazard free (and additionally must meet all state, tribal and/or local safety requirements):</p> <ol style="list-style-type: none"> <li>1. Swimming pools must have a barrier on all sides.</li> <li>2. Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock.</li> <li>3. Swimming pools must be equipped with a life saving device, such as a ring buoy.</li> <li>4. If the swimming pool cannot be emptied after each use, the pool must have a working pump and filtering system.</li> <li>5. Hot tubs and spas must have safety covers that are locked when not in use.</li> </ol>	
<b>C. Foster Family Home Capacity</b>	
<p><b>Foster Family Home Capacity:</b> The total number of children in foster care in a foster family home must not exceed six consistent with section 472(c)(1)(A)(ii)(III) of the Act. Per section 472(c)(1)(B) of the Act, the number of foster children cared for in a foster family home may exceed this numerical limitation at the option of the title IV-E agency for any of the following reasons:</p> <ol style="list-style-type: none"> <li>a. To allow a parenting youth in foster care to remain with the child of the parenting youth;</li> <li>b. To allow siblings to remain together;</li> <li>c. To allow a child with an established meaningful relationship with the family to remain with the family; and</li> <li>d. To allow a family with special training or skills to provide care to a child who has a severe disability.</li> </ol>	29 DCMR 6005
<b>D. Foster Family Home Sleeping Arrangements</b>	
<p><b>Foster Family Home Sleeping Arrangements:</b> Applicants must provide a safe sleeping space including sleeping supplies, such as a mattress and linens, for each individual child, as appropriate for the child’s needs and age and similar to other household members. Foster parents must not co-sleep or bed-share with infants.</p>	29 DCMR 6007
<b>E. Emergency Preparedness, Fire Safety, and Evacuation Plans</b>	
<p><b>Emergency Preparedness, Fire Safety, and Evacuation Plans:</b> The applicant must have emergency preparedness plans and items in place as appropriate for the home’s geographic location. The applicant’s home must meet the following fire safety and emergency planning requirements:</p> <ol style="list-style-type: none"> <li>a. Have at least one smoke detector on each level of occupancy of the home and at least one near all sleeping areas;</li> <li>b. Have at least one carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas;</li> <li>c. Have at least one operable fire extinguisher that is readily accessible;</li> <li>d. Be free of obvious fire hazards, such as defective heating equipment or improperly stored flammable materials;</li> <li>e. Have a written emergency evacuation plan to be reviewed with the child and posted in a prominent place in the home;</li> <li>f. Maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home; and</li> <li>g. Maintain first aid supplies.</li> </ol>	<p>29 DCMR 6010</p> <ol style="list-style-type: none"> <li>a. 29 DCMR 6010.3, 6028.3(j), and DC Fire &amp; Emergency Medical Services Fire Home Inspection</li> <li>b. 6028.3(j), and DC Fire &amp; Emergency Medical Services Fire Home Inspection</li> <li>c. 6010.4</li> <li>d. 6010.2</li> <li>e. 6010.5, CFSA Licensing Application (Fire Escape Drawing Plan and Fire Evacuation Plan)</li> <li>f. 6007.10</li> <li>g. 6007.10</li> </ol>

Requirement	State Regulatory, Statutory, and Policy References
<b>F. Transportation</b>	
<p><b>Transportation:</b> Applicants must ensure that the family has reliable, legal and safe transportation. Reliable transportation includes a properly maintained vehicle or access to reliable public transportation; if a privately-owned vehicle owned by the applicant’s family or friends is used to transport the child in foster care, legal transportation includes having a valid driving license, insurance and registration; and safe transportation includes safety restraints as appropriate for the child.</p>	29 DCMR 6006
<b>G. Training</b>	
<p><b>Training:</b> Applicants must complete pre-licensing training on the following topics: rights, roles, responsibilities and expectations of foster parents; agency structure, purpose, policies, and services; laws and regulations; the impact of childhood trauma; managing child behaviors; first aid (including cardiopulmonary resuscitation (CPR)xi for the ages of the children in placement) and medication administration; and the importance of maintaining meaningful connections between the child and parents, including regular visitation.</p> <p>Foster parents must participate in ongoing training to receive instruction to support their parental roles and ensure the parent is up to date with agency requirements. Further, this training may also include child-specific training and/or may address issues relevant to the general population of children in foster care.</p>	<p>29 DCMR 6019.7 29 DCMR 6028</p> <p>CFSA title IV-E Training Plan (as submitted 6/30/2019)</p> <p>CFSA Health Care Coordination Plan (as submitted 6/30/2019)</p>
<b>H. Foster Parent Assurances</b>	
<p><b>Foster Parent Assurances:</b> Applicants must agree to comply with their roles and responsibilities as discussed with the title IV-E agency once a child is placed in their care. The title IV-E agency must require assurances including:</p> <ol style="list-style-type: none"> <li>a. Applicants will not use corporal or degrading punishment.</li> <li>b. Applicants will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.</li> <li>c. Applicants and their guests will not smoke in the foster family home, in any vehicle used to transport the child, or in the presence of the child in foster care.</li> <li>d. Applicants will adhere to the title IV-E agency’s reasonable and prudent parent standard per section 472(c)(1)(A)(ii)(I) of the Act.</li> </ol>	<ol style="list-style-type: none"> <li>a. Federal assurances have been added to Licensing Application</li> <li>b. CFSA Licensing Application (Protection of Foster Children from Abuse, and Responsibilities of Foster Parent forms)</li> </ol>

**Monitoring Compliance with Licensing Standards and Protocols** – The Agency’s Contracts Monitoring Division has a Monitoring Activity Plan for each CPA and congregate care partner. The Monitoring Activity Plan is a template against which CFSA staff evaluates contractor performance to ensure compliance with applicable District licensure requirements. The tool is used for every provider (within each service category as outlined below) irrespective of the jurisdiction in which the provider is operating. If providers are found to be out of compliance with regulatory requirements during the re-licensing process, monitors will work with the provider to develop a tailored corrective action plan (CAP). The CAP must document the compliance issues and outline the steps necessary for the provider to remedy the issues within a reasonable time period.



### ***FY 2024 APSR Update***

In FY 2022, the Agency drafted a comprehensive update of Title 29 DCMR, Chapter 60 – Foster Homes Regulations to conform to changes (e.g., terminology, language, and definitions) in local and federal law and to address changes in practice. The proposed rulemaking, once finalized, will be published in the DC Register for a 30-day notice and comment period before the official update to the regulations takes effect.

In FY 2022, OFL granted 18 variances,<sup>49</sup> approved 35 applicants for hire, denied 6 applicants, and issued 2 placement restrictions. Additionally, OFL completed three orientations for prospective facility licensees. In FY 2023-Q1, OFL granted 6 variance requests, approved 10 applicants for hire and did not deny any. OFL relicensed all providers on time with no extension required.

### ***Data***

During the 2016 CFSR, CFSA received an overall Strength rating for this item. CFSA has a licensing, recruitment, and retention system that is functioning statewide to ensure that state standards are applied to all licensed foster family homes and childcare institutions.

## **Item 34: Requirements for Criminal Background Checks**

### ***Standard***

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

### ***Policy and Practice***

Applicants must submit to criminal record and child abuse and neglect register checks as required in section 471(a)(20) of the Social Security Act (the Act). DC Code Title 4-1501.03(b); 29 DCMR 6001.7. As noted, OFL performs background checks.

## **Item 35: Diligent recruitment of Foster and Adoptive Homes**

### ***Standard***

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed statewide?

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<sup>49</sup> A variance is defined by OFL as permission for licensing requirements to deviate from a requirement of DCMR Chapter 62 or 63.

## ***Policy and Practice***

CFSA's [Placement and Matching policy](#) includes the Agency philosophy that children will have a voice and choice in placement decisions and all placement providers are accepting and supportive of all children, regardless of race, gender, sexual orientation, gender identity, and nationality.

During FY 2019, CFSA partnered with LINK Strategic Partners (LINK), a national strategic communications and stakeholder engagement firm, to develop an environmental scan of the District of Columbia to help CFSA identify and intentionally tailor recruitment efforts in a strategic manner. The scan provided an overview of the physical and demographic makeup of the city, and identified neighborhoods based on the makeup of their physical dwellings, the average age of residents, and household compositions. CFSA continues to use LINK's report to inform strategic outreach media and collaborative methodology.

## ***Data***

### ***FY 2024 APSR Update***

As of December 31, 2022, Black or African American children represented 89 percent of the foster care population, while Black or African American adults represented 62 percent of resource parents. White or Caucasian parents represented 34 percent.

CFSA's FY 2022 foster home creation target was 40 new traditional resource home beds. By the end of FY 2022, the Agency had achieved its goal, creating 43 beds for youth in foster care (in 29 new homes). CFSA developed at least two homes in each of the Wards, except for Wards 2 and 3. Sixty-two percent of the newly licensed homes were in the Wards 5, 7 and 8. These Wards include the population of children most frequently entering into foster care.

**Spanish Speaking/Latinx** – In FY 2022, Latinx children comprised approximately 15 percent of the District's foster care population. For 77 percent of these children, their primary language was English; for 23 percent it was Spanish. CFSA recognizes the importance of placing children with families who share their language and cultural identity. Against an FY 2022 target of recruiting three language-appropriate families, CFSA was able to recruit six families, four of which obtained licensure. The FY 2023 goal is to recruit four Latinx resource parents. As of February 28, 2023, CFSA has licensed one Latinx family.

**LGBTQIA+** – Against a target of five, CFSA developed eight resource homes in FY 2022 comprising individuals who self-identify as LGBTQIA+ or families and allies friendly to LGBTQIA+ that are willing to provide a temporary or permanent haven for this population.

### **Stakeholder Feedback – CFSA Response**

Based on data from the *2020 Annual Needs Assessment*, the main strength of the Agency’s resource parent recruitment and licensing process is the flexibility of supportive licensing and re-licensing staff. However, this experience was case-by-case. Stakeholders recommended that all licensing staff share the same degree of flexibility and supportive nature across the entire team.

The most significant challenge with respect to growing the cadre of available District-based traditional foster family homes was observed to involve the recruitment of resource parents who are willing to serve specialized populations: older youth with significant mental and behavioral health needs, pregnant and parenting youth, youth diagnosed as medically fragile youth, and youth who self-identify as LGBTQIA+.

In resource parent and child welfare professional surveys, areas for improvement fell into three categories: logistics (e.g., process takes too long and needs streamlining, more online trainings), communication and teaming (e.g., disconnect between licensing and placement, too many people asking for same information), and resources (e.g., mini grants for minor home repairs).

Focus groups with youth and resource parents revealed similar results. Seven youth explained that recruiters need to vet resource parents’ intentions. This recommendation was based on youth sharing their experiences of achieving permanency in a home that eventually neglected them again, as well as the youth not being treated as part of the family in a resource home.

In order to close the feedback loop on needs, strengths, and areas in need of improvement, as related to licensing, OPPPS held a debriefing session in 2020 to discuss next steps for Family Licensing staff to respond to the concerns of stakeholders. Only prevalent themes that were mentioned across stakeholders or repeated from the previous year were elevated in this discussion.

- **Stakeholder Feedback:** Stakeholders felt the Agency is going in the right direction with family-based settings but suggested there was no “one-size-fits-all” solution and requested that congregate care be maintained for those who find that level of structure necessary for youth development. The placement array should be expanded to sufficiently include placement needs for children with special needs, trafficked youth, large sibling groups, access to public transportation, friendly to youth self-identifying as LGBTQIA+, District-based placements, and placements mirroring the intent of ILPs.
- **CFSA Response:** The Recruitment Unit provides the Licensing staff with information on resource parents who have been recruited. However, the Licensing Unit is not informed of the precise needs related to the currently available placement array. The Licensing Unit is aware of the urgent need for homes for older youth. Even though the Recruitment Unit outlines CFSA’s placement needs for special populations, including children who are diagnosed as medically fragile, the Agency does not have a special training for parents who may be taking those children into their homes. The Licensing Unit also attends the resource

parent orientation and asks resource parents what their age preferences are and the characteristics of the children they want to take. Sometimes the preferences are different than what is provided on the resource parent's application, so Licensing staff will note additional comments in the resource parent's file and make a note for additional clinical assessments as part of the licensing process for that cohort of resource parents. When the Agency recruits resource parents for special populations, then CWTA may have to provide individual trainings for those particular resource parents.

- **Action Step #1:** Recruitment will work with Placement staff to develop a process for communicating placement needs and any new recruitment strategies (including strategies to increase the counts of homes and beds) to Licensing staff. Once Licensing staff is aware of the recruitment needs, the licensing specialists can assess during the licensing process for new homes with those abilities that are needed for placement of a special population. Recruitment, Licensing, Placement and CWTA will work more closely together to identify if current trainings meet the populations towards whom recruitment should target.

In February of 2021, CFSA established the Strengthening Connections & Finding Common Threads monthly meetings. These meetings bring together staff members from two CFSA administrations: Program Operations and the Office of Planning, Policy, and Program Support. The meetings' participants have expertise in working with prospective and licensed resource parents through recruitment, training, licensing, re-licensing, placement, and resource parent support. The purpose of each meeting is to jointly plan the evolution of CFSA's practice with resource parents, the children served in foster care, and engagement with birth families. The specific practice focuses on resource parent recruitment through retention to improved resource parent service, and commensurate services to children and their families. The meetings also include information sharing, e.g., Agency updates and identification of practice challenges based on stakeholder and staff feedback and experiences. The objective of the meetings is development of solutions to those identified challenges, particularly for recurrent themes related to communication, engagement, process, resources, and teaming. To achieve the solution-based objectives, meeting participants prioritize specific systemic challenges for development of problem-solving recommendations.

- **Stakeholder Feedback:** Respondents found that the licensing process takes too long, is antiquated, and is paperwork heavy.
  - **CFSA Response:** The licensing process was completely automated as of June of 2020, so the Agency is monitoring improvement and is in the process of gathering feedback through an updated needs assessment survey and process. Due to universal licensing regulations across the country, CFSA cannot reduce any requirements when dealing with the safety of children. Remediation can get costly (\$100 - \$60,000) so the Agency cannot pay those types of bills. Through funding support from the Foster and Adoptive Parent Advocacy Center, the Licensing team has been providing monies for minor fixes such as windows, fences, etc. The Licensing Unit concurred with the need to improve communications across Agency functions. Most Licensing staff believe that trainings for resource parents are at least 50

percent online if not completely online at this point. The team feels that they are operating in a bifurcated system and agrees communication needs to improve across the board between recruitment, licensing, and placement.

- **Action Step:** Managers are working to mitigate communication barriers across the recruitment, licensing, and placement administrations.

### ***FY 2024 APSR Update***

Resource parents who have gone through the licensing process report that it would be helpful to have a more accessible and efficient method for providing information and completing the licensing process. In February 2023, CFSA responded by launching an online portal for prospective and current resource parents. As part of the new STAAND platform, the Resource Parent Portal helps with accessing and uploading documents by providing a single technology system for engagement, increased transparency, and improved communication with CFSA. For example, as resource parents complete training, they will be able to upload documents and certificates for their licensing worker's review and will also be able to see outstanding tasks.

In March 2023, CFSA partnered with the Capacity Building Center for States to launch an assessment workgroup comprising Placement staff, resource parents, and additional external stakeholders. Through monthly meetings, the workgroup explores strategies for identifying the skills and characteristics of caregivers who demonstrate success in stabilizing and supporting children. In separate meetings, Placement team members provide an environment where youth can speak openly and transparently about their experiences. As of this report, feedback is still being collected; however, the workgroup has determined its specific mission:

Collectively, we aim to co-create a **practice profile**, which will ultimately help us evaluate what parent success and stability in supporting our foster youth looks like (from a variety of perspectives). This profile is designed to be a strengths-based tool to allow CFSA to continuously build and grow a successful, supportive, and sustainable foster home roster. We intend on having these profiles assist us with the retention and continual growth of families who choose to partner in providing safe, stable, and inclusive homes for DC's youth.

## **Item 36: Use of Cross-Jurisdictional Resources for Permanent Placements**

### ***Standard***

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanency placements for waiting children is occurring statewide?

Practice and Policy

Within CFSA's Office of Out-of-Home Support, the Kinship and Placement Administration is responsible for carrying out the mandates of 29 DCMR Ch. 60 that apply to kinship caregiver licensure as well as traditional foster family homes. The District has unique geographic dynamics that impact child welfare operations. Many children who enter into the foster care system have relatives who reside in nearby Maryland state counties, resulting in many kinship placements.

CFSA ensures a smooth relationship with Maryland-based placements under a 2013 border agreement that allows both Maryland and the District to streamline licensure for timely placements. The agreement allows each party to make temporary placements without having to complete an entire ICPC packet.<sup>50</sup> Exceptions occur when the child's permanency plan includes the interjurisdictional placement resource (e.g., adoption by the resource parent in the out-of-state jurisdiction). In these cases, the CPA must complete the entire packet. The Border Agreement emulates ICPC regulations in that both include provisions to (1) expedite the timely placement of children with emergency kinship providers, (2) allow CFSA to quickly and efficiently share key educational data with the lead education agencies (LEAs) of the Maryland counties, and (3) facilitate the joint monitoring of providers by oversight bodies in both jurisdictions.

While kinship foster parents are subject to the same licensure requirements in accordance with the same laws and regulations established for and applicable to non-kin foster homes, CFSA has established a process for temporary licensure of foster homes for kin residing within the District of Columbia and Maryland. This process has successfully expedited emergency placements for children with relatives who are willing and able to take on the role of caregiver. For example, a temporary license can allow immediate placement with kinship caregivers, provided the eligible caregiver is able to comply with certain procedures. In addition, special considerations may be given to kinship caregivers when making licensing determinations that would be in the best interest of the child. The entire process complies with the guidelines set forth by CFSA policy and in accordance with Chapter 60.

#### ***FY 2024 APSR Update***

In FY 2022, the DC ICPC office received and approved out-of-state adoption requests for 57 children, including 51 children placed in Maryland, 5 in North Carolina, and 1 in Tennessee.

Regarding placements in the District for children from other jurisdictions, CFSA received 25 requests over the calendar year 2022. Of this number, 4 were for adoption, 8 were for permanent placement with a parent, and 13 were for permanent placement with another relative. CFSA approved 18 requests and one was pending as of this report. Among the six requests that were denied, one was due to a caregiver's lack of response to the Agency's licensing efforts. However, the caregiver was subsequently approved upon a second request. Common reasons for denial include a caregiver's

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<sup>50</sup> The Interstate Compact on the Placement of Children (ICPC) is a statutory agreement that sets forth the requirements that must be met before a child can be placed out of state. The Compact ensures prospective placements are safe and suitable before approval, and it ensures that the individual or entity placing the child remains legally and financially responsible for the child following placement.

criminal history and instances where the placement provides spatial restrictions that the Agency cannot ameliorate within District borders.

### C3. UPDATE TO THE PLAN FOR ENACTING THE STATE’S VISION

Continuous quality improvement (CQI) is essential to CFSA’s practice improvement and system functioning. The application of CQI is an overall CFSA commitment, integrated throughout Goals 1 through 4, and an intentional means to ensure CQI across practice and performance. Accordingly, the Agency has implemented numerous processes for data collection and analysis to ensure accurate information, while assessing performance on the safety, permanency, and well-being outcomes.<sup>51</sup>

Based on identified challenges, CFSA brought together internal and external stakeholders to evaluate each Goal area in need of improvement. As a team, the stakeholders and CFSA staff developed the 2020-2024 CFSP objectives and measures as part of a comprehensive strategic planning process. The Agency continues to work closely with stakeholders to improve, as needed, performance on a quarterly basis under the Four Pillars Strategic Plan.



**GOAL 1: CHILDREN ARE REMOVED FROM THEIR FAMILIES ONLY WHEN NECESSARY TO KEEP THEM SAFE.**

CFSA’s Four Pillar Strategic Framework is the foundation upon which the Agency has built the current and sustaining quality of the District’s child welfare practice for ensuring the safety of children. This foundation includes Agency efforts to successfully achieve Goal 1, and to maintain children safely at home whenever possible.

### CFSA’S PREVENTION PARADIGM

Prevention activities are focused on populations identified as being in the Front Yard, on the Front Porch and at the Front Door as defined below.

- **Primary Prevention: Front Yard** – Families who have no child welfare involvement are facing challenges that could put them at risk for coming to the Agency’s attention. CFSA sister agencies and the Healthy Families/Thriving Communities Collaboratives (Collaboratives) connect them to District and community resources to address specific needs such as housing, employment, and mental health.
- **Secondary Prevention – Front Porch** – Families at CFSA’s Front Porch may have engaged with CFSA, but have been able to safely remain, or reunify with their families, and receive

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<sup>51</sup> The information contained in this section previously appeared in a separate “Goals” document within prior APSR submission packages.



community-based prevention services offered by CFSA's contracted partnership with the Collaboratives.

- **Tertiary Prevention – Front Door** – These families have an open in-home case and are working toward case closure but there have been identified needs that require a short period of time with joint involvement and teaming from both their assigned CFSA worker and the Collaborative teams to develop family goals. Both teams support permanency or family stabilization in conjunction with Family Court recommendations, where applicable.

Safely maintaining children in their home of origin requires several partnerships, including community-based providers and the use of federally and locally funded prevention and family preservation grants and contracts. These grant and contract-funded services focus on children and families identified by medical practitioners and community-based providers as needing family supports, as well as families that “walk-in” to provider offices seeking assistance, even before they are known to CFSA. For example, to provide support for families who are at risk of entering into the child welfare system but are not known to CFSA, CFSA funds the following interventions:

- Community-Based Child Abuse Prevention (CBCAP) funding supports young parents (under age 24) with young children, and parents and their teens with behavioral challenges. Evidence-based practices include the Parents as Teachers (PAT) home-visiting program and Functional Family Therapy.<sup>52</sup>
- Title IV-E Waiver funding supports CFSA's partnership with the Collaboratives to provide community-based case management and preventative services to vulnerable families that have never been in contact with CFSA. One focus population is young parents (age 17-25) with young children (birth to 6) seeking shelter and homeless services.
- Family Success Centers (FSC) – As part of the Putting Families First in DC child welfare prevention and family preservation infrastructure, FSCs operate out of 11 neighborhood-based centers, strategically located to meet the needs of families where they live. The FSCs offer concrete support, such as food, clothing, and diapers, as well as services and referrals in areas such as parenting, work readiness, mental health and wellness, and economic development.

Additionally, once a family comes to CFSA's attention, the federal Child Abuse Prevention and Treatment Act (CAPTA) funds support Child Protective Services (CPS) activities such as enhancements to intake, assessment, screening, and investigation of reports of abuse and neglect.

In instances where a family's needs and a child's safety risks exceed the capacity of in-home interventions, separation of the child is necessary. The investigation and separation process incorporates the full attention and rigorous training of the CPS social workers to assess safety on a

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<sup>52</sup> Functional Family Therapy is an intensive, short-term intervention and prevention program that offers in-home family counseling designed specifically to address status-offending behaviors (i.e., curfew violations, running away, and truancy) and juvenile delinquency from a relational and family-based perspective.

varied spectrum. The work of the CPS staff is further reinforced by the guidelines set forth in the CPS Investigations Procedural Operations Manual.

CFSA's Office of Entry Services houses the Agency's CPS Administration which is responsible for the CPS Hotline, the Hotline RED team,<sup>53</sup> and the initiating and closing of investigations within the appropriate timeframes. CPS policies and practice reinforce promoting family engagement and teaming as best practices for mitigating any safety and risk concerns.

### **STRATEGY 1.1 – ENGAGE CHILDREN AND FAMILIES TOGETHER IN THEIR HOMES.**

CFSA is committed to ensuring that families stay together safely. To this end, CFSA provides a series of supports toward family preservation with the goal of preventing children from entering foster care. More specifically, CFSA's prevention goals focus on families with an identified risk for child maltreatment and meeting the needs of vulnerable populations across the District. The Agency's prevention strategies include the following goals:

- Deepen commitment to prevention and family support.
- Expand evidence-based and evidence-informed services to help families in their own neighborhoods.
- Strengthen strategic partnerships with community-based organizations and other human services agencies.
- Contribute to and leverage city-wide prevention efforts.
- Prevent child abuse and neglect and reduce the number of children in foster care.

### **STRATEGY 1.2 – CONNECT CHILDREN AND THEIR CAREGIVERS TO COMMUNITY-BASED SERVICES AND SUPPORTS; 1.3 – ENHANCE FAMILIES' CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.**

CFSA is committed to ensuring that children and families are connected to supports that align with their identified needs. To this end, CFSA partners with community entities for services to support families, including the Collaboratives, the FSCs, the CBCAP grantees, and other community resources specific to individual needs.

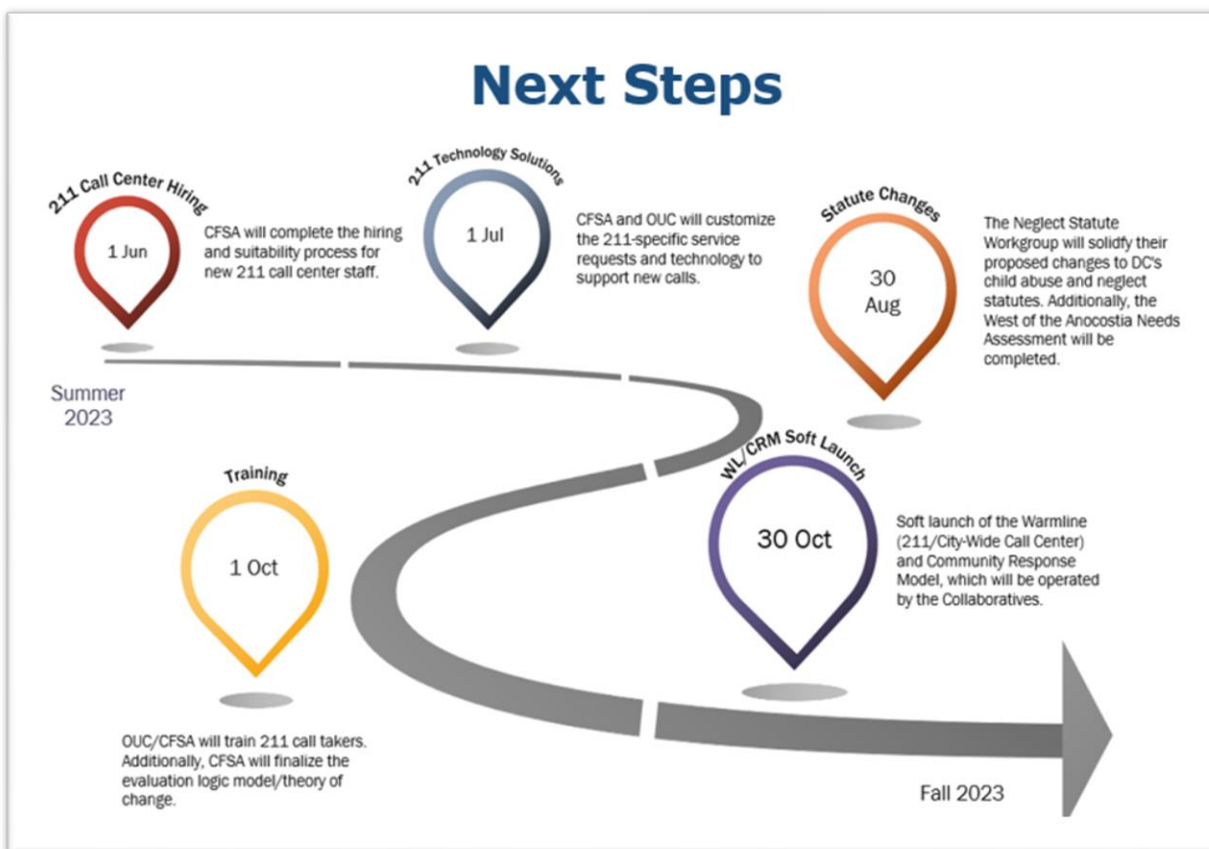
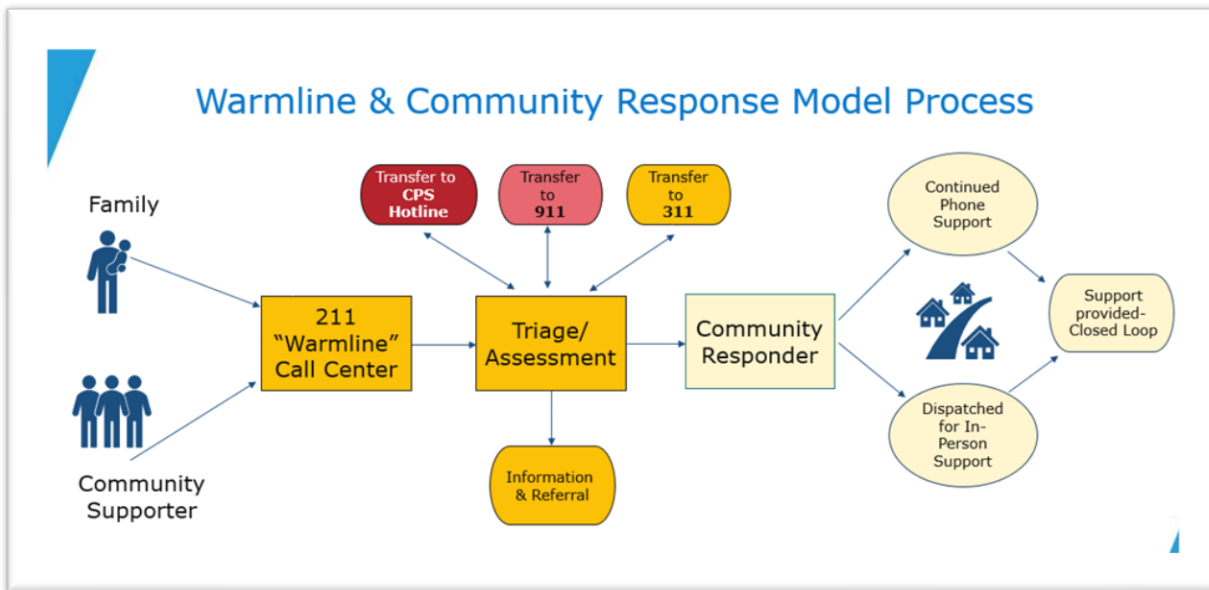
#### ***FY 2024 APSR Update***

In early FY 2023, CFSA developed a series of four Strategic Initiatives across multiple programmatic administrations. To further efforts toward the objective of keeping families together through upstream

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<sup>53</sup> The Hotline RED (review, evaluate, direct) team comprises six to eight individuals who function in a consultative decision-making capacity for the review, evaluation, and direction of Hotline referrals. This Consultation and Information Sharing Framework occurs in a collaborative setting to determine whether the referral reaches the threshold for a CPS investigation.

supports, Strategic Initiative 1 involves the development of the Community Response Model and Warmline, described in prior sections.<sup>54</sup>



<sup>54</sup> Strategic Initiative 2: Kinship Navigator is described later in this section; Strategic Initiative 3: STAAND Case Management System and Strategic Initiative 4: Recruitment and Retention are described in *Section C1. Collaboration and Vision*.

CFSA, community partners, and individuals with lived experience have designed these interventions to play a critical role in achieving the District’s vision of *Keeping DC Families Together*.<sup>55</sup>



## STANDARD PRACTICES AND PROCESSES

**CFSA’s Title IV-E Demonstration Project** – In April 2014, CFSA first implemented the five-year federal Title IV-E Waiver Demonstration Project called the Safe and Stable Families (SSF) Program. These Waiver funds were unique insofar as the District was able to expand monies previously dedicated solely to foster care services toward the funding of evidence-based prevention services. While the prevention-based national models worked well for children and families, the models were also designed with restrictive eligibility requirements, which limited access to a wider group of people. As such, CFSA prepared for the end of Waiver funding by making a number of programmatic adjustments that would bolster referral capacity, wind down program operations, and ensure long-term sustainability.

In October 2019, the federal government approved the District’s Title IV-E Prevention Plan, which allowed the Agency to smoothly transition from the end of the Title IV-E Waiver Demonstration Project to federal claiming for eligible prevention services under the Family First Prevention Services Act (Family First). CFSA implemented its Family First plan on October 1, 2019. The District will continue to modify the plan as appropriate, based on federal ratings for evidence-based programs and federal responses to states’ concerns about the implementation of Family First.

CFSA partners with the Collaboratives, DC Government sister agencies, the 11 FSCs, and CBCAP grantees for prevention and intervention services for families known and unknown to CFSA.<sup>56</sup> Additionally, the Agency relies on federal funding for the Agency’s implementation of the Family First Act (families known to CFSA) and local funding for Families First DC (for upstream prevention for families not known to CFSA). Both are discussed in further detail in applicable sections of this year’s report.

## PRIMARY PREVENTION RECIPIENTS (FRONT YARD)

As part of its research and data analysis, CFSA identified the following two vulnerable Front Yard populations as more likely to be at risk for child welfare involvement due to a lack of available or accessible primary prevention services:

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<sup>55</sup> CFSA’s collaborative partners include the District of Columbia’s Office of Unified Communications (OUC), which operates the 311 Information resource that connects residents to services by phone or [online platform](#).

<sup>56</sup> Families that are unknown to CFSA may be receiving prevention or other services outside of the child welfare system.

- Families with young children experiencing homelessness: Provide services to prevent homelessness and children from entering the child welfare system.
  - Parents ages 17-25 with young children ages birth to 6.
  - Families with housing instability but no current safety concerns.
- Grand families and close relatives who provide long-term placement and caregiving: Provide community-based supports and services to prevent out-of-home placement.

Each of the five Collaboratives provides access to prevention services for those families without CFSA involvement, i.e., those who independently seek services or are referred from other organizations.

Of all 1,029 families receiving primary prevention services between October 2019 and March 2021, 38 percent (n=394) were Front Yard families. Most families served were walk-in clients. These primary prevention services included individualized case management, parent education on child development, and supportive services for housing and employment.

During the COVID-19 pandemic, additional city-wide resources provided the Collaboratives with a broader range of resources for families specifically in need of housing, rent assistance and food. The Strong Together by Assisting You (STAY DC) program assisted District residents seeking assistance with their rent and utilities, and the Internet-for-All program provided free, broadband internet connection for families with children enrolled in the District of Columbia Public Schools and the District of Columbia Public Charter Schools. With these additional city-wide resources, the Collaboratives assisted families without having to tap entirely into their own resources.

### Secondary and Tertiary Prevention Recipients (Front Porch)

At the Front Porch, Collaboratives can provide secondary and tertiary level prevention services to “intercept” families with identified risk factors and to avert the recurrence of child abuse and neglect for those families referred from CFSA or those who may be closing an in-home or out-of-home case. The following case criteria are included for families at the Front Porch:

- CPS investigation referrals closing with any risk level and an unfounded or inconclusive disposition, but additional short-term assistance is needed to promote family stability.
- CPS investigation referrals with a low-to-moderate risk with substantiated dispositions, but additional short-term assistance is needed to prevent out-of-home placement.

The Collaboratives also provide tertiary level prevention services for families where child maltreatment may have already occurred, but services can help mitigate the impact of maltreatment. Tertiary prevention services focus on (1) preventing initial entry into foster care, or (2) preventing re-entry or recurrence of child abuse and neglect for those families referred from CFSA. Families may have an open case or may be in the process of closing an in-home or out-of-home case. CFSA and the Collaborative social workers work together on these in-home and out-of-home cases.

- The following case criteria apply to tertiary prevention services:
  - Entry Services (In-Home)
    - The children are safe; the risk level is low-to-moderate, and the case is nearing closure.
    - There is a demonstrated need for additional services and support to stabilize the family, maintain children in the home, and prevent removal.
  - Out-of-Home
- Children are safe and have been reunified; the court case has been closed or will be closed shortly.
- Families demonstrate a need for additional services and support to ensure sustainable reunification and connections to community resources.

CFSA has conducted analyses on family utilization of their assigned neighborhood Collaborative. This metric is child-centered to increase the number of children who remain with their families after receiving community support from the Collaboratives.

**Substance Abuse Supports** – CFSA collaborates with the District’s Department of Behavioral Health (DBH) to ensure clients have access to the most appropriate services within the District’s available continuum of care for achieving and maintaining recovery from a substance use disorder (SUD). DBH certifies a network of community-based providers with services based on the level of need. Services include detoxification, inpatient residential, and outpatient services. DBH also provides a range of prevention services. Through a program coordinator, CFSA operates two substance use support programs in the Office of Well-Being (OWB) that include multidisciplinary teams for families. These programs include Family Treatment Court and Project Connect, both discussed later in this section.

**CFSA’s Partners for Kids and Families (PFKF)** – PFKF works year-round to develop partnerships that provide supportive resources and services that directly benefit the children, youth, and families served by CFSA. PFKF receives over 12,000 donations and partners with over 400 donors per year. The donations are kept in the Agency’s Children’s Donation Center which serves as a customized boutique where families can choose needed and free items such as new clothing, shoes, toiletries, linens, towels, washcloths, baby toiletry kids, and stuffed animals. The Donation Center also offers luggage, duffel bags, carrying bags, school supplies, and other necessary items. PFKF runs campaigns throughout the year, including “Popping Tags” where donors drop off new clothing with the tags attached, “Project Prom” where sponsors support prom-related expenses, “Back-to-School Drive” where donors help students obtain backpacks, school supplies, and new school uniforms. PFKF also supports the provision of holiday-themed resources, including Thanksgiving Baskets and a Holiday Toy Drive where donors can bring presents to Santa’s Toy Shop or provide the extremely impactful support of directly sponsoring individual families. Support received from the caring community helps the Agency focus on family well-being as they pursue permanency, their aspirations, education, and life goals.

**Mobile Stabilization Services** – For families experiencing a crisis, Catholic Charities DC provides rapid response, screening, early intervention, and information on services and alternatives that will minimize distress and provide stabilization in the community.

**Parent Adolescent and Support Services (PASS)** – The PASS program is a voluntary program open to District families with youth ages 10-17 who are committing status offenses. These offenses may include truancy, running away, curfew violations and extreme disobedience, among other behaviors that are illegal for young people under the age of 18. PASS works cooperatively with families and service providers to reduce these challenging behaviors before child welfare and juvenile justice intervention is needed.

**Family Peer Coaches** –The Family Peer Coaching Program is an evidenced-based multi-family trauma intervention. The program uses the evidence-based Strengthening Families Coping Resources (SFCR)<sup>57</sup> as the foundation for peers (adult family members of children with serious emotional disturbance) to help families who are isolated, overwhelmed, and reluctant to engage in or access these services.

**Neighborhood Legal Services (NLS)** – NLS is a nonprofit law firm that provides free legal information, advice, and representation on civil legal matters for clients.

**In-Home Co-Location** – CFSA has in-home social workers co-located at each of the five Collaborative sites. These social workers partner directly with the Collaborative family support workers. The partnerships help increase direct accessibility of services and referrals. CFSA contracts with the Collaboratives for family support services and for community capacity-building services. As part of these contractual agreements, the Collaboratives must engage in (and report on) activities that encompass a wide range of efforts to strengthen and expand the neighborhood resources available to community residents.

**Respite Services** – Respite includes provision of any service that gives the parent scheduled or emergency relief from child rearing responsibilities.

**Emergency Family Flexible Funds** – Upon request by a social worker, a Collaborative provides funds within 36 hours to prevent disruption of a family. These funds can be used for rental assistance, transportation, utilities, food, housing search, and temporary placement.

**Information and Referrals** – Requests for information may include Collaborative referrals for families and children residing in their Ward. Information and referrals for services include instruction on how to access the community-based organization that provides the requisite service to meet their needs.

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<sup>57</sup> SFCR is designed for families living in traumatic contexts with the dual goals of reducing the symptoms of trauma-related disorders in any family member and increasing coping resources in children, caregivers, and within the family system.



Information and referral requests may come from the community at large, CFSA staff (CPS, In-Home, and Permanency) as well as other government agencies in search of a community-based resource for families.

**Mentoring and Tutoring** –The Collaboratives refer children and youth, as needed, for mentoring and tutoring services.

**Educational Workshops** – On a monthly basis (at a minimum), the Collaboratives facilitate and coordinate training designed to provide critical education and information that empowers parents or caregivers to provide optimal care for the children in their care.

**Support Groups** – The Collaboratives ensure access to birth parent support groups and regularly scheduled meetings with relative caregivers and trained facilitators to discuss feelings, concerns and problems facing biological families. Birth parents are encouraged to attend the support groups, when appropriate, in order to increase the likelihood of reunification when appropriate. Support groups are offered on a monthly basis (at a minimum).

**Whole Family Enrichment** – At least quarterly, the Collaboratives provide structured group activities to create a safe environment for at-risk families. These structured groups and activities build a sense of community and belonging that promote family stability, resiliency and social connections.

#### ***FY 2024 APSR Update***

During FY 2023 Q1-Q2, the five Collaboratives collectively provided secondary and tertiary prevention services for 189 families, 51 percent (n=89) of which resided in Wards 7 and 8. CFSA's In-Home Administration referred 15 percent (n=53) of families for step-down services, i.e., case management services that continued to ensure that children remained in the home after the in-home or out-of-home case closed. In addition, the CBCAP grantees served a total of 259 families.

Additional details regarding the District's performance in connecting families with appropriate and sustainable community-based supports are available in *Section C2. Update to the Assessment of Current Performance in Improving Outcomes* and in *Systemic Factor 5: Service Array and Resource Development*.

**CPS Hotline** – CFSA operates the District's 24/7 CPS Hotline for receiving child abuse and neglect reports. Since the development of the 2014-2019 CFSP, Hotline workers have continued to determine the appropriate response of either an Information and Referral (I&R) or a CPS Investigation. Prior to assignment, Hotline workers complete focused training on how to respond to reports, along with individual and group supervision. New Hotline workers also go through social work pre-service training, in addition to shadowing seasoned Hotline workers. The classroom component of their training includes coursework on use of the Structured Decision Making (SDM) Hotline Screening and

Assessment Tool.<sup>58</sup> Outside of the classroom, new staff participate in RED team meetings (described below), and review protocols with their supervisor. For purposes of CQI efforts and capacity building, all Hotline calls are recorded. A Hotline supervisor reviews each call, directly thereafter, and provides immediate feedback to the new worker to ensure consistency with practice guidelines and requirements. Finally, CPS management immediately reviews any complaint about a call, providing feedback to the staff member and following up with the caller (as appropriate).

In 2020, CFSA updated the [Hotline Policy](#) to include the following guidance:

- Removal of references to the discontinued two-system of assigning cases, Differential Response (DR) and Family Assessment (FA).
- Inclusion of the RED Team practice model, which is a teamed approach for reviewing, evaluating and decision-making (RED) when it is unclear whether a Hotline report should be screened in or screened out.
- Addition of language for reporting sex trafficking to align with current CFSA practice.

While CFSA offices closed to the public beginning on March 16, 2020, the CPS Hotline continued 24/7 operations by contracting with a web services provider to transition the physical Hotline call center to a cloud-based contact center. This transition equipped Hotline staff with telework capacity that lasted throughout the pandemic. Both Hotline referral and investigative functions and processes remained unchanged. Similarly, CFSA continued to provide essential services throughout the public health emergency to ensure the safety of children in the District. CFSA social workers, consistent with federal and local health guidelines, continued to complete in-person investigations of allegations of abuse and neglect, in addition to ongoing assessments for safety and risk. CFSA offices fully reopened to the public on February 15, 2022

### ***FY 2024 APSR Update***

As a component of the four FY 2023 Strategic Initiatives, CFSA is in the process of developing Key Performance Indicators (KPIs) for the CPS Hotline and Supportive Services Administration to show the work completed through the Hotline and Educational Neglect Triage Units. The tracking of KPIs will help to improve timeliness of response so CPS social workers can quickly assess for safety and well-being. CFSA currently tracks and analyzes the following KPIs:

- Hotline: number of calls, processing times, documentation time, length of time on call, abandoned calls, number of referrals.
- Educational Neglect: times frames, daily/weekly/monthly triage caseloads, length of time entering a report.

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<sup>58</sup> The SDM® screening tool provides Hotline staff with a clearly articulated and commonly understood process for gathering information and making decisions on how to respond to Hotline reports. In developing the tool, CFSA reviewed allegation types currently in use by staff and further detailed definitions for each allegation. Staff access and review these definitions through the online version of the tool.

- Diligent Search Unit: number of searches, number of petitions served, timeframes.

**Hotline RED Team** - CFSA has institutionalized the RED team's use of the Consultation and Information Sharing Framework for reviewing Hotline calls, as well as for incorporating the framework into FACES.NET for permanent documentation and access by all program areas. RED team reviews help to ensure that the Agency's response to each report is uniform, appropriate, and effective for each family's individual circumstances, including determinations of whether a CPS Hotline report rises to a level of abuse or neglect. CPS refers the following types of Hotline reports to the Hotline RED team:

- Four or more reports documented with the Agency (Four+ Eligibility)
- Three or more reports for the same family within the same year
- All reports on open in-home, out-of-home, and Office of Youth Empowerment (OYE) cases
- In addition to the above, all reports recommended for screen-outs are sent to the RED team, excluding reports related to the following circumstances:
  - Assaults (non-caregiver)
  - Reports in which the alleged victim child is 18 years old or older
  - Out-of-jurisdiction reports
  - No allegations reported (SDM Preliminary Screen Out)

Once the Hotline RED teams receive a referral, the team focuses on chronic patterns and case history. If there are concerns regarding the clinical decisions surrounding response to the report, a CPS program manager or program administrator may elevate the decision for a final clinical decision by the Deputy Director for Entry Services.

**Information and Referrals (I&Rs)** – I&Rs are calls that do not rise to the level of child abuse or neglect. Depending on the reason for the call, the Hotline worker may provide the caller with contact information for other District agencies, organizations, or service providers that can appropriately address the issue or concern. The following situations are examples of potential I&Rs:

- The caller is a caregiver with no allegations of child maltreatment but desires to apply for legal custody or joint custody.
- The report involves a request for social services or information with no allegations of child maltreatment.
- The call comes from another jurisdiction, requesting a courtesy home assessment or interview for a family residing in the District. When a Hotline worker receives this type of request, the attending supervisor determines whether to send the referral to the RED team for a response.

### ***FY 2024 APSR Update***

In FY 2022, CFSA received a total of 27,433 Hotline calls. Of this number, CPS entered a total of 470 as I&Rs. In FY 2023-Q1, CFSA entered 212 I&Rs.

**Requirements for Initiating an Investigation** – All CFSA investigations comply with local and federal laws, as well as Agency policy and best practice standards. DC Municipal Regulations mandate a response time of 2 hours when the child’s health or safety is in immediate danger and 24 hours for all others. Completion of the SDM risk and assessment tool automatically guides the Hotline worker to refer the call for an appropriate response.

The following are some of the reasons that a Hotline worker will screen in a report for immediate two-hour response:

- There is a child fatality or near fatality where abuse or neglect is suspected.
- The child’s serious condition or serious injury requires immediate medical attention.
- Police request immediate response.
- The child is currently alone and requires immediate care.
- The child will be exposed to harm or unsafe conditions within the next 24 hours.
- There is concern the family may flee, or social workers may otherwise be unable to locate the family.
- There is an allegation of sexual abuse by a family member who has access to the child. Note: non-relative or non-caregiver sexual abuse allegations are referred to the DC Metropolitan Police Department’s Youth Division.
- The child disclosed (e.g., to a teacher) physical abuse and is fearful of returning to the parent’s care.

The following are some of the reasons that the Hotline worker will refer a Hotline call to the Hotline RED team for review, and a 24-hour response:

- There is a sexual abuse allegation (where the perpetrator is a relative caregiver).
- The child is age 12 or younger and has a visible injury that is suspicious or does not appear (e.g., to a school nurse) to coincide with an explanation given by the child.
- A child of any age with mobility challenges who has sustained bruises or other visible injuries.
- The referral includes allegations of a child’s access to weapons, illegal drugs, or exposure to other criminal activity.
- An alleged perpetrator has a currently open CPS investigation.
- The allegation is against a licensed home or facility.
- There are concerns regarding human trafficking.

**Performance for Timely Initiation of Investigations** – Per CFSA policy and District regulations, CPS must initiate an investigation within 48 hours after receipt of a Hotline report of child maltreatment.

The expected standard is 95 percent of the investigations are initiated within the 48-hour window. “Initiation” is defined by face-to-face contact with the identified victim child. If the investigative social worker is unable to make contact, the social worker must document reasonable efforts in addition to documenting the barriers to initiation (e.g., an incorrect address for the family or a family leaving the jurisdiction). If a social worker has been unable to initiate the investigation within 5 days of the 48-hour window, the social worker must document discussions with the assigned CPS supervisor regarding barriers, attempts to mitigate barriers, and next steps to assess and ensure child safety. Expected efforts for initiating investigations include, but are not limited to the following actions:

- Making multiple home and school visit attempts to gain access to the families. Attempted home visits include efforts made at various times a day and night.
- Contacting the referral reporting source to confirm allegations and to gain additional information not recorded in the referral.
- Reviewing information systems (e.g., FACES.NET, QuickBase, ACEDS, and STARS) to obtain additional information on the families.<sup>59</sup>
- Obtaining additional family emergency contact information from the schools or daycare providers, when applicable.
- Requesting a diligent search on those families with limited or incomplete demographic information in the referral.
- Contacting the law enforcement if the Hotline caller has identified child safety concerns.
- Requesting assistance from other shifts to initiate contact with families (e.g., when a referral comes in on a Friday afternoon, the assigned CPS social worker with a Monday through Friday tour of duty may request assistance from an assigned weekend social worker to attempt a home visit).

CFSA’s performance against investigation benchmarks is documented in Section C2. Update to the Assessment of Current Performance in Improving Outcomes and Safety Outcome 1 – Children Are, First and Foremost, Protected from Abuse and Neglect.

### ***FY 2024 APSR Update***

CFSA continued to implement recruitment strategies throughout 2022 to address CPS staff shortages. These strategies included working with a designated recruiter to focus primarily on investigative social worker recruitment; attending local career fairs; and partnering with local colleges, universities, and related professional organizations. The recruitment efforts also included advertising job openings on campuses, enhancing the onboarding process, and establishing a pipeline of candidates who were willing and able to be ready for hire, e.g., candidates pending licensure, relocation, etc.

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<sup>59</sup> ACEDS (Automated Client Eligibility Determination System), STARS (Student Transparency and Reporting System), and QuickBase provide detailed information on a family’s income status, address, attendance record (for school-aged children), etc.

**CPS Investigations** – Once face-to-face contact is made, the investigative social worker conducts a comprehensive investigation of the reported allegations. The social worker will also assess the family for safety and risk. If the child is not in imminent danger (i.e., does not need to be separated from his or her family), CFSA may refer the family to the Agency’s contracted neighborhood Collaboratives for community-based family support, and services and resources that address the family’s unique needs and goals. If the risk for future neglect is high, but there are no imminent safety concerns, the social worker develops a safety plan in partnership with the family and opens an in-home case.

In 2020, CFSA updated the [CPS Investigations Policy](#) to include the following changes:

- The CPS or Permanency Administration staff leads Removal RED Team meetings on a rotating basis; RED Team removal meetings are held within 24 hours (or the next business day) after a child’s separation from the home. Meeting participants explore kinship placement options and steps to expedite reunification.
- CFSA’s Educational Neglect Unit investigates screened-in educational neglect reports to determine interventions and to develop a family plan to address chronic absenteeism and underlying issues.
- CPS must investigate all reports on families with newborns diagnosed with positive toxicology results or fetal alcohol syndrome disorder; the CPS social worker partners with the caregiver to develop a plan of safe care.

The CPS Investigations Procedural Operations Manual (IPOM) provides practical tips, guidance, and step-by-step procedures for giving children the immediate attention they need for their safety and protection, followed by long-range planning for their permanency and well-being. In June 2020, CFSA updated the [CPS IPOM](#) to correspond with and expand upon current practices.

### ***FY 2024 APSR Update***

In July 2022 CFSA updated its [policy](#) on safety planning. A signed safety plan is an effective tool to facilitate and promote the family’s efforts to keep children safe. A safety plan clearly describes immediate threats to the children’s safety and provides concrete details for how the family will manage, mitigate, or eliminate the threats to the child’s safety. Safety plans are time-limited and require consistent re-evaluation, monitoring, and management by plan participants (e.g., the family and social work professionals). The safety plan must be developed collaboratively with the family with realistic actions that are feasible and sustainable over time. The plan can frame and facilitate ongoing engagement between the family members and help keep children safe.

In September 2022, the Child Welfare Training Academy partnered with Entry Services to develop training on the Agency’s updated Safety Planning Policy. Entry Services’ supervisors and program managers received a “training of trainers” course to ensure all Entry Services personnel were educated on the policy and administrative issuance. Supervisors and program managers were equipped to provide clinical supervision and facilitate discussions regarding safety planning.

**Diligent Search Unit (DSU)** – Kinship placements are a vital resource for children that cannot remain safely in the home, based on imminent risk to the child’s safety. Upon separation of the child from the home, the investigative social worker must ask the birth parent or caregiver for the names and contact information of any non-custodial parent or other maternal and paternal relatives who can serve as a placement resource. The social worker will then submit a mandatory referral to the DSU, which is part of CFSA’s Entry Services’ CPS Hotline and Support Services Unit. In addition, the investigative social worker makes a referral for a family team meeting (FTM), which is an effective vehicle for locating relatives. To reinforce these efforts, the Kinship Unit has social workers who conduct diligent searches throughout the 24-hour day, which helps to expedite search results, especially during an investigation of a temporary emergency kinship placement. As needed, the Kinship Unit also submits a DSU referral for an emergency home assessment and placement. DSU investigators complete diligent searches within four hours of receipt of a referral (per the DSU business process). The DSU workers are extremely important to the entire investigation and placement process. They have the ability to conduct Child Protection Register and National Crime Center background checks as well as having access to Live Scan fingerprinting for clearance of qualified potential kin providers.

#### ***FY 2024 APSR Update***

In July 2022, CFSA issued a new Administrative Issuance on [Informal Family Planning Arrangements \(IFPA\)](#). Following an assessment of child safety and consultation among the investigative social worker, supervisor, and program manager, the CPS team may collectively decide that an IFPA is appropriate. With IFPA, families may develop their own plan and identify supportive resources to help safely care for their children. These supportive resources may include the non-custodial parent, a relative or another identified caregiver. The parent, identified caregiver, and social worker are present during consideration of an IFPA. An IFPA cannot take place without the parent or the identified caregiver. If the parent is deceased, CFSA works with the family to facilitate the plan of care for the children.

During the process of authorizing an IFPA, the family plans for the children and looks to rule out any alleged safety threats to safety. The process does not require court involvement or formal intervention. CFSA helps to facilitate a discussion with family members and offers services as needed. Parents may request attorney representation, in which case CFSA counsel will also participate in discussions.

In September 2022, the Child Welfare Training Academy partnered with Entry Services to develop training on the Agency’s new IFPA Administrative Issuance. Entry Services’ supervisors and program managers received a “training of trainers” course to ensure all Entry Services personnel were educated on the administrative issuance. Supervisors and program managers were equipped to provide clinical supervision and facilitate discussions regarding IFPAs.



**At-Risk (Pre-Removal) FTM** – The At-Risk FTM is designed to assist the family in making a family plan that will resolve crises and prevent the removal of the children. The At-Risk FTM also allows various family members to express their concerns. With the help of the FTM facilitator and CFSA social worker, the family develops a plan to ensure both the safety of the children and the stabilization of the family. A referral for an At-Risk FTM should be made at the onset of the investigation, except for item #2 below.

At-risk FTM criteria:

1. Social worker and supervisor clinical judgment
2. Intensive SDM risk cases opening for ongoing Agency services
3. Community-papered cases
4. Failure to thrive
5. Positive toxicology investigations
6. Mothers 21 years of age & younger with two or more children

**Danger and Safety Assessment (DSA) and Risk Assessment** – Entry Services utilizes the Danger and Safety Assessment and the Risk Assessment to identify signs of danger or imminent danger of serious harm or maltreatment, as well as the probability of future harm or maltreatment. These tools help determine the family dynamics that need to be considered when beginning to plan for the safety of the child. Social workers conducting the DSA and Risk Assessment must include all household members in the assessment process. The DSA tool seeks to identify existing indicators of danger or imminent harm while the Risk Assessment seeks to identify the probability of danger or harm. Once the social worker identifies these indicators, planning for safety with the family is based on an accurate understanding of the family’s needs. The social worker can then help the family identify the most appropriate community-based services to address those needs. By extension, the family increases its protective factors to safely maintain the family unit and children remain safe at home. Specific criteria and processes are outlined below:

Why (Purpose and Criteria)	When and By Whom (Process)	What Next (Analysis and Decision)
<b>Danger and Safety Assessment (DSA) for all Household Members</b>		
To identify indicators of danger or imminent danger of: <ul style="list-style-type: none"> <li>• Serious Harm/Maltreatment</li> <li>• Serious Physical Harm</li> <li>• Lack of Food, Clothing, Shelter, or Medical Care</li> <li>• Serious Harm by Others</li> <li>• Sexual Harm</li> </ul>	CPS referrals. CPS social worker completes: <ul style="list-style-type: none"> <li>• Within 24 hours of contact</li> </ul> Ongoing cases. Ongoing Social Worker Completes: <ul style="list-style-type: none"> <li>• Within 30 days of case transfer</li> </ul>	To decide whether a child or youth: <ul style="list-style-type: none"> <li>• Can remain safely in the home with no intervention (i.e., safe)</li> <li>• Can remain safely in the home with a safety plan (i.e., safe with a plan)</li> </ul>

Why (Purpose and Criteria)	When and By Whom (Process)	What Next (Analysis and Decision)
<ul style="list-style-type: none"> <li>Hazardous Living Conditions</li> <li>Emotional Harm</li> <li>Refusing Access</li> </ul> <p>To examine considerations for:</p> <ul style="list-style-type: none"> <li>Safety planning and create a safety plan if needed</li> <li>Child vulnerabilities</li> <li>Existing household safety</li> <li>Existing household strengths</li> <li>Complicating factors</li> </ul>	<ul style="list-style-type: none"> <li>Within 30 days after reunification</li> <li>Within 30 days of case closure</li> <li>As indicated by changing circumstances</li> </ul>	<ul style="list-style-type: none"> <li>Cannot remain safely in the home and needs an alternative placement (i.e., unsafe)</li> </ul>
<p><b>Risk Assessment and Risk Re-Assessment for all Household Members</b></p>		
<p>To identify the probability of future harm/maltreatment in the next 18-24 months:</p> <ul style="list-style-type: none"> <li>Low Risk</li> <li>Moderate Risk</li> <li>High Risk</li> <li>Intensive Risk</li> </ul> <p>To identify the level of service intensity to provide the family:</p> <ul style="list-style-type: none"> <li>For CPS referrals, the CPS social worker completes risk assessment within 30 days of referral</li> </ul>	<p>Ongoing in-home cases</p> <ul style="list-style-type: none"> <li>In-home social worker completes risk re-assessment within 30 days of case opening and every 90 days thereafter until safe case closure</li> </ul>	<p>To decide whether:</p> <ul style="list-style-type: none"> <li>To open a case for in-home services or to close a referral</li> <li>How frequently to contact and monitor the family</li> <li>When to close a case</li> </ul>

**FY 2024 APSR Update**

CFSA has contracted with the non-profit research and data systems nonprofit, Evident Change,<sup>60</sup> to review and enhance six Structured Decision Making® (SDM) tools: the intake assessment, danger and safety assessment (DSA), caregiver strengths and barriers assessment, reunification assessment, and risk reassessment. In addition, Evident Change will customize a child strengths and barriers assessment for CFSA to implement. This work will be completed through a collaborative approach between a core team of Agency leaders and local stakeholders to oversee the work. An SDM fidelity review will then identify how these tools best integrate into the CFSA practice framework. In addition, a series of tool, policy, and practice improvement activities will be designed to help CFSA staff better use, understand, and receive the most value from the SDM system. Lastly, Evident Change will develop certified integration of the tools into CFSA’s new Comprehensive Child Welfare Information System, STAAND.

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<sup>60</sup> Formerly the National Council on Crime & Delinquency and Children’s Research Center, Evident Change is a nonprofit that uses data and research to improve state and local social service systems.

**Community Papering** - Community papering involves an assigned assistant attorney general filing a petition to request the Family Court's intervention in an open investigation or in-home services case where the family is struggling to meet the goals set forth in the case plan. Examples might include educational neglect, medical neglect (where emergency care is not needed), and cases where the parent has a substance use issue or mental health concern that is impacting parenting but not presenting an imminent danger to the child or the parent. Community papering is not legally appropriate when CFSA has already taken necessary steps to separate a child due to imminent safety risk, or when a separation is in process.

Since FY 2021, CFSA has been focusing on the community papering process as an opportunity for improvement via the Lean methodology, i.e., reducing practice inefficiencies while simultaneously cultivating increased competence (see *Section C1. Collaboration and Vision for a more detailed description*). As a result, in March 2022, a team of social workers, attorneys, and staff from across the Agency came together in workshops over the course of a week to review the community papering process and to provide recommendations for improvement. Since that time, the Community Papering Lean Team has worked to implement the resultant proposed recommendations, including an increased focus on the social work team's efforts toward paternal engagement and kin engagement prior to community papering. Additionally, the Lean Team recommended new standards and expectations for community papering preparation in order to ensure that the right cases were brought forward at the right time.

The Lean Team helped to translate its recommendations into a concrete *Community Papering Tip Sheet* and a *Community Papering Preparation Checklist* for the social work teams and all community papering participants. Further, CFSA implemented new tracking mechanisms to monitor the success of the recommendations and the guidance documents, noting whether expectations were met for each case brought forward for community papering. The Agency rolled out the guidance documents and new metrics on June 1, 2022. The Lean Team will continue to implement the community papering recommendations, including a revised referral form and a new training to further ensure the quality and effectiveness of the community papering process.

#### ***FY 2024 APSR Update***

In FY 2022, the Agency community papered 75 cases.

Since June 1, 2022, the *Tip Sheet* and *Checklist* have been in use by teams across the Agency in preparing for community papering consultations. To monitor and maintain focus on this effort, the Lean Team set up quarterly check-ins to review progress and key performance indicators. These review meetings represent a collaboration between leadership from the Office of the Attorney General and CFSA's Entry Services division. One particular topic of review for these meetings involves new data points around whether paternal and kin engagement efforts are made prior to the community papering consultation.

As of March 31, 2023, 72 percent of consultation preparations included paternal engagement efforts; 88 percent included kin engagement efforts. These data points represent key checkpoints in the community papering process. By tracking these data points regularly, the Agency can ensure teams are adhering to best practices. For some cases, paternal engagement may not be possible or feasible, and further, some cases are sent back for additional steps. Ultimately, this focus on preparation means higher quality support for children and families when CFSA has completed appropriate preparation and when the right cases are brought for legal action at the right time. In parallel, the Community Papering Lean Team has ensured that CFSA's training team and on-the-job trainers regularly use the *Tip Sheet* and *Checklist*. Finally, the Lean Team has worked to align the consultation referral form with the ongoing STAAND data system project underway.

**In-Home Support Services Teaming** – Referrals to the Collaboratives may result in an In-Home Teaming case where the Agency and Collaborative staff are partners for providing intensive or supportive services to stabilize the family and maintain children safely in their homes. A case in this category may or may not be able to step down from intensive services or graduate after completion of services, depending on appropriate assessments at the conclusion of the supportive services and teaming period.

#### ***FY 2024 APSR Update***

In FY 2022 and FY 2023 Q1-Q2, In-Home referred 20 percent (n=138/693) of families to a Collaborative for stabilizing services after case closure.

**The DC Family Treatment Court (FTC)** – FTC is a court-supervised, voluntary inpatient residential or outpatient substance abuse program for caregivers whose children are the subject of a child neglect case. Additional details and updates are provided later in this section.



### TARGETED ACTIVITIES FOR THE CFSP FIVE YEAR STRATEGIC PLAN

**Prevention Plan** – Described in *Section C1. Collaboration and Vision*, "Putting Families First in DC", CFSA's Five-year Family First prevention plan includes a subset of families previously served under the IV-E Waiver. These Family First candidates include pregnant or parenting youth in foster care, collectively referred to as Family First prevention-eligible children, who are eligible for Family First, Title IV-E funding.

**NowPow** – NowPow is an online, centralized, searchable resource and service directory tool for CFSA staff, private agency partners, and Family Success Center employees. Searches most commonly result in referrals in the areas of housing, rental assistance, food donation, and parenting skills. A case study

conducted for the period of FY 2021-FY 2022 found that CFSA's internal NowPow utilization was low. Many social workers were not seeing NowPow's value in light of traditional online searching capabilities. Going forward, the Agency's new CCWIS system, STAAND, will be integrated with the referral system. This integration will allow for one system to be used by staff with the expectation that the usage and utility for social workers will be enhanced.

**Levels of Care for Receiving In-Home Services** – In 2017, to promote better case practice across the in-home population, CFSA's In-Home Administration established levels of care (LOC) for each family receiving in-home services. The administration assigns the LOC based on case criteria, and accounts for the initial CPS assessment of risk as well as the In-Home Unit re-assessed risk levels and the first Caregivers Strengths and Barriers Assessment score. The original framework included the following categories:

- **Intensive** cases involved substantial risk to child safety and well-being. Open for 8 to 10 months, these cases required social workers to make at least weekly face-to-face contact with the family to engage in intensive safety and case planning.
- **Intermediate** cases included multiple risk factors but did not present imminent risk or danger. They would remain open for six months, during which time the social workers would visit with families at least twice per month to address and support progress on case plan goals.
- **Graduation** cases involved families that demonstrated behavioral progress from the time of the original complaint, and for whom there was no imminent risk or danger. Their needs could be met in the community. Open for two months, these cases involved at least two monthly social worker visits with a focus on case plan goals.

In 2019, as part of DC CFR PIP, CFSA's Performance Accountability and Quality Improvement Administration (PAQIA) completed an evaluation of the LOC model, which included an examination of teaming meetings for cases initially labeled with an intensive LOC. The evaluation also included an examination of fidelity to visitation requirements for the three levels of care, and time to case closure. The sample timeframe was January 2018 through September 2019, during which there was a total of 1,355 families with an assigned LOC. The evaluation found that, overall, there is mixed fidelity to the model.

To determine compliance with the teaming meeting requirements, PAQIA completed a qualitative review of 101 families with intensive LOC designations. (Initially, there were 206 families of the 1,355 total that had an intensive level of care). Sixty percent of these families had completed the LOC teaming meetings within 60 days of the initial case plan, per the guideline. In an additional 15 percent of cases, the teaming meetings occurred prior to the development of the case plan. Four percent of the families completed the teaming meeting shortly after the 60-day deadline (with a range of 62-71 days). The remaining 22 percent of the families did not have an initial teaming meeting.

For the visitation requirements, PAQIA completed the analysis for the same 1,355 families served during the same timeframe. The evaluation also found poor fidelity to the visitation requirements for families with an intensive LOC (compliance ranged from 0 percent in December 2018 to a high of 45 percent in March 2018). The evaluation revealed better fidelity to visitation requirements for families with an intermediate LOC (compliance ranged from 74 percent in May and August 2019 to a high of 96 percent in March 2018). The strongest fidelity to visitation requirements came for families at the graduation LOC (compliance ranged from 90 percent over multiple months and a high of 100 percent in August 2019). Note: the visitation requirements for cases with an intermediate and graduation LOC mirrored pre-existing expectations for in-home visitation and have therefore been built into the Agency's tracking tools.

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

In 2021, the term "level of service" for in-home cases replaced the previous term "level of care." The In-Home Administration recommended the change based on the administration's focus on services (versus care). "Level of service" more appropriately defines the in-home social worker's activities, such as visits, contacts, and teaming meetings. Also, "levels of care" have been associated with mental health and psychiatric levels of service, as well as associated specifically with children in foster care.

The In-Home level of service is based on the risk reassessment score using supervisory overrides when clinically appropriate. There will sometimes be occasions where a family's risk level does not accurately reflect their needs as described in the table below. In those circumstances, a supervisory override should be considered. However, if a family situation includes any of the criteria outlined for an intensive risk level, they must receive the same contact and services outlined for an intensive level case.

### Contact Guidelines Based on SDM Risk Levels

Description/Criteria	Contact Guidelines and Protocol
<b>Risk Level</b>	<b>Intensive</b>
<p>1. Caregiver actions or family circumstances contribute to imminent danger of serious physical or emotional harm to the child or inability to meet child’s basic needs. This may include but is not limited to:</p> <ul style="list-style-type: none"> <li>• Caregiver displays chronic or severe mental health challenges or symptoms that impair their ability to meet child’s basic needs and ensure safety.</li> <li>• Caregiver’s use of alcohol or drugs results in behaviors that seriously and consistently impede their ability to meet the child’s basic needs and ensure safety.</li> <li>• Intimate partner relationships that have resulted in children experiencing substantial harm due to witnessing the violence or being injured.</li> <li>• Caregiver disciplines with physical or verbal violence, resulting in serious physical or emotional harm to the child.</li> </ul> <p>2. Family has an active safety plan in place.</p> <p>3. Family is being community papered or has recently become court involved; in consultation with the supervisor, these families may be stepped down as they stabilize or move towards closure.</p> <p>4. Concerns around the care of medically fragile or developmentally disabled children.</p> <p>5. Youth frequently run away or concerns exist around sex trafficking.</p>	<ul style="list-style-type: none"> <li>• No less than weekly face to face visits with families, which can be by a CFSA social worker, supervisor or CFSA family support worker (FSW), with <b>at least</b> two face-to-face visits a month in the family’s home by the social worker or supervisor.</li> <li>• Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety.</li> <li>• Families with an active safety plan may have more visits as needed.</li> <li>• Teaming meeting (formal or informal) held within 60 days of the completion of the initial case plan, and subsequently as needed.</li> <li>• At least two contacts with service providers and collateral contacts during the month.</li> </ul> <p>If a case continues to have an intensive risk level at the first 90-day re-assessment, CFSA should hold a consultation to determine if additional actions, e.g. community papering, a Multi-Administration Clinical Staffing (MACS), should be considered.</p>
<b>Risk Level</b>	<b>High</b>
<p>1. Caregiver actions or family circumstances are barriers to the child’s long-term safety, permanency, or well-being. This may include but is not limited to:</p> <ul style="list-style-type: none"> <li>• Caregiver displays symptoms such as depression or apathy resulting in occasional difficulty dealing with situational stress or crises.</li> <li>• Caregiver has substance use that impairs parenting in some ways and occasionally results in behaviors that make it difficult to meet child’s basic needs consistently.</li> </ul> <p>2. Family has multiple risk or complicating factors (e.g., homelessness, lack of support, ongoing difficulty meeting the basic needs of children,</p>	<p>At least twice a month face to face visits in the home by the social worker or supervisor. FSW may be utilized for additional visits as needed. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety.</p> <p>At least one contact with service providers and collateral contacts during the month.</p>



Description/Criteria	Contact Guidelines and Protocol
<p>limited life skills, etc.) that require a high level of attention and monitoring to ensure that the children’s needs are being met, but for whom there is no imminent risk or danger.</p> <p>3. Multiple reports for the same issues.</p>	
<b>Risk Level</b>	<b>Moderate</b>
<p>1. Family has demonstrated increased protective capacities which have actively helped to create child safety, permanency, and well-being.</p> <p>2. Family has demonstrated a change in behavior or circumstances from initial complaint and children’s basic needs are being met in the community without child welfare involvement.</p> <p>3. There is no imminent risk or danger to children. Families’ needs can be met in the community without child welfare involvement OR the case is in the maintenance phase (awaiting a service, court order, utility bill pay, etc.).</p>	<p>No less than twice a month face-to-face visits for each family, with at least one visit being conducted by the social worker or supervisor in the home. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety.</p> <p>At least one contact with service providers and collateral contacts during the month.</p> <p>At closure, family celebration will be held to recognize progress and develop a sustainability plan.</p>
<b>Risk Level</b>	<b>Low</b>
<p>1. Family has demonstrated increased protective capacities which have actively helped to create child safety, permanency and/or well-being.</p> <p>2. Family has demonstrated a change in behavior or circumstances from initial complaint and children’s basic needs are being met in the community without child welfare involvement.</p> <p>3. There is no imminent risk or danger to children. Families’ needs can be met in the community without child welfare involvement.</p>	<p>No less than twice a month face-to-face visits for the family, with at least one visit being conducted by the social worker in the home. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety.</p> <p>At least one contact with service providers and collateral contacts during the month.</p> <p>At closure, family celebration will be held to recognize progress and develop a sustainability plan.</p>

**Case Transfer Process – CPS to In-Home** – At any point during a CPS investigation where the investigative social worker determines that a case meets the criteria for opening an In-Home Services case, the transfer of the case from CPS to In-Home Services must occur without delay. Both the CPS investigative and In-Home Services social worker partner to ensure a timely, streamlined transition of the case to avoid a lapse in any services and to ensure ongoing monitoring of safety. A seamless transition also helps to ensure that the development of the case plan with the family is completed within 30 days of opening the In-Home Services case.

***FY 2024 APSR Update***

In August 2022, CFSA’s revised its [In-Home Services Procedural Operations Manual](#) to clarify and update case transfer protocols. The process for transferring a case from CPS to In-Home includes the following steps:

1. CPS emails notification of the case transfer to an account monitored by In-Home administrators within 30 days of the initiation of the CPS investigation.

2. Within one business day of the notification of intent to transfer the case, the In-Home administrator or program manager assigns the case according to the social work unit.
3. Once assigned, the supervisor reviews the Ward assignment, family risk level, and notes whether the substantiated allegations warrant the case transfer to In-Home Services (**Note: In-Home Services does not accept cases where the allegations are inconclusive**).
4. A Pre-Case Transfer Staffing (PCTS) takes place within one business day, whenever possible, to ensure a “warm handoff” so the two social workers can ensure that families continue to receive services in a timely fashion. The PCTS includes discussion on family composition, community support, the reason for Agency involvement, assessment results and recommendations, safety plans, and court involvement.
5. A Partnering Together Conference (PTC) occurs within three business days of the PCTS. During the PTC, social workers engage the family in the home to formalize the case transfer. Among other things, the PTC provides an opportunity for the social worker to build rapport with the family, explain the case transfer process, notify the family of their rights, revisit any risks, introduce various assessments, develop concurrent kin plans, and discuss next steps for working together.

**Case Transfer Process – CPS to the Collaboratives** – To initiate the transfer, CPS emails a Collaborative Referral Form to the Centralized Community Partnerships Referral Unit email account within 30 days of investigation closure. The Referral Unit reviews and assigns the referral to the Collaborative within the respective Ward. The assigned Collaborative will review and assign a Collaborative worker during the business week, Monday to Friday, excluding holidays, within one business day. Once assigned, the Collaborative worker will contact the CFSA social worker to confirm receipt of the referral and schedule the PCTS and PTC, following the same protocols described above regarding CPS to In-Home transfers.

**Case transfer performance evaluation** – In FY 2021, PAQIA reviewed 169 randomly selected cases to evaluate the case transfer process from CPS to In-Home. Only 21 percent (n=35) of the reviewed cases completed the case transfer process with fidelity to the model. Again, the model requires completion of the PCTS within one business day of case assignment to In-Home, and completion of the PTC within three business days of the PCTS. Neither meeting was held in 13 percent (n=22) of the cases.

For the 147 cases where a PCTS or a PTC was held, the most frequent discussion topics during the meeting included the reasons for Agency involvement (90 percent), recommended services and next steps (67 percent), and assessment results and decisions (66 percent).

Ninety-three percent of the meeting participants felt that they had a chance to express their concerns during the meeting; 97 percent felt included in developing solutions. When asked who had the most say in the planning and service discussion of the FTM plan, 68 percent felt that all participants had a say, 23 percent felt that family members had the most say, 6 percent felt that service providers had the most say, and 3 percent felt that CFSA had the most say.

**Educational Neglect** – In FY 2019, CFSA and DC Public Schools (DCPS) jointly developed a prevention framework, Partnering Together to Reduce Absenteeism, to identify factors related to excessive student absences and to jointly implement prevention tools so that families have the supports in place to ensure that their children are attending school on a daily basis. The following specific prevention recommendations were included:

- Inform a city-wide response to absenteeism.
- Increase schools' capacity to address absenteeism and increase referrals to community resources to reduce the need for child welfare system intervention.
- Increase capacity building and response within the community.
- Empower schools to utilize community resources to identify and address unmet needs that have a direct impact on excessive absences.
- Identify families that require intensive support, but do not warrant an intensive child welfare response.
- Educate schools about child welfare processes and responses (mandated reporting, timely reporting, etc.).

CFSA created a web-based portal in which reporters could complete referrals once a student had five unexcused absences. In FY 2021 CFSA developed an electronic prevention referral form, used by two identified pilot schools in Ward 8 whenever a student had reached five or more absences. The goal was to establish a partnership between the school, CFSA, and the family to develop a support plan with the family that could reduce the likelihood of an educational neglect allegation. Plans included connecting the family to community resources.

During the 2019-2020 school year, the Hotline received and processed 56 Prevention Form referrals from the two pilot schools. Of the 56 children with a Prevention Form between October 6, 2019 to March 31, 2020, 50 percent (n=28) did not receive any additional reports. Of the remaining 50 percent, 17 received a subsequent report of educational neglect that the Hotline screened out. Two received a subsequent report of educational neglect that was screened in and investigated while another two received a subsequent report of abuse or neglect (other than educational neglect) that was screened out. Seven received a subsequent report of abuse or neglect (other than educational neglect) that was screened in and investigated. Due to a decline in referrals, CFSA elected not to implement the pilot program into ongoing practice.

The Agency has implemented the following two prevention efforts in response to the educational neglect referrals:

- Establishing contact with the child's school to explore potential supports needed for students.

- Identifying and assigning students in need of further intervention to the educational neglect social worker to engage the school and the family by offering support needed to address barriers to attendance and distance learning participation.

In addition to the above, CFSA has also created the Engage and Connect Unit to respond to referrals for attendance issues that do not rise to the level of an allegation of educational neglect. Through clinical consultation, staff may determine the need for and offer a family further CFSA intervention. This process allows the Triage Unit to have a third option when screening potential referrals of educational neglect. The addition of this third option allows for an increase in support of the Triage Unit, expanding CFSA's efforts to improve children's attendance matters and improve partnership with DCPS. CFSA's Educational Neglect Social Work Unit helps improve the investigations of educational neglect referrals. The Educational Neglect social workers partner with CFSA's Triage Unit and DCPS to facilitate improved communication and engagement between schools and families. These engagement efforts serve to help identify and address underlying issues impacting school attendance for the family's children.

#### ***FY 2024 APSR Update***

In June 2022, CFSA made several process modifications to its Educational Neglect Triage Unit, e.g., Engage and Connect social workers now attempt home visits, as needed, to engage families in cases where the Triage Unit visitation efforts are unsuccessful. Additionally, CFSA has developed a protocol for direct referrals to the Engage and Connect Unit, which serves as a third screening option, specifically for cases where the reported information does not rise to an allegation of educational neglect. However, through clinical consultation, the Triage Unit identifies opportunities for Engage and Connect intervention to assist families.

**Home Visiting Program** – CFSA refers families to home visiting programs that use evidence-based models. CFSA partners with DC Health to connect families with home-visiting programs focused on CFSA's Family First identified candidate populations, as well as CFSA-involved families in general. Additional home-visiting programs available to families in the District (primary prevention) are funded under CFSA's CBCAP grant and matching local dollars.

- Community Family Life Services (CFLS) Parenting and Family Education Home Visitors Program provides long-term intensive and home-based and community-based services for families with histories of trauma, intimate partner violence, and mental health or substance abuse issues. The program utilizes both prenatal parent education and education for parents of school-aged children through the Nurturing Parents Curriculum. The combination of parent education sessions and home visits helps to build strong relationships with parents and to support them in establishing healthy and nurturing parenting skills.
- The Mary's Center's Father-Child Attachment Program provided services to the fathers of young children (from infancy to 5 years old) deemed high risk and eligible for home visitation services. The program includes three components: (1) home visitation, (2) sports activities, and (3)

monthly fatherhood outings. These activities are designed for increasing parent-child bonding, understanding child development milestones, and supporting the father's own self-awareness.

- Collaborative Solutions for Communities, in partnership with The Family Place, funds the evidence-based program, Home Instruction for Parents of Preschool Youngsters (HIPPOY) Home Visiting. The program provides weekly school-readiness home visits to mothers of children 3-to-5 years of age. Home visitors model the HIPPOY curriculum with each mother who in turn works through the activities with their children throughout the week.
- The Family Place's Family Literacy program provides English-as-a-Second Language (ESL) education both to mothers and children. While mothers are in ESL class, their children (ages birth to 3 years old) are in early childhood classrooms. On a weekly basis, mothers participate in their child's classroom activities while teachers model activities that mothers can do with their children in the home.

**Domestic Violence (DV) Services** – OWB includes a coordinated team of trained DV clinical liaisons, comprising current CFSA staff in the program administrations. More recently CFSA has had a few staff changes and some liaisons are no longer with the Agency. The role of the DV specialist is broad and functions at a high level of expertise to educate, inform, train, and provide consultative support and coaching to front line staff. Utilizing the Safe & Together framework, the DV specialist teaches interviewing and assessing skills, documentation, and case planning. The specialist also provides resources and guides the Agency in the use of best practice protocols to increase child safety when DV is the nexus.

In June 2019, CFSA changed the process for DV referrals. Previously, the social worker automatically completed a DV referral form and sent it to the DV specialist to request a case consultation. This process was ineffective for serving the families and did not empower the social workers to develop effective clinical enhancement skills for effective engagement and assessment of DV-involved families. The new process requires the social worker to first gather appropriate critical information on the family (e.g., DV-related data and history) to assess how the DV may be impacting child safety. If the social worker needs further assistance, they then reach out to the supervisory social worker for assistance. If there are case complexities that exceed the skillset of the supervisory social worker, the social worker then reaches out to the DV liaison for support and guidance. The DV liaison will determine if there are high lethality indicators in the case. If so, the liaison will make the recommendation to the social work team to complete and submit a DV referral for expert level guidance and assistance from the DV specialist. The DV case consultation provided by the DV specialist will recommend next steps to provide the resources and appropriate linkages to community-based service providers.

CFSA uses the [Safe & Together Model](#) to align the use of best clinical case practices using a child-centered model to intervene with families known to experience domestic violence (DV). Key principles involve keeping the child safe and together with the non-offending parent, partnering with the non-

offending parent as a default position, and intervening with the perpetrator to reduce risk and harm to the child.

### ***FY 2024 APSR Update***

In FY 2022, there were eight DV liaisons and one DV specialist providing DV case consultation and support to front-line social workers and supervisors.

**Project Connect** – CFSA utilizes the Project Connect Model to serve in-home and out-of-home families with the goal of expediting safe family reunification or to prevent children from entering the foster care system. Project Connect is an intensive, home-based, care coordination program that serves families with substance use issues. Located at CFSA, Project Connect staff are specially trained in substance use disorders and child welfare risk assessments.

Project Connect resource development specialists (RDS) assess the strengths and needs of the family; make referrals to identified providers; work closely with the family to ensure they are engaged in planning and goal setting; support the family during times of relapse or crisis; and strive to build a good report with the family to model what life can look like when they are substance free. As needed, CFSA's Parent Engagement, Education, and Resource (PEER) specialists also assist in these areas.

The Project Connect nurse assesses the development and medical needs of any children under the age of five by administering the Ages and Stages Questionnaire (ASQ); monitors early childhood development; supports and advocates for parents to be linked to medical providers; provides services for pregnant women to help them understand the importance of receiving pre-natal care; provides support around coordinating medical appointments and navigating the health care system.

In 2020, the Project Connect services developer and a technical assistance provider evaluated CFSA's fidelity to the program model. An evaluation report noted the following strengths:

- Clearly demonstrated interest, enthusiasm, commitment to the work and to the model.
- Demonstrated understanding of the six components of the model.
- Acquired rapid and thorough assimilation of the model in the CFSA structure.
- Engaged internal CFSA units that had glowing reports of the positivity of the teaming process.
- Engaged positively with collaterals.
- Employed strong engagement and relational techniques to the benefit of program families.
- Clearly demonstrated empathy, concern and respect for the clients and a true commitment to assisting them in any way possible.

Based on a virtual site visit in September 2021, program developers observed many strengths in the domains of structural fidelity, procedural fidelity, teamwork, modeling, relationships, and family

engagement. The developers recommended the integration of a dedicated parent educator role into the Project Connect Team.

Each time CFSA hires a new Project Connect staff member, the developer, Children’s Friend, trains the staff on the model. In FY 2022, the Children’s Friend team, Project Connect supervisor and CFSA’s Child Welfare Training Academy (CWTA) began implementation of a CFSA train-the-trainer module on the Project Connect program. Once implemented, the module will allow CFSA to maximize the benefits of the Children’s Friend training without needing additional support.

### ***FY 2024 APSR Update***

In FY 2022, Project Connect served 73 clients. Out of the clients served, 37 were still active in services at the end of FY 2022. Nineteen clients successfully closed their case with CFSA and Project Connect. Case closure reasons included a permanency goal change (4 clients) and disengagement for more than 21 days (13 clients).

In addition to the above, a Project Connect technical assistance provider conducted a second fidelity review that yielded positive results. The following highlights were included in the fidelity review:

- There was evidence of an “above and beyond” approach to service delivery.
- Continued commitment to the work and to the Project Connect model was evident.
- Structural fidelity was in place and expanding.
- Procedural fidelity was generally well organized and proceeding effectively with clear and detailed business processes.
- There continued to be notable evidence and many examples of strong teamwork being well integrated into practice.
- Evidence of the modeling process was noted during team meetings and social worker interviews.
- Strong, positive, effective, and active relationship-building was noted among the entire Project Connect team, CFSA social work staff, and collaterals.
- Positive family engagement was evident in the teaming process, client interviews, the case record reviews, and the satisfaction survey.

The District’s overall performance for providing and maintaining a prevention network that comprises community-based interventions, CPS supports, and In-Home case management is further detailed and updated in the preceding section *Update to the Assessment of Current Performance in Improving Outcomes*, and *Safety Outcome 1 – Children Are, First and Foremost, Protected from Abuse and Neglect* as well as *Safety Outcome 2 – Children Are Safely Maintained in their Homes Whenever Possible and Appropriate* and *Systemic Factor 5 – Service Array and Resource Development*.





### TRAINING

Social workers benefit from CWTA's tailored courses for social workers to gain a solid skill set and knowledge base for facilitating family preservation and stabilization. The following course descriptions demonstrate the training curricula that is most helpful for social workers' capacity to achieve the objectives of Goal 1.

- **Danger and Safety Assessment.** In this training, participants learn about the purpose of the SDM Danger and Safety Assessment. This purpose includes (1) help assessing whether any child is likely to be in imminent danger of serious harm and maltreatment, and (2) determining whether a safety plan can be created to provide appropriate protection from that danger or if the child needs to be separated from the home.
- **CPS Practice Operations.** In this training, participants who are assigned to the CPS Administration learn about the structure and function of CPS, the legal and social information regarding child abuse and neglect allegations, separations of children and the related court process, and the investigation process. At the conclusion of the training, participants should be able to understand the allegations of child abuse and neglect and to understand the process of completing a full and thorough investigation. This course is for newly hired CPS social workers, CPS family support workers, and nurse care managers.
- **Back to Basics: Fundamentals of the Investigative Process.** This session is a six-hour training session developed specifically for social workers, supervisors, and program managers assigned to CFSA's Office of Entry Services. The training provides participants with the fundamentals needed to complete investigations and family assessments. The course focus is on incorporating the skills of Motivational Interviewing and clinical assessment through a trauma-informed lens. Participants will walk away understanding their role in the completion of investigations while sharing space with their supervisors who support the investigative process with clinical supervisory support. The session is hands-on, reflective, and meets the needs of individuals across learning styles.
- **Motivational Interviewing (MI) Interrater Reliability for Supervisors.** This training session introduces Agency supervisors to the process of completing interrater reliability assessments to ensure fidelity to the MI model. During this session, supervisors review the MI rating worksheet and begin the completion of practice ratings as they prepare to complete the final interrater reliability assessment. This session must be completed one time per quarter by each supervisor managing staff who utilize MI in their daily function.
- **Family First Prevention Services.** This course aids Collaborative workers in performing the critical role of assessing families of the District of Columbia for danger and risk. Participants will hone the critical skills needed to perform formal and informal assessments. Collaborative

workers will also review mandated reporting requirements and gain a deeper understanding of how to determine when reports of abuse or neglect should be made to the CFSA Hotline.

- **Motivational Interviewing (MI).** MI is an established evidenced-based, client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change less-than-optimal behaviors. Because MI's foundation is rooted in a strengths-based, solution-focused treatment modality, the approach will be integrated as a practice standard for CFSA's direct service staff to increase positive outcomes for children and families. This two-day course introduces participants to the principles and skills of MI while also connecting the use of MI to the implementation of the Family First Prevention Services Act of 2018.
- **Clinical Documentation and the Child Welfare Social Worker:** Documentation is one of the most important ways CFSA social workers convey to others how the Agency is able to assess, engage and intervene in clients' lives to enhance their resilience. However, documentation may not readily capture everything that social workers accomplish, especially in a clinical sense. This class helps participants to conceptualize what documentation should look like in respect to their role as a social worker. The class gives suggestions for how to infuse clinical concepts into documentation that will effectively display interactions with clients as well as demonstrating clinical interventions.

#### *FY 2024 APSR Update*

**Human Trafficking Laws and Child Welfare:** This course will help participants understand the laws on human trafficking in relation to the child welfare system. Participants will explore the history of human trafficking as well as local and federal policies that guide child welfare practice. Participants will be challenged to use critical thinking skills (regardless of role) to support victim youth.

## **TECHNICAL ASSISTANCE**

Since FY 2019, Chapin Hall of Chicago has advised CFSA on the implementation of the Family First Prevention Services Act. In FY 2019 and FY 2020, Chapin Hall provided enhanced data and research to support practice and policy reforms. Activities included coordinating and supporting the Agency's CQI efforts, predictive risk modeling, process mapping, stakeholder engagement and capacity building. During FY 2021, Chapin Hall also helped refine internal CQI efforts in order to (1) improve data quality, (2) create a cycle by which staff can regularly collaborate to solution issues, and (3) ultimately allow CFSA to use data to make decisions about the effectiveness and value of the evidence-based practices within the prevention service array. This work allowed CFSA to plan for and assess how to better target interventions to meet the existing needs of children and families in a virtual climate.

In addition, Chapin Hall plays a key role in advising the Family First Implementation Team by regularly attending bi-weekly meetings and acting as an advisor for rolling out CFSA's MI fidelity monitoring (and trainings) along with supervisory requirements. Chapin Hall has also provided support for CFSA's Thriving Families, Safer Children work, planned federal grant use, and to move more Title IV-E resources upstream, per changes to the Child Welfare Policy Manual.

During FY 2022, Chapin Hall provided expert guidance to CFSA's workgroup leads for the Impact and Warmline & Community Response Subcommittees within DC's Thriving Families Safer Children governance structure. Guidance has focused on the following tasks:

- Consulting on CFSA's Warmline & Community Response strategy, participating on the Warmline & Community Response Subcommittee, and providing substantive input and expert guidance on defining and operationalizing DC's emerging model.
- Completing a review of scholarly literature on community response models and caregiver warmlines as well as developing insights about the prevalence and characteristics of warmlines nationally, as well as evidence outcomes.
- Connecting CFSA's Warmline & Community Response Subcommittee leads to peer jurisdictions and organizations operating community response strategies and caregiver warmlines nationally.
- Providing substantive input on planning and support documentation of peer meetings and partnering with CFSA leads to identify key take-aways and insights that inform CFSA's planning efforts.
- Participating actively in CFSA's Thriving Families Safer Children Steering Committee, including providing implementation expertise and a national perspective on Thriving Families Safer Children (and related strategies) to help transform child welfare.

CFSA further received technical assistance and support for CFSA's Thriving Families, Safer Child (TFSC) initiative from the Center of Study of Social Policy (CSSP) under a grant partnership with the Pritzker Family Foundation. CSSP meets monthly and quarterly with Pre-Natal to Three (PN-3) coalition representatives from five states participating in TFSC initiatives across the country for providing the following technical assistance:

- Developing a shared understanding of key project activities.
- Developing a process for assembling teams and key considerations.
- Developing a shared understanding of how the project aligns with states' TFSC efforts.

### ***FY 2024 APSR Update***

In FY 2023 CFSA worked with Chapin Hall to submit to the Children's Bureau a planned amendment to Family First implementation. Specifically, the District seeks to expand candidacy that will include the homeless population identified by the DC Department of Human Services. CFSA and Chapin Hall are also jointly reviewing national Kinship Navigation models that best align with the Agency, are evidence-informed, and will be recognized by the Children's Bureau Clearinghouse for evaluation and approval purposes.



## IMPLEMENTATION SUPPORTS

In addition to the Agency restructuring the Office of Entry Services (i.e., merging the former Family Assessment Unit into the CPS Investigations Unit), CFSA also aligned activities relative to Goal 1 with CFSA's Performance Improvement Plan (PIP). The PIP, developed as a result of the 2016 CFSR, highlights action steps to incorporate a more structured, time-bound process for case transfers between CPS and the In-Home Administration, and to revise written guidance for implementation of the community papering process.

As described above, CFSA's community papering process occurs when an assistant attorney general petitions the Family Court for jurisdiction over families with a child who is not currently under the Family Court's supervision. The Agency uses the process sparingly but purposefully when parents receiving in-home services have been unwilling to engage in safety measures and case planning tasks that promote safety for their children, despite the best efforts of the case management team. CFSA may also request community papering for a shelter care order for children with significant safety risks due to the parent's steadfast refusal to engage in services. Within three days of the pre-case transfer meeting, CPS schedules the PTC (described earlier), engages the family, and reviews family-related risks and concerns.

Quarterly all-staff meetings serve as a forum for caseworkers and supervisors to discuss what's working and what's not working with an in-home case. Forum participants discuss proposed strategies as well as suggestions for modifying current strategies that are not achieving successful outcomes. A key objective for the forum is evaluation of a family's safety needs and risk factors, and confirmation of safe case closure with the specific objective of decreasing the recurrence of maltreatment.

**Entry Services All-Staff Meetings** – All Staff meetings within Entry Services include the CPS Hotline and Support Services Unit, CPS Investigations, and the In-Home Administration. Prior to the public health emergency, the Deputy Director of Entry Services led these meetings on a quarterly basis to bring the teams together and to discuss overall program operations, including practice that was going well and any areas in need of strengthening. These meetings also served as a forum for staff members to receive other related updates, e.g., policies, practice, and procedures. These quarterly meetings are set to resume in the near future.

**CPS Performance Management Meetings** – The CPS Hotline, Support Services Unit, and CPS Investigations hold weekly performance management meetings with CPS supervisory social workers and program managers in order to review practice and performance, as well as to provide any updates.

**In-Home Meetings** – The In-Home Administration program administrator holds weekly meetings with In-Home supervisors and program managers. These meetings continue to be used as a forum to share updates on policies, programs, and processes, as well as for developing strategies around improved outcomes for In-Home services. The administration also established an In-Home Procedural Operations Manual (POM) Committee to revise an earlier draft of the In-home POM. The committee meets weekly or as needed.

**Prevention Services** – CFSA continues to work with the Collaboratives and DC Government sister agencies to improve families’ access and use of the District’s prevention services. CFSA’s focus on the federal Families First initiative and the District’s Families First DC has expanded the service array available to those families known and not known to the Agency.



## **GOAL 2: FOSTER CARE IS A TEMPORARY SAFE HAVEN**

For children separated from the home, CFSA’s Office of Out-of-Home Support houses the case management units and the associated supports for birth and foster parents. Safe and stable placements are not only vital to a child’s present well-being, but they are fundamental to the goal of returning the child safely to the home or, alternatively, placing the child in a safe and sustainable permanent living environment through adoption or guardianship.

### **STRATEGY 2.1 - PLACE CHILDREN AND YOUTH WITH KIN FIRST WHENEVER FEASIBLE.**

Placement with relatives remains the Agency’s preferred strategy for promoting stability, well-being, and positive permanency for children who are separated from their family. As a priority, CFSA employs dedicated staff to ensure children are placed with relatives amid the urgent circumstances that typically accompany separation. These dedicated staff include diligent search investigators, family team meeting facilitators, and kinship licensing social workers and support workers, all of whom have specialized training as well as access to databases for locating, identifying, and vetting suitable relatives. These teams work alongside social workers from the CPS and Clinical Case Management and Support Administrations during the process of locating kin immediately upon a child’s entry into care.

In the 2016 CFR, *Item 10 - Relative Placement* was rated as an Area Needing Improvement (ANI). In addition to permanency goals that were no longer appropriate after extensive delays in the case, the CFR found that Agency efforts to identify, locate, inform, or evaluate relatives were either not initially implemented or were not ongoing after initial attempts. Staff surveys recognized efforts to place children with kin but noted that the Agency missed opportunities to identify kin already connected to older youth. Youth surveys found that kin needed more financial resources to be providers.

In a 2019 survey, child welfare professionals re-emphasized the need for more kinship placements. Survey results indicated that CFSA and CFSA-contracted private agency partners needed to improve coordination between kinship and licensing units to eliminate home-related barriers earlier in the process. Moreover, respondents felt there was a perception that kin resources are ruled out for emergency placements when kin expressed support for the birth parent. In a focus group, older youth largely felt that the Agency sufficiently tried to connect kin throughout the youth's case, but the Agency wasn't providing their birth parents with additional parenting supports. A birth parent focus group produced mixed responses regarding kin placements in relationship to a birth parent's requests. A resource parent focus group recognized Agency efforts to explore and license kin, but shared the perception that kin tend to receive more support than non-relative foster parents.

In FY 2021, CFSA initiated a focused analysis of kinship-related practices, programs, and resources. To exchange information and develop recommendations, the Agency's Kinship and Placement Administration collaborated with representatives from other administrations, including Entry Services, Out-of-Home, CWTA, and CFSA's contracted private agency partners. The analysis led to the development of several kinship-related trainings, including a CWTA training on engaging kinship resources, a training tailored to private providers on kinship packets and assessments, another tailored training for CFSA's In-Home and CPS administrations on a telephone assessment screening tool, and a Kinship webinar. CWTA finalized development of all these curricula between December 2020 and October 2021. Then in April 2022, the Kinship team met with representatives from Clinical Case Management and Support to draft guidance on the social worker's role in identifying kin. Additionally, the Kinship team audited CWTA's new kinship resources training, and provided feedback in May.

## **STRATEGY 2.2 – EXPAND THE SPECIALIZED PLACEMENT ARRAY FOR BETTER PLACEMENT MATCHING.**

CFSA strives to ensure that when a child is separated from the home, the first placement is the best placement. This objective requires CFSA to understand the needs of the child and birth family, as well as the strengths and challenges of the resource parent. The Agency further prioritizes permanency planning for the child based on teaming with age-appropriate children, their family members, social work professionals, and the Family Court. All permanency planning efforts focus on appropriate goals for the child and family and matching the child to the best placement for timely achievement of the identified permanency goal.

In the 2016 CFSR, *Item 4 – Stability of Foster Care Placement* was also rated an ANI, based on multiple unplanned placement changes and the instability that resulted when a child demonstrated behaviors

that exceeded caregiver capacity. CFSA's subsequent Quality Service Reviews (QSR) still found that placements overall were "acceptable," and living arrangements were safe and stable.<sup>61</sup>

During the *2019 Annual Needs Assessment*, surveyed child welfare professionals found that the Agency "only some of the time" maintained placement stability, achieved permanency, or made efforts to maintain permanency. Resource parents identified the usefulness of hub-and-cluster peer networks. However, they also indicated a need for increased respite, in addition to noting a lack of satisfaction with mobile stabilization services (MSS) for mental health crises. Other feedback included the Agency moving too quickly to place children and insufficient numbers of resource homes for children with specialized needs. Several older youth focus group participants indicated that matches with resource parents were not the best placements and that resource parents are not equipped to manage some of the challenges facing youth. Youth also emphasized the importance of including their voice in placement matching considerations.

In a *2020 Annual Needs Assessment*, child welfare professionals found improvement in the Agency's ability to maintain placement stability and to achieve permanency. Some observed challenges related to the size and diversity of the resource parent pool, the availability of services, placement matching practices, and the need for more trauma-informed resource parents.

### **STRATEGY 2.3 – PRESERVE THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS FOR CHILDREN.**

CFSA understands that a child's separation from a parent's home may also result in separation from friends, the neighborhood, the school of origin, and extra-curricular activities. Accordingly, CFSA seeks to place children as close to the home of origin as possible, and to place children with siblings, ideally with family resources. The objective is to preserve as many of the child's existing connections as possible. Placements in the same neighborhood or at least with relatives can frequently ensure that a child is able to maintain connections to siblings, birth parents, and extended family.

Several CFSR items pertain to the continuity of family relationships and connections being preserved. In the 2016 CFSR, *Item 7 – Placement with Siblings* was rated as a Strength; however, *Item 8 – Visiting with Parents and Siblings in Foster Care*, *Item 9 – Preserving Connections*, and *Item 11 – Relationship of Child in Care with Parents* all received ANI ratings. The CFSR found sufficient frequency of visits but insufficient quality to meet the child's needs. The review also noted a lack of concerted efforts to

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<sup>61</sup> QSRs rate two domains of child welfare practice: (1) the status of the child and family within the last 30 days (excepting placement stability rated for the last 12 months), and (2) the practice performance of the child welfare system (rated within the last 90 days). There are 12 primary topic areas with 26 subset indicators for the child status domain and 10 primary topic areas with 35 subset indicators for the practice performance domain. The numeric ratings for all indicators are divided into acceptable (4-6) and unacceptable (1-3). Within the two categories, ratings of 1-2 are unacceptable and in need of improvement; 3 is also unacceptable but in need of refinement (versus improvement) while 4 is acceptable but in need of refinement. The acceptable ratings of 5-6 are in the "maintenance" zone.



maintain connections with extended family and school communities; to identify, locate, inform, or evaluate relatives; or to engage parents in their child’s activities outside of the required visits.

For development of the 2020-2024 CFSP, surveyed child welfare professionals had mixed responses regarding the Agency’s performance in placing siblings together in out-of-home care and preserving a child’s community connections. Older youth focus groups indicated barriers to quality visits with family members, such as limited financial and transportation assistance for birth parents to attend visits and engage in fun activities with the youth.

Additional feedback on placement came from surveys and focus groups that participated in the development of the Agency’s *2020 Annual Needs Assessment*. Child welfare professionals suggested that the Agency needed to identify more homes for larger sibling groups coming into care. Moreover, advocates recommended that there be a greater effort to identify activities for siblings and birth families to participate together.

For the Agency’s *2021 Annual Needs Assessment*, child welfare professionals agreed with resource parents on the lack of different placement types in the placement array, but also noted the need for psychiatric residential treatment facilities, pre-adoptive homes, homes for parenting youth, LGBTQ+ affirming homes, homes for sex-trafficked youth, kinship homes and respite homes. They also emphasized that all placements should be trauma-informed and operated with a culturally sensitive lens.

In FY 2021, CWTA continued to offer coursework on *Cultural Humility* but also added *Transracial Parenting* to the curriculum. CWTA offers both of these training sessions to resource parents and social workers. Further, to support training during FY 2021, CFSA received technical assistance (TA) from the Center for States’ Capacity Building Center. This TA supports the development of strategies to address the Agency’s work on Diversity, Equity, and Inclusion. As a result, CFSA has created subcommittees for the study of data, shared language and understanding, policy and training. Each subcommittee has a dedicated subject matter expert from the Center and a co-lead CFSA staff member.



## STANDARD PRACTICES AND PROCESSES

### IDENTIFYING KINSHIP CAREGIVERS

**Diligent Search Unit (DSU)** – When the Agency must separate a child from the home, due to imminent risk of safety, CFSA requires the investigative social worker to ask the birth parent or caregiver for the names and contact information of any non-custodial parent or other maternal and paternal relatives who can serve as a placement resource. These efforts are intentional to CFSA’s effort to place children with kin as early as possible. Depending on the information received from the family, the social worker

will submit a mandatory referral to DSU, which is part of Entry Services' Hotline and Support Services Unit. In addition, the investigative social worker makes a referral for a family team meeting (FTM), which is an effective vehicle for locating relatives.

**Kinship Unit** – Immediately following a child's separation from the home, CFSA's Kinship Unit works with the assigned social worker and family members to identify and engage potential kinship resources. The unit also assesses whether any identified relatives can be a viable placement and permanency option. To assist with expediting assessments of relatives, CFSA has in-house fingerprint machines to expedite criminal background checks for placement. If a kinship placement is not initially available, the Agency prioritizes kinship placements throughout the life of a case. A planned placement change from a non-relative caregiver to a kinship caregiver is considered a positive placement change (versus an area needing improvement). In addition, many relatives of District children live in nearby jurisdictions in the state of Maryland. CFSA has a border agreement with Maryland which allows the Agency to better serve the children in care for kinship placement on an emergency basis. As with all placements, certain criteria must be met.

## IDENTIFYING PLACEMENT RESOURCES AND NEEDS

**Separation Family Team Meeting (FTM)** – Formally called the Removal Team meeting, this meeting is held within 72 hours of a child's separation from the family or caregiver. The FTM includes family members or caregivers, resource parents, service providers, guardian *ad litem*, and other family-identified supports (e.g., friends and clergy). The FTM serves to introduce the Agency to the family, clarify the reasons for the child's separation from the home, and develop an initial plan for securing resources and interventions to support the family and reunification.

### *FY 2024 APSR Update*

In FY 2022, 101 Separation FTMs occurred.

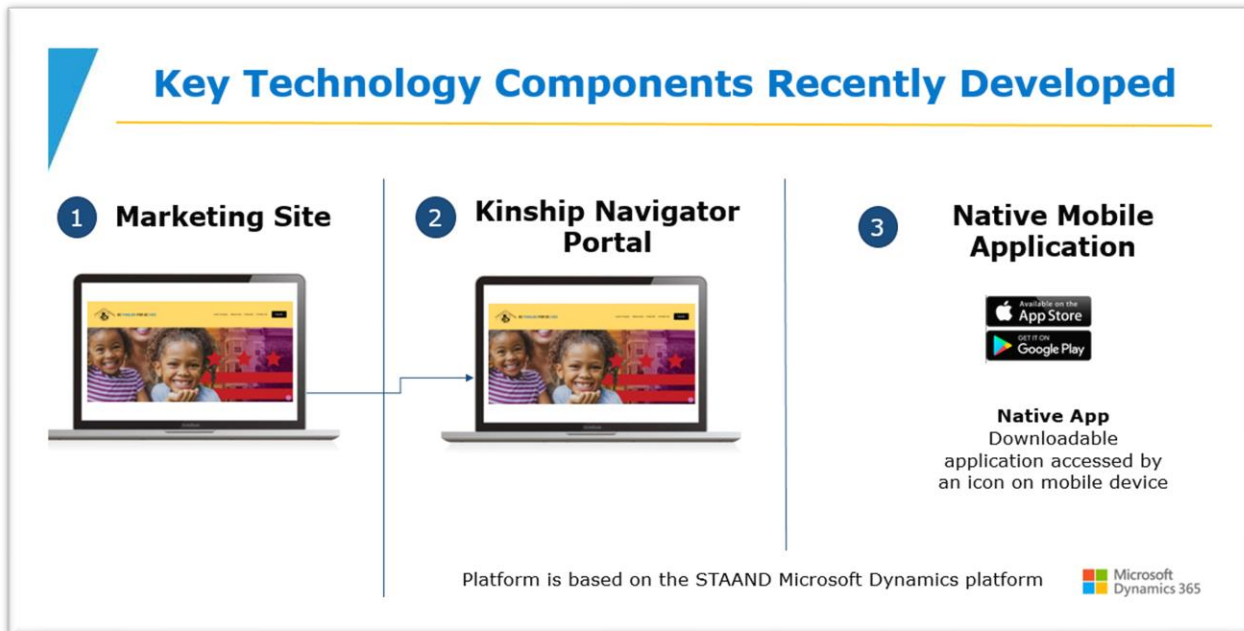
**Determination of Intensive Needs (DINS)** – CFSA provides the DINS for children in foster care who have intensive needs and support requirements that are above the usual level of care a resource parent would typically provide. For DINS-identified children, resource parents are provided additional training, supports, and a higher daily rate.

## SUPPORTING RESOURCE PARENTS

**Kinship Supports** – To better support kinship caregivers, CFSA has developed a host of resources through the Kinship Navigator Program, funded by federal dollars. These resources include a helpline, an online community resource directory, a kinship caregiver support group, and kinship care workshops to support unique kinship caregiving needs. Kinship supports have been detailed and updated in the preceding *Section, C2. Update to the Assessment of Current Performance in Improving Outcomes, Item 10: Relative Placement*.

## FY 2024 APSR Update

As noted earlier in this section, CFSA rolled out a series of strategic initiatives to enhance and expand the framework for ongoing practices. Strategic Initiative 2 involves the Kinship Navigator. This program includes the following components described earlier in this report: family enrichment activities, advisory committee functions, information resources, support groups, and financial subsidies. During FY 2023, CFSA further developed the program’s technological elements to make information, forms, and services more accessible.



**Placement Stability Staffings (PSS)** – In 2021, CFSA implemented PSS for children entering foster care, re-entering care, or changing placements. PSS is a comprehensive review that gives team members an opportunity to identify and discuss the focus 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. The PSS process itself provides an opportunity for team members to discuss case details and to examine tailored strategies for promoting placement stability and preventing current or future disruption.

PSS meetings must take place within 10 days of a child’s initial placement in care or within 5 days of a re-placement. Meetings must include a facilitator, the resource parent or congregate care staff member, and the social worker. Optional participants include the child, birth parents, relatives, current and former resource parents, and the child’s guardian *ad litem*. Meetings can occur in-person, virtually, or by telephone, based on the resource provider’s preference. To operationalize decisions, each PSS produces a Stabilization Action Plan, which includes the child and placement provider’s identified needs, outcomes of completed interventions, proposed interventions, and an action plan of next steps. In 2021, CFSA data reports showed that, in most cases, staffings occurred within the required timeframes.

## ***FY 2024 APSR Update***

**360 Strategizing for Stability Meeting (360 Mtg)** - CFSA is currently piloting the 360 Mtg, a multi-disciplinary teaming model led by an FTM facilitator or coordinator. The model provides a formal and organized way to foster collaboration and long-lasting partnerships with internal and external stakeholders. These meetings are intended to support high-needs youth who have experienced a long history of placement moves and continue to need aid in developing shared goals. This effort is also meant to prevent placement disruptions and to institute effective team communication to stabilize the youth overall. This model creates a system of care that focuses uniquely on the specific individual, their families, and the communities that support them. CFSA expects to fully implement the 360 Mtg in FY 2023-Q4.

**Placement Transition Information Exchange (PTIE)** – To support the “warm handoff” of a child into a new foster home, resource development specialists (RDS) from the Placement Administration utilize the PTIE, a formatted conversational guide, which is based on information the social worker has provided about the child. The RDS shares the PTIE with the resource parent support worker as well as the assigned social worker to ensure that Agency personnel have shared language and understanding when engaging the child and parent.

**Support Workers, Coaches, and Specialists** – CFSA assigns a resource parent support worker (RPSW) to each resource parent to provide information, support, and advocacy. Among other things, the RPSW facilitates access to resource parent training and provides information about the child, case details, and available services. The RPSW also serves as a point of contact for communication and remediation of concerns, working with the social worker to initiate team meetings to resolve matters that may impact placement stability and resource parent retention. Other activities include RPSW assistance with the resource parent’s navigation of relevant systems (e.g., CFSA, school, childcare, court, and medical systems). Each RPSW receives a minimum of 30 annual hours of continuing education that helps keep the RPSW abreast of relevant social, cultural, and child welfare trends. The Agency also requires trauma-informed trainings for RPSWs to reinforce the TIPP Unit’s expansion.<sup>62</sup> In Maryland, CFSA’s contracted private agency partner, NCCF, assigns seasoned employees to serve as resource parent coaches who provide comparable supports.<sup>63</sup>

**Resource Parent Pre-Service and In-Service Training** – Since 2018, CWTA has been using the New Generation Parent Resource for Information, Development, and Education (NG-PRIDE) curriculum. Regardless of whether resource parents live in the District or in Maryland, resource parents caring for a DC child must complete 30 hours of pre-service training. CWTA trainers and a Kinship Unit social worker co-facilitate the in-service training sessions that include information on Kinship Care Rewards

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<sup>62</sup> TIPP are trauma-informed professional parents. The TIPP Unit is described in more detail under *Placement Array*.

<sup>63</sup> NCCF (the National Center for Children and Families) is the Agency’s contracted child-placing agency for children placed in Maryland. Additional details on CFSA’s partnership with NCCF are included throughout this APSR.

and Challenges, Historical Trauma and Kinship, and Kinship Care Parenting Partnerships. These sessions use a tiered approach to accommodate different levels of experience and skill sets.

**Family Development Plan (FDP)** – Formerly known as the Resource Parent Individual Development Plan, CWTA bases the FDP for expanding core parenting competencies or topics specific to the ages and needs of the children placed in the resource parent’s home. The tool helps resource parents identify their own training and support needs. Support workers assist the resource parents in reviewing the FDP on an annual basis (at a minimum) to identify and suggest training topics. In addition, CWTA offers a variety of trainings to encourage resource parents to expand their comfort zone and preferences when considering whether to welcome children with particular needs.

**Resource Parent Handbook** – The [Resource Parent Handbook](#) serves as an accessible and comprehensive guide to foster care resources, rights, responsibilities, and best practices. The Handbook is a “living document” that CFSA will revise according to practice changes and newly available resources. In this manner, the Agency is able to ensure the information is current and relevant to the needs of the resource parent population. The Handbook can be found on the CFSA website as well as the [FosterDCKids.org](#) website.

**Resource Parent Support Networks (Hubs)** –The Bridge, Organize, Nurture and Develop (BOND) program serves as CFSA’s “hub” model for resource parent engagement, networking, peer support, and respite care. CFSA assigns resource families to a BOND “squad” of 8-12 peer resource parents. Each squad has an assigned BOND leader, who is an experienced and committed resource parent who provides or arranges for peer support, coordinates special activities, and provides or arranges for respite care. The BOND leader has one bed available for respite stays for families within their squad. When the bed is unavailable, the BOND leader arranges for respite within the squad, or coordinates with the leader of another squad, if necessary. CFSA’s contracted child-placing agency in the state of Maryland, NCCF, launched its own comparable BOND program in 2021.

**Respite** – CFSA’s respite services provide resource parents, guardians, and children with a period of temporary, short-term, planned, or unplanned relief from the ongoing care arrangement. Most commonly coordinated through the BOND network, respite services are purposed for reducing the possibility of crisis and disruption of the placement. Either CFSA or CFSA’s contracted private agency partner, NCCF, arranges for respite care. Like all resource homes, respite homes are licensed and specifically approved to provide respite care resources for 30 days or less.

**Resource Parent Appreciation Activities** – CFSA offers regular events to celebrate the good works of resource parents. Activities include celebratory lunches, river cruises, game-nights, awards ceremonies, and seasonal festivals and gatherings. BOND Lead families receive funding to arrange similar events among their BOND squads. NCCF similarly celebrates its resource parent community on a monthly basis.

**Childcare** – Resource parents can apply for a subsidy for a pre-determined rate that CFSA will pay to defray the cost of a licensed childcare provider. The subsidy rates vary depending on the age of the child and the location and type of facility. If the rate offered does not cover the full cost of child-care, the resource family makes up the difference. Additionally, resource parents in the District can obtain a voucher through the Department of Human Services or the Office of the State Superintendent of Education.

**Transportation** – CFSA provides time-limited transportation assistance when all alternative means of transportation supports have been exhausted and deemed unavailable. Additionally, the child’s case management team coordinates with the social worker or family support worker to provide the resource parent with transportation to court and medical appointments, or other appointments as needed.

**National Center for Children and Families (NCCF).** NCCF provides monthly in-service training opportunities for Maryland-licensed resource parents. In addition, NCCF’s Foster Parent Advisory Board provides support through monthly phone calls to check-in on resource parents, in addition to monthly support groups. NCCF also provides supports for Maryland kinship caregivers.

**DC Foster and Adoptive Parent Advocacy Center (FAPAC)** – FAPAC is a local nonprofit organization that seeks to strengthen, support, and empower foster, adoptive, and kinship parents to serve as advocates for the needs of children in their care. Under the direction of a board comprising mostly current and former foster parents, FAPAC activities include advocacy in stakeholder meetings, resource parent training, facilitation of peer-supported activities, and the dissemination of informational resources. FAPAC representatives also participate in the development of Agency policy, contribute feedback to the *Annual Needs Assessment*, the most recent *Statewide Assessment*, and other forums related to the Agency’s practice and processes.

**DC Metropolitan Foster and Adoptive Parent Association (DCMFAPA)** – DCMFAPA works to increase awareness of the role of foster, adoptive and kinship parents. DCMFAPA also collaborates with government and community organizations to strengthen foster and adoptive care systems. Resource parent services provided DCMFAPA include peer mentoring, training, seminars, and loss, grief and healing services for foster families that have suffered the loss of a foster child or parent.

**Foster Parent Advisory Board (NCCF - Maryland)** – Each member of NCCF’s Foster Parent Advisory Board is also a resource parent who agrees to reach out to an assigned group of resource parents, checking in and obtaining feedback on a monthly basis. The Board then meets with NCCF staff to share the feedback, which typically involves resource parent needs that are specific to supportive services or administrative issues.

**Newsletters** – CFSA publishes the bi-monthly [Fostering Connections](#) Newsletter to celebrate resource parents, profile specific children in need of a forever home, share relevant articles, announce upcoming activities, and respond to feedback from the resource parent community.

**Statement of Rights and Responsibilities** – Currently available online and in booklet form, the [CFSA Rights and Responsibilities of Foster Parents](#) explains resource parents’ rights to fair treatment, timely information, support from the case management team, training, timely payment for services, and clear channels of communication for elevating concerns and complaints. The document also outlines resource parent responsibilities, e.g., providing a home-like environment, clear expectations for a child or youth’s behaviors, appropriate forms of creative and purposeful discipline, nurturing children’s health and well-being, receptivity to teaming, and maintaining confidentiality for a child in their care. The document can also be found on the [www.fosterdckids.org](http://www.fosterdckids.org) website.

**Shared parenting** – The shared parenting model is an evidence-based approach to an on-going, active, supportive relationship between birth and resource parents. The focus is on a friendly, mutually respectful relationship between birth parents and resources parents that ideally begins with a structured ice breaker meeting around 7 to 10 days after CFSA places a child in a foster home, but only as soon as a birth parent is ready to engage. Facilitated by Placement Administration staff members, the ice breaker meeting launches the opportunity for the two families to get to know each other. The parents share information about the child so that each parent can understand the other’s insights into the child. The approach emphasizes the birth and resource parents listening to one another, learning from one another, collaborating, and making joint decisions.

**In-House Crisis and Stabilization Services** – CFSA’s in-house mobile crisis and stabilization includes the REACH Resource Parent Support Line,<sup>64</sup> which is staffed after normal business hours by two dedicated resource parent support workers. These crisis intervention services are available on weekdays between 5:00pm and 1:00am, and on weekends and holidays between 9:00am and 1:00am. If needed, the Agency will also refer families to the community-based Children and Adolescent Mobile Psychiatric Service (ChAMPS), which provides emergency interventions 24 hours a day, 7 days a week. These services provide an additional layer of support to address escalating behaviors presented by children placed in CFSA resource homes. For children placed in Maryland, NCCF utilizes a Call Center that receives and dispatches all emergency calls after hours to a trauma specialist who contacts the individual directly to offer support and an emergency response.

## CHILD AND YOUTH SUPPORTS

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<sup>64</sup> The REACH program and support line is described in more detail in Section C2. Update to the Assessment of Current Performance in Improving Outcomes.



**Sibling Placement** – Sibling relationships are important to maintain when children enter foster care. Siblings can help enhance each other’s sense of safety and well-being, and provide natural, mutual support. CFSA’s efforts to place siblings together include a focused recruitment of resource parents who have the housing capacity and willingness to care for multiple children.

**Visitation** – When siblings must be placed separately, the investigative social worker uses reasonable efforts to ensure that they have contact with each other within 48 hours of placement. Subsequently, the ongoing social worker seeks to ensure that sibling visits are sufficient and frequent enough to help preserve the sibling bond. Ideally, face-to-face visitation occurs outside of an office setting and in a place that is fun for the children. There are also circumstances when some siblings remain in the home, while one child might need to be separated. CFSA also ensures visitation with siblings who are not in foster care. When children must be separated from their homes due to safety concerns, in most cases the first goal is to reunite them with their families as soon as safely possible. In an effort to help preserve the relationship, and to support successful and timely reunification, CFSA policy and practice requires regular visits between parents and children should occur.

CFSA’s performance for placing siblings together and for facilitating visitation for siblings that cannot be placed together is documented in *Section C2. Update to the Assessment of Current Performance in Improving Outcomes – Permanency Outcome 2.*

**School Stability** – When out-of-home placement occurs, CFSA works to maintain children in their school of origin, unless it is not in the child’s best interest. This decision is made in partnership with the social worker’s supervisor, the Placement Administration, the education decision-maker, and the education specialist. The child will remain in the school of origin until a best interest decision is finalized, unless there is a safety risk. Team meetings serve as opportunities for team members to discuss school placement needs. School stability data is provided in *Section C2. Update to the Assessment of Current Performance in Improving Outcomes.*

Additional supports for children are detailed and updated in Section C2. Update to the Assessment of Current Performance in Improving Outcomes – Well-being Outcomes 1 and 2, and Systemic Factor 5; Section C5. Update on Services – John H. Chafee Foster Care Program for Successful Transition to Adulthood.



## TARGETED ACTIVITIES FOR THE CFSP FIVE YEAR STRATEGIC PLAN

**Concurrent Kin Plan (CKP)** – During the assessment stage of an in-home case, concurrent planning is important from the onset of the case. In 2019, CFSA implemented a protocol where In-Home social workers developed a CKP with the family within the first 30 days. The family and social worker finalized

the CKP in conjunction with completion of the initial case plan. CKPs designate and detail information on adults who are able to provide care to children when the parent is unable to do so, e.g., due to an unforeseen family emergency or a child welfare and protection issue leading to separation. The social worker and family updates the CKP every 90 days in conjunction with the service plans.

**Kinship Care** – CFSA’s Kinship Unit works with the assigned social worker and family members to identify and engage potential kinship resources. The unit also assesses whether any identified relatives can be a viable placement and permanency option. In addition, CFSA has on-site fingerprint machines available to conduct criminal background checks, which helps to expedite the assessment and completion of the licensing process for kinship caregivers. Since many of CFSA’s clients have relatives living in the nearby state of Maryland, CFSA has a border agreement with the state of Maryland for emergency licensure when the relatives meet certain criteria. These kinship placements remain a priority throughout the life of a case, including a subsequent placement if kin are not initially available.

**Kinship Caregiver Training** – CWTA collaborated with the Agency’s Kinship Unit for development and co-facilitation of a Kinship Caregiver Support Training and the associated Kinship Caregiver Workshops. These workshops promote effective partnerships to improve capacity for kinship caregiver families to care for the relative children placed with them. The certified co-facilitators are current or former kinship foster parents.

## PLACEMENT ARRAY

**SOY (Special Opportunities for Youth) Homes** – SOY homes are planned placements for CFSA youth, aged 11-20, when there are higher levels of support required for challenging needs. The SOY homes are run by specially trained providers and have been shown to stabilize youth due to the additional support. In FY 2022, there were 19 SOY beds available for youth.

### *FY 2024 APSR update*

As of April 30, 2023, there were seven SOY families providing a total of 18 beds. Planning and matching processes are currently underway for some of the vacant beds.

**Stabilization, Observation, Assessment, and Respite (SOAR)** – In 2019, CFSA established SOAR homes, run by professional resource parents specifically trained in trauma-informed caregiving. SOAR homes provide temporary care for up to 90 days. These homes are particularly appropriate for children who need an array of comprehensive assessments prior to the Agency being able to appropriately identify the best placement match for the children’s exact needs.

### *FY 2024 APSR update*

As of April 30, 2023, two families were providing a total of six beds, all of which were full.

**Pregnant and Parenting Youth (PPY) Foster Parents**– CFSA has always prioritized kinship placement of its PPY population. If a kinship placement is unavailable, then CFSA selects a traditional foster home as a substitute. The last option is an independent living program. In 2018, the Agency developed the PPY program with professional resource parents who contract directly with CFSA and subsequently receive special training to care for pregnant and parenting youth. As of June 30, 2022, the PPY program included two resource parents and four beds, all of which were occupied by parenting teens and their children.

#### ***FY 2024 APSR Update***

During FY 2022-Q1, the number of teen parents in foster care increased from 18 to 23. As a result, CFSA’s recruitment team strategized to develop at least four additional beds for this population. At the end of FY 2022, there were 25 pregnant and parenting youth in foster care. Three additional resource parents with a total capacity of six beds indicated an interest in providing placements for the pregnant and parenting teens.

**Trauma-Informed Professional Parents (TIPPs)** – In 2021, CFSA expanded its placement array to include TIPPs. The Agency compensates these specialized resource parents just like PPY and SOAR resource parents. Based on the unique needs of children with adverse childhood and traumatic experiences, CFSA requires that the hours for working outside of the home for TIPPs do not exceed 20 hours per week, allowing for dedicated time to the care of the children in these homes. TIPPs care for children (ages eight and up) who have significant trauma history and specific mental or behavioral health concerns that have impeded success in a traditional foster care setting.

#### ***FY 2024 APSR update***

As of April 30, 2023, three TIPP homes were providing two beds each. There is one vacancy, with a match in progress. The Agency is currently moving to a universal professional contract in which all of the above placement types will merge into the TIPP program.

**Intensive foster care** – Until 2021, CFSA had more than one contract with private agencies to provide intensive foster care programming for children of all ages in need of a family-based setting but experiencing (or likely to experience) placement instability. After the 2021 conclusion of the Children’s Choice contract for intensive foster care, CFSA sought a new contract partner for intensive foster care beds.

#### ***FY 2024 APSR Update***

In FY 2022, CFSA entered into a contract with PSI for Intensive Foster Care for up to 36 children. As of April 30, CFSA has placed 20 youth placed in PSI homes.

**Children with special medical and intellectual needs** – The Agency works with local medical care providers to highlight recruitment of resource parents for children diagnosed as medically fragile. The virtual information sessions provide details on children’s needs and requirements. Additionally, the

Agency works with the current resource parent community to add child-specific information to newsletters and to facilitate presentations where firsthand experiences are shared.

#### ***FY 2024 APSR Update***

As of April 30, 2023, the Innovative Life Solutions' residential program is providing five beds to older youth in this population.

**Lesbian, Gay, Bisexual, Transgender, Questioning (or Queer), Intersex, Asexual (LGBTQIA+) –** In addition to targeted recruitment efforts, described later, the Agency periodically surveys its resource parent pool to identify LGBTQIA+ friendly homes, offering training on understanding and working with youth who self-identify as LGBTQIA+. In a March 2022 survey, 43 percent of CFSA's resource parents identified as LGBTQIA+ or LGBTQIA+- friendly according to the internal resource parent demographic report.

**Hispanic Children and Youth –** Over the past five years, children of Hispanic ethnicity have accounted for 15 to 17 percent of the District's foster care population. Currently, 28 percent of this group speaks Spanish as a primary language. CFSA recognizes the importance of placing these children with families who share their language and cultural identity. The Latin American Youth Center (LAYC) elected to end its contract for 10 Spanish-speaking foster homes on September 30, 2022. Of the six children placed in LAYC homes, two will achieve permanency prior to the contract end date, and the other four will remain in their current foster homes. CFSA plans to replace the LAYC contract with another provider who can provide case management services as well as licensed homes in which the parents are Spanish speaking. This contract will be competitively bid through the Office of Contracts and Procurement.

**Unaccompanied Refugee Minors –** Lutheran Social Services of the National Capital Area (LSSNCA) provides foster homes in the District and in Maryland for children and youth who have fled war and persecution, subsequently arriving in the United States without parents or guardians. LSSNCA specially trains its resource parents to care for this population and provides clients with case management and supportive services.

**Traditional Congregate Care –** CFSA makes it a priority to only place older youth (e.g., 15 years and older) in congregate care settings when family-based resource homes are not an option. However, there are circumstances when younger children may require a congregate care setting for therapeutic services. The Agency currently has contracts with six congregate care facilities that provide placements for up to 53 youths. Of these contracts, Boys Town of Washington, DC closed its residential services program on September 30, 2022, reducing traditional congregate care capacity by 24 beds. For FY 2023, CFSA intends to implement two new congregate care contracts with a total capacity of 12 beds. One home will serve youth with therapeutic needs and the other will be a short-term assessment placement for older youth.

**Therapeutic Congregate Care** – CFSA continues to contract with therapeutic groups homes for youth with behaviors that call for specially trained staff and specialized programming in a congregate setting. Most recently, CFSA had placed males and females in two homes in Baltimore through the behavioral health provider, the Children’s Guild, which had a capacity of six beds. However, the Children’s Guild closed its facilities in December 2021. At present, CFSA is contracting with Youth for Tomorrow (YFT), which can accommodate two females in its facility in Virginia. Since the Children’s Guild closure, CFSA has been working to solicit a new provider that can provide eight beds for males and females (ages 13 to 21).

#### ***FY 2024 APSR Update***

CFSA is in the process of executing two congregate care contracts with a total capacity of 12 beds in FY 2023. One home will serve youth with therapeutic needs and the other will be a short-term assessment placement for older youth.

**Group Homes for youth diagnosed with intellectual disabilities and developmental delays** –Through a contract with Innovative Life Solutions, a local therapeutic network, CFSA has procured five group home beds for males who are diagnosed with intellectual disabilities or developmental delays. In addition, CFSA has contracted with Community Services for Autistic Adults and Children for group home placement of male and female youth who are diagnosed on the autism spectrum and require 24-hour care and support.

**Contract with LINK for recruitment support** – CFSA has partnered with LINK Strategic Partners (LINK) to assist with the targeted development of a communications strategy to better recruit new resource families. The following strategies are included:

- Expand strategic outreach to virtual and social media platforms.
- Expand website services to promote the recruitment of prospective resource parents, and to increase retention of existing resource parents.
- Streamline the process for identifying services by making the website more interactive and making the documentation electronically accessible.
- Utilize online communications platforms in partnership with community partners to host virtual information sessions and matching events.
- Increase the electronic distribution of materials to community partners for inclusion in their calendars, newsletters, and websites.

LINK also assisted CFSA in the implementation of the REACH program (described earlier), another key element of CFSA’s larger recruitment planning. REACH seeks to improve internal and external partnerships, to ensure consistency and continuity of strategies and information, and to eliminate roadblocks along the way. The Agency developed and added several strategies to the REACH program to secure 40 beds for the identified populations by September 2021. Among the strategies, a

Recruitment team “Bootcamp” helped build critical competencies and skills specific to recruiting for CFSA’s identified populations: older youth, CSEC-involved youth,<sup>65</sup> youth who self-identify as LGBTQIA+, and sibling groups of three or more. The overarching focus involves refining recruitment and retention activities, increasing social and traditional media presence, building greater team coordination, and utilizing Recruiting Ambassadors from across the Agency for recruitment outreach to their networks. At the start of 2021, the REACH Team renovated and relaunched [FosterDCkids.org](https://www.fosterdckids.org) with the support of LINK Strategic Partners.

**Placement Incentives** – CFSA offered a financial incentive to licensed resource parents who maintain a foster child in their home for 12 consecutive months from the date of placement. If a child achieved placement stability with a resource parent for a period of six consecutive months or more and thereafter successfully achieved permanency, the resource parent could be eligible for a pro-rated placement stability incentive payment.

### ***FY 2024 APSR Update***

CFSA discontinued the incentive program at the end of FY 2022. However, CFSA does continue to offer the Resource Parent Referral Incentive. This financial incentive remunerates licensed resource parents who refer persons interested in becoming non-contracted foster or adoptive parents with CFSA. This recruiting tool intends to expand the pool of available foster care placements and support the safety, permanence, and well-being of children in care.

CFSA’s performance in maintaining placement stability is documented in the preceding section, Update to the Assessment of Current Performance in Improving Outcomes – Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations.



## STAFF TRAINING, TECHNICAL ASSISTANCE, AND EVALUATION

CWTA provides ongoing training on topics that assist social workers with assessing, case planning, and effectively working with birth families and resource families. The following courses enhance social worker workers’ capacity to achieve the objectives of Goal 2:

**Child and Adolescent Functional Assessment Scales/Preschool Early Childhood Functional Assessment Scales (CAFAS/PECFAS)** – In this training, participants learn how to complete and utilize the CAFAS/PECFAS tools. These clinical report scales measure levels of functional strength and impairment. The use of the CAFAS/PECFAS supports integrated case planning and treatment decisions for children, youth, and their families. Other agencies in the District’s human services cluster also use the tool, which facilitates common language among child-serving agencies and contributes to

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<sup>65</sup> CSEC (commercial sexual exploitation of children) services are described throughout this report.

information sharing across systems. Shared usage also increases CFSA's ability to conduct meaningful and rigorous evaluations using aggregate and client specific data. Agencies using the tool include the District's Department of Youth Rehabilitation Services, Department of Behavioral Health, DC Healthy Families, and the Collaboratives.

**Child and Adolescent Development** –This training provides a foundation of knowledge regarding various theories on the stages of development. It explores age-appropriate behaviors, as well as adaptive methods for managing behavioral concerns. Also discussed are the implications of caretaker and social worker roles in working with traumatized clients, specifically within the context of the maltreatment that initiated child welfare services.

**Program Operations** – In this training, participants who are assigned to all other direct service administrations (except CPS and all private agency new hires) learn how to identify their professional role in communicating and engaging with families and resource providers regarding concurrent planning. They learn how to construct specific strategies to overcome potential challenges to concurrent planning with families, children, and youth in foster care. Participants also learn how to produce a strength-based, culturally competent, and solution-focused court report. This course is for newly hired non-CPS social workers and non-CPS family support workers.

**Assessment Integration Workshop** –This course provides permanency and In-Home child welfare professionals the opportunity to examine the current array of tools, screens, and assessments that prompt ongoing child welfare case practice. Participants will enhance their ability to organize, analyze, and integrate assessment results into sound clinical practice and case planning with families. Participants will evaluate their trauma-informed engagement skills and recognize the importance of partnership-based work with families at every step of case practice.

**Shared Parenting** – This training session lays a solid foundation for enhancing the participants' understanding of their role in developing and maintaining a shared parenting approach between the biological parent and resource parent. Participants will engage in discussions on the definition of shared parenting and how to operationalize this approach in day-to-day parenting and practice.

**Teaming with Foster Parents and Social Workers** – This training provides the participants with the philosophy, principles, and components of teaming. Participants learn about the use the co-parenting model (i.e., a relationship between the resource parent, birth parent and social worker, values, and beliefs) in child welfare practice, use of contractual agreements (policies, stipends, transportation etc.) for resource parents and social workers, planning a problem identification and resolution process with each case, and use of active communication, support, reciprocity in working with resource parents.

**Building Strong Relationships with Families** – This training promotes the awareness of the importance of developing skills in building relationships with birth and kin families through a variety of reflective



and interactive activities. This hands-on, activity-based, experiential workshop builds staff members' parent engagement skills. Participants also increase their understanding of how their personal attitudes and professional practices contribute to or undermine positive partnerships with parents and kinship families. Having such relationships allow for programs and staff to implement strategies that value the principles of family-centered practice.

**Art of Parent Engagement with Kinship Families** – Bridging the knowledge and strategies gained in Building Strong Relationships with Families, this three-hour customized training will further assist staff's ability to engage and partner with kinship and birth families. Utilizing an extended role-play format, this experiential workshop for professionals assists practitioners with developing empathy for their clients and in-depth understanding of the challenges they face. It encourages the self-reflection as a foundation for strengthening their parent engagement skills and surfaces practical kinship family engagement strategies for staff to incorporate into their daily practice.

**Communication with Kinship Families** – Similar to the *Art of Parent Engagement*, this workshop utilizes an extended role-play format and other experiential for strengthening a worker's ability to have difficult and courageous conversations with kinship caregivers. This course will provide strategies on how to effectively work with kinship families, which is often dependent on how skillful a worker is in engaging and teaming with kin families.

**Maintaining Family Connectedness** – This training workshop highlights the importance of maintaining family connectedness through the lens of kinship and birth families and assists child welfare professionals with understanding how they can strengthen family ties throughout the life of a case. Navigating the child welfare system is difficult for any parent and doing the work to get one's children returned home is a monumental feat. This course will highlight how to support reunification by maintaining strong family ties with kinship caregivers while the child is out of their parents' home.

**Parenting Specialized Populations** – This six-hour session is designed to provide resource parents with information on ensuring the safety, permanency, and well-being of children in foster care who have been identified as part of a specialized population per the Foster Parent Training Regulation Amendment Act of 2018. Participants will receive information regarding the unique development needs, parenting practice, and ways to best support children who are 16 years of age or older, a victim of sex trafficking, may self-identify as LGBTQIA+, a child diagnosed with a disability, pregnant or parenting, or has a history of violent behavior. Participants will also receive a list of both in-person and online training sessions that will provide more in-depth and detailed information for each of these populations.

**Transracial Parenting** – This course helps prospective and current caregivers understand and embrace potential cultural differences between themselves and children joining their families. Participants will examine the intersection of race and class in American society and its impact on culture. Special

attention will be given to challenges that may be present and development of skills to positively address those challenges.

**Cultural Humility** – Historically, social workers have been educated to be culturally competent and culturally aware in their social work practice. Over the past decade, social workers have been challenged to practice cultural humility in their work. Cultural humility is centered on life-long learning and critical self-reflection, recognition and challenging of power imbalance that are inherent, and upholding institutional accountability. This six-hour session will provide foundational information to social workers on culture and cultural humility, while also focusing on the impact of oppression in the lives of the families involved in the child welfare system and ways in which social workers can work to radically transform their practice.

**Crisis Intervention De-Escalation** – This hands-on and interactive six-hour workshop style session incorporates a trauma-informed lens to coach participants through each phase of the crisis cycle, enhancing participants’ ability to utilize an appropriate de-escalation intervention. Participants will learn how to apply motivational interviewing, critical thinking, documentation standards, Mandt principles,<sup>66</sup> trauma systems therapy tenets, social work principles, and the current SDM tools for encounters within the community when clients experience behavioral dysregulation.

**Family Matters: Engaging Kinship Resources** – This course focuses on the kinship care network. Participants will develop a better understanding of the challenges and triumphs of kinship care on the family system and other stake holders. Participants will develop a basic understanding of the kinship assessment, referral, and licensing process and best practice and strategies for the identification and engagement of kinship resources.

#### ***FY 2024 APSR Update***

**Introduction To Engagement** – This course allows Agency staff, social workers, and community stake holders to review concepts of engagement, gain insight into the theoretical perspective of engagement, and to further enhance the use of quality engagement with all children and families in the District of Columbia. This introductory course for the engagement series tract covers incarcerated parents, youth, and mental health concepts.

**Engaging Older Youth** – This course provides important foundational elements of adolescent development, an understanding of youth strengths and barriers, effective ways to communicate and collaborate with youth in the case planning process.

**Engaging Caregivers With Mental Health Needs** – This course takes a closer look at mental health and its impact on engagement with families. During this course, participants will demonstrate an

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<sup>66</sup> The Mandt system is a holistic and evidence-based approach for de-escalation and crisis prevention. For more information, <https://www.mandtsystem.com/>.

understanding of commonly diagnosed mental health disorders and symptoms that may impact the engagement process. Additionally, participants will learn effective communication skills to engage families with mental health concerns.



## IMPLEMENTATION SUPPORTS

CFSA has aligned activities relative to Goal 2 with CFSA's PIP which is a result of the 2016 CFSR. The PIP highlights action steps to increase the percentage of children placed with relatives by better identifying and locating family members who may provide placement options, as well as to better engage birth parents in activities with their children through development of a PEER (Parent Engagement, Education, and Resource) Support Unit.

As discussed earlier, CFSA's Kinship Unit works with the assigned social worker and family members to identify and engage potential kinship resources. The Agency's organizational assessment of kinship licensing operations was again conducted by *A Second Chance*. Recommendations indicated opportunities to increase kin placements. These included a 30-days-to-kin practice that CFSA initiated in 2018 to increase the amount of time from 72 hours to 30 days that Kinship Unit staff actively search for, engage, and assess relative placement options. The practice also includes development of training for kin providers that CWTA and Kinship social workers will co-facilitate.

CFSA established the PEER Support Unit to strengthen and support birth parents by helping to increase their protective capacities, and resilience, and to honor their ability to draw on family strengths and resources. The PEER Unit provides intensive reunification supports and services to improve outcomes for children and families. The Agency also designed the PEER Unit protocols and specific activities to include support groups, coaching, emotional support, advocacy, and participation in court hearings and team meetings.

In addition to the above, the Agency established the BOND Program (mentioned earlier) to assist with promoting more deliberate, comprehensive, and coordinated support for resource parents. Resource families are assigned to a squad while BOND lead families are assigned to welcome the resource parents into a community-based network that provides support, continuous learning, coaching, mentoring, socializing, and respite. The BOND lead parents meet monthly to receive guidance from the Resource Parent Support Unit and to receive peer support.

Support groups for kinship caregivers offer an opportunity for kinship caregivers to gain knowledge on topics such as medication management, child separation anxiety, grief and loss, past child welfare experiences, counseling, and therapy for children in need, and various other challenging and isolating situations.

Although CFSA utilizes a teaming approach to serving families, the RPSW serves as the lead support by ensuring that resource parents receive relevant information about the children in their homes and remain abreast of services, case activities, and such logistical details as visitation schedules. RPSWs also advocate for resource parents and help them navigate through case management team dynamics and through systems (e.g., the court, school, childcare, and health).

Placement Stability Staffings (PSS), described earlier, are a comprehensive review of children entering foster care, changing placements, or re-entering care. The PSS process itself provides an opportunity for team members to discuss case details and to examine tailored strategies for promoting placement stability and preventing current or future disruption.



**GOAL 3: EVERY CHILD IS ENTITLED TO A NURTURING ENVIRONMENT THAT SUPPORTS HEALTHY GROWTH AND DEVELOPMENT, GOOD PHYSICAL AND MENTAL HEALTH, AND ACADEMIC ACHIEVEMENT.**

CFSA's performance in assessing and providing services to meet the functional, educational, medical, dental, and behavioral needs of children and families is documented in *Section C.2. Update to the Assessment of Current Performance in Improving Outcomes – Well-Being Outcomes 1, 2 and 3; and Systemic Factor 5.*

Although Goal 3 is specifically aimed at assessing foster care performance measures, the third pillar of CFSA's Four Pillar Strategic Framework (Well-Being) aligns with the goal by addressing the physical, mental, and behavioral health and educational needs of children placed in foster care. Ongoing monitoring of children's well-being in their biological homes is an equal priority. In-home family monitoring takes place through family case planning, which is purposed to help stabilize the family, maintain overall family well-being, and prevent entries into foster care.

For all children under CFSA's care, the Agency addresses emotional, behavioral, developmental, and physical risk factors, whether in a placement or at school or in both environments. To address these types of risk factors, OWB comprises a well-trained staff of clinicians, nurses, mental and behavioral health specialists, and domestic violence and substance abuse specialists. Each of these OWB professionals collaborates with community partners to increase the protective factors of those children and families who come to CFSA's attention. OWB staff provide children with trauma-informed and evidence-based practices, including comprehensive well-being services, developmental screenings, educational services, and referrals for substance abuse and domestic violence (both for birth parents and youth, when needed).

Together with its partners, OWB facilitates healthy child development, responds to family crises, and ensures family access to services tailored to improve a child’s socio-emotional development. OWB serves children and their families throughout the life of their case.

In the measure of progress sections below, the Agency has observed its performance across well-being measures to be nearing or exceeding internal benchmarks. Stakeholders have defined quality services as trauma-informed, bilingual, culturally competent, and city-centered. However, stakeholders have also voiced concerns about the quality of the well-being service array, e.g., clients and external stakeholders have both indicated that delays in service provision prevent a viable increase in protective factors. Another barrier is the lack of information on in-house and community resources, along with information on availability and quality of providers as previously mentioned. To address these types of legitimate concerns, CFSA leadership is working with the District’s Executive Office of the Mayor to implement the DC Families First initiative (see *Section C2. Collaboration and Vision*). This initiative focuses on the development of trauma centers within schools and communities that have known high-risk factors for child abuse and neglect. In the event that those efforts are not able to prevent separation of a child from his or her home, the initiative also calls for incorporating an onsite clinical mental health therapist for new entries.

## **CHILD AND FAMILY SERVICES REVIEW (CFSR) FINDINGS**

Results from the 2016 CFSR revealed that CFSA substantially achieved only 17 percent of the items for Well-Being Outcome 1: *Families Have Enhanced Capacity to Provide for their Children’s Needs*. The Agency scored 80 percent for Well-Being Outcome 2: *Children Receive Appropriate Services to Meet their Educational Needs* but did not reach the 95 percent standard for substantial achievement. For *Well-Being Outcome 3: Children Receive Adequate Services to Meet their Physical and Mental Health Needs*, CFSA achieved the items in 47 percent of the cases.

To address the areas in need of improvement, CFSA brought together internal and external stakeholders to evaluate the measures as part of 2020-2024 CFSP development process. Stakeholders for this goal included social workers, CIP, attorneys, mental and behavioral health specialists, domestic violence and substance abuse specialists, faith-community supports, respite providers, clinical nurse practitioners, educational experts, and the CFSA-contracted community-based Collaboratives. Similar to Goals 1 and 2, CFSA developed all objectives and measures of progress as part of a comprehensive strategic planning process.

## **QUALITY SERVICE REVIEW (QSR) FINDINGS**

The Agency’s QSR Unit conducted 137 case reviews in calendar year (CY) 2018. At 82 percent acceptable, the Agency and its partners overall performed slightly above the 80 percent benchmark for Well-Being under the indicators for Planning Interventions. Planning interventions for clients requires close teaming, family engagement, and social workers’ understanding of families’ needs. Planning must

include coordination of a well-thought-out interventions that are tailored to meet the child and family's needs and that help move the case toward closure. Well-being is a subset category which examines whether the child welfare system has assessed the physical and mental health needs of the child and family as well as implemented strategies to reduce at-risk behaviors while partnering with the child (as appropriate) and family to promote positive relationships throughout the case.

### **STRATEGY 3.1 - INCREASE IN-HOUSE CAPACITY TO SCREEN AND TREAT PHYSICAL AND BEHAVIORAL HEALTH SCREENS AND PROVIDE TREATMENT TO CHILDREN.**

Physical and behavioral health services are concrete supports implemented for families with a history of trauma, and for family members in crisis, including children. To identify trauma through physical and behavioral symptoms, CFSA assesses children directly through annual physical exams or through assessments for any mental or behavioral health needs. These assessments help determine whether a child will stabilize in a placement after experiencing a separation from their biological family or a placement move from another resource provider.

Well-Being Outcome 3 of the CFSR, Items 17 and 18, which are focused on assessing and addressing the physical and mental (behavioral) health of a child, are related to CFSP objective 3.4. In the 2016 CFSR, the Agency received an overall strength rating for 70 percent of children's physical health and 41 percent of children's behavioral health.

For the *2019 Annual Needs Assessment*, 68 percent (n=95/139) of the child welfare professionals surveyed indicated that their clients had received mental and behavioral health services; 50 percent indicated that these services were "sometimes-to-often" effective in improving the client's mental stability. Twenty-five percent said services were "usually-to-always" effective. Noted barriers to service delivery included programmatic, geographic and client resources. For example, a service would not be effective if there was a service delay due to a lack of resources (i.e., staff turnover or waitlists). Similarly, the service was not effective if the client was not motivated to follow-through with the service. Both resource parents and social workers indicated the need for more in-house and school-based trauma-informed therapies for youth.

In a *2020 Annual Needs Assessment* survey, child welfare respondents found slight improvements in effectiveness of mental and behavioral health services. However, patterns of effectiveness for services along the behavioral and mental health domain mirrored those of the 2019 survey. In general, these services were found effective "sometimes-to-often" 40 to 60 percent of the time.

### **STRATEGY 3.2 – INCREASE CONTRACED CAPACITY TO MEET CHILDREN'S SOCIAL AND EMOTIONAL NEEDS.**

Well-Being Outcome 1 of the CFSR relates to Well-Being Objective 3.2 for the CFSP. Well-Being Outcome 1 includes Items 12 through 15, which address the assessment of client needs, case planning, and quality visits. Regarding the overall assessment of needs for children, parents and resource parents, the Agency achieved a strength rating of 18 percent for the 65 cases reviewed. Of the three client categories, CFSA assessed the needs of children in 74 percent of the cases, the needs of resource parents in 58 percent of the cases, and the needs of birth parents in 16 percent of the cases.

The Agency made efforts to include children and mothers in case planning in 63 to 65 percent of applicable cases. However, father involvement occurred in only 24 percent of cases, which lowered the Agency's overall Strength rating to 40 percent for this measure. The same pattern occurred in visitation measures. CFSA case workers did not visit fathers as often as they visited mothers. Overall, the CFSR rated the frequency and quality of visits between the case worker and birth parents as a Strength for 31 percent of the cases. The Agency performed considerably better with child visits (71 percent), despite missing the 95 percent mark.

During the development of the 2020-2024 CFSP, stakeholders requested CFSA to report on birth parents' capacity to care for their children. In so doing, the Agency can more appropriately determine whether parents are able to enhance the well-being of their children as well as themselves. Examining birth parent capacity can also reveal whether parents are establishing protective factors to facilitate and sustain permanency or family stabilization.

In 2018, the QSR Unit assessed randomly selected cases to rate parental capacity to care for a child's needs. The comparable QSR indicator, *Family Functioning*, assesses the degree to which a caregiver has the capacity to enable family members to live together and function safely. Further, the indicator rates for a caregiver's willingness and ability to provide protection and necessary supports that facilitate their child's growth, development, and well-being. The review noted improvements in acceptable ratings over the prior year (i.e., from 55 percent in 2017 to 64 percent 2018). However, the review also noted persistent challenges that social workers and families face to ensuring stable and sustainable reunification. In 90 percent of the cases, reviewers determined that caregivers were "acceptable" in terms of providing fair-to-excellent caregiving and engaging supports necessary to enhance their parenting skills and capacity.

In the *2019 Annual Needs Assessment*, 38 percent of case workers whose clients were receiving parenting education and support services indicated the services were "sometimes-to-often" effective while around 50 percent indicated it was "usually-to-always" effective.

In the *2020 Annual Needs Assessment*, 49 percent indicated the services were "usually-to-always" effective while around 28 percent of respondents indicated it was "sometimes-to-often" effective.



Respondents pointed to some programmatic and psychological barriers, such as a client who is fearful in approaching a provider or concerned with the stigma associated with needing the service. The program itself may lack needed resources or may need to improve hours for clients' convenient participation. Services may also lack quality. Respondents commented that the service only works when the client believes they need to improve their parenting as part of their case plan goal. Some respondents suggested that the services may work best if done in the home. Respondents also observed geographic, cultural, and language challenges.

### **STRATEGY 3.3 - INCREASE COMMUNICATION AND TEAMING WITH SCHOOLS.**

Social connections, along with social and emotional development, are protective factors that can be enhanced when a child is in a supportive school or home environment that promotes a child's strengths, talents, hopes, and healthy development. Children who are connected to supportive environments are less likely to exhibit risk factors related to early sexual behaviors, criminal activity, and substance abuse. However, CFSR and its partners realize that supportive environments alone are not sufficient without supportive services such as mentors and tutors, even including transportation to get to school or extracurricular activities. Hence, this objective's measure of progress focuses not only on academic success but the supports facilitating that success.

Regarding Well-Being Outcome 2, Item 16 of the CFSR is focused on meeting the educational needs of children. In the 2016 CFSR, the Agency received a Strength rating for 89 percent of the foster care cases reviewed for this outcome, and 62 percent for the in-home cases reviewed. Overall, 80 percent of applicable cases received the Strength rating.

In 2018, QSR findings reported that 73 percent of the cases reviewed rated acceptable for the indicator on *Learning and Academics*, which includes early learning and education for children, school readiness skills, physical motor development, and academic success.

In a *2019 Annual Needs Assessment* survey, feedback from child welfare professionals, youth, birth parents, resource parents indicated that tutoring, mentoring, and transportation were necessary services that needed to be enhanced beyond their current service levels.

Regarding transportation, resource parents with more than one child in the home noted that additional services would help to ensure that children maintain connections to their community of origin, not just to get to school but also to participate in other activities. Older youth expressed challenges with being placed in Maryland without easy access to public transportation, and also not having a personal vehicle to access a service in the District.

Respondents overall noted that the effectiveness of tutoring, mentoring, and transportation services depended upon programmatic barriers. Barriers included a lack of available services, poor quality of

services, waitlists, or limited hours of operation. In addition, the client's educational support service might have competed with another service. Skill or training barriers included educational support staff trained or equipped to manage the behavioral or intellectual challenges of some children.

In the *2020 Annual Needs Assessment*, respondents again indicated that tutoring, mentoring, and transportation needed to be enhanced beyond their current service levels particularly as it pertained to providing the service for in-home and out-of-home cases. Recommendations included employing the service of more contractors and improving the skill level of tutors and mentors and expanding hours for transportation.

Regarding mentoring services, barriers included geographic location, programmatic concerns, client resources, and cultural and language. Stakeholders also commented that mentors needed a greater understanding of trauma and mental health. Awareness of mentors needed to be more public. More males needed to be in the mentoring pool. Long waitlists needed to be eliminated and there was a lack of consistency with mentors.

Additional transportation continued to be emphasized for resource parents with multiple children in the home who may have to get to various activities or appointments, some being over an hour away from the home. Moreover, child welfare professionals expressed a need for increasing resource homes where resource parents have reliable transportation. Concerns included clients utilizing vouchers for a purpose other than transportation; delays in processing transportation requests; lack of transportation supports available on weekends and evenings; clients losing cards and cards not being loaded timely; and the frequency of need exceeding the supply.

Respondents overall noted that the effectiveness of educational services depended upon programmatic, financial, skills, and training barriers. Barriers also included a lack of available services and inconsistent services due to rescheduling errors. Sometimes youth were a no-show or staff turnover led to interrupted service. There was a lack of intensive tutoring or remedial services, as well as a lack of tutors trained in cultural competence and challenging behaviors (often based on trauma history). Other feedback focused on tutoring agendas not meeting what youth wants (or needs) to work on (e.g., homework help). Waitlists continued to be a barrier along with services that did not work with an older youth's schedule. Although finances were indicated as a barrier, this barrier related to programmatic concerns that the Agency had not secured enough youth-based financial businesses to provide services. Lastly, a documented concern involved tutors needing stipends to become more consistent.



## STANDARD PRACTICES AND PROCESSES

CFSA's Office of Well-Being and Office of Youth Empowerment provide an array of well-being services for older youth to support educational, career, financial, physical, and behavioral health. CFSA reinforces opportunities to experience childhood and adolescence, whenever possible, in the same way as children and youth who are not involved with social services.

**Education - Assessments – Early Childhood** – Within 28 days of foster care entry or re-entry, CFSA's nurse practitioners complete the Ages & Stages Questionnaire (ASQ) with children aged birth to age five and five months. The nurses look for any delays in the communication skills, gross motor and fine motor skills, problem-solving abilities, and personal and social needs. Nurse practitioners also complete the Ages and Stages Questionnaire–Social-Emotional (ASQ-SE) to look for any delays in self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction. The outcome of each screening is sent to the District's Office of the State Superintendent of Education (OSSE) Strong Start program or DCPS' Early Stages program for review and determination of need for a more in-depth evaluation or identification of specialized services or supports. The Early Stages program serves children between the ages of two years and eight months to five years and ten months. After reviewing the assessments, the OSSE program may recommend specialized instruction, speech and language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services.

**Education – Early Intervention** – OSSE and DCPS jointly administer the District of Columbia's Individuals with Disabilities Education Act (IDEA) Part C Early Intervention program for children ages birth to five. The DC Early Intervention Program (DC EIP) – Strong Start Child Find Program (under OSSE) serves children from birth to two years and ten months. As noted earlier, Strong Start is a system that identifies and refers children who may have a disability or developmental delay, particularly in one or more of the following areas: speech, language, fine or gross motor skills, social and emotional skills, vision, and hearing. Once OSSE accepts a child's referral to one of the programs, staff assigns the family to an initial service coordinator

**Education – Monitoring and Support** – CFSA educational support specialists monitor and provide incentives to promote children's academic progress; communicate with school staff to secure any needed supports and address any barriers; advise youth, social workers, and caregivers in any areas of need; support older youth in college and career preparation; make referrals as needed for tutoring and other academic support services; and ensure stable school transportation. Specialists utilize Check &

Connect interventions with those students who are identified to be at-risk for educational barriers.<sup>67</sup> CFSA also uses the [A Plus Success](#) in-home tutoring provider to identify tutors for children in foster care as needed. Additional information and updates regarding children in high school and post-secondary programs can be found in *Section C5. Update on Services, John H. Chafee Foster Care Program for Successful Transition to Adulthood*.

**Education – Transportation** –OWB works with local education agencies and OSSE to support school stability for children in care. OWB offers a tip sheet for resource parents to access school transportation services, including the specific criteria required to qualify for and receive school transportation. The tip sheet is available on the CFSA website as a resource for resource parents and other stakeholders. OWB also provides ongoing support to social workers and resource parents by notifying them of changes, answering questions, and addressing concerns about transportation services.

**Education Services for In-Home Families** – CFSA’s nurse practitioners or In-Home social workers may refer families to the OSSE and DCPS-administered programs, described above, to identify any delays and arrange services to address them. If the program confirms a developmental delay, social workers help parents, caregivers, and children by developing a plan to address their needs and connecting them with appropriate resources for proper diagnosis, treatment, and support. Coming up with a plan to address family needs often includes the social worker working with the family and a team of service providers who can decide together the issues to be addressed and how to address them.

**Career, Financial, and Life Skills** – CFSA provides independent living services to all youth in care, either through OYE or through services provided by CFSA’s contracted private provider agencies. OYE’s LifeSet DC program connects youth to internships, vocational training, and employment in the youth’s field of interest. Specialists also help youth to develop soft skills and to build their resumes, both of which are essential for youth achieving independence. OYE offers the opportunity to participate in a matched savings program where CFSA’s contracted partner, Capital Area Asset Builders (CAAB) matches every dollar. The matched funds are capped at \$1,000 per year and funded directly from the Agency’s Chafee grant in support of financial literacy. Youth can only access funds to purchase a vehicle or to pay for housing, education, or entrepreneurial endeavors. More information and updates can be found in *Section C5. Update on Services, John H. Chafee Foster Care Program for Successful Transition to Adulthood*.

**Caregiver Assessments** –To aid in identifying appropriate services for parents, CFSA social workers assess caregiver capacity through the Caregiver’s Strength and Barriers Assessment (CSBA), which focuses on parents’ capacity to meet the needs of their children by considering such domains as

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<sup>67</sup> [Check & Connect](#) is an intervention used with students that show warning signs of disengaging from school, such as poor attendance, behavioral issues, or low grades. Through the model, education specialists monitor student data and engagement levels, which informs timely personalized interventions to meet their needs.

physical and mental health, cognitive abilities, substance use, prior trauma, household members and characteristics, neighborhood characteristics, social supports, and financial management and resources. CSBA results allow social workers to quickly begin working with the parents on their most critical needs and to address the reasons for involvement with the child welfare system. Social workers further use CSBA results to inform case planning. CSBA also assesses the extent to which services increase the parents' protective capacity while reducing risk concerns for children in their care.

**Substance Use Supports** – CFSA's OWB substance abuse program coordinator responds to in-house substance abuse referral to explore whether they are interested in exploring or obtaining substance use services. If so, a DBH co-located substance abuse assessor administered an approved substance abuse screening tool to each referred client. The screening tool specifically identifies individuals who may need a more in-depth substance abuse assessment. CFSA continues to collaborate with DBH and refers clients to the most appropriate services within the District's available treatment continuum of care for achieving and maintaining recovery.

**Teaming: Case Planning** – Resource parents are encouraged to participate in case planning, case reviews, and decision-making for the child. Moreover, while working on their own capacity to care for a child, the resource parent also plays a role in supporting the enhanced capacity of the birth parent through shared parenting. Based on feedback from resource parents that their preferences and skill sets are not fully considered before being asked to provide a home for a child, CWTA partnered with internal stakeholders to develop the Family Development Plan (FDP). The FDP, described earlier in this section, provides a formal and systematic means to compare each resource parent's needs and abilities in the fostering role against current training offerings, and to determine future training needs.

**Parent Education and Support Program (PESP)** – CFSA contracts with the five community-based Collaboratives to provide PESP services. These parenting services enhance birth parents' protective factors along with their knowledge base for parenting. The services further assist parents with managing life's stressors to reduce the risk of neglecting or abusing their child.

**Parenting Young Adults** – CFSA and DC Health utilize a home visiting program that uses the Parents as Teachers (PAT) evidence-based model to support CFSA's pregnant and parenting young adults. Although tailored to address the unique needs of teen parents in foster care, the model helps them enhance their parenting capacity in a way that still meets PAT fidelity requirements.

**Child Care and Early Education** – CFSA expects that resource parents will independently seek childcare according to their needs and schedules. If, however, the resource parent has difficulty finding childcare to meet their particular needs, OWB advises staff and resource parents about childcare financing options, including DC's childcare voucher program and CFSA's childcare subsidy program, which assists families who use daycares in Maryland or centers in DC who do not participate in DC's voucher program. If families need assistance with applying for or renewing a DC childcare voucher, OWB

facilitates the expedited processing of those applications upon receiving the required paperwork from the family's assigned social worker. CFSA also provides emergency in-home nanny services through a contract with PSI Family Services, Inc. PSI's services are tailored for families where childcare is a barrier to placement. These services are temporary, i.e., up to 10 days of childcare for a maximum of 10-hours-a-day for children ages birth to five. During the 10-day time frame, the early education specialist researches a more permanent option.

**Child Care for In-Home Families** – Similar to resource parents, when families receiving in-home services have a need for childcare, social workers will refer the families to the District's Department of Human Services' Child Care Subsidy Program (Child Care Voucher Program). The Child Care Subsidy Program helps income-eligible employed birth parents to pay for quality, affordable childcare that allows them to continue working and to contribute to the healthy, emotional, and social development of the child. In addition to helping income-eligible, working families, the Child Care Subsidy Program also serves families receiving Temporary Assistance for Needy Families, as well as families pursuing additional education to improve their job opportunities, and teen parents seeking a high school or equivalent degree.

**Mentoring** – CFSA matches youth ages 14 to 21 with adults in the Credible Messenger program, a mentoring initiative that was fully implemented in 2021 in partnership with the District's Department of Youth Rehabilitative Services. The Credible Messenger mentoring program is detailed in *Section C5. Update on Services, John H. Chafee Foster Care Program for Successful Transition to Adulthood*. For children under 14, CFSA's contract with the mentoring services' provider, Best Kids, expired in 2022. CFSA currently seeks suitable community-based mentoring resources on an individual basis.

**Health Assessments** – CFSA's Healthy Horizon Assessment Center (HHAC) serves as CFSA's on-site medical screening clinic for children who are entering, re-entering, exiting, or changing placements while in foster care. HHAC also ensures that children in care receive immunizations, as appropriate. From birth up until their 21st birthday, children and youth have access to a full-time nurse practitioner and medical assistant, 12 hours a day (9:00am to 9:00pm), five days a week for medical screening and comprehensive exams. On-call nurse practitioners staff the clinic during evenings, weekends, and holidays. Nurses are trained in the physical and developmental needs of children and youth, maximizing this knowledge to inform resource providers of the child's immediate physical and behavioral health needs.

**Healthcare** – HSA staffs the NCM program with registered nurses who collaborate with ongoing social workers to develop the necessary, comprehensive health plans for children with chronic or complex needs. If HSA identifies any chronic or complex medical issue during the initial or re-entry screening, HSA assigns an NCM. The NCM program purposefully integrates planning for health and social services to intensify well-being and permanency outcomes. NCMs are assigned the following specific tasks:

- Complete comprehensive assessments on medical, dental, and mental health care.

- Develop and maintain care plans to address medical, mental health, and other unique needs.
- Coordinate, facilitate, and implement physical, mental, and behavioral health services.
- Educate clients, providers, and social workers about activities that support health, including any related social and educational outcomes
- Monitor and evaluate service outcomes and the progress of children.
- Advocate for options within the service array to meet individual medical, dental, mental health, and other needs.

**Physical Healthcare – Community Nurse Unit** – HSA also provides nursing support for families receiving in-home services. A team of four nurses are co-located at the Collaboratives throughout the District. These nurses support children in the community who have chronic and complex medical conditions. The unit receives an average of 24 referrals per month. The community-based nurses mirror the medical case management services delivered by the NCMs who support children in foster care.

***FY2024 APSR Update***

HSA is staffed with 14 registered nurses, compared to 16 from last year, due to one nurse retiring and one nurse resigning. Although there had been efforts to backfill the positions, approval to recruit was denied due to budgetary considerations and based on the decline in foster care entry rates and the overall foster care population.

**Physical Health Assessment and Care – Child Protective Services** – Registered nurses assigned to the CPS Administration provide consultative support for investigative social workers. CPS nurses are essential for providing medical assessments and supporting substantiations of medical neglect complaints, as well as identifying risks and providing supportive interventions during initial home visits.

***FY 2024 APSR Update***

There are five CPS nurses, staffed at CFSA headquarters and four community-based nurses who support the In-Home Administration (based at the Collaboratives). There is also one nurse assigned to the CFSA Project Connect substance use program. This nurse also supports cases managed through OWB (Community Partnerships).

**Behavioral Health** – OWB provides mental health stabilization services to children (ages five and older) for new entries, reentries, and children in care. Services include screenings, mental health evaluations, office-based therapy, and crisis support. The mental health team is comprised of a psychiatric mental health nurse practitioner (who may prescribe psychotropic medications, on a case-by-case basis) and licensed mental health therapists. Therapists’ hours are Monday-Friday, 9:30am-8:00pm.

**Trafficking Victim Support** – The Here Opportunities Prepare you for Excellence (HOPE) Court seeks to alleviate the trauma that affects victims of commercial sexual exploitation of children (CSEC). The



HOPE Court arose from the District’s desire to reduce CSEC involvement and to provide the juvenile survivor with help functioning in the home, school, and community. HOPE Court connects eligible and suitable juveniles and their parent, guardian, or custodian with services that can provide care and rehabilitation. The program also intensely monitors engagement with services designed to reduce CSEC involvement. Supporting these efforts are the District’s Children’s Justice Act Task Force, Office of the Attorney General, Department of Behavioral Health, Court Social Services Division, CFSA, Public Defender Service, and representatives of the defense bar, as well as the community-based advocates, [Courtney’s House](#), [Fair Girls](#), and [Rights4Girls](#).

**Health Services for In-Home Families** – Social workers refer families to CFSA’s co-located community nurses whenever the infants or children are diagnosed with special medical needs and observed to have a developmental delay. The community nurses assess the child’s needs, which can range from outdated immunizations to an acute or chronic health condition. The nurse will then connect the family to appropriate medical services. In addition, the nurse will develop and implement, evaluate, and revise a plan of care to ensure appropriate treatment (based on the child’s age, developmental level, and diagnosis). As needed, nurses also connect families to community resources or District agencies and monitor their follow-up health care needs. Community nurses also complete the ASQ (cited above) for children from birth to age three to identify delays in the child’s communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. As needed, the nurses will refer children to the appropriate educational resources in the District and send the outcome of each screening to OSSE’s Strong Start or DCPS’ Early Stages programs for review and determination of need for a more in-depth evaluation or identification of specialized services or supports.



#### TARGETED ACTIVITIES FOR THE CFSP FIVE YEAR STRATEGIC PLAN

**Mental Health Redesign** – In FY 2018, CFSA initiated OWB’s Mental Health Redesign, a plan to improve mental health treatment and medication management access for children in foster care by providing in-house care through a dedicated team of clinical social workers, licensed professional counselors, and psychologists. Redesign endeavors to decrease the wait time for children and families to access clinical and therapeutic interventions that support strong mental health and wellness. A psychiatric mental health nurse practitioner provides initial screenings for children entering and re-entering care, conducts mental health evaluations, creates initial therapeutic treatment plans, and prescribes psychotropic medications, when warranted. Based on the psychiatric nurse’s recommendations, the mental health therapists can provide short-term therapy (up to 12 months) using one or more of the following interventions:

- Trauma Systems Therapy (TST)
- Family Therapy

- Child-Centered Play Therapy
- Grief and Loss Therapy
- Cognitive Behavioral Therapy (CBT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Traditional Integrative Approach

The mental health therapists create ongoing treatment plans and submit referrals for long-term therapy as needed. Children who are receiving mental health services in the community continue to receive services from their provider.

CFSA’s licensed clinical therapists conduct ongoing therapy for these children as deemed necessary. Therapists create and update the child’s treatment plan every 90 days. In addition, the psychiatric nurse will provide medication management at least every 30 days for children on the PMHNP workload.

***FY 2024 APSR Update***

CFSA is expanding services to include community and home-based therapy in addition to the traditional office-based therapy to cases in Out-of-Home as the primary target population and In-Home Administration, when possible.

**Medicaid Mental Health Provider for Long-Term Mental Health Care** – For children and caregivers who need longer term mental health treatment, CFSA contracts with MBI Health Services, LLC (MBI), a DBH core service agency (CSA). MBI provides the following specialized mental health interventions:

- Diagnostic assessments
- Psychiatric evaluations
- Medication management
- Individual and family therapy
- Community support services
- Specialized Therapies

For children placed with NCCF, CFSA’s Maryland based child placing agency, NCCF contracts with Maryland Family Resources to provide mental health treatment. There are currently 125 children receiving mental health treatment through Maryland Family Resources, Community Connections, and other CSAs.

***FY 2024 APSR Update***

As of March 30, 2023, CFSA has continued to contract with MBI as a long-term mental health provider. In FY 2022, CFSA referred nine children to MBI. In FY 2023 Q1-Q2, CFSA referred an additional 12

children. Of these referrals, MBI currently serves 12 children internally, and an additional four youth under the MBI contract via a specialized Dialectical Behavioral Therapy provider. During this period, MBI discharged nine children either for successful completion of treatment, lack of engagement, lack of response to outreach efforts, or refusal of the specific treatment being offered.

**Check & Connect** – CFSA’s education specialists use the evidence-based Check & Connect Student Engagement & Intervention model to provide ongoing direct service and supports to at-risk youth (approximately ages 12-18) in grades 6 through 12. The following supports are incorporated into the model:

- Conduct one visit with the youth at school per month to gather information about their needs and performance.
- Communicate with the youth and other members of the team or school staff at least biweekly (more as needed) to check in on youth’s educational status and progress.
- Develop short-term educational goals within the first month of working with each youth.
- Monitor progress, monthly, on goals completion and update goals, as needed.
- Gathering available monthly data on youth’s attendance, behavior, and coursework, using the Check & Connect Monitoring form.
- Using the data and other information gathered to identify and initiate appropriate interventions to support the youth’s positive performance and monitoring those interventions on a monthly basis using the Check & Connect monitoring form.

### ***FY 2024 APSR Update***

The Agency continues to utilize the Check & Connect Student Intervention and Engagement model to support foster youth in grades 8-12 who have demonstrated the most needs with respect to their attendance, behavior, and coursework. Since the start of the 2022-23 school year, CFSA has provided a total of 41 youth with Check & Connect services and interventions to help improve their academic performance and keep them on track for graduation and other post-secondary pursuits.



## **STAFF TRAINING, TECHNICAL ASSISTANCE, AND EVALUATION**

CWTA offers a variety of trainings to promote well-being through engagement, teaming, support, and service in a variety of contexts.

**Shared Parenting** training includes case workers, family support workers, nurse care managers and resource parents. The focus of this training session is to lay a solid foundation for enhancing the participants’ understanding of their role in developing and maintaining a shared parenting approach between the biological parent and resource parent. Participants engage in discussions on the definition

of shared parenting and how to operationalize this approach in day-to-day parenting and practice. The training also provides communication skills for working with children and families. During the training, participants will work on activities designed to strengthen families as well as discussing general issues such as mental health, domestic violence and substance use and abuse as it relates to child welfare. Participants also learn how to make a referral for services and develop a case plan. The training explains the expected roles of birth and resource parents when the birth parent's child is in foster care. Both sets of parents must first establish rapport, which occurs during "ice breaker" meetings. Although CFSA acknowledges that not every birth and resource parent manage to establish rapport, the shared parenting approach has worked for the majority of birth and resource parents. They recognize one another's rights and responsibilities for being actively involved in the child's life and activities. The resource parents' role includes listening to the birth parents' parenting experiences and learning about the child from those experiences. Since resource parents are the main decision-makers for daily activities, they recognize the importance of including birth parents in decisions whenever possible and appropriate, especially if the goal is reunification.

**Teaming** in general is a fundamental social work practice that CFSA continually strives to encourage and improve among internal and external stakeholders. For birth parents, the teaming concept can be a challenge as they are naturally struggling with the separation of their child and may not be receptive to the concept. Training on the basic principles of teaming between the birth parent, resource parent, and social worker can help social workers and resource parents recognize the challenges birth parents face in the teaming process. Unlike social workers and resource parents, birth parents have not voluntarily signed up for this child welfare experience. Further detailed descriptions of both the teaming and shared parenting courses are included in the attached *CWTA Training Plan*.

**Supporting Relationships with Birth Families** is another training that is primarily for resource parents and kinship providers. This session focuses on the importance of children in foster care maintaining a supportive relationship with their birth families and ways the resource parent can support this connection. The course also explores building personal and cultural identity, promoting family connections and continuity, and supporting positive family time.

Additional trainings that support the enhancement of a resource parent's capacity include trainings through CWTA's training-of-the-trainer (TOT) coursework, along with technical assistance support through Be Strong Families. The TOT process includes the following classes:

**Living the Protective Factors:** This workshop introduces child welfare professionals to the Strengthening Families™ Protective Factors framework as an important component of a comprehensive wellbeing paradigm and links the framework to trauma-informed child welfare practice.

**Building Strong Relationships:** This activity-based, experiential workshop builds upon the skill sets of family-serving staff. Participants also increase their understanding of how their personal attitudes and professional practices contribute to or undermine positive partnerships with parents. Positive outcomes for children are best achieved when the whole family is accepted and supported in an approach that strengthens the family. Having strong relationships with birth families promotes programs that value principles of family-centered practice.

**Customized Art of Parent Engagement:** This workshop utilizes an extended role-play format for practitioners to develop empathy for their clients and in-depth understanding of the challenges they face. It encourages self-reflection as a foundation for strengthening their parent engagement skills. CFSA will utilize this learning in working primarily with kinship families.

**Communicating with Kinship Families:** This workshop is interactive. It helps participants to understand why certain conversations are difficult, and participants can make conversations less difficult. Participants practice effective communication skills and develop action plans for implementing them with parents.

**Family-Centered Practice (Pre-Service):** This training teaches CFSA employees and its partners how to work in a child-centered manner to keep children safe and to promote their well-being and permanence. The session covers child and adolescent development, DC child welfare laws and definitions, and an overview of CFSA's and its partners mandated responsibilities. An overview of the legal life of a case is offered, in addition to Trauma Systems Therapy.

**Best Practices In Engaging Biological Parents:** This course assists child welfare workers with the development of pertinent knowledge, demonstration of critical thinking, and application of clinical skills for collaborating with biological parents in the case planning process for the life of the case.

**Best Practices in Engaging Caregivers with Mental Health Needs:** This session provides participants with practical skills to engage with clients who have mental health challenges in an effort to address the entire family's safety, permanency, and well-being needs.

**Best Practices in Engaging Fathers:** This two-day training helps CFSA social workers develop the relevant knowledge, skills, and appropriate understanding for engaging fathers in the case planning process. The training explores critical skills for engagement and intervention, principles of best practice, facilitating equal access to services, and managing interpersonal challenge to effective case work with fathers and men. Emphasis is placed on the significance of the father being engaged for securing the safety, permanency, and well-being of children and families.

**Best Practices in Engaging Incarcerated Parents:** The purpose of this session is to provide participants with practical skills to engage with clients who are incarcerated in an effort to address the entire family's safety, permanency, and well-being needs.

**Best Practices in Engaging Older Youth:** This training session provides social workers, family support workers, and resource parents with the information needed to identify and address barriers related to engaging youth involved with the child welfare system. Participants engage in discussion that supports the development of cultural awareness as it relates to the historical context of African American youth. Social workers will gain an understanding of how engagement skills can facilitate meaningful conversations.

**Child & Adolescent Development:** This training provides a foundation of knowledge regarding various theories on the stages of development. It explores age-appropriate behaviors, as well as adaptive methods for managing behavioral concerns. Also discussed are the implications of caretaker and social worker roles in working with traumatized clients, specifically within the context of the maltreatment that initiated child welfare services.

**Trauma-informed Professional Parents (TIPPs):** A training series dedicated to the support and retention of CFSA's TIPPs. This training series is an in-service training offered weekday evenings to accommodate resource parent schedules.

#### ***FY 2024 APSR Update***

**Dialectical Behavior Therapy in Child Welfare** – Dialectical behavior therapy (DBT) is a type of cognitive behavioral therapy, and an evidence-based practice and treatment modality used in working with individuals of various ages. DBT focuses on mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness. This four-hour course introduces individuals to the techniques used in DBT work and is beneficial for social workers supporting families in managing the stressors of life.

**Introduction To Engagement** – This course allows Agency staff, social workers, and community stakeholders to review concepts of engagement, gain insight into the theoretical perspective of engagement, and to further enhance the use of quality engagement with all children and families in the District of Columbia. This introductory course for the engagement series tract covers incarcerated parents, youth, and mental health concepts.

**Engaging Older Youth** – This course provides important foundational elements of adolescent development, an understanding of youth strengths and barriers, effective ways to communicate and collaborate with youth in the case planning process.

**Engaging Caregivers With Mental Health Needs** – This course takes a closer look at mental health and its impact on engagement with families. During this course, participants will demonstrate an

understanding of commonly diagnosed mental health disorders and symptoms that may impact the engagement process. Additionally, participants will learn effective communication skills to engage families with mental health concerns.



## IMPLEMENTATION SUPPORTS

CFSA is equipped to support the implementation of the strategies and activities outlined in this objective. OPPPS also staffs a team of project managers and policy specialists who support Agency initiatives requiring implementation support by creating policies, work plans and trainings. Lastly, the Performance Accountability and Quality Improvement Administration (PAQIA), also housed within OPPPS, provides practice monitoring to identify and mitigate issues of practice, and to provide feedback to decision-makers to keep practice moving forward. More information on the nature and extent of the Agency's implementation supports can be found in the *CWTA Training Plan* and the narrative provided under the *Information Systems and Quality Assurance* systemic factors.

CWTA examines the efficacy of training courses such as *The Shared Parenting* and *Teaming* training based on participants' completing evaluations. Only after participants attend all hours of a course and complete an evaluation form for the training will CWTA provide certificates of attendance. The evaluations will serve as implementation supports to determine the challenges and strengths of the training for participants. To enhance a caregiver's capacity to parent, the CFSR PIP includes two specific implementation supports that focus on family engagement, clinical supervision, and case planning.

**Joint Case Planning** – Social workers utilize the CSBA parent assessment and partner with parents in developing the case plan which includes services to address the identified need. As part of the PIP, the Agency implemented a case review of safety and risk assessments, needs assessments, service agreements, and case planning to ensure that the Agency is helping families to address issues, and reinforcing the importance of drafting the case plan with family involvement. The Agency further reviews the objectives for case closure, including examination of the barriers highlighted in the service agreement. For purposes of keeping on track for case closure, both CFSA and the family must address the circumstances that brought the family to CFSA's attention.

**Clinical Supervision** – Continuous quality control at the program and unit level to ensure that all social workers complete case plans with the goal of supporting the family and child with appropriate support. It is always CFSA's objective to keep families together whenever possible. The Agency implements coaching support and clinical guidance for supervisors across Agency units to improve quality and consistency in practice. CWTA conducts evaluations and provides recommendations on improving supervision for social workers.

**Online Clinical Boosters** – As needed, the Agency provides online courses and materials on special topics that social workers indicated through surveys would be helpful for quality practice. For example, social workers expressed a lack of confidence in working with families exhibiting hostility, particularly domestic violence. CFSA distributed tip sheets for social workers explaining best practices with families. Other topics have included Youth Villages Lifeset, Family First, Mobile Crisis Stabilization Services, Domestic Violence Assessment, Sex Trafficking, Dual Jacketed Youth and Youth at Risk for Juvenile Delinquency, Partnering with PEER Team, and DC Newborn Safe Haven Training, the BOND Support Program, Removals and Separations, Making Money Grow, Aftercare/Transitional Services for Older Youth, Parent/Child Visits, In-Home supports, Teaming with DC Schools in the District of Columbia, and Kinship Navigator, Post-Permanency Service and Assessing Kin.

### ***FY 2024 APSR Update***

The Agency also offers refresher trainings and supports to staff in areas such as Motivational Interviewing, AFCARS reporting, safety plans and informal family planning, complaint writing, and CPS teaming and Collaborative engagement.



**GOAL 4: EXIT TO POSITIVE PERMANENCY – EVERY CHILD EXITS FOSTER CARE AS QUICKLY AS POSSIBLE FOR A SAFE, WELL-SUPPORTED FAMILY ENVIRONMENT OR LIFELONG CONNECTION. OLDER YOUTH HAVE THE SKILLS FOR SUCCESSFUL ADULTHOOD.**

The Exit to Positive Permanency goal originates from the fourth of CFSA’s Four Pillar Strategic Framework. In the 2015-2019 CFSP, this goal focused on three primary permanency goals: reunification, guardianship, or adoption. For the FY 2020-2024 CFSP, the Agency aligned the language and focus of the goal to reference CFSA’s ongoing activities and new strategies toward building life skills for older youth who are aging out of foster care. This expanded focus of the goal also includes supports for the older youth to live self-sufficiently and independently, irrespective of the setting to which they have exited.

Positive permanency-related strategies and activities include services and supports that ensure timely permanency for each child during that child’s stay in foster care. The Agency also focuses services and resources on providing families and youth who are aging out of foster care to carry post-permanency skills and tools that are necessary to prevent families from coming back into contact with the child welfare system. Within this goal, there are two primary objectives: (1) children and youth leave the child welfare system in a timely manner for a safe and permanent home and (2) youth actively prepare for adulthood.

**STRATEGY 4.1 – INCREASE SUPPORT TO BIRTH PARENTS TO FACILITATE REUNIFICATION.**



## STRATEGY 4.2 – ADDRESS BARRIERS TO TIMELY PERMANENCY.

In the 2016 CFSR, Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations, and Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children were found to be ANIs. Major barriers were a lack of coordination among the team, and general delays in key processes that would facilitate reunification or other positive permanency. Reviewers also found that the Agency and District of Columbia Family Court’s practice was not aligned with ASFA’s requirements for terminating parental rights.

The PAQIA’s CQI Quarterly Report for FY 2019-Q1 indicated that positive permanency was trending higher than in the past five years. Nearly one out of every two children (46 percent) who exited foster care in FY 2018 was reunified with their parents. For older youth ages 18 and years and older, finalized guardianships increased by 6 percent between FY 2017 and FY 2018 and reunifications by 7 percent which is an all-time high. For youth 18+, aging out of foster care was at an all-time low while guardianship and reunifications were at all-time high.

Notwithstanding the positive trends, PAQIA’s CQI report also highlighted practice challenges and barriers to permanency. For cases that rated poorly on permanency, the review revealed a common occurrence between ratings of the QSR indicator *Team Functioning* and acceptable ratings for the QSR indicator *Pathways to Case Closure*. QSR specialists reviewed a total of 83 out-of-home cases, 31 of which were poorly rated on the *Pathways to Case Closure* indicator. More than half (55 percent) of those were also poorly rated on the *Team Functioning* indicator. The review found a prevalence of barriers to case closure, including conflicting permanency goals, competing petitioners for adoption (causing confusion and delay in progress toward permanency), unclear plans of action (i.e., unspecific steps), a lack of urgency, lack of identified guardian (for children with a goal of guardianship), and issues with team functioning.

PAQIA concluded its analysis in a collaborative process with programmatic managers. Summary recommendations for practice improvements were refined, endorsed, changed, or added to by the program areas, including a more intentional facilitation of team meetings and clearer communication among the team regarding the steps required to achieve permanency. PAQIA also recommended more consistency when social workers engage birth parents. Engagement should include birth parents’ full participation in the family and child’s assessment in order to identify comprehensive needs and to ensure partnering for decision-making on case plan activities.

Qualitatively, an *Annual Needs Assessment* birth parent focus group negatively assessed the Agency’s performance in achieving permanency for children in care. Staff surveys indicated issues with the timeliness of permanency goal assignment.

All along the child welfare continuum, CFSA focuses on practice and internal processes, leveraging a spectrum of Agency-provided services, and utilizing partnerships with sister-agencies and contracted community-based partners to achieve family engagement for purposes of positive permanency outcomes. The strategies below are specifically designed to promote family-team engagement, improve communication and coordination among the team, and to clarify the pathway to permanency for all involved. They are also key strategies in the Agency's CFSR PIP for achieving better outcomes along Permanency Outcomes 1 and 2.

### **STRATEGY 4.3 - IMPLEMENT A NEW EVIDENCE-BASED MODEL FOR TRANSITION PLANNING FOR YOUTH PREPARING TO EXIT FOSTER CARE.**

Item 6 of CFSR Permanency Outcome 1 not only addresses timely permanency for reunifications, guardianships, and adoptions, but also addresses timely permanency for youth with a goal of another planned permanent living arrangement (APPLA). The APPLA population comprises older youth who need supports to successfully transition to independent living following their departure from foster care. CFSA has broadened the scope of the permanency domain of the FY 2020-2024 CFSP to address the level of preparedness of older youth to age out of the foster care system and live independently.

The inclusion of this objective resulted directly from educational outcomes data gathered and reported by OYE, the *Annual Needs Assessment* focus group feedback from resource parents, and the feedback of a multi-disciplinary work group of internal staff and external stakeholders who convened to plan the CFSP.

In a *2019 Annual Needs Assessment* focus group, resource parents reported that CFSA needed to engage teenagers in independent living transition planning as soon as they turned 14 years of age, so that they would have advanced life skills by the time they entered their last year of foster care before aging out of the system or achieving a positive permanency goal (which is always a preferred reason to exit). Surveyed resource parents, youth, and child welfare professionals reported the need for independent living services, life skills training, financial literacy and money management, paying rent, finding housing, cooking basics, cleaning basics, budgeting, job search and training, healthy relationships, sexual health, scheduling and parenting, dealing with legal system, self-advocacy and self-esteem. There was a stated consensus among the multi-disciplinary CFSA work group that the Agency needed to outline specific strategies for post-foster care planning for older youth as they approached their 21<sup>st</sup> birthday to exit from foster care. CFSA continues to develop and enhance programming to assist in these areas. For more information, refer to the Chafee Section of this report.

### **STRATEGY 4.4 - BRING AFTERCARE SERVICES IN-HOUSE FOR CFSA.**

In 2019, CFSA transitioned its Youth Aftercare Services program from a contracted partner to an in-house model, directly administered through a specialized OYE Aftercare Unit. The voluntary service is

available to any youth who has aged out of care, up until their 23<sup>rd</sup> birthday. The driver for aftercare services is the transition plan that the youth developed in the lead-up to his or her exit from care. The model features a tiered service approach based on an assessment of the youth's level of independence and preparation for self-sufficiency at the time of exit. The frequency and intensity of services are reduced as the youth stabilizes and progresses as an independent adult.



## STANDARD PRACTICES AND PROCESSES

### CASE PLANNING

CFSA's Clinical Case Management and Support Administration (CCMS) and contracted private agency partners assume case management of children who enter the District of Columbia's foster care system. Per CFSA's [Permanency Practice Policy](#), case management includes partnering with families to develop formal written case plans within 30 days of opening a case. The documented case plan serves as the blueprint for planning the child's safe return to the home of origin. The service plan is a subsection of the case plan. Social workers identify family-specific community-based services and interventions through informal and formal assessment tools. The Family Court may also order services to support a family's capacity to sustain proper care of a child after a case closes. Social workers document these services in the case plan, along with established timeframes and desired outcomes, to ensure a child's safe return home to the family. When a child's permanency goal is no longer reunification, the case plan documents a path toward permanent placement with a stable, supportive, and committed relative or non-relative caregiver through adoption, guardianship, or legal custody. CFSA's recent performance in meeting case planning benchmarks is detailed in *Section C2. Update to the Assessment of Current Performance in Improving Outcomes – Systemic Factor 2*.

### TEAM MEETINGS

Led by the social worker, team meetings involve the families and their support systems, including service providers and attorneys. Social workers schedule the meetings at regular intervals, based on the family's needs and level of engagement in services. The meetings support planning for the child's permanent and safe return to the home, as well as concurrent planning for alternative permanency in the event that reunification is no longer viable. Both efforts begin from the onset of the foster care case.

In addition to team meetings, weekly clinical supervision between the social worker and the supervisory social worker provides an opportunity to review the quality of the case plan and the progress toward meeting the case plan goals. Moreover, there are weekly meetings between the supervisors and the program managers to review cases that present challenges (as well as cases that

may require additional supervisory support). Continuing up the supervisory chain, program managers meet biweekly with their program administrator to discuss and troubleshoot cases, particularly those cases with significant barriers towards progress. To address cases with issues that cross program areas, CCMS program managers convene bi-weekly “Hot Button” meetings. Hot Button meetings include representatives across CFSA administrations, including the Placement Unit for placement-related issues, the OYE for youth-specific concerns, and OWB for educational, medical, and mental health needs.

**Permanency Family Team Meeting (FTM)** – The Permanency FTM is a discretionary meeting that occurs if a social worker determines that the planning process with families and team members has not sufficiently progressed toward case closure, and that the group dynamics support the need for a meeting facilitated by an individual outside of the specific case team. In such cases, the social worker reaches out to an FTM facilitator to conduct a structured meeting with necessary team members. In addition to the social worker and the birth family, participants in a Permanency FTM may include extended family members, resource parents, attorneys, child and family advocates, and subject matter experts. Meeting topics commonly include assessment results, case plan objectives, and the identification of useful resources. In cases where the target date for achieving the identified case plan goals is approaching, these meetings are frequently used to re-explore kinship and non-kin permanency options, as applicable, for adoption and guardianship.

#### ***FY 2024 APSR Update***

In FY 2022, 14 Permanency FTMs occurred.

**Permanency Goal Review Meeting (PGRM)** – During the multi-disciplinary Permanency Goal Review Meeting (PGRM), participants review a child’s progress toward a safe, stable, and permanent return to the home, or to adoption or guardianship when a return home is not possible. PGRM participants include the case management team (social worker, supervisor, program manager and administrator), a representative from the Office of the Attorney General, and the Deputy Director for the Office of Out-of-Home Support. Barriers to permanency are elevated during this meeting to make recommendations for moving the care forward to closure. In cases where minimal progress is being made despite all of the Agency’s efforts, the team maps out next steps to change the permanency goal. The next steps are entered into the Permanency Tracker (described later in this report) and evaluated during subsequent PGRMs and in clinical supervision. PGRMs promote consistency of practice across CFSA and its partner agencies, while also providing social workers with individualized feedback and support.

At a minimum, PGRMs occur for all cases at nine months in care, and then every 90 days thereafter through case closure or goal change to APPLA. Additionally, CCMS convenes a PGRM for all children approximately 100 days after their separation from the home. For all children under protective supervision, CCMS schedules a PGRM at least 100 days after their return to the home. These “100-Day PGRMs” focus on strategies and supports that promote or preserve reunification with the birth family.

Participants typically include PEERs (described below), FTM specialists, and any other appropriate individuals who may be assigned to a case, such as a substance use disorder counselor who can provide updates on progress and available supports.

#### ***FY 2024 APSR Update***

In FY 2022, the Agency completed 1,185 PGRMs on individual children.

**Concurrent Planning** – The FTM, wherever in the placement continuum it occurs, is an integral part of CFSA’s concurrent planning practice. At these meetings, formal contact and intentional engagement occurs between the team and relatives and other adults who become aware of their options as potential kinship caregivers, and their rights and responsibilities within caregiver roles. In between the FTMs, and integrated into their ongoing case management activities, Agency social workers are meeting with families to engage them in ongoing permanency planning. Through the formal outreach of the FTM, and the ongoing planning with the birth parent, CFSA then lays the groundwork by recruiting potential caregivers to move toward positive permanency in the event that initial plans are unsuccessful. The concurrent approach continues for the duration of the child’s stay in foster care, even for older youth who have a goal of APPLA. Throughout the transition planning process for youth with this goal, OYE social workers engage in the ongoing inquiry and outreach to discern whether there are potential avenues to permanency before the youth ages out of care.

**Parent Engagement, Education, and Resource (PEER) Support Team** – The PEER Unit is an in-house resource of support specialists who have lived experience with the child welfare system, i.e., birth parents who took steps to prevent the separation of their children from their home or whose children successfully returned home. Each PEER engages and supports the assigned birth parent whose child or children have been separated from the home. The PEER Unit includes a supervisor and six PEER support specialists, each with an average caseload of 15 families. Based on their personal experiences, as well as additional training through CWTA, PEERs serve as unique advocates, mentors, and supporters for birth parents. In FY 2022, PEERs supported 110 foster care cases, serving a total of 131 birth parents. Through the incorporation of the theoretical and practice model, The Five Stages of Change, the PEER Unit tailors the interventions along the continuum of a birth parent’s involvement in the life of a case. While the model is predicated upon a gradual reduction from intensive to moderate engagement, PEER specialists draw from their own experiences to determine how to meet each parent where they are. For example, it may take several months to establish a trusting relationship before a parent is ready to discuss the need for change. In other cases, PEERs may need to first help parents achieve stability in such areas as housing, employment, or finances before meaningful discussions of change can occur.

#### ***FY 2024 APSR Update***

The bi-weekly PEER-supported parent discussion group, Parents Talk, includes interactive online sessions where birth parents consider topics related to parenting and CFSA involvement. In 2022,

topics included self-care and wellness, assertive vs. aggressive communication, letting go, building bridges, positive vs. negative relationships, stages of change, the benefits of therapy, defense mechanisms, financial wellness, and how culture impacts parenting.

In the fall of 2022, the PEER Unit launched The Dad Lab, a 12-week program to support the engagement of fathers and to promote the meaningful involvement of fathers in the lives of their children. Key topics included dealing with the past, learning how to co-parent, building a positive legacy, human growth and development, the role of the father, and the impact of fatherlessness. The PEER Unit continues to elevate the potential for authentic parent-child visitation by providing resources (books, toys, and games) that encourage parent-child engagement. The PEER Unit also distributes “reunification baskets” to support families when the child returns home. The baskets include books, toys, games, household goods, and other items based on a family’s individual needs.

**Termination of Parental Rights (TPR)** – CFSA continues its historical collaboration with CIP (described earlier in this report), particularly to address outcomes related to the TPR. As part of their collaboration, CFSA and the CIP also work in close coordination with the OAG to address and improve TPR practice outcomes for children who meet the time frames set forth by ASFA. To address TPR outcomes (identified as an ANI during the 2016 CFSR), there are a number of corresponding activities in the Agency’s CFSR PIP. The PIP outlines CFSA’s key permanency-impacting strategies in great detail but the following highlights are included here:

- Alignment of operational and programmatic priorities across the Family Court, the OAG and the CFSA to ensure that a motion for TPR is filed within ASFA’s timeframes.
- Creation of a quality assurance tracking process to notify all parties (including judges) of their responsibilities in the TPR process, and to prompt the filing of a petition or documentation of compelling reasons why it is not appropriate to TPR.
- Development of a CQI process to determine whether the Agency, the OAG, and the Family Court continue to meet the practice and process standards for timely TPRs.
- Identification of systemic barriers to permanency and recommendations for practice improvements to overcome those barriers (via the Agency-Court Data Sharing *Work group, the work of which was described in detail in the Goal 2 narrative*).

CFSA’s performance against court related ASFA benchmarks, including TPR timelines, is documented in the preceding Section C2. Update to the Assessment of Current Performance in Improving Outcomes, Permanency Outcome 1 and Systemic Factor 2.

**Child-Specific Recruitment** – CFSA utilizes national adoption exchanges for the purpose of child-specific recruitment of adoptive homes for children in foster care with the goal of adoption. The recruitment team maintains updated profiles on several adoption websites, including [adoptuskids.org](http://adoptuskids.org), [afamilyforeverychild.org](http://afamilyforeverychild.org), [adoptamerica.org](http://adoptamerica.org), and [adoptionphotolisting.com](http://adoptionphotolisting.com). The Recruitment Unit

responds to inquiries from members of the public who visit the exchanges about children available for adoption in DC's jurisdiction. The Recruitment Unit also assists with maintaining the Heart Gallery, a travelling exhibit that displays professional-quality photographic portraits of children waiting to be adopted. The exhibit spends two weeks or more in various public venues around the city. CFSA uses the tool to feature CFSA children (usually older youth) who do not wish Wednesday's Child to feature their story or who prefer not to participate in events but may still be open to having their picture taken. The photography session is fun-filled and allows the child to show different sides to their personality by providing several different poses.

CFSA remains a part of the Adoption Exchange Association, the Metropolitan Council of Governments, and the Resource Family Working Group sponsored by New America. These memberships allow the Agency to stay abreast of the most current evidence-based strategies, nationwide standards for trainings and best practices in child welfare. Membership also allows CFSA to convene with child welfare colleagues across jurisdictions, identify effective ways of teaming, and engage with nationwide thought partners.

CFSA's monthly newsletter, *Fostering Connections*, includes a child-specific spotlight. The Agency also works with community organizations, faith-based organizations, and medical providers, who post materials online and in their various community touchpoints, to help recruit for children with special needs, including children diagnosed as medically fragile and those diagnosed on the autism spectrum.

In 2019, the Recruitment Unit implemented a series of monthly Family Match Night events, where children who fell into specific categories were presented to the Agency's existing resource parents. The presentations featured youth who self-identify as LGBTQIA+, teenagers, those deemed medically fragile, and sibling sets. The Recruitment Unit has also worked with a master videographer, who developed short video vignettes to share the first person-voice of two youth, who have the goal of adoption, alongside their foster families.

#### ***FY 2024 APSR Update***

As of September 30, 2022, there were 141 children in foster care with the goal of adoption. CFSA placed just over half of those children (51 percent, n=72) in a pre-adoptive home. The remaining children (49 percent, n=69) were not yet living in pre-adoptive homes. In FY 2022, the Agency finalized a total of 98 adoptions.<sup>68</sup>

**Housing Assistance** – In FY 2021, CFSA's Office of Community Partnerships established a Housing Review Committee (HRC) to further streamline the business process for social workers and designees to access housing assistance for youth and families. The HRC includes a panel of CFSA staff who review housing assistance requests from social workers for the youth and family clients. Once the HRC hears

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<sup>68</sup>Source: FACES.NET management report ADP 070 and CMT 367



the social worker's presentation and justification of the assistance request, committee members make a final recommendation within three business days. All recommendations are reviewed by CFSA's director for a final decision. Once approved, youth and families can begin the process of searching for housing relevant to one of the following programs for which they have been approved:

- Flex Funds provides emergency financial assistance for families in need of assistance with utility bills, housing related expenses, daycare, food, clothing etc.
- Rapid Housing Assistance Program (RHAP) is a locally designed CFSA rental assistance program that provides up to one year of rental assistance, first month's rent, security deposit, and rent arrears. Families and youth approved for assistance have 90 days from the date of approval to locate housing and submit documentation for assistance.
- Family Unification Program (FUP) is a voucher program that provides permanent housing to CFSA-involved families where housing is a barrier to permanency or family stabilization. FUP includes long-term rental assistance but does not provide a security deposit or the first month's rent.

#### ***FY 2024 APSR Update***

In FY 2022, CFSA distributed Flex Funds to a total of 181 households across administrations (CPS, CCMS, In-Home, OYE, and Kinship), in addition to distributing funds to families with children placed and served by NCCF in Maryland. CFSA also approved three families for Rapid Housing and identified five families and eight older youth as eligible for referral to DCHA to apply for FUP vouchers.

**Adoption and Guardianship Subsidies** – CFSA provides adoption and guardianship subsidies to adoptive parents whose children came out of the child welfare system and to guardians who provide permanent legal homes to children in foster care. Mostly funded through the federal Title IV-E Adoption Subsidy and Guardianship Assistance Program, both subsidies continue until the child reaches the age of 21. Subsidy amounts typically equal the foster care board payment that the adoptive parent or guardian received during the child's stay in foster care. These subsidies provide a continuity of direct financial support that is often a key driver for permanency. The Agency covers certain non-recurring adoption or guardianship costs as specific needs arise. Resource parent support workers collaborate with CFSA's subsidy unit to provide limited ongoing supports for post-permanency families, including information and referrals for families wishing to access services and supports following the finalization of an adoption or guardianship.

#### ***FY 2024 APSR Update***

As noted in the prior section, CFSA's FY 2022 simplification of the Adoption and Guardianship subsidy referral process has expedited completion rates and reduced permanency delays attributable to finalization protocols.



In FY 2022, a total of 23 children exited foster care to guardianship and 98 exited to adoption. In FY 2023 Q1-Q2, a total of eight children exited to guardianship and 35 exited to adoption.<sup>69</sup> As of March 31, 2023, there were 466 families receiving guardianship subsidies and 1,225 receiving adoption subsidies.

**Family Treatment Court (FTC)** – The FTC program is a court-supervised, voluntary inpatient residential or outpatient substance abuse program for caregivers whose children are the subject of a child neglect case. The program promotes family reunification through comprehensive substance use treatments that include screenings, assessments, integrated case plans and intensive case management to caregivers. Although the program historically served only mothers, FTC now includes fathers. CFSA partners with the Family Court of the DC Superior Court and a contracted organization that provides individual recovery specialists who help participants overcome their substance use issues.

#### ***FY 2024 APSR Update***

The Family Court used federal supplemental funding for the COVID-19 public health emergency to purchase 10 laptop computers to lend to families participating in FTC. Parents can use the laptops to participate in remote hearings, consult with their attorney, collaborate with the case planning team, or engage with a service provider. In late FY 2022, FTC began to return from an exclusively virtual forum by holding one in-person group hearing per month.

Also in FY 2022, a total of 26 entries into foster care had substantiated neglect allegations related to substance use impacting parenting. As a result of the substantiations, which often were not solely limited to substance use concerns, CPS separated the children from their parents or caregivers. Of the 26 entries, 12 parents enrolled in FTC, 11 of whom entered a substance abuse program. One of the 11 parents completed treatment, while three parents had their CFSA case closed prior to program completion, and seven parents were still active in the program at the end of FY 2022. Additionally, seven FTC cases involved parents who were reunified with their children, resulting in successful case closure, while eight FTC cases involved parents whose children returned to their care under protective supervision.

**Out-of-Home Step Down** – While the Collaboratives are most commonly associated with the District’s prevention and family preservation efforts, they also offer an important permanency support function. Out-of-Home Step-Down support services are directed at families that are preparing for reunification. They are voluntary on the part of the family. During CFSA’s work toward safe case closure, CFSA brings the Collaboratives into the transition teaming meetings essentially to hand-off the families to a community-based provider that can remain involved to the extent the family is willing to engage. The Collaboratives avail themselves as direct supports or as sources of information and referral for post-reunification families to help mitigate the risk of re-entry to the system.

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<sup>69</sup> Source: FACES.net management report CMT 367, pull dates 10/15/22 and 4/15/23

**FamilyWorks Together** – To provide further adoption and guardianship services, CFSA continues its partnership with the FamilyWorks Together program (formerly the Post-Permanency Family Center), administered by Adoptions Together, a community-based organization that serves children and families throughout the District. FamilyWorks Together serves as a “one-stop-shop” for post-adoption and post-guardianship families. The program comprises clinicians who provide family and individual counseling and facilitate support groups. FamilyWorks Together also administers a training program that addresses issues pertaining to the adoption of infants, older youth, and also children from other countries. Lastly, on its [website](#), the program maintains a compendium of online, on-demand training videos covering a wide array of topics of interest and concern to post-permanency families.

**Generations Unit** – The OYE Generations Unit provides parenting classes, daycare vouchers, linkage to federal WIC monies, and other services to assist pregnant and parenting youth in foster care. OYE’s Generations Unit offers extra support and guidance via custom case management and other support to pregnant and parenting youth. These youth especially need extra support to complete their education, gain work experience, and master other life skills while balancing the responsibilities of parenthood. OYE provides services tailored to help these youth manage their special challenges while providing essential skills for parenting and self-sufficiency that the youth need for successful independence and overall well-being for their children.

***FY 2024 APSR Update***

In FY 2022, the Generations Unit served 38 pregnant and parenting youth, 12 of whom aged out of foster care. In FY 2023, the Generations Unit transitioned with OYE to CFSA’s Office of Well-Being. Thus far in FY 2023, the unit has served 24 pregnant and parenting youth, many of whom have continued from last year. Six recently aged out of care.

**Rapid Housing Program.** The Rapid Housing Program (RHP) is a CFSA-funded, short-term rental subsidy program for youth preparing to age out of the child welfare system. See description earlier in this section.

***FY 2024 APSR Update***

In FY 2022, CFSA approved eight youth for Rapid Housing.

**Making Money Grow** – All youth in care from age 14 to 20.5 are eligible to participate in the Making Money Grow program, which is a financial literacy program with a matched saving feature that teaches youth how to manage their finances, save for the future, and transition out of care with up to \$12,000. Additional details and updates can be found in the following *Section C5. Update on Service Descriptions*.

**Genesis** – Since 2015, Genesis has provided a community for young mothers who have aged out of the foster care system. The affordable housing community includes eight units for young mothers and children, 15 for seniors, and four for other families not connected to the foster care system. All adult residents commit to specified levels of community participation and service.

#### ***FY 2024 APSR Update***

As of December 31, 2022 there were eight young mothers living in the community. As of FY 2022, CFSA no longer contracts with the Genesis program, which is currently operated through the community-based provider, MI Casa, Inc. The program continues to receive support through public funding mechanisms, including DC Housing Authority vouchers.

**Wayne Place Project** – Wayne Place is a transitional housing program that helps young men and women between the ages of 18 and 24 avoid homelessness by building the skills they need to be self-sufficient. Wayne Place includes 22 two-bedroom apartments for up to 44 young people at a time. This innovative approach fills a significant need for young people who have been involved with CFSA and the District’s Department of Behavioral Health, and who need support to get a solid footing to live self-sufficiently. Residents receive educational and job support, and also learn money management and other life skills. Further, by sharing common space, residents build social skills, healthy relationships, and a sense of community. Residents who work save a percentage of their earnings for future self-sufficiency. This forward-thinking model is part of the District’s larger strategy to create small, well-coordinated housing and shelter programs throughout DC and to link clients with supportive services to move residents towards self-sufficiency.

#### ***FY 2023 APSR Update***

During FY 2022, a total of 33 young adults participated in the Wayne Place program. As of December 31, 2022, there were 11 young adults in the program.



### TARGETED ACTIVITIES FOR THE FIVE YEAR STRATEGIC PLAN

Family Team Meetings, Family Treatment Court, Recovery Specialists, and Permanency Goal Review Meetings are described earlier in this section with regard to Goals 2 and 3. In promoting a safe and stable foster care environment and serving the needs of children and families, these interventions are also vital to the achievement of timely positive permanency.

**Triple P** – Triple P (Positive Parenting Program) is an evidenced-based model that offers parenting and family support tools designed to prevent and treat behavioral and emotional problems in children and teenagers. The program aims to prevent problems in the family, school, and community before they arise, and also to create family environments that encourage children to realize their potential. CFSA took advantage of the community trainings for birth parents and professionals offered through Triple

P. In addition, CFSA's PEER Support Unit received Triple P parenting accreditation. This training enhances the PEER specialists' ability to provide intensive reunification supports such as providing court-ordered parenting instruction in-home using the Triple P Positive Parenting 1:1 modality. A component of Triple P includes observation and coaching of visits between parents and their children. Parents have benefited from being prepared to implement new parenting strategies and to have meaningful activities included in the visitation process.

**Permanency Tracker** – The Permanency Tracker is a shared database and tool used by CFSA to improve empirically-based decision-making regarding the timely achievement of all three primary permanency goals: reunification, adoption, and guardianship.

The database aggregates key permanency data points that are collected in the Agency's automated record-keeping system, FACES.NET, with data that are held outside of FACES.NET at the program level, e.g., information regarding certain evidentiary hearings, progress toward guardianship, or the status of a subsidy negotiation. At a minimum of once a month, supervisors or designated staff members enter non-FACES-held data into the Permanency Tracker.

Permanency Tracker data (displayed in a series of dashboards) help staff assess both child-specific and cross-caseload permanency progress. In support of CFSA's CQI efforts, Permanency Administration managers regularly review Permanency Tracker data during supervisory meetings straight up through the chain-of-command.

CFSA has identified 74 key milestones along any child's journey from separation to positive permanency (reunification, adoption, or guardianship). Combining FACES.NET information with all of the milestones that various CFSA program areas capture manually, the Permanency Tracker data system serves as a single source of up-to-date information on the individual and aggregate status of all children in care. The Timeline Dashboard provides quick access to the progress of the following eight particularly critical milestones:

1. Completion of a Removal Family Team Meeting to build early parent engagement, exchange vital information, and develop relationships among team members.
2. Completion of a 1:1 orientation between the caregiver from whom the child was separated with the assigned PEER specialist to discuss process navigation and solidify parent engagement.
3. Movement of a family to unsupervised visitation in order to promote reunification.
4. Notice to the Family Court of a goal change recommendation in cases where the Agency no longer deems reunification viable.
5. The filing of an adoption petition (as applicable).
6. The filing of a guardianship motion (as applicable).
7. The completion of the adoption or guardianship trial.
8. Finalization of adoption or guardianship by the Family Court.

Each of the above milestones has a target that was developed based on six months of baseline data. Using these targets as guideposts, managers can track when individual children are behind the specified achievement timeframe for a particular milestone. Once tracking a child's progress (or lack thereof), managers can then develop case-specific solutions. Managers also determine where their units and teams may be struggling to make or sustain progress. In addition, the Permanency Tracker provides CFSA with the capacity to identify some of the following areas where delays in permanency are attributable not just to the Agency, but to the Family Court and legal systems:

- CFSA has been able to increase the rate of unsupervised visits by using the data on this metric to push for practice adjustments in units where the intervention was not prioritized.
- Agency analysts reviewed the guardianship caseload against the metrics to ascertain whether the guardianship goal was appropriate. Based on the review, case-carrying social workers were able to then work towards a goal change.
- CFSA has used subsidy timing data to identify whether delays occurred within the referral process, the negotiation process, or the completion of the subsidy. Staff then adjusted communications and duty structures to address the trouble spots. A streamlined subsidy process was put into place in February 2022. By March 2023, CFSA had realized a 60 percent decrease in the time for a subsidy referral submission.
- The Agency is actively working with the Family Court and other external parties on effective responses to issues related to timeliness of scheduling for trials and hearings, the filing of petitions and motions, the issuance of findings, and the finalization of adoptions and guardianships.

### ***FY 2023 APSR Update***

As CFSA works to sunset its legacy SACWIS system, [FACES.net](#), permanency tracking will be fully integrated into the new platform [STAAND](#). This tracking will allow managers to access all the information they need in a single database.

**Court Improvement Program (CIP)** – In a variety of formats, CFSA partners with the OAG and Family Court to look at permanency goal trends and barriers to timely achievement. The Agency presents the Family Court with relevant Permanency Tracker data to help drive the process and practice improvements. For example, CFSA shares subsidy timing data to identify whether delays occur within the referral process, the negotiation process, or the completion of the subsidy. The Agency also shares data related to the scheduling of trials and hearings, the filing of petitions and motions, the issuance of findings, and the finalization of adoptions and guardianships.

In a 2019 *Urgency to Permanency Forum*, CIP collaborated with the community of legal and judicial practitioners to discuss permanency barriers, delays, and best practices. The topics included scheduling challenges, timeliness of goal changes, concurrent planning, and TPRs timelines. In 2019 and 2020, a CIP data subcommittee completed Permanency Timeline Reports to summarize the themes derived

from two rounds of case reviews. Key findings were broken down into clinical, judicial, and socioeconomic (environmental) categories.

Through a clinical lens, reviewers observed that issues related to the child’s biological family (especially mental health, substance use, domestic violence, and incarceration) commonly appeared in cases with permanency delays. Additionally, cases that involved transitions (especially case transfers, placement disruptions, and changing case management team members) correlated with cases that included permanency delays.

Through a judicial lens, the most commonly observed factors included permanency goal extensions, late goal changes, Family Court personnel changes and delays related to the newly introduced Ta.L hearings.<sup>70</sup> Socioeconomic factors most commonly confronting birth families included employment and housing issues, as well as a reported inability to access services to address these issues.

In March 2022, CFSA, OAG, and consultants from Casey Family Programs met with Family Court judges to present an analysis of factors contributing to the timeliness of permanency achievement, emphasizing the pace of court-specific action steps related to evidentiary matters and petition filings. Permanency Tracker data showed, for example, that in order to achieve the federal permanency guideline of adoption by 24 months after a child’s separation from the home, the following actions must occur:

- A Ta.L evidentiary hearing should be held within two months from a goal change recommendation. However, across courtrooms this is taking five months on average.
- An adoption petition should be filed within two months from the establishment of the goal. However, across courtrooms, this process is taking 10 months on average.
- An adoption trial should be held within five months of the adoption petition being filed. However, across courtrooms, this process is taking six months on average.

Based on this information, meeting participants established the following objectives:

- To increase awareness among judges and court personnel of where and how permanency is delayed by the timing of court processes.
- To encourage individual judges to consider practice adjustments in their own courtrooms that would support a more expedited permanency process.
- To plan follow-up meetings with judges.
- To support the repositioning of CIP’s work so that it focuses on development and analysis of “court-side” data in order to determine additional, specific areas for court improvement.

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<sup>70</sup> As a result of the DC Court of Appeals 2016 decision in *In re Ta.L*, the Family Court, when so requested, must provide an evidentiary hearing to parents in child abuse and neglect proceedings that involve a proposed goal change from reunification to adoption.

### ***FY 2024 APSR Update***

CFSA and the OAG continue to meet quarterly with Family Court judges, administrators, and data analysts. Recent topics have included CASA's Preparing Youth For Adulthood program, the Quality Legal Representation Project, and strategies for resuming data sharing activities, possibly in alignment with pending joint *Statewide Assessment* activities.

**Improved Court Reports** – Feedback from the judges of the Family Court, the assistant attorneys general (who represent the Agency in Family Court proceedings), and CIP have historically indicated that CFSA court reports are not always reflective of the actual circumstances of the case and result in delays in permanency.

In 2020, CFSA began conducting bi-monthly *Chat and Chew* meetings with the Out-of-Home program administrator, program managers, supervisory social workers, and staff from OAG. These meetings address, among other things, the content and structure of court reports.

In April 2022, representatives from CFSA's CCMS, OAG, and the Agency's Child Information Systems Administration participated in a Lean event to review court reports. The session included an overview of the content and purpose of court reports, provided opportunities to share and agree on effective strategies for completing and submitting court reports, facilitated brainstorming on revisions to the court report template, initiated proposed revisions for a template, and established a process continuing template revisions and integration into the new CCWIS, earlier described (STAAND).

### ***FY 2023 APSR Update***

As noted in the previous section, a CFSA and OAG working group is currently developing new court report templates as part of a substantially expanded STAAND integration between CFSA and DC Superior Court data systems.

**Youth Vocational and Life Skills** – Among the ways in which OYE specialists work with older youth to help prepare them for life after foster care is the evidence-based LifeSet program, which launched in 2019 to provide a comprehensive, intensive, individualized, and youth-driven experience.<sup>71</sup> LifeSet leverages select, intensive supports to help youth transition from foster care to successful independence, and requires complete buy-in from each youth participant. Additional details and updates on the LifeSet program can be found in *Section C5. Update on Service Descriptions*.

**Youth Aftercare Services** – CFSA's internally operated aftercare services are offered to youth who voluntarily engage in the services after aging out of care (up until their 23<sup>rd</sup> birthday). OYE specialists

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<sup>71</sup> The model was originally called YV LifeSet based on its joint implementation with proprietor Youth Villages. When the Youth Villages contract expired in FY 2021, CFSA renamed the program LifeSet DC, and continues to employ the key framework in a manner specific to the District's out-of-home population.

pre-determine a youth’s eligibility during the *21 JumpStart* review, which is a meeting tailored to regularly review the youth’s transition plan. This process, which is initiated six months before the youth’s 21<sup>st</sup> birthday, allows OYE to assign an aftercare specialist who becomes part of the youth’s team and helps support the transition plan. Youth are eligible for services if they exit foster care at 21, reside within 25 miles of DC at the time of exit, and agree to services. Youth are ineligible for services if they are connected to housing and case management supports through the Department on Disability Services (DDS), the Department of Behavioral Health, or a transitional housing program. Youth are also ineligible if they are in abscondence, incarcerated, or reside more than 25 miles outside of DC at time of transition. The aftercare program offers group and individual supports in the domains of housing, medical and mental health, education, employment, training, life skills, financial management, public benefits, transportation, and emergency support. A tiered service approach adjusts the frequency and intensity of supports to the youth’s level of need, preparedness, stability, and engagement.

### ***FY 2023 APSR Update***

Over FY 2022, CFSA’s Aftercare Services program supported 113 young adults. As of March 31, 2023, there were 69 youth connected to Aftercare.

**Credible Messenger Program** – Launched in FY 2017 through the District’s Department of Youth Rehabilitative Services (DYRS), the Credible Messenger Initiative stems from a core belief that individuals from the same communities with similar lived experiences as those they serve are uniquely positioned to engage young people and family members considered hard to reach. Credible messengers are also full-time employees contracted by DYRS to deliver intensive, transformative mentoring to youth and their parents or adult caregivers. This daily support incorporates evening group sessions, support circles, crisis intervention, and 24-hour responsiveness. In addition to working with individual youth and families, mentors also serve as mediators and peace-brokers in their community. DYRS partners with CFSA social workers to develop and implement youth-centered success plans that support young people as they create and meet their goals. This wraparound continuum of care includes transformative mentoring, parent peer coaching, restorative justice practices, economic opportunities, and neighborhood-based programming.

### ***FY 2024 APSR Update***

Over FY 2022, the Credible Messenger program connected 44 youth with a mentor. In FY 2023 Q1-Q2, the program has served 17 youth.



## **STAFF TRAINING, TECHNICAL ASSISTANCE, AND EVALUATION**

CFSA allocates significant training resources toward the support of the above-mentioned activities, including discrete offerings on FTMs, family engagement (specifically fathers), writing effective court reports, adolescent brain development, and teens and pregnancy. Most attendees receive the critical



continuing education units they need to maintain their licensure in good standing. CWTA is responsible for all in-house training offerings as well as training contracted through CWTA.

CWTA meets CFSA's overall capacity building needs. For initiatives or projects that have a higher level of complexity, the Agency maintains strong working relationships with a series of national child welfare-focused organizations, such as Casey Family Programs, Chapin Hall, and the Annie E. Casey Foundation. CFSA is also active, through its status as a federal grantee, with the Capacity Building Center for States, which provides technical assistance on an as needed or as available basis.

During the FY 2020-FY 2024 CFSP period, Chapin Hall has provided technical support and consultation to strengthen CFSA's system capacity to support timely permanency. Chapin Hall has also provided targeted technical assistance (as noted earlier) along with consultation on strategies for improving delayed permanency outcomes. The strategies include supporting long-term systemic goals that enable child welfare systems to provide services that are responsive, adaptive, family-centered, and efficient in safely increasing exits to permanency. Technical assistance has emphasized concurrent permanency planning options and tailoring exit programs. Finally, assistance has included providing resources, training, and implementation practices, including case reviews for directly promoting permanency options for long-staying youth.



## IMPLEMENTATION SUPPORTS

From an operational and practice standpoint, CFSA is well-equipped to support the implementation of the various activities outlined in the FY 2020-2024 CFSP. The Agency's central office is a state-of-the-art LEED-certified<sup>72</sup> building with adequate space to house staff and clients for official business. OYE is located in a satellite office strategically located in Ward 5 with metro accessibility for youth clients. It was co-designed with youth participants, who had significant say in the layout of the space. The Agency is sufficiently staffed and has adequate contracts and agreements in place with national experts and community-based partners to help meet the goals of the 2020-2024 CFSP. CFSA sufficiently leverages federal financing vehicles and is well-supported with significant local investment.

CFSA's web-based FACES.NET management information system has secure reporting functionality that allows staff to develop and publish management reports that support the Agency's efforts for ongoing quality assurance. This reporting capacity has been enhanced with the recent roll-out of the BIRST application, which allows trained users to use customized filters that can extract real-time data along the entire case spectrum. CFSA utilizes Tableau for CFSA data analytics and visualization, while using Crystal Reports for management reporting needs. District-wide tools (Microstrategy and Tableau) handle data integration.

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<sup>72</sup> Leadership in Energy and Environmental Design (LEED) certification is based on a set of rating systems developed by the non-profit U.S. Green Building Council.

In addition to the above, the Agency's Office of Planning, Policy, and Program Support (OPPPS) develops policies to guide practice and operations when new requirements are mandated, or new practices are adopted. OPPPS also staffs a team of project managers and implementation specialists who coordinate Agency resources on new projects or initiatives that require implementation support. PAQIA, also housed within OPPPS, provides practice monitoring to identify and mitigate issues of practice, and to provide feedback to decision-makers to keep practice moving forward.

More information on the nature and extent of the Agency's implementation supports can be found in the SACWIS Advance Planning Document (APD), the CWTA Training Plan, and the narrative provided under the *Information Systems and Quality Assurance* systemic factors.

As noted earlier, the Agency utilizes the Permanency Tracker as a single source of up-to-date information on children and families. The platform combines data from the Agency's child welfare information system, FACES.NET, with all of the milestones that various CFSA program areas capture manually. CFSA's performance for supporting youth toward timely and stable permanency is documented in Section C2. Update to the Assessment of Current Performance in Improving Outcomes, *Permanency Outcome 1, Systemic Factor 2, and Systemic Factor 5*.

#### **C4. QUALITY ASSURANCE SYSTEM**

Updates related to Continuous Quality Improvement and Quality Assurance systems can be found in section C2. *Update to the Assessment of Current Performance in Improving Outcomes, Systemic Factor 3: Quality Assurance System*, as well as within the data updates for additional Outcomes and Systemic Factors.

#### **C5. UPDATE ON SERVICE DESCRIPTIONS**

##### **CHILD AND FAMILY SERVICES CONTINUUM**

CFSA's Four Pillars Strategic Framework is the values-based foundation of the Agency's service continuum. Each pillar sets forth a series of specific outcome targets from which strategies support the achievement of the outcomes, including strategic evidence-based practices and services. As the starting point of this continuum, CFSA exerts its grant-making authority to its partner agencies and community-based providers which provide funding for community-based prevention and family preservation programs. Most of these programs reach families in their own neighborhoods.

CFSA monitors the delivery of these prevention and family preservation services, which are tailored for families that are not yet involved in the child welfare system. by its partner agencies and community-based providers to families that are not yet involved in the child welfare system. Families that are involved in the welfare system also receive tailored community-based support through CFSA's direct

services, including foster care or in-home services, temporary post-permanency temporary supports, and long-term subsidy support services.

The Agency’s work along the child welfare continuum is best understood within the context of its organizational structure. This section of the report provides an overview of the various programs, community-based organizations, and internal CFSA administrations that carry out the Agency’s mission through delivery of direct services to children and families.

**Community-Based Programs**

**Healthy Families/Thriving Community Collaboratives (Collaboratives)** – CFSA continues its longstanding partnership with the Collaboratives, a network of community-based social services providers that work to prevent child abuse and neglect, preserve families at risk of child maltreatment, and stabilize families formally involved with the child welfare system. As noted in section C1. *Collaboration and Vision*, the Collaboratives have been a valuable partner in implementing IV-E prevention and family preservation programming, including the District’s newest initiative, *Keeping DC Families Together*. Additional information on Collaborative programming and referral data can be found in Section C2. *Update to the Assessment of Performance in Improving Outcomes, Systemic Factor 5* and in this section’s *Updates on Service Coordination*, below.

**Family Success Centers (FSC)** – As discussed throughout this report, *Keeping DC Families Together* includes the development of FSCs in neighborhoods with heightened risk factors for child welfare involvement. The FSC network includes providers that render or refer families for services upstream of the child welfare system. A key strategy involves meeting families where they are in the community. Thus, the District established the first 10 FSCs in neighborhoods throughout Wards 7 and 8, both of which represent disproportionate levels of poverty and child welfare involvement. Through close engagement between community stakeholders and community-based partnerships, the individual FSCs have developed their own unique Community Advisory Councils comprising residents and stakeholders who help determine services that can increase protective factors. In so doing, tailored services help to mitigate trauma, fill in gaps in services to the local community, and empower families from the identified neighborhoods.

FAMILY SUCCESS CENTERS	
Ward 5	Carver Langston
Ward 7	Benning Road/Minnesota Avenue
	Benning Terrace/Benning Park
	Clay Terrace
	Mayfair/Paradise
	Stoddert Terrace/37 <sup>th</sup> Street

FAMILY SUCCESS CENTERS	
Ward 8	Anacostia
	Bellevue
	Congress Heights
	Washington Highland
	Woodland Terrace

***FY 2024 APSR Update***

In FY 2022, the District expanded its FSC network. While Ward 5, overall, does not appear among the District’s most challenged areas in terms of income, poverty, and additional community risk factors, its increasing proportion of foster care entry rates prompted a closer look into discrepancies at the neighborhood level. Those discrepancies, detailed below in the section *Populations at the Greatest of Maltreatment*, led to the opening of the first FSC in Ward 5: *Carver Langston – Smart from the Start*. Collectively, the 11 FSCs have served over 25,000 families since opening. The Centers also continue to work with federal partners to stay abreast of new programs, receive funding for prevention services, and work with community-based organizations and businesses to leverage additional funding sources. Additional information on FSC programming and referral data can be found in *Section C2. Update to the Assessment of Performance in Improving Outcomes, Systemic Factor 5* and in this section’s *Updates on Service Coordination*, below.

**CFSA PROGRAM STRUCTURE**

***Office of Community Partnerships (OCP)***– OCP leads the work with the CBCAP grantees, FSCs, Collaboratives and other community-based hubs to provide appropriate prevention and family preservation supports. This office led the development and implementation of CFSA’s five-year Family First Prevention Plan, submitted to the Children’s Bureau in April 2019. OCP leads all coordination and evaluation activities.

***FY 2024 APSR Update***

In the spring of 2022, CFSA’s initiated a realignment that included the movement of additional prevention-related efforts to the Office of Community Partnerships. To further the objective of designing a Child and Family Well-Being System, the Agency moved the Engage & Connect Unit (described in the following section), Grandparent Caregiver and Close Relative Caregiver Programs, and the [Mayor’s Services Liaison’s Office](#) to OCP.

***Office of Entry Services*** – CFSA’s Office of Entry Services is responsible for the Agency’s Child Protective Services (CPS) administration, which is designed to ensure child safety, particularly through the receipt and investigative responses to reports that allege child abuse and neglect. CFSA

understands the need to have quality investigations that are initiated and closed within the appropriate timeframes, along with policies and practice that promote family engagement and teaming to best mitigate any safety and risk concerns. Entry Services includes the CPS-Hotline and Support Services Unit which receives all calls alleging child maltreatment. The CPS Hotline is a mandated District service that operates on a 24-hour, 7-day per week basis, including holidays. Trained staff receive reports on alleged child abuse and neglect through several methods, including the Hotline (202-671-7233), walk-in reports, and other forms of communication (e.g., faxes, emails, and letters). In addition, Entry Services houses the CPS Investigations team that meets face-to-face with child victims and families to assess risk and safety factors.

CFSA's Office of Entry Services includes the Ongoing CPS Services (In-Home) Unit. Social workers in Ongoing CPS Services offer service programs designed to address the families' circumstances, focusing on the parent's capacity to ensure the child's safety and to promote family well-being. In addition, services are tailored to enhance a parent's capacity for maintaining safety for all children in the home and in the environment. For families receiving in-home services, Ongoing CPS Services management assigns in-home social workers to each Collaborative neighborhood, creating a co-located staff to serve families currently involved with CFSA, or are at risk of involvement.

**Office of Well Being** – CFSA's Office of Well-Being (OWB) provides clinical supports and a service array that aligns with the health, wellness, educational, and other needs of children and families involved in the District's child welfare system. OWB further ensures effective teaming with social workers to complete screening tools and functional assessments for children and families, and to provide effective, timely delivery of appropriate services and supports.

Within OWB, the Clinical Administration includes the mental health therapists, psychiatric nurse and staff who complete developmental and mental health screenings and assessments for children and youth in foster care. The Clinical Administration also determines when a child or youth potentially needs a higher level of care, e.g., a residential psychiatric facility, and therefore liaisons with the DC Department of Behavioral Health for that process.

OWB oversees multiple services, e.g., domestic violence, substance use, mentoring, tutoring, transportation contracts, and childcare vouchers. The program has educational specialists and a domestic violence specialist who provide tailored support to social work staff and families.

Within OWB, CFSA's Health Services Administration (HSA) has primary responsibility for assessing, coordinating, and maintaining the services that ensure optimal health and well-being of children in foster care. HSA further manages CFSA's Healthy Horizons Assessment Center (HHAC), an onsite, 12-hour (9:00 a.m. – 9:00 p.m.), 5-days-a-week clinic staffed with nurse practitioners and certified medical assistants. Within HHAC, and under the auspices of HSA, CFSA has also established the nurse care management program (NCMP) for children requiring more tailored health-related services. There are

nurses specifically assigned to the Office of Entry Services to provide consultative support to CPS investigative social workers, as well as to the nurses who are available on general assignment to HSA. Lastly, there are registered nurses assigned to support the in-home community social workers (co-located at the Collaboratives).

### ***FY 2024 APSR Update***

In June 2023, CFSA moved the Office of Youth Empowerment's (OYE) supportive planning units and programs to the Office of Wellbeing. OYE continues to physically operate out of a satellite office in Ward 5, in northeast Washington DC. OYE provides transition planning services to older youth in foster care (ages 15 to 20). *Additional Services* (below) includes details on OYE's supports (see *John H. Chafee Foster Care Program for Successful Transition to Adulthood*).

***Office of Out-of-Home Support*** – The Office of Out-of-Home Support has oversight responsibility for CFSA's Placement Administration, and Clinical Case Management and Support Administration. Each of these divisions and their respective services along the continuum are outlined in the following sections:

The Clinical Case Management and Support (CCMS) Administration provides support and direct case management to children in foster care with a permanency goal of reunification, guardianship, or adoption. To optimize their support capacity, permanency case managers (and ongoing social workers) receive consultation, technical assistance, training, clinical supervision and coaching from the inception of permanency planning through the successful achievement of the child's permanency goal.

CFSA's permanency-focused teaming process consists of regularly scheduled team meetings that occur within the first seven months of a child's entry into foster care. Each of these meetings has distinct purposes, decision points and participants. For example, the meetings that occur during the hours and days following a child's separation from the home will focus on facilitating a smooth transition into care, identifying kin resources, and outlining specific action steps toward reunification. Meetings that occur in the following weeks and, if necessary, months, focus on developing a comprehensive case plan based on assessments and strategies developed in accordance with team members' clinical judgment.

CCMS provides supports and case management from the inception of permanency planning all the way through finalization of adoption or guardianship. In so doing, case practice specialists provide technical assistance to social workers who case manage children with permanency goals of adoption or guardianship. These professionals partner together to develop and initiate child-specific recruitment plans for these children while also generally laying the foundation for permanency options in the event that reunification becomes ruled out.

The Permanency Specialty Unit (PSU) provides both pre- and post-adoption support for families. PSU social workers assess the family's needs, refer the family to appropriate services, and provide support

and crisis counseling services to help prevent disruptions during the family's transition into adoption. PSU includes a family support worker who conducts adoption searches. For families and children who have reached permanency but might be experiencing challenges that threaten the permanent living arrangement, the Permanency Administration provides temporary intervention and support services to stabilize any crises.

CFSA does not handle nor case-manage any inter-country or private adoptions. The Agency serves only children in the District's foster care system. Within that parameter, individuals who contact CFSA regarding an inter-country adoption are referred to private agencies. Families who request adoption services may also be referred to the local Adoption Resource Center. For families who wish to adopt outside of the United States, there are a host of support groups and other resources available to them. Most of the area's private adoption agencies also provide post-adoption support services for these families.

Lastly, the Adoption and Guardianship Subsidy Unit makes post-permanency subsidies possible for children who might not otherwise achieve permanent homes. Subsidies cover maintenance and special services to meet the needs of the child until age 18. Families may also receive a one-time reimbursement of out-of-pocket expenses related to adoption finalization. Subsidies for adoptions and guardianships are funded for children eligible to receive Title IV-E monies, or through local funding for children who do not meet Title IV-E eligibility requirements.

In FY 2022, OYE's direct case management team moved to the Clinical Case Management & Support Administration. This adjustment increases consistency of practice across the full out-of-home caseload and also allows OYE to focus solely on older youth services, such as educational support, aftercare, and vocational training.

***Administration for Kinship and Placement*** – CFSA's Kinship Support Unit works with the assigned social worker and family members to identify and engage potential kinship resources. Kinship Unit staff assess whether any identified relatives can be a viable placement and permanency option. In addition, staff conduct the Family Team Meetings (FTMs) that occur throughout the life of a case. FTMs allow for more collaboration with parents to identify case plan goals, including informal and formal supports for the parent and children. As appropriate, parents also help to identify placement and permanency options.

When a child coming into care requires immediate placement, the Kinship Administration works with viable relatives to obtain a Temporary License to Operate a Foster Home. The administration also oversees the Grandparent Caregiver's Program and Close Relative Caregiver's Program, which provide monthly financial assistance to eligible District residents caring for grandchildren, nephews, nieces, siblings, and cousins. These caregivers are not involved in the child welfare system but receive monies

to ensure the safety of children and to prevent those children from experiencing involvement in the system.

To increase the likelihood that children are placed in the safest foster home possible, CFSA's Family Resources division provides foster and adoptive resource recruitment and support services to current and potential foster, kinship, and adoptive parents. In addition, through various outreach and public education campaigns and activities, Family Resources works to increase the array of available resource parents who are willing and able to meet the varied needs of children in the care of CFSA. The Placement Administration's Placement Support Unit, which operates 24 hours per day, is responsible for identifying and facilitating placement of children in foster care, including all initial placements resulting from a child's separation from the home and all replacement requests initiated by CFSA or CFSA's contracted private social workers. This administration is also the principal purchaser of placement resources (in collaboration with CFSA's Contracts and Procurement Administration). As such, Placement is also responsible for managing those resources. For more information about resource parent recruitment and support, refer to the *Diligent Resource Parent Recruitment Plan* which is attached to this submission.

## SERVICE COORDINATION

CFSA's Family First Prevention Plan (*Keeping DC Families Together*) builds on the substantial progress made over the past decade to reform DC's child welfare system and to bolster prevention efforts that help to reduce child abuse and neglect. The plan remains in close alignment with the Children's Bureau's vision for keeping families healthy, together, and strong. For example, the plan also builds upon CFSA's primary prevention work, and reinforces the lessons learned through the implementation of CFSA's Waiver. Further, the plan focuses on the refinement of existing programs and services prior to determining new services to better meet the needs of District families before, during and after involvement in child welfare.

The development of the Family First Plan included a collaborative effort put forth by members of the Family First Prevention Work Group, which comprised a diverse selection of CFSA staff and external stakeholders from key community organizations and sister agencies. The stakeholder members met over a period of six months to discuss coordination and integration of evidence-based practices that increase protective factors against possible child maltreatment. The Work Group prioritized the following broad criteria for selecting the prevention services:

- Identifying the populations that are at higher risk to entering the child welfare system by examination and analysis of data on populations being served by the community-based Collaboratives as well as DC's array of other social services agencies.
- Identifying a service array that aligns with the characteristics and service needs of statistically vulnerable families (i.e., the target populations), thus ensuring that each family will be able to secure a service that meets their specific needs and circumstances.



- Ensuring that each identified service has a level of evidence of effectiveness, based on national evaluations as well as the District’s experience with the programs and positive outcome data after implementation.
- Prioritizing the selection of services that are currently successful within the District’s service array, i.e., building on existing capacity, model familiarity, and effectiveness.

In addition to the above priorities, CFSA’s ongoing work is guided by collaborating with federal or federally-funded programs that promise to help prevent families from coming to CFSA’s attention. For families that do come to the attention of the Agency, CFSA expects to maximize federal funding to ensure that the most appropriate services are in place for any welfare-involved family. The following section provides an overview of how the Agency used data and evidence to inform the selection of services (in accordance with the criteria).

Throughout the continuum of services, CFSA’s work with children and families includes the involvement and coordination with numerous federally-funded and community-based public and private providers. The Agency refers families to the Collaboratives (described earlier) when there is no open CFSA case and the family has low and moderate risk levels. Families with high risk levels but that do not warrant separation of the child from the home receive in-home case management services and may also receive referrals to services related to mental health, substance use, domestic violence, etc. Families with high risk levels and evidence of safety concerns that led to their children entering foster care, these families receive child-specific well-being services, including mental health, tutoring, mentoring, etc. Birth parents may also receive services for purposes of reunification (e.g., Family Unification Program housing vouchers, mental and behavioral health, substance use, and other services as identified through the case plan).

Services through federal programs such as Temporary Assistance for Needy Families, Medicaid, Child Care, Head Start, and Supplemental Nutrition Assistance Program are utilized prior to, during and after family involvement with CFSA. CFSA staff plan with families to include aspects of these programs into case goals to ensure that the most appropriate services are utilized for family stabilization and reunification.

The federal US Department of Housing and Urban Development funds the District’s Family Unification Program while the federal Maternal and Child Health Bureau - Maternal, Infant and Early Childhood Home Visiting Program funds the District’s home visiting programs through the DC Department of Human Services. In addition, the District’s Office of Victim Services provides funding toward DC’s Families First DC Success Centers, which include trauma-informed support and services to residents impacted by violence. The FSCs intentionally assist victims and communities to heal.

Similarly, case planning and coordination, and service delivery through other local public providers include the Department of Behavioral Health, the Department of Health, the Department of Health Care Finance, and the Department of Youth Rehabilitation Services.

**Family First Prevention Plan** – On October 1, 2019 CFSA launched its Five-Year Family First Prevention Plan to increase preventative services that can help keep children safe at home and out of foster care. Implementation highlights included referrals to the Collaboratives to provide families with additional resources that will also help prevent entry into foster care. Referrals include evidence-based programs and services provided by the District’s Department of Health and Department of Behavioral Health. These evidence-based practice services support family preservation and reunification through parenting and home visiting programs, mental health treatment services, and substance abuse treatment.

Implementation activities included building staff capacity for use of Motivational Interviewing (MI)<sup>73</sup> as a case management model. CFSA’s Child Welfare Training Academy has provided the MI training and MI certification for all CFSA staff and CFSA’s community-based Collaborative staff. Additionally, the Community Partnerships Administration expanded its evaluation team by hiring a data scientist. The data scientist designs, leads, carries out, documents, and communicates evaluation results for supported and promising programs under Family First. The data scientist also manages continuous quality improvement (CQI) for well-supported programs. In total, the data scientist’s expert knowledge of evaluation design and methodology firmly supports the programmatic aspects of Family First implementation via CFSA’s Community Partnerships Administration. In addition to the above activities, [Chapin Hall](#) provided technical assistance on the development and implementation of CQI systems and processes throughout 2019 and 2020.

The Agency also implemented two information technology system applications. The first application was added to CFSA’s child welfare information system, FACES.NET<sup>74</sup> and allows CFSA social workers to develop child-specific prevention plans and to refer families to evidence-based practice (EBP) services, facilitate the transfer of referrals and cases to the Collaboratives directly from FACES.NET, and automatically create MI referrals for all In-Home cases. The second application was the development of the CFSA Community Portal. The Community Portal allows Collaborative partners and EBP service providers to manage case transfers and EBP referrals from CFSA via FACES.NET. Through this process, EBP service providers can better track service referrals.

Services offered under the Families First Prevention Plan have been broken down in the following categories since its inception:

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<sup>73</sup> Motivational Interviewing (MI) is an established evidenced based client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors.

<sup>74</sup> As of this report, CFSA is currently transitioning to a new Child Welfare Information System, Stronger Together Against Abuse and Neglect (STAAND) which was detailed in this report’s Systemic Factors section.

- In-home parenting and skill-building services
- Mental health services
- Substance use disorder services
- Cross-cutting interventions (e.g., MI-based case management)

The following programs are part of CFSA’s comprehensive prevention services array:

- Collaboratives’ community-based services
- EBPs provided by the Department of Behavioral Health, DC Health, and the Department of Human Services
- Parent Education Support Programs (PESP)
- Families First DC Success Centers (FFDC)
- Community-Based Child Abuse Prevention (CBCAP) primary prevention grantees

### ***FY 2024 APSR Update***

The following table illustrates recent utilization of the District’s prevention services by number of families served. (Note: families may have received more than one service.)

<b>Fiscal Year</b>	<b>Collaboratives</b>	<b>EBPs</b>	<b>PESP</b>	<b>FFDC</b>	<b>CBCAP</b>
2021	787	203	215	16,038	411
2022	810	276	249	11,859	365
2023 – Q1-2	146	119	44	4,903	118

CFSA submitted a proposed amendment to its Family First Implementation during FY 2023 to expand its candidate population to primary prevention in partnership with the Department of Human Services to support candidates via professional use of MI as an evidenced based intervention.

## **CHILDREN’S BUREAU GRANT PROGRAMS**

***Community-Based Child Abuse and Prevention (CBCAP)*** – CBCAP funding supports the strengthening and expansion of the District’s network of coordinated child abuse prevention resources and activities. CBCAP grantees strengthen families and protect children from abuse and neglect through public education and parent support programs. CFSA continues to conduct strategic and outcome-focused planning for CBCAP-funded activities that promote long-term, sustainable prevention efforts in the District. Activities included parenting classes, community cafés, and activities specific to Child Abuse and Prevention Month. Additional information on CBCAP programming and referral data can be found in *Section C2. Update to the Assessment of Performance in Improving Outcomes, Systemic Factor 5* and in this section’s *Updates on Service Coordination*, above.

**Children’s Justice Act (CJA)** – The District’s CJA Task Force is a multi-disciplinary, stand-alone body that works to enhance investigative, administrative, prosecutorial, and judicial processes for child victims of abuse and neglect. The Task Force focuses on child fatalities related to abuse and neglect, commercial sexual exploitation of children, and the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect. The Task Force also makes child maltreatment policy and training recommendations to organizations, offices, or entities within the community. CFSA coordinates and monitors the CJA grant with one CFSA staff member assigned to serve on the Task Force within the category on child protection agencies. CFSA has presented the Task Force with findings from the Child and Family Services Review (CFSR), along with progress on the Agency’s Performance Improvement Plan (PIP) and the APSR. Presenting issues in the District are used as discussion points as the Task Force identifies goals for the three subcommittees (training, child welfare/criminal justice, and legislation). CFSA shares data and family-based issues with other committee members from partnering agencies who also share initiatives and issues they confront as they work to serve District families. For an updated description of CJA activities and evaluative practices, refer to *Section C1. Collaboration and Vision*.

**Court Improvement Program (CIP)** – CFSA collaborates with the DC Superior Family Court by participating in the CIP. The CIP Advisory Committee holds quarterly meetings to discuss the ongoing grant-funded programs and plans for new programs to be funded. Co-chaired by the deputy presiding judge and the CIP director, the committee membership comprises many stakeholders in the child welfare community, including CFSA, the Office of the Attorney General for the District of Columbia, resource parents, a former foster youth, the Department of Behavioral Health, and others. CIP also participates in data-sharing activities with CFSA and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment outcomes, and will collaborate with the Family Court’s presiding judge and the magistrate judges to finalize permanency strategies for submission of the CFSR PIP. For an updated description of CIP activities and evaluative practices, refer to *Section C3. Update to the Plan for Enacting the State’s Vision* and the [Family Court Annual Report to Congress](#).

## STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM

**Title IV-B, Subpart 1** – CFSA continues to apply IV-B, Subpart 1 funding toward the first of the Agency’s Four Pillars: Narrowing the Front Door. Descriptions appear throughout this report regarding CFSA’s prevention paradigm, goal-related objectives, and strategies to meet the objectives.

## Services for Children Adopted from other Countries

CFSA does not conduct inter-country adoptions but rather refers individuals who seek private adoptions to local agencies that specialize in private adoptions. Over the next five years, CFSA will continue to ensure that supportive services are available to families who adopt or achieve guardianship through external partners. Supportive, community-based services may be provided by the community-based non-profit agency, Adoptions Together.

For families who adopt or achieve guardianship through CFSA, CFSA will continue to notify families of the availability of post-permanency services (e.g., trainings, resources, and referrals) prior to the finalization of these permanency goals. Additionally, CFSA will continue to utilize the internal Post-Permanency Unit to address the service needs of children and families after adoption or guardianship finalization. To support and reinforce the potential for long-term positive permanency outcomes, Adoptions Together also provides therapeutic services for CFSA’s pre-adoptive and guardianship caregivers.

The same supportive services and post-finalization services will continue to be offered to families who adopt children independently through the District of Columbia.

### Services for Children under the Age of Five

CFSA continues efforts to assess and provide the following early intervention services and supports to families with children aged birth to 5 years. These services help families achieve prompt, safe, and stable permanency, in addition to supporting children’s healthy development.

**CHILDREN IN FOSTER CARE - SCREENINGS AND EVALUATIONS** – Healthy Horizons Assessment Center (HHAC) is CFSA’s on-site clinic serving as the primary vehicle for medical evaluations for children entering, re-entering, exiting, or changing placements in foster care. In addition to the health screenings, HHAC clinicians complete the Ages & Stages Questionnaire (ASQ-3) to identify delays in children aged 1 month to 5½ years and to refer children to appropriate educational resources. Within 28 days of the separation or re-entry of a child between one month and five years, HHAC clinical staff complete the ASQ-3 to look for any delays in the child’s communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The outcome of each screening is sent to the Office of the State Superintendent of Education’s (OSSE) Strong Start program or Early Stages program for review and determination of need for a more in-depth evaluation or identification of specialized services or supports. The DC Public Schools (DCPS) runs the Early Stages program, which serves children between the ages of 2 years and 8 months to 5 years and 10 months. After assessments, the program may recommend specialized instruction, e.g., speech and language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services.

Within 28 days of the separation or re-entry of a child between 1 month and 6 years old, co-located Department of Behavioral Health specialists also complete the Ages and Stages Questionnaire – Social-Emotional (ASQ-SE) for social and emotional delays in self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction. CFSA then sends the outcome of each screening to OSSE for review and determination of needs.

OSSE and DCPS jointly administer the District of Columbia's Individuals with Disabilities Education Act (IDEA) Part C Early Intervention program for children aged birth to 5 years. The DC Early Intervention Program (DC EIP) – Strong Start Child Find Program (under OSSE) serves children, age birth to 2 years and 10 months. As noted earlier, Strong Start is a system that identifies and refers children who may have a disability or developmental delay, particularly in one or more of the following areas: speech, language, fine or gross motor skills, social and emotional skills, vision, and hearing.

Once referred to the program, staff assigns the family to an initial service coordinator (ISC) who makes a referral for an evaluation to determine eligibility and to gather information for an individualized family services plan (IFSP), if warranted. Based on the outcome of the evaluation, the program staff may assign the family to a dedicated service coordinator (DSC) who facilitates the linkages to early intervention services. Program staff review IFSPs on a semi-annual basis (at a minimum) while completing annual evaluations to determine the need for continued services. The outcome of the screening and the determination of whether or not an in-depth evaluation is required are subsequently reported back from OSSE to HSA and the assigned social worker. HSA nurses are then responsible for notifying the assigned social workers of the outcome of the screening and subsequent evaluation.

Within 28 days of the separation or re-entry of a child aged between 3 months and 5 years, the HHAC medical staff completes the ASQ-3 screening tool to detect any delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs.

In addition, within 28 days of the separation or re-entry of a child aged between 3 months and 5 years old, the HHAC medical staff complete the ASQ-SE tool. This tool specifically screens for children who score below the Personal-Social domain cut-off for the ASQ-3 screening, e.g., social and emotional delays in self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction. CFSA sends the ASQ-3 and ASQ-SE screening forms to OSSE for those children who score below the cut-off. OSSE then reviews and determines the need for a developmental assessment.

For families referred to the program, OSSE assigns a service coordinator who gathers information and coordinates the developmental assessments to determine eligibility for Part-C Early Intervention services. If the child qualifies for Part-C Early Intervention services, the multidisciplinary team and the child's family are brought together to create the IFSP. The OSSE program staff review IFSPs on a semi-annual basis while completing annual evaluations to determine the need for continued services. The outcome of the screening and the determination of whether an in-depth evaluation is required are subsequently reported back from OSSE to HSA and the assigned social worker. HSA nurses are then responsible for notifying the assigned social workers of the outcome of the screening and subsequent evaluation.

**CHILDREN IN FOSTER CARE – CHILD CARE** – CFSA has established a relationship with the District's Department of Human Services (DHS), which issues childcare vouchers, in order to help

resource parents and teen parents expedite the processing of applications. After CFSA's childcare coordinator helps the resource family determine childcare needs and services, the coordinator walks the family through the process of applying for a subsidy and voucher. Once DHS receives and reviews the application, DHS contacts CFSA's point of contact, OWB's early education specialist, within 24 to 48 hours. In addition to the DHS childcare vouchers, CFSA provides emergency in-home, nanny services through a contract with PSI Family Services, Inc. PSI's services are tailored for families where childcare is a barrier to placement. These services are temporary, i.e., up to 10 days of childcare for a maximum of 10-hours-a-day for children from birth to 5 years. During the 10-day time frame, the early education specialist researches a more permanent option.

CFSA also has a program specialist who assists social work teams and resource families with identifying childcare options and defraying the cost of care via connection to the OSSE childcare voucher program or CFSA's childcare subsidy. DHS reviews and approves these applications, and then issues the voucher to CFSA within 24 to 48 hours. CFSA also subsidizes the childcare costs for families that utilize centers in Maryland or DC centers that do not participate in the OSSE voucher program. Additionally, CFSA provides temporary emergency in-home childcare services through a contract with PSI Family Services, Inc. PSI's services are tailored to assist families with children aged birth to 5, where immediate childcare needs may impede placement. In-home services are available 10 hours a day for up to 10 days. During the 10-day time frame, CFSA's program specialist assists the family in identifying and securing permanent childcare options.

**CHILDREN IN FOSTER CARE – EDUCATION** – Within the first 48 hours after children aged birth to 5 are separated from their parents, the early education specialist from OWB reaches out to the social worker and resource parent to assist the family with identifying and securing appropriate childcare or early education programs to promote the child's healthy development. OWB continues to have a dedicated program specialist to assist social workers individually in identifying community childcare resources.

**CHILDREN RECEIVING IN-HOME SERVICES – HEALTH** – Assigned in-home social workers refer infants and young children to CFSA's community nurses whenever the infants or children are diagnosed with special medical needs and observed to have a developmental delay. The community nurses (formerly known as the infant and maternal health specialists) are co-located at the five neighborhood Collaboratives to assist in-home families and to discuss their child's health and medical needs, either in their home or elsewhere in the community. The nurses assess a child's needs, which can range from outdated immunizations to an acute or chronic health condition. The nurses then connect the family with appropriate medical services. In addition, co-located nurses develop and implement, evaluate, and revise a plan of care to ensure appropriate treatment (based on the child's age, developmental level, and diagnosis). As needed, nurses also connect families to community resources or District agencies, monitoring their follow-up health care needs.

Community nurses complete the ASQ-3 for children aged birth to 3 years to identify delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The nurses also refer children to the appropriate educational resources in the District. The nurses send the outcome of each screening to OSSE's Strong Start or DCPS' Early Stages programs for review and determination of need for a more in-depth evaluation or identification of specialized services or supports.

Community nurses further complete the ASQ-3 for children aged birth to 5 years to identify delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. The nurses continue to refer children to the appropriate educational resources and send the outcomes of each screening to OSSE's Strong Start or DCPS's Early Stages programs.

**CHILDREN RECEIVING IN-HOME SERVICES – CHILD CARE** – When there is an in-home family need for childcare, in-home social workers will refer families to DHS's Child Care Subsidy Program (Child Care Voucher Program). The Child Care Subsidy Program helps income-eligible working families who live in the District to access and pay for quality, affordable childcare. This access to childcare allows the parents to continue working and to contribute to the healthy, emotional, and social development of the child. In addition to helping income-eligible, working families, the Child Care Subsidy Program also serves the following populations:

- Families who are receiving Temporary Assistance for Needy Families (TANF) and participating in education and training in accordance with their individual responsibility plan
- Families not receiving TANF, who are pursuing additional education to improve their job opportunities
- Teen parents seeking a high school degree or its equivalent

**CHILDREN RECEIVING IN-HOME SERVICES – EDUCATION** – As stated earlier, OSSE and DCPS administer programs for young children to identify any delays and arrange services to address them. Similar to young children in foster care, young children who receive in-home services are referred to the Strong Start program (see above for steps taken after CFSA submits a referral). The outcome of the screening and the determination of whether or not an in-depth evaluation is required are subsequently reported from OSSE back to CFSA's nurse and the assigned social worker.

Young children receiving in-home services can also be referred to the Early Stages program. Once referred, the child will receive a developmental screening. If it is determined the child needs an in-depth evaluation, the family will be assigned a family care coordinator, who walks the family through the process from start to finish. If the child receives an in-depth evaluation, then the child will receive applicable services. As stated earlier, some of the services that Early Stages can recommend include specialized instruction, speech and language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services.



At times, in-home social workers will refer families directly to the Strong Start and Early Stages programs for an evaluation of a child for any developmental delays. Social workers provide ongoing support and help the family navigate through the process. At the outcome of the evaluation, if a delay is confirmed, a plan is developed so that specialized services and supports can be provided to the identified child and family. Social workers help parents, caregivers, and children by developing a plan to address their needs and connecting them with appropriate resources for proper diagnosis, treatment, and support. Coming up with a plan to address family needs often includes the social worker working with the family and a team of service providers who can decide together the issues to be addressed and how to address them.

CFSA continues to administer the ASQ tool (ASQ-3 and ASQ-SE, described earlier) to assess children under the age of five. When ASQ screenings suggest that a child is not hitting a developmental milestone such as, speech development, fine motor skills, or response to visual prompts, the Agency refers the child to the District's Office of the State Superintendent of Education (OSSE). Through its Strong Start program, OSSE administers a comprehensive evaluation to identify needs and determine appropriate interventions.

#### ***FY 2024 APSR Update***

The July 2020 Memorandum of Agreement (MOA) between DCPS and CFSA was initially developed as one way to help ensure that young children in the District do not fall through the cracks when it comes to developmental and behavioral needs. The partnership with CFSA's In-Home Administration was identified as an ideal opportunity to engage with families and to identify any possible concerns early on (i.e., receiving a developmental screening within 30 days of case opening). based on the results of their screenings, the children will receive referrals for a special education evaluation.

The current partnership allows DCPS to complete an evaluation if indicated as necessary by the screening tool, Parents' Evaluation of Developmental Status (PEDS). DCPS Early Stages also teams with the family and CFSA In-Home social workers to ensure a child, if deemed qualified, receives services to address any developmental and behavioral needs.

The MOA is currently being updated and awaiting final approval and signatures from CFSA and DCPS. The 2023 version of the MOA continues to expand CFSA's voluntary screening and referral activities to children receiving In-Home services, to enhance the District's activities for protecting child development, and to create a larger safety net for the most vulnerable children. The MOA goals include the following specifics:

- Train CFSA In-Home social workers on developmental milestones and screening for children ages 3 through 5.
- Train CFSA In-Home social workers on screening and appropriate referrals for DC children ages 3 through 5.

- Share child-specific data with the appropriate local education agency (LEA) in order to track screened children requiring referrals.

Additional changes to the 2023 MOA are directed toward the roles and responsibilities of CFSA and add the following activities:

- Weekly: Initiate referrals for children enrolled in charter LEAs, as needed.
- Ongoing: Maintain the shared QuickBase application data to reflect the number of children ages 3 through 5 who began receiving In-Home services, including their screening and referral status.

### Efforts to Track and Prevent Child Maltreatment Deaths

Immediate notification of a child fatality generally comes to CFSA through one of two sources: law enforcement officers contacting the District's Child Abuse and Neglect Hotline, or CFSA employees contacting the Hotline directly. CFSA may also learn about District child fatalities through media sources and requests from the District's Child Fatality Review Committee (CFRC) under the purview of the Office of the Chief Medical Examiner (OCME). CFRC staff submit monthly requests to CFSA to review a list of children to determine whether a child's family had CFSA involvement within five years of the child's death. CFSA shares its documented narratives of these children for purposes of the District's CFRC reviews.

The statutory responsibility for reviewing child deaths lies with the District's CFRC.<sup>75</sup> CFSA has permanent representation on the committee, as well as its own internal process for reviewing fatalities of any children whose family had contact with the Agency within five years of the child's death. CFSA's internal committee includes a multidisciplinary team of key program leaders from the Offices of the Director, Entry Services, Permanency, Well-Being, and General Counsel. Representatives from the Agency's Child Welfare Training Academy and Policy Unit are included. A representative from OCME also attends to ensure a stronger network between the Agency and CFRC. Based on the timing of a child's death, a fatality case may not necessarily be reviewed within the same year (e.g., the case of a child dying in December may be reviewed in January of the following year, or a child's death that was not CFSA-involved may not be reported by OCME to CFSA until a year or more later after the death).

CFSA's internal process seeks first to identify the risks associated with a child's fatality (e.g., gun violence in the community or chronic neglect). Then the process focuses on any systemic, training, supervision, safety, or policy issues that surface during the review. As a result of these fatality case reviews, CFSA identifies specific recommendations in hopes of reducing any of the risk factors that may have directly related to the fatality. Notably, abuse-related fatalities are statistically lower than any

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<sup>75</sup> Pursuant to DC Law, the committee includes representatives from the following District agencies: Department of Human Services, Department of Health, Office of the Chief Medical Examiner, Child and Family Services Agency, Metropolitan Police Department, Fire and EMS Department, DC Public Schools, DC Housing Authority, Office of the Attorney General, Department of Behavioral Health, Department of Health Care Finance, Department of Youth Rehabilitation Services, Office of the State Superintendent of Education, and Public Charter School Board.

other type of fatality. However, risk factors can include a variety of issues unrelated to abuse or maltreatment. Issues and recommendations are included in the [Annual CFR Report](#).

CFSA's internal CFR Unit comprises one *ad hoc* and three full-time fatality review specialists who complete a detailed review of the deceased child's family history with CFSA, including interventions and services offered by the Agency as well as the family's participation in services. The fatality specialists enter specific demographic and fatality-specific details into a survey tool utilized to assess trends that are detailed in the Annual CFR Report. Trends include data on younger parents, past history with CFSA and other agencies (including parental involvement in child welfare as child victims), employment, housing, substance use, service delivery, etc. In addition, the review specialists present fatality narratives once a month to CFSA's Internal Child Fatality Review (ICFR) committee.

CFSA reports all child fatality information to the National Child Abuse and Neglect Data System (NCANDS), based on information entered into the District's web-based child information system, FACES.NET. When reporting child fatalities to NCANDS, CFSA uses information from OCME and the District's Metropolitan Police Department. In planning the development of a child maltreatment fatality prevention plan, the District will build upon the foundation of local laws, regulations, and policies already in place, as well as the work already being done by the District's CFRC and CFSA's internal review committee. Both of these committees have annual reports that include recommendations for reducing risk via practice, protocols and initiatives that seek to take lessons learned and to provide safety nets for children going forward. Key stakeholders review and discuss recommendations from these committees to determine which recommendations can be utilized for the purposes of creating a comprehensive city-wide plan that is relevant and purposeful for the District.

Based on monthly child fatality reviews and prevention practice discussions each year, the ICFR committee generates actionable recommendations. Based on feedback from external stakeholders, ICFR members focus on the identification of risk factors that program areas can directly mitigate through best practices. The following recommendations reflect the trends identified over the past several years:

### 2019 Action Steps and Recommendations

- **Infant Safe Sleeping:** As the ICFR continued to review cases with evidence of unsafe sleeping practices, CFSA representatives shared ICFR's observations and recommendations with fellow agencies, including the DC Department of Health and the Office of the Chief Medical Examiner. In November 2019, the leader of the National Institute of Child Health and Human Development's Safe to Sleep public education campaign attended the monthly ICFR meeting to present national trends and prevention practices. Mindful that many of the sleep-related fatalities have involved parental substance use, CFSA assigned the Comprehensive Addiction and Recovery Act (CARA) team, discussed later in the Child Abuse Prevention and Treatment

Act (CAPTA) section of this report, to develop a brochure about using marijuana while being pregnant or while caring for babies.

- **Inter-agency communication:** CFSA is continuing to work with its agency partners to develop a method of obtaining consistent and reliable information regarding fatalities of children who were not committed to CFSA. CFSA has a current memorandum of understanding (MOU) with the DC Department of Health that was finalized back in December 2015. The CFR unit is currently relying on the MOU to obtain cause and manner of death information. However, CFSA is also looking to modify the MOU to include additional data sharing.
- **ICFR Membership:** In 2019, CFSA extended regular ICFR membership to include the Agency's key contracted-agency partner, the National Center for Children and Families (NCCF). NCCF has case managing responsibility for all CFSA children placed in Maryland. By participating in the monthly ICFR meetings, NCCF is kept abreast of case-specific risks or practice issues that might be identified during case presentations where NCCF case-managed a family prior or concurrent to a child fatality. In turn, NCCF representation at the ICFR monthly meeting provides general information for practice considerations, e.g., potential strategies for reducing the risk for child fatalities.
- **Fatalities in neighboring states:** CFSA's Entry Services team has been engaging in quarterly meetings with their counterparts in Maryland's Prince George's County, a neighboring jurisdiction where fatalities involving District residents may also occur. These meetings include discussions around development of reliable protocols for informing CFSA when Maryland's Department of Social Services learns of fatalities involving child residents of the District.

## 2020 Action Steps and Recommendations

- **Communication with DC Health** – Since calendar year (CY) 2019, CFSA has partnered with DC Health, which oversees DC Vital Records Division (DCVRD), to obtain consistent and reliable cause and manner of death information for CFR specialists to accurately review child fatalities. DCVRD's timely sharing of information with the CFR Unit supports the CFR specialists' ability to also review fatalities in a timely manner.
- **ICFR Membership** – Representatives from NCCF need to be invited to participate on the ICFR Committee.
  - Beginning in CY 2022, representatives from NCCF have been regularly attending the monthly ICFR meetings.
- **Electronic Recordkeeping of Critical Events and Unusual Incidents** – Establish a consistent protocol for entering critical event information into the Agency's child welfare information system, FACES.NET, in addition to a protocol for managing client files, responding to OCME information requests related to children with prior CFSA involvement, and logging follow-up activities stemming from contracted providers that have submitted unusual incident reports that CFSA has investigated.
  - Currently, new FACES.NET information cannot be added to closed investigations or closed cases; new information can only be attached to a closed investigation or to a closed case as

an Information & Referral entry in FACES.NET. The CFR program manager has shared with the administrator of CFSA's Child Information Systems Administration the data need for adding new information and for integration of the capability for CFSA's transition to the new computerized child welfare information system.

- **Evaluation of Environmental Risk Factors** – Ensure that practitioners identify and evaluate all adults living (or potentially living) in the same home as a child in foster care.
  - ICFR committee members share committee findings from monthly meetings with the program managers, supervisors, and administrators in their respective program areas. Through clinical supervision, supervisors continue to work with social workers to identify adults who live or spend significant time in the home and to ensure the evaluation of the adults.
- **Primary and Secondary Stress for Child Welfare Professionals** – Provide support to child welfare professionals who experience client-related traumatic stress; report instances of stress within the Agency and document services rendered.
  - CFSA convened a Secondary Traumatic Stress workgroup to examine the issue of traumatic stress across the agency and identify potential supports for Agency staff. Supports identified and are available to staff include in-house CWTA training on secondary traumatic stress and vicarious trauma; professional support and counseling through the INOVA Employee Assistance Program (EAP); and short-term, confidential, one-on-one or group intervention with a CFSA-contracted licensed clinical practitioner. CFSA also developed tip sheets for staff and supervisors on how to identify signs of traumatic stress, how to identify resources that are available to staff, and how staff can access resources and supports.
- **Information Sharing Agreements with DC Agencies** – Improve information sharing between DC Government agencies to advance the quality of data available for investigations and case practice.
  - A subcommittee of representatives from Office of Planning, Policy, and Program Support, Entry Services, Permanency, the Office of Well-Being, and the Office of Youth Empowerment has created an inventory of memoranda of understanding (MOUs) and memoranda of agreement (MOAs) with other DC Government agencies to determine what information-sharing protocols are currently in place. The subcommittee is also evaluating current gaps in information-sharing to inform potential updates to current MOUs and MOAs as well as possible development of new MOUs and MOAs. Needs that are not currently addressed in existing MOUs and MOAs will be elevated if necessary.
- **Tracking Patient Medical Histories and Providers** – Encourage use of a comprehensive medical information platform among hospitals and medical providers in the District of Columbia.
  - System-level recommendation to be shared with the DC Citywide Child Fatality Committee following the July 2021 release of CFSA's annual Child Fatality Report.
- **Primary and Secondary Stress for Child Welfare Professionals** – Provide support to child welfare professionals who experience client-related traumatic stress; report instances of stress within the Agency and document services rendered.

- CFSA currently offers the following supports for staff who experience primary or secondary stress: in-house CWTA training on secondary traumatic stress and vicarious trauma; professional support and counseling through the INOVA Employee Assistance Program (EAP); and short-term, confidential, one-on-one or group intervention with a CFSA-contracted licensed clinical practitioner. CFSA also provides tip sheets for staff and supervisors on how to identify signs of traumatic stress, how to identify resources that are available to staff, and how staff can access resources and supports.
- **Information Sharing Agreements with DC Agencies** – Improve information sharing between DC Government agencies to advance the quality of data available for investigations, case practice, and child fatality reviews.
  - A subcommittee of representatives from Office of Planning, Policy, and Program Support, Entry Services, Permanency, the Office of Well-Being, and the Office of Youth Empowerment has created an inventory of memoranda of understanding (MOUs) and memoranda of agreement (MOAs) with other DC Government agencies to determine what information-sharing protocols are currently in place. The subcommittee also evaluated current gaps in information-sharing to inform potential updates to current MOUs and MOAs as well as possible development of new MOUs and MOAs. A major need that has been elevated is access to vital records information from DC Health to inform child fatality reviews. A recommendation was developed during CY 2021 to address this need.
- **Tracking Patient Medical Histories and Providers** – Encourage use of a comprehensive medical information platform among hospitals and medical providers in the District of Columbia.
  - This recommendation was shared with the DC Citywide Child Fatality Committee following the October 2021 release of CFSA’s comprehensive Child Fatality Annual Report.

## 2021 Action Steps and Recommendations

- **Revision of the Critical Event & Child Fatality Review Policies** – Update the current Critical Event and Child Fatality Review Policies to include overall changes in practice, as well as processes for reviewing near-fatalities.
  - Members of the ICFR and external stakeholders participated in a LEAN event in September 2021 to evaluate the Agency’s current processes related to critical events and child fatalities. Participants in the LEAN event identified aspects of both policies that were outdated based on changes in the Agency’s organizational structure and case practice. In addition, the policy will be modified to integrate new processes for reviewing and reporting near-fatalities caused by abuse or neglect in alignment with the Child Abuse Prevention and Treatment Act (CAPTA). A working group will be convened to review both policies and suggest changes in alignment with current and new practices.
- **Integration of Child Fatality Data into STAAND** – Ensure that fatality review data and reporting is integrated into the Agency’s new computerized child welfare information system, STAAND
  - The participants in the September 2021 LEAN event developed recommendations for how to integrate data collection and reporting related to critical events and child fatalities into

STAAND, which have been communicated to the STAAND Development Team. The CFR program manager has participated in planning meetings with the STAAND Development Team to communicate how child fatality notifications should be entered and documented in STAAND. Additional feedback will be provided once the STAAND Development Team begins to work on the reporting aspects of the new platform.

- **Improved Data Sharing with DC Health’s Vital Records Division** – Finalize the MOU with DC Health to provide monthly data on applicable fatalities to CFSA to facilitate the timely review of child fatalities.
  - Since 2020, CFSA has worked with DC Health to develop an MOU to share a monthly data file that contains selected death record information for any DC residents aged 26 and younger who died within a calendar month; once CFSA has reviewed FACES data to see if the resident had prior involvement with the Agency, CFSA would request the full death records for confirmed clients. Receipt of monthly data directly from DC Health would allow CFSA to review more fatalities of past clients during the year of the fatality. The negotiation process has stalled due to lack of clarity regarding the costs associated with the data share; however, given the critical need for this data and DC Council’s mandate to review child fatalities within six months of notification of a fatality, it is imperative that both agencies come to an agreement on in a timely manner.

**FY 2024 APSR Update**

CFSA’s ICFR reviewed 54 fatalities during CY 2022. Of these cases, 15 percent (n=8) involved families that were involved with CFSA at the time of the child’s death. The following tables break out data by manner, age, and gender. The tables have also been updated to include the 2022 fatality data.

Calendar Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total # Deaths of Known Children	24	22	30	20	26	42	33	42	51	54
# Non-Homicide Deaths	13	14	17	13	5	32	25	24	29	27
# Non-Abuse/Neglect Homicide	9	7	13	6	20	10	5	14	20	25
# Abuse/Neglect Homicide	2	1	0	1	1	0	3	4	2	2

## Demographics According to Manner of Death – CY 2022 Child Fatality Reviews

Age	Natural Causes	Non-Abuse Homicide	Abuse or Neglect Homicide	Accident	Suicide	Undetermined	Unknown	Total
<1 year	2	0	1	3	0	1	3	10
1 – 5 years	2	0	1	1	0	0	0	4
6 – 12 years	2	0	0	0	0	1	1	4
13 – 17 years	2	9	0	0	0	0	2	13
18+ years	4	16	0	1	1	0	1	23
<b>Total</b>	<b>12</b>	<b>25</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>54</b>
Gender								
Male	6	25	1	3	1	1	5	42
Female	6	0	1	2	0	1	2	12
<b>Total</b>	<b>12</b>	<b>25</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>54</b>

Due to the increase in child fatality reviews in the District, the ICFR committee ensures that the monthly meetings continue to generate meaningful dialogue regarding mitigation of identified risks while also leveraging members’ collective expertise to develop recommendations based on trends and themes. In early FY 2023, ICFR activities expanded to include quarterly meetings dedicated to concrete recommendations for system-wide dialogue and potential change.

Child fatality reviews during 2022 highlighted the impact of community violence on older youth fatalities, as well as highlighting issues related to persistent inter-agency communication and coordination issues, particularly when children and families are served concurrently by multiple systems. The ICFR committee also sleep-related fatalities for infants and toddlers, despite a District public service campaign to educate new parents. For these reasons, the ICFR committee developed the following three subcommittees to consider ways to operationalize strategic communications surrounding the identified topic areas and possibly to advocate for practice and system-wide changes:

- Inter-Agency Service Coordination and Information Sharing
- Community Safety
- Safe Sleep

During the second quarter of FY 2023, all three subcommittees began initial discussions to develop practice-enhancing and system-wide recommendations.

In addition to the above, the Agency revised its former MOU with DC Health to allow for submission of quarterly requests for death records. The revised MOU has been fully executed and now allows for monthly data-sharing of fatalities of DC residents ages 26 and younger. This revision helps the CFR Unit



to review fatalities where the family may have had involvement within the five-year review period, even if the decedent was over 21 at the time of the fatality.

## PROMOTING SAFE AND STABLE FAMILIES (PSSF)

**Title IV-B, subpart 2** – PSSF services are available District-wide, encompassing all four DC quadrants (northwest, northeast, southwest, southeast) wherein families have access to programs and services funded under the program.

### Preservation Services

Since the onset of the PSSF initiative in 2014, the Agency has had more flexibility to use IV-E funds to prevent the separation of children from the home by providing in-home services that keep children safe with their family. The Title IV-E Waiver has also allowed CFSA to expand its partnerships with both public and private agencies in the District to implement a diverse array of services and resources available to families in all of the District’s communities.

In FY 2017, CFSA redesigned the PSSF program to provide improved access to tailored services (formal and informal), including interventions aimed at reaching more families and reducing the risk of CFSA involvement. In addition to targeting families with multiple and complex needs or difficulties that statistically lead to children suffering neglect and cumulative harm, PSSF services focus on young families experiencing homelessness and grandparents participating in the District’s Grandparent Caregiver Subsidy Program. PSSF also supports emergency funds (Flex Funds) for families,<sup>76</sup> respite services, support groups and training, family group conferencing, parent education support, mobile stabilization support, and homemaker services.

### Community-Based Family Support Services

CFSA has a contractual partnership with the Collaboratives (described earlier in this section), which support both prevention for families unknown to CFSA and intervention services for families that are known to CFSA. Support for families known to CFSA includes preparation for reunification as well as post-reunification support to prevent re-entry of children into care. *For more information, refer to Section C3. Update to the Plan for Enacting the State’s Vision.*

### Family Reunification Services

CFSA manages the Rapid Housing Program to provide short-term rental payments to families in need of stable housing, helping to promote reunification. The Agency also manages the Family Unification Program which provides vouchers for long-term rental assistance. Further, CFSA coordinates with other DC Government agencies to help families access existing city-wide housing resources. In addition, the District’s Family Treatment Court promotes family reunification through the provision of

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<sup>76</sup> Flex Funds may be used for assistance related to housing, e.g., back rent, utilities, or other needs.

comprehensive substance use treatment and related services to facilitate achieving timely permanency for children.

In FY 2021, CFSA’s Office of Community Partnerships established a Housing Review Committee (HRC), which comprises a panel of CFSA staff who review requests from social workers for client housing assistance. This process streamlines a social worker’s (or designee’s) access to housing assistance for youth and families. Assistance comes from one of the three programs described above: Flex Funds, Rapid Housing Assistance Program (RHAP), or the Family Unification Program (FUP). Once the HRC panel hears the social worker’s presentation and justification of the assistance request, committee members make a final recommendation within three business days. CFSA’s director also reviews all recommendations prior to finalizing the decision. Once approved, youth and families begin the process of searching for housing relevant to the program for which they have been approved. Families and youth approved for Rapid Housing assistance have 90 days from the date of approval to locate housing and submit documentation for assistance.

**FY 2024 APSR Update**

Over the first two quarters of FY 2023, CFSA approved one youth and two families for RHAP, and five youth and three families for FUP.

Title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) estimated expenditure percentages in FY 2023:	% of Total
▶ Family Preservation Services	20%
▶ Family Support Services	40%
▶ Family Reunification Services	20%
▶ Adoption Promotion and Support Services	20%
<b>Rationale:</b> In keeping with a renewed emphasis on prevention services and family support across the District, CFSA’s heaviest investment of SSF dollars continues to be on direct interventions at the front end of the child welfare continuum.	

CFSA administers and funds (through grants and contracted partnerships) various direct intervention services at the Front Door of the child welfare continuum. These include home visitation programs, housing assistance, legal assistance, individual and group support programs, and post-adoption and reunification support services. The Agency uses local tax dollars, federal formula grants, and (as of FY 2021) Title IV-E prevention funding to underwrite these services.

Title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) estimated expenditure percentages in FY 2023:	% of Total
▶ Family Preservation Services	20%

Title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) estimated expenditure percentages in FY 2023:	% of Total
▶ Family Support Services	40%
▶ Family Reunification Services	20%
▶ Adoption Promotion and Support Services	20%
<b>Rationale:</b> In keeping with a renewed emphasis on prevention services and family support across the District, CFSA’s heaviest investment of PSSF dollars continues to be on direct interventions at the front end of the child welfare continuum.	

### Adoption Promotion and Support Services

Each child or sibling group with a goal of adoption receives an adoption recruiter who utilizes existing resources and develops individualized recruitment plans and strategies. CFSA’s recruitment team includes a unit that works closely with each nurse care manager assigned to a child diagnosed as medically fragile who has an identified pre-adoptive family. In so doing, the nurse can explain any specific needs or requirements to prepare the family. As described earlier, CFSA’s Permanency Specialty Unit provides both pre- and post-adoption support for families. The unit’s social workers assess the family’s needs, refer the family to appropriate services, and provide support and crisis counseling services to help prevent disruptions during the family’s transition into adoption.

### Funding

As indicated on the Agency’s FY 2024 CFS-101 Financial Forms submitted with this report, CFSA utilizes funds for preservation, community-based family support, family reunification, and adoption promotion and support services. Additionally, the amount to be allocated to planning and service coordination is zero percent. No funding is utilized for administrative costs.

## DIVISION X SUPPLEMENTAL FUNDING FROM THE SUPPORTING FOSTER YOUTH AND FAMILIES THROUGH THE PANDEMIC ACT

Since FY 2020, the District has received supplemental funding to respond to the public health emergency related to COVID-19 pandemic. Per the Children’s Bureau’s guidance, funding was used to ensure the safety, permanency, and well-being of children in families involved in the child welfare system during the pandemic.

### *FY 2024 APSR Update*

In FY 2022, CFSA used the supplemental funding to create an 11<sup>th</sup> FSC in Ward 5: *Carver/Langston – Smart from the Start*. The new FSC serves as the latest example of the mayoral initiative to deepen efforts to empower communities, integrate services, and focus on neighborhood-based upstream prevention. These prevention efforts focus on communities with the highest need according to social determinants of health and CPS Hotline data.

## SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

CFSA’s Contracts and Procurement Administration (CPA) oversees the decision-making process for selecting vendors to provide various services to CFSA staff and clients, including family support services. CPA staff strive to ensure quality goods and services through a coherent and streamlined procurement process that is responsive to the needs of its customers and suppliers. The following regulations govern the contracting and procurement process in the District of Columbia:

- **27 DCMR** – The District of Columbia Municipal Regulations (DCMR) is the official code of the permanent rules and statements of general applicability and legal effect promulgated by executive departments and agencies and by independent entities of the Government of the District of Columbia.
- **Procurement Practices Reform Act of 2010 and the DC Official Code** –The procurement of goods and services includes a process for competitive sealed bids or proposals, human care agreements, and small purchases. During the procurement process, CPA and the program personnel have differing roles and responsibilities. The following table provides an overview of the differing roles each entity is expected to play throughout the process:

Program Staff	CPA Staff
<ul style="list-style-type: none"> <li>▶ Identify minimum need and requirement</li> <li>▶ Prepare the Scope of Work</li> <li>▶ Prepare budget and funding recommendations</li> <li>▶ Enter requisition in PASS</li> <li>▶ Certify invoices for payments</li> </ul>	<ul style="list-style-type: none"> <li>▶ Collaborate with the vendor/agency on complex requirements</li> <li>▶ Conduct the procurement</li> <li>▶ Award the contract</li> <li>▶ Administer the contract</li> </ul>

The primary contracting methods used by CPA are the competitive sealed proposals and the human care agreements (HCAs). These methods allow for flexibility by CPA and CFSA’s program personnel to choose competent organizations that can provide high levels of services for CFSA’s clients while simultaneously ensuring adequate competition. These methods also allow a provider to propose new and innovative solutions.

CFSA’s solicitations for services include the following requirements:

- Family-centered approach to care
- Culturally competent services in line with the youth’s culture, including ethnic, socio-cultural, and linguistic strengths
- Linguistically competent services
- Community-based services that assist youth in maintaining connections with schools, churches, friends, and families

- Community-based networks and affiliations that facilitate access to supportive services for children and their families in the community of origin, community of placement, or the community where a potential kinship care or family-based foster care provider resides

Now fully implemented as a contracted service, each HCA demonstrates a provider's capacity to meet all requirements under specialized scopes of work for each placement setting, including performance requirements tied to the achievement of positive outcomes for children in care.

Community-based providers who submit applications or proposals in response to requests from the Agency must demonstrate their status through submission of licensure or certification, as applicable, as well as fiscal documentation, e.g., confirmation of 501(c)3 status. Similar to the contracting process, CFSA's network of grant-funded prevention programs has been established through a competitive procurement process as part of a formal Request for Applications.<sup>77</sup> The Agency has established criteria for applicants (e.g., non-government agency, evidence of non-profit status) as well as a series of technical requirements based on the resources being sought.

## POPULATIONS AT GREATEST RISK OF MALTREATMENT

In working to help child victims and struggling families in the District, CFSA faces a host of social issues on a daily basis. Even as the overall number of children in foster care declines, the needs of children and families who come to CFSA's attention remain acute.

For several years the top five factors for substantiations of child abuse and neglect were (1) inadequate supervision, (2) educational neglect, (3) domestic violence, (4) physical abuse, and (5) parental inability to provide care due to hospitalization, incarceration, or another issue. CFSA has observed that most local instances of child abuse and neglect are rooted in untreated mental health issues paired with parental substance abuse. These underlying factors are frequently exacerbated by risk factors such as chronic unemployment, unstable housing or homelessness, and social isolation. Families involved in the District's child welfare system are not only primarily African American, but typically the second or third generation struggling in similar ways with similar issues as parents and grandparents.

### *FY 2024 APSR Update*

Based on the July 1, 2022 population estimate from the [U.S. Census Bureau](#), the District's population was 671,803 with 18.8 percent of residents under the age of 18. The District is geographically dense and divided into eight Wards, which contain targeted service areas for child welfare and other arenas, such as public safety. Most recent data from [Kids Count](#) (based on population data from the U.S. Census Bureau) indicates the geographic distribution of children residing in the District's eight Wards as of 2021.

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<sup>77</sup> Grant-funded programs include, for example, the Parent Education and Support Project, Home Visitation, and Father-Child Attachment.

Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
11,854	4,086	13,305	19,523	16,637	14,355	19,842	25,420

As part of its [2022 Annual Needs Assessment](#), CFSA took a historical look at District-wide and neighborhood-level trends in race and income in order to better understand and preemptively address the needs of the District’s most vulnerable and at-risk populations. Although the District overall continues to demonstrate positive trends in terms of income and poverty, there remains a significant discrepancy in financial well-being and child welfare involvement based on race and geography.

As of March 2022, the median income of White households across the District was \$160,914, which is over three times the \$53,629 median for Black households.<sup>78</sup> The individual District Wards show even further evidence of disparity. Most notably, Wards 7 and 8, both of which are 92 percent Black, had median household incomes of \$50,130, and \$44,665 respectively. These figures are significantly below the overall District median of \$102,806. In starkest contrast, Ward 3, which is 81 percent White and 5 percent Black, had a median household income of \$155,813. Additionally, 15 percent of Ward 7 families with children and 19 percent of Ward 8 families with children are living in poverty, compared to the overall District rate of 8 percent.<sup>79</sup>

Financial insecurity and poverty have long been established as risk factors for child welfare involvement, regardless of efforts to distinguish environmental stressors from neglectful conduct. As of the end of the third quarter of FY 2022, both Black and White residents accounted for just under 46 percent of the District’s population.<sup>80</sup> However, Black children accounted for 78 percent of the foster care population and White children accounted for approximately one percent.<sup>81</sup> In March 2022, Wards 7 and 8 combined to account for 22 percent of the District’s overall population but were the Wards of origin for 57 percent of the District’s foster care population.

Whether persistent disproportionality is based on discriminatory reporting habits, income inequalities, historic community-level disparities, or other forms of racism, the District’s systemic inequities continue to manifest in its child welfare population. As a child welfare agency, CFSA does not have full control over the underlying causes of disproportionality; however, as described throughout this report, the Agency does strive to engage community partners and individuals with lived experience in designing a prevention and family preservation network that promotes equity in terms of access to services and quality of holistic supports. Additionally, efforts to promote and sustain equity have

<sup>78</sup> Source: [dchealthmatters.org](https://dchealthmatters.org) – last accessed July 2022.

<sup>79</sup> Source: [dchealthmatters.org](https://dchealthmatters.org) – last accessed July 2022

<sup>80</sup> Source: [Census.gov](https://www.census.gov) – percentages exclude individuals of more than one race.

<sup>81</sup> CFSA population data available on the [CFSA Public Dashboard](#) last accessed September 2022. Hispanic children accounted for 16 percent of the foster care population and there was no race data recorded for the remaining 5 percent.

included recent revisions to mandated reporter training requirements and a pending initiative to work with community stakeholders to revise the District’s statutory definition of “neglect,” which will further distinguish family conduct from family circumstances. Additional details are available in *Section C1. Collaboration and Vision*.

Another recent example of the District’s persistence in identifying and addressing community conditions and risk factors can be found in its expansion of the FSC network. While the median annual household income for Ward 5 (\$104, 296) is above the District’s overall median household income (\$102,806), CFSA has observed significant discrepancies within Ward 5. In 2018, for example, the median household income among Ward 5 neighborhoods ranged from approximately \$21,150 to \$127,336. As of March 2022, the median income of White residents of Ward 5 (\$179,284) was over two and a half times the median income of Black residents (\$69,873). Moreover, Ward 5 is becoming increasingly representative of the District’s child welfare population, accounting for 13 percent of the District’s population but 19 percent of the foster care population (as of the end of the third quarter in FY 2022).<sup>82</sup> To mitigate risk factors and serve families where they are in the community, the District expanded its FSC network into Ward 5 by opening an 11<sup>th</sup> FSC: *Carver/Langston – Smart from the Start*.

## KINSHIP NAVIGATOR FUNDING

CFSA’s Kinship Support Unit engages relative caregivers and potential relative caregivers both inside and outside the foster care system. With Kinship Navigator Program funding, the Kinship Support Unit implements the program enhancement activities outlined in the Agency’s grant application to improve community and caregiver capacity to keep children safe and well in the homes of their relatives. The following ongoing activities are included:

- ***Kinship Caregiver Support Line*** – CFSA administers a dedicated toll-free Kinship Caregiver Support Line to provide direct support as well as information and referral services to callers. Trained members of the Kinship Support Unit, known as Kinship Navigators, staff the Kinship Caregiver Support Line. These Kinship Navigators serve a dual function. They provide real-time facilitation or mediation of conflicts or issues that are occurring in the kinship caregiver’s home, and they refer and provide family linkage to nearby community-based resources equipped to address any number of issues. The Support Line’s hours of operation are from 8:15am – 4:45pm weekdays (866-FAM-KIN1 or 866-326-5461). To reinforce its commitment to cultural competency, CFSA staffs the Kinship Support line with bilingual and multilingual workers who can converse with callers in their language of origin.
- ***Community Resource Directory*** – The Community Resource Directory is a web-based tool used by Kinship Navigators to enhance service delivery. It has been operational since the start of FY 2020, using a vendor called NowPow that incorporates comprehensive information and resources to address the particular needs of kinship caregivers. Kinship Navigators use this

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<sup>82</sup> Ward 5 neighborhood information part of the report Mapping Gentrification in Washington DC, available at [storymaps.arcgis.com](http://storymaps.arcgis.com); Ward 5 income data, by race, available at [dchealthmatters.org](http://dchealthmatters.org).



searchable directory to support callers via the Kinship Caregiver Support Line. Kinship Navigators search for services and resources by location and service type and can share this information directly with callers via text or email. The DC Kinship Navigator program is now listed as a provider within the online resource directory.

### ***FY 2024 APSR Update***

As noted earlier in this section, CFSA recently moved the kinship unit administering the Grandparent Caregiver Program and the Close Relative Caregiver Program from the Kinship and Placement Administration to the Office of Community Partnerships (OCP). The move was part of a realignment that reflects the Agency's emphasis on prevention through the concentration of efforts in OCP and its community-based programs.

In FY 2023, CFSA transitioned from the NowPow platform to the Unite Us platform, which is a cross-sector collaborative software. The new platform provides a more robust approach to accessing community-based resources and closed-loop referrals, partnering with the District's network of community-based service providers. For consistency, these providers will also be using the Unite Us platform as their resource and referral system of record.

***Concrete and Social Supports*** – The Kinship Navigator grant will continue providing ongoing supportive services, both for formal and informal kinship caregivers. These services include critical concrete for caregivers applying to the District's Grandparent and Close Relative Caregiver subsidy programs. Supports include gift cards and other types of emergency flexible financial assistance payments. Additionally, CFSA coordinates social support activities and opportunities for families to build capacity and share their lived expertise through advisory committees, support groups, family enrichment events, and other activities provided by CFSA and community-based providers across the District.

- **Kinship Program Advisory Committee:** CFSA continues to ensure coordination and continuity among the various providers and sister agencies that interface with kinship families through the Kinship Programming Advisory Committee (KinPAC). Since October 2019, KinPAC has conducted quarterly virtual meetings, facilitated by the Kinship Outreach and Support supervisor. Meeting participants commonly include individuals with lived expertise, new and seasoned kinship caregivers, older youth in the care of their kin, resource parent advocates, attorneys, various community-based organizations, District government agencies, and CFSA Kinship Unit personnel. Committee meetings provide an opportunity to present information and exchange feedback on relevant topics, including Grandparent and Close Relative Caregiver legislation, parenting skills instruction, educational enrichment, Kinship Navigator platform enhancements, family enrichment events, and support group activities. Three subcommittees support the KinPAC: Community Resources, Family Enrichment, and Support Groups/Educational Enrichment. Each subcommittee focuses on increasing and furthering culturally competent events, resources, and advancement opportunities.
- **Support Groups:** While it is important to link kinship caregivers to available community-based resources, CFSA also recognizes the need for emotional support. CFSA therefore leverages and



bolsters existing support group services in the District to partner with trusted community-based organizations to offer tailored support groups and parenting programming specific to the needs and experiences of kin caregivers.

- Family Enrichment events: Many kin caregivers are unable to afford family outings. With input from KinPAC, CFSA has sponsored an array of events, including a college prep and career readiness fair, a Halloween “Trunk or Treat” celebration, and breakfast with Santa. The Agency continues to expand its offerings to meet the needs of kin caregivers. Since October 2021, CFSA has dedicated a Kinship Navigator position to focus on planning and coordinating virtual and in-person workshops and family enrichment events.
- Community-based Partner Capacity Building: CFSA maintains close partnerships with the Collaboratives and Families First DC FSCs. In many instances when children go to stay with their kin, the arrangement is unplanned, which may result in caregiving hardships. For this reason, kin (and other) caregivers have the “first stop” option to access services provided by the Collaboratives and FSCs. CFSA capacity-building activities equip the Collaborative and FSC intake staff, the neighborhood-based first responders, with skills, tools, and resources appropriate to respond to and intervene on behalf of caregivers in need.

### ***FY 2024 APSR Update***

The District launched the [Kinship Navigator Website](#) in December 2022 to serve as a centralized hub of information for relative caregivers to learn about and access subsidy programs, emergency assistance, event timelines, community resources, and other supports and activities. In the first few months following launch, the website received over 4,000 visits. A mobile application is also available to reinforce the purpose of the website and encourage engagement by kinship users.

To evaluate the efficacy and impact of the Kinship Navigator Program, CFSA is currently planning to conduct a randomized controlled trial, focusing on target outcomes such as family stability, adult well-being, child safety, access to services and referrals to services. The study will place particular focus on services provided to informal caregivers, who tend to report more financial hardships than formal kinship caregivers and non-relative foster caregivers. Participants will be recruited from within Wards 5, 7, and 8 based on the socioeconomic trends and risk factors cited earlier in this section.

## **MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS**

Per CFSA’s [Visitation Policy](#), children entering foster care or experiencing a new placement while in foster care shall receive one visit per week for the first four weeks of placement. The social worker with case management responsibility must make at least two of the visits while a family support worker or a nurse care manager can make the other two visits. At least one of the visits in the first four weeks must be to the home where the child is placed.

After the first four weeks of placement, CFSA policy requires children in foster care to receive two visits per month. The social worker with case management responsibility must make at least one of the visits. Again, a family support worker or nurse care manager can make the second visit. At least one of these monthly visits must occur in the home where the child is placed. Additionally, Agency policy emphasizes the importance of quality parent and child visits that support authentic engagement of mothers and fathers with their children, moving them forward in line with their case plan goals.

While the Agency prioritizes the placement of children within or close to their neighborhoods, schools, and communities of origin, individual child needs or preferable kinship care arrangements may warrant placing the child with caregivers who are located some distance from the District. Over the next five years CFSA plans to continue to use monthly caseworker visitation (MCV) funds to augment local investments that help cover the long-distance travel expenses of social workers who must complete home visits with children who are placed outside the District. CFSA will continue to utilize federal MCV funds to cover costs associated with airfare, rail tickets, car rentals, and other expenses that help facilitate social worker visits to any child placed in other states, as well as reimburse for vehicle mileage for local visitation.

The MCV standards require caseworkers to visit with children in foster care, under the age of 18, at least once per month in not less than 95 percent of cases, and that not less than 50 percent of caseworker visits occur in the child's residence.

#### ***FY 2024 APSR Update***

CFSA is meeting the monthly case worker benchmark. In FY 2022, caseworkers visited children in foster care at least monthly in 95 percent of cases. Visits occurred in the home at least 50 percent of the time in 96 percent of cases. There are no updates on policy pertaining to visits or any changes to the use of MCV funds.

## **ADDITIONAL SERVICES INFORMATION**

### **Child Welfare Waiver Demonstration Activities**

The Title IV-E Waiver funding ended on September 30, 2019. As stated earlier in this report, CFSA transitioned to services supported through the Family First Prevention Plan and is currently planning for additional service implementation through Families First DC. Further information on the Family First Prevention Plan services and Families First DC can be found earlier in this report in the *Collaboration and Vision* section as well as the *Service Coordination* section.

**Adoption and Legal Guardianship Incentive Payments** – Adoption and Legal Guardianship Incentive Payments can be used for services to help children in foster care find permanent homes through

adoption and legal guardianship. CFSA expects to continue to utilize these funds for supporting post-adoption services and the PEER specialists.<sup>83</sup>

In FY 2022, CFSA carried over \$75,000 in Adoption and Legal Guardianship Incentive Payments awarded in FY 2020. The Agency intends to use the funding by the end of FY 2023 in support of community-based services and supports for post-permanency families. CFSA also intends to continue its long-standing partnership with Adoptions Together, which received incentive funds in prior years to provide an array of adoption and post-permanency supports to children (and their families) involved in the child welfare system. Funds support the Adoptions Together “FamilyWorks Together” program, which features post-permanency counseling and support groups, among other supportive services. The program also employs clinicians who provide family and individual counseling and facilitate support groups. In addition, Adoptions Together administers a strong training program that addresses issues pertaining to the unique adoptions of infants, older youth, and children from other countries. Lastly, on its website the program maintains a compendium of online, on-demand training videos covering a wide array of topics of interest and concern to post-permanency families.

#### ***FY 2024 APSR Update***

In FY 2023, CFSA received a total of \$422,500 in Adoption and Legal Guardianship Incentive Payments. This total included the carryover of \$75,000 from the prior fiscal year, in addition to a grant of \$127,500, which is available through the end of FY 2024, and another grant of \$220,000, which is available through the end of FY 2025. No funds have been dedicated as of this report; however, the Agency expects to commit to similar spending objectives as described above.

**Adoption Savings** – Adoption Savings are financial savings that CFSA achieves due to the eligibility of children who meet the criteria of an “applicable child” under the federal Title IV-E Adoption Assistance program. Federal law requires CFSA to spend an amount equal to any savings achieved as a result of applying the differing program eligibility criteria to applicable children.

CFSA typically expends its Adoption Savings on an array of community-based post-permanency services, prevention and stabilization services for at-risk children, and other Title IV-B allowable services. The Agency does not have any challenges in accessing and spending the funds. An Adoption Savings Methodology form is not needed as CFSA uses the Children’s Bureau Method with actuals to calculate adoption savings.

In FY 2021, CFSA accumulated \$113,664 in Adoption Savings, and carried over an unexpended balance of \$105,833 from previous years for a total of \$219,497. There were no changes to CFSA’s

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<sup>83</sup> PEER (Parent Engagement, Education and Resource) specialists have personal experience with the child welfare system, particularly success in reunification with their children after a child’s entry into foster care. PEERs offer one-on-one orientations with willing birth parents to help them navigate the child welfare system and to resolve the reasons their children came into foster care.

methodology for calculating the Adoption Savings. Again, an Adoption Savings Methodology form is not needed as CFSA uses the Children’s Bureau method with actuals to calculate adoption savings. This was the same method used last fiscal year.

***FY 2024 APSR Update***

In FY 2022, CFSA accumulated \$464,868 in Adoption Savings, and carried over an unexpended balance of \$219,556 from previous years for a total of \$684,424. Due to a reporting anomaly (that has since been resolved) regarding applicable children, CFSA did not submit its FY 2022 Adoption Savings report until March of 2023, and therefore did not report any Adoption Savings expenditures for FY 2022. The Agency intends to expend \$550K of the accumulated Adoption Savings by the end of FY 2023. The balance will be expended in FY 2024. There were no changes to CFSA’s methodology for calculating the Adoption Savings. DC will have liquidated this grant by the end of next 2024 and will have proper accounting in the next FY 2025 APSR.

**Family First Prevention Services Act Transition Grants (FFPSA)** – In FY 2020, the District received approximately \$593,000 in FFPSA Transition Grant funding. CFSA has applied the funds, which must be spent by 2025, to further enhance the District’s community-based prevention infrastructure.

***FY 2024 APSR Update***

By the end of FY 2023, CFSA will have spent approximately \$578,000 of the \$593,000 FFPSA grant. Funding has been applied toward the Rapid Housing program (described earlier) and the Neighborhood Legal Services Program, which provides legal consultation and assistance to families involved in the child welfare system. DC will have liquidated this grant by the end of next 2024 and will have proper accounting in the next FY 2025 APSR.

**Family First Transition Act Funding Certainty Grants (FCG)** – CFSA has leveraged FCG funding for room and board not funded under Title IV-E, in addition to other supports to children and youth in foster care. FCG funding also supports CFSA’s contracted partnership with the five Collaboratives, which continue to provide services to the District’s most underserved neighborhoods. These Collaborative services include home visitation, social supports, and prevention for families known to CFSA through CPS investigations or open in-home cases, as well as services for “walk-in” clients who are not known to the Agency.

CFSA is in the process of planning and implementing the delivery of Title IV-E prevention services by building financial and systems infrastructure via the Collaboratives. In the meantime, the Agency is utilizing the Funding Certainty Grant as bridge funding to underwrite the array of prevention services and supports being provided by all five Collaboratives until the infrastructure is in place to deliver and claim for Title IV-E prevention services within the Agency’s approved Title IV-E Prevention Plan.

During FY 2021, CFSA utilized \$9.9 million in FCG dollars to support activities that were previously funded under the Title IV-E Waiver demonstration.

#### ***FY 2024 APSR Update***

During FY 2022, CFSA utilized \$14,451,724 in FCG dollars to support activities that were previously funded under the Title IV-E Waiver demonstration. Details about activities and characteristics of populations served appear earlier in this section's description of *Preservation Services*.

## **JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)**

CFSA administers, supervises, and provides oversight of the District's John H. Chafee Foster Care program through the Agency's Office of Youth Empowerment (OYE), presently housed under CFSA's Office of Well-Being (OWB). OYE directly administers the Chafee program through its independent living (IL) program, which by regulation provides IL services to youth ages 15-21 who are or were in the custody of CFSA. The program is designed to serve these youth with educational, vocational, career, and other transitional supports.

One of CFSA's Four Pillars, *Exit to Permanence*, demonstrates CFSA's value that every child and youth exit foster care quickly and safely to a permanent home. When older youth are unable to achieve reunification, guardianship, or adoption, the Agency strives to ensure they will have lifelong connections, a well-supported environment, and the skills for successful adulthood. To support these efforts, OYE ensures direct engagement and teaming with the youth, their assigned social workers, applicable specialists, resource parents, and other supportive adults in the development of youth-driven planning toward appropriate, fulfilling, and sustainable goals in the domains listed below.

#### ***FY 2024 APSR Update***

OYE conducts college and career preparation workshops that provide 11<sup>th</sup> and 12<sup>th</sup> grade students with options for post-secondary education and high-demand employment fields. In FY 2022, a total of 72 youth attended. In the first two quarters of FY 2023, an additional 59 youth attended.

In the FY 2022 Mayor's Performance Plan, CFSA reported that it nearly met a 70 percent benchmark with 69.7 percent of youth, age 20, were employed or in a post-secondary education program.

### **Education**

To help youth optimize educational outcomes, OWB and OYE education specialists provide three tiers of services:

1. Direct services and intensive supports throughout the school year to the most educationally at-risk youth (i.e., attendance, behavior, and coursework) using an evidence-based student engagement model, [Check & Connect](#), as well as other individualized interventions.

2. Assignment to each supervisor and social work unit at CFSA and at the private agencies to serve as the point of contact for consultative support on individual cases and issues as needed.
3. Provision of educational performance incentives and rewards, and training for youth in foster care and to their resource family to assist with prioritization of education and post-secondary planning as well as educational events.

For youth in college, educational specialists provide support and assistance with registration, financial support, development of a financial plan, resolution of disputes, monitoring and encouraging academic progress, and where appropriate, visitation at the youth's college. OYE's Education Power Hours (formerly called College Connect 4 Success) are a series of workshops to promote academic success for youth enrolled in or attending college. The workshops allow students to dialogue directly with college representatives in the areas of academics, financial aid, and other matters related to the transition from high school to college life.

### ***FY 2024 APSR Update***

In FY 2022 and during the first two quarters of FY 2023, OYE connected a total of 21 youth with college tour opportunities. There were also 85 youth who attended Education Power Hours.

## **Career**

In April 2019, through a partnership with the non-profit organization Youth Villages (YV), CFSA launched the YVLifeSet Program. Using evidence-based practices, YVLifeSet replaced the Career Pathways Unit as OYE's vocational and life skills service delivery model. In FY 2021, CFSA's contract with Youth Villages expired. However, OYE continues to implement the LifeSet model.

Using the LifeSet approach, OYE specialists work with older youth to help prepare them for independence through comprehensive, intensive, individualized, and youth-driven experiences. The LifeSet model supports these efforts by leveraging tailored, intensive supports that help youth transition from foster care to successful early adulthood. The model requires complete buy-in from each participant.

More specifically, LifeSet holds young adults accountable for their goals, requiring youth-driven input and involvement in the transition planning process, including weekly meetings with their LifeSet specialist. Participants receive highly individualized services in the youth's natural environment, including the home, place of employment, and community. Specialists assess the youth alongside the domains of vocation, education, parenting, transportation, community living, supports, and sexual health. Together, the LifeSet specialists and youth customize the strengths-based case plans that promote the youth's identified goals and objectives. In addition to the above, participants receive ongoing case management and service supports across all of the assessed domains, including priorities for progress outlined in the youth's transition plan.

For older youth not in the LifeSet program, OYE offers vocational support, as needed, including internships, training, and employment in the youth's field of interest. Vocational specialists also help youth to develop soft skills and to build their resumes, both of which are essential for youth achieving independence.

CFSA continues to reinforce the importance of any variety of career and vocational paths for youth, including program partnerships with the District's Department of Employment Services (DOES) and the Department of Youth Rehabilitation Services. CFSA further partners with the University of the District of Columbia to make available workforce development training for youth completing high school and transitioning to the vocational track. For youth in college, CFSA partners with local businesses to provide paid career-path internships during the summer months.

#### ***FY 2024 APSR Update***

In FY 2022, a total of 65 youth participated in the *LifeSet* program. Over the first two quarters (Q1-2) of FY 2023, a total of 45 youth participated in the program, 29 of whom continued to participate from FY 2022. Overall, OYE provided some degree of vocational support through workshops or direct assistance to 102 youth in FY 2022 and to 68 youth in FY 2023 Q1-2.

## **Finances**

CFSA offers youth ages 15-21 the opportunity to participate in a savings program where every dollar saved is matched by Capital Area Asset Builders (CAAB). The matched funds are capped at \$1,000 per year and are funded directly from the Agency's Chafee grant. They can only be accessed to purchase a vehicle or to pay for housing, education, or entrepreneurial endeavors (refer to the *Financial Literacy* section for more details and data).

CFSA continues to offer the CAAB program, which provides an opportunity for youth to gain financial literacy skills and to receive matched savings. CFSA's capacity allows for meeting the needs of 100 participants at any given time. Youth who enroll in the program will receive one-on-one financial coaching and will be matched 1:1 up to \$500 annually for 15 to 17-year-olds or 2:1 up to \$1,000 annually for 18 to 21-year-olds. If youth start saving the maximum amount at age 15, they can have up to \$12,500 saved by their 21st birthday. Since the program launched, youth have utilized funds to open businesses, purchase big ticket items such as a car, pay housing costs, and to work toward overall stabilization in life after foster care.

#### ***FY 2024 APSR Update***

In FY 2022 there were 174 youth enrolled in the Making Money Grow program; 60 youth attended financial literacy workshops. As of March 31, 2023, there were 175 youth enrolled in the program. Thus far in FY 2023, a total of 31 youth have participated in financial literacy workshops. Based on recent participant feedback requesting more interactive presentations, OYE changed presenters and is currently developing a survey to identify preferred topics for monthly sessions.



## Additional Training Opportunities

CFSA's OYE works with several contracted congregate care programs such as Boys Town, Maximum Quest (Caitlin's Place), Youth For Tomorrow, GANG, The Mary Elizabeth House, Innovative Life Solutions, and Umbrella Therapeutic Services, all of which provide life skills support to youth. Some of the life skills courses include problem-solving, decision-making, and stress reduction; interpersonal and social skills, self-image, and conflict resolution; developing appropriate romantic relationships, etc.; housekeeping, home safety and fire safety; work readiness and employment, and budgeting and finance. They also participate in CFSA's Making Money Grow program.

- **Boys Town** supports youth with daily life skills. They also have a continuum of care where youth can continue to have Boys Town support them and provide guidance in array of different programs including social skills.
- **Caitlin's Place** offers life skills training via group sessions. However, due to COVID-19, they have individualized their life skills education modality to maintain CDC protocols and practice social distancing. Customizing the life skills topics allows them the flexibility to include youth transition planning (YTP) and individual service planning (ISP) goals established by the youth and their team.
- **Youth For Tomorrow** conducts life skills on a weekly basis within the home. The exercises are facilitated by a house coordinator or lead residential counselor. All life skills lessons are logged into the resident's chart.
- **God's Anointed New Generation (GANG)** incorporates life skills through daily effective communication and collaboration with the residents. This approach can include cooking demonstrations, laundry, completing chores, and parenting skills. A residential counselor oversees life skills Monday through Thursday either in a group setting or individually. As a person-centered program, GANG social workers also use life skills to address individual needs in developing ISPs. Lastly, GANG's behavior point system is designed to hold youth accountable. The system has been effective for implementing the life skills curriculum.
- **The Mary Elizabeth House** uses a program logic model, which is grounded in the Casey Life Skills programming. Assessment results help identify skills gaps that inform ISPs and specific types of structured engagements for each resident, facilitating self-sufficiency. From this approach, youth better understand the behavioral health barriers that could hinder progress, but also facilitates an understanding of the available span of time in which reasonable and achievable goals can be achieved.
- **Innovative Life Solutions** provides life skills and training on a one-on-one basis, as well as in group settings. Each youth receives individualized assistance with formal or desired life skills as identified by the youth's ISP or expressed desire to learn a skill. Staff provide modeling, verbal promotion, and hand-over-hand assistance to youth when facilitating a life skill. Youth also receive group training within the home or in the community, if appropriate. Individualized skills are supported several times a week and group skills several times per month.



- **Umbrella Therapeutic Services** provide life skills workshops, depending on the resident's YTP or ISP as developed by the youth with the social worker. Residents must participate in these workshops as scheduled. The training and workshops include one-on-one as well as group settings. These training and workshops occur monthly, near or on the first Friday of each month when residents get their monthly allowance, which helps to guarantee one hundred percent attendance. The life skill trainings can be conducted in any setting if the environment is conducive to learning the relevant skill. Each training is designed to increase independent living skills needed for adulthood.

### Youth Involvement in Development of the Chafee Plan

*Everyone knew me as someone who would always set goals and work toward them. They told me I was all set...but I wasn't. When I aged out, last year, I didn't get the housing I wanted, and I didn't accomplish my education goals. OYE offered a lot of supports, but it's different when you're not receiving them in the home, from a parent.*

*I want to use my role on the Youth Council, and in the community, to help change the system for kids that are still in care - to make sure they become successful and don't get "lost in the sauce." I believe this requires CFSA to ask more from its foster parents.*

*CFSA must focus on finding committed foster parents and on training them to recognize trauma and to know how to respond. Whenever kids act out, there's always a reason. I want foster care to be a real family experience, so that when children go into a foster placement, it won't feel like they are being taken - they are just going to another home.*

*Foster parents need to be as willing and able as any professional to help youth build employment, financial literacy, and life skills. They also need to find a balance - knowing when to help clear a path for youth, but also when to encourage them to solve their own problems and work toward their own goals. Foster parents can't just be placement providers - they have to be true parents, completely dedicated to helping youth develop skills needed to be successful adults.*

*Justice Thurston*

*Youth Council Vice President*

*CFSA Foster Care Youth - 2013-2022*

*May 2023*

In FY 2021, CFSA continued to partner with the national child welfare research and development non-profit, *Think of Us*, as another means of ensuring that the youth voice informs Agency programming decisions. Based on interviews with 88 youth, *Think of Us* provided a report to the Agency that addressed common challenges and opportunities for youth currently and formerly in care, and that

assessed the need for an enhanced ecosystem of digital and community resources, as well as formulating requirements for a digital tool that provides essential resources to youth and families. Based on the understanding that youth need supports to be responsive, quick, and unconditionally supportive, and that the informal supports they identify should be explored and engaged, OYE made the following programmatic adjustments:

- Introduced Aftercare Services specialists to youth at an earlier age to allow for building rapport.
- Developed “Ready by 21,” a formalized process for ensuring youth, starting at age 18, receive the life skills education and planning supports necessary for successful independence and adulthood.

In FY 2021, the CFSA Youth Council participated in three OYE focus groups. Each group ranged from two to four participants. For the first December 2020 group, discussion topics included the impact of COVID-19, the importance of engagement and participation in the webinars held by OYE, and youth interest regarding the development of a youth-led resource website. For the second group in January 2021, the discussion centered around what type of webinars would help increase youth participation as it relates to guest speakers and career interest. The last group, held in March 2021, the focus group centered on overall Agency improvement.

In February 2022, CFSA’s leadership team met with the District’s Citizen Review Panel (CRP) to hear recommendations for youth services, which were partially based on interviews with youth in care. CRP’s requests and recommendations included financial literacy programming, service eligibility, and higher educational programs (see [Citizen Review Panel Annual Report](#)).

As part of OYE’s continuing commitment to incorporating the views of youth and encouraging self-advocacy, the Youth Council lends its voice and perspective to a variety of activities, including a Think of Us workshop, an Older Youth Panel meeting, and a Thriving Families, Safer Communities information and planning session. Additionally, Youth Council members have recruited other young people to attend OYE’s Fall and Spring Festivals, each of which included over 25 vendors in the areas of vocational training, employment, education, and mental health. As of June 2022, OYE had restructured the Youth Council by merging it with the Aftercare Council and recruiting for newly created executive positions, including a president, vice president, treasurer, director of marketing and communications, and peer support specialists.

OYE drafted a survey in the spring of 2022 to further understand youths’ needs and service preferences when it comes to preparation for the transition to independent adulthood. With responses pending, the survey asked youth to indicate their awareness and opinion of the supports available from their case management team and from OYE’s educational, vocational, and financial planning specialists. It also provides opportunities for youth to describe what additional supports they need in order to be successful, and how they prefer to be engaged and motivated by their team members.

### ***FY 2024 APSR Update***

There are currently five youth serving on the Youth Advisory Council, with ongoing recruitment efforts to engage more youth to reflect a broad range of traits, experiences, and circumstances.

In a spring 2023 survey, 17 youth between the ages of 15 and 22 evaluated various supports received from their resource parents, case management team, and OYE specialty units. The respondents included five youth who had been in care for less than two years and 12 youth who had been in care for two or more years. At the time of the survey, six youth were living with kinship caregivers, six were living with non-relative foster parents, one was living in a group home, and four had recently aged out of care. Of the 15 youth who indicated their current or prior foster care agency, nine had been served by CFSA and six had been served by a private provider.

Respondents selected “agree” or “strongly agree” to questions on support with 82 percent (n=14) indicating that their resource parent or group home staff provided effective support, when needed, in the areas of school, work, life skills, transportation, and advocacy. Regarding their case management teams, 82 percent (n=14) indicated that they had a clear understanding of the supports available to them, and the same number felt they received effective support in the areas of school, work, life skills, transportation, and advocacy when they needed it.

When assessing OWB and OYE’s educational services, including the Check & Connect engagement model, tutoring referrals, and college prep, 76 percent (n=13) indicated that they had a clear understanding of available supports, and 82 percent (n=14) felt they received effective support when needed.

For vocational supports, 88 percent (n=15) indicated an awareness of the LifeSet program. Among those who had participated in the program, 67 percent (n=6/9) found the support to be effective.

With regard to OYE’s financial literacy program, Making Money Grow, 81 percent (n=13/16) indicated awareness of the program and its benefits of financial literacy education and matched savings, while 88 percent (n=7/8) of enrolled youth found it effective in teaching money management skills.

## **Collaboration with District Agencies and Providers around Older Youth Supports**

### **Formal Agreements with Partners in the District of Columbia**

CFSA partners with a variety of District government agencies that jointly serve older youth. CFSA currently has Memoranda of Understanding (MOU) with the Department of Behavioral Health around the administration of family functional therapy, as well as the operation of Wayne Place, a transitional living program for young adults who recently aged out of care and require an additional period of support and stabilization. CFSA has an MOU with the District of Columbia Public Schools (DCPS) in the ongoing implementation of and adherence to the Every Student Succeeds Act, which includes

coordinated efforts around school stability, best interest determinations, records transfer, and transportation. CFSA has Memoranda of Agreement (MOA) with the DC Office of the Attorney General (OAG), Metropolitan Police Department (MPD), Freddy Mac, Safe Shores, and the US Attorney General for the District of Columbia to discuss investigation, prosecution, and prevention strategies for child physical and sexual abuse matters. CFSA also has an MOA with the DC Criminal Justice Coordinating Council (CJCC) to streamline interagency communication through an electronic data access protocol.

### **Standing Meetings with Partners in the District of Columbia**

The OYE program administrator sits on the Juvenile Justice Committee with members from CJCC, DBH, OAG, MPD, DCPS, the Department of Youth Rehabilitative Services, the Department of Human Services, and several other local government agencies. During quarterly meetings, members identify current policy efforts to utilize existing resources; share data on juvenile justice trends; coordinate cross-systems trainings focusing on issues relevant to cross-systems-involved youth; identify and promote existing resources to benefit practitioners, their clients, and the community; identify and develop policies to reduce recidivism or re-entry into the juvenile justice system; and strategize on information-sharing and coordinated case management.

OYE's Program Administrator also sits on the [Mayor's Juvenile Justice Advisory Group \(JJAG\)](#) in partnership with members from the OAG, Family Court, DBH, DCPS, DYRS, MPD, several other community organizations and several community members with lived experience in various systems. The JJAG advises the Mayor and District government agencies on compliance with core requirements of the Juvenile Justice and Delinquency Prevention Act (JJDP), obtains input from youth with experience navigating the juvenile justice system, reviews and comments on juvenile justice grant proposals, and assists in monitoring all juvenile detention and correction facilities and grant-funded community-based programs to ensure compliance with the JJDP.

### ***FY 2024 APSR Update***

In FY 2023, Juvenile Justice Committee focus areas included the following:

- Mapping of resources for youth as intervention and prevention measures
- Risk and needs assessments/screening tools used by various District agencies
- Education, family, community, arrest history, mental health and substance use history, services and supports for justice-system-involved youth
- Juveniles papered for violent offenses who were rearrested pre-adjudication
- '211 Warmline' support for families that are not justice-system involved
- Psychiatric residential treatment facility updates and needs
- DYRS prevention programming
- Childhood risk factors for young adults convicted of violent crimes
- First arrests for violent and weapons offenses
- Youth Rehabilitation Act of 2018

- Focus Groups with youth, families and communities regarding drivers for community violence

In FY 2022 and FY 2023 the Mayor’s Juvenile Justice Advisory Group (JJAG) has focused its energies on identifying ways in which the juvenile justice system can continue to shift toward strength-based approaches that connect youth and families to meaningful opportunities and supports. All partner agencies are critical to evaluating and making recommendations about current and evolving gaps and needs in the citywide continuum of care. JJAG has made progress towards its goals through grant-making efforts and investments in restorative justice and delinquency prevention programming, developing a set of recommendations to reduce racial and ethnic disparities in the juvenile justice system, and passing two resolutions about enhancing non-punitive and community-based forms of engagement, as well as improving responses to chronic absenteeism and truancy.

## **DIVISION X FUNDING**

During the height of the COVID-19 public health emergency, Division X funds were used to support 26 young adults who would have aged out of foster care at the age of 21. The extended care period ended in October 2021. As noted earlier in this section, CFSA used the remainder of the District’s Division X funding to develop an 11<sup>th</sup> FSC in Ward 5 to render upstream prevention services in a neighborhood with growing levels of child welfare involvement.

## **National Youth in Transition Database (NYTD)**

NYTD remains one of the data collection methods used by CFSA and the federal Administration for Children and Families to gather additional knowledge about services and outcomes of youth currently in foster care and youth transitioning out of foster care. In December 2018, the Children’s Bureau (CB) conducted an NYTD review of applicable CFSA cases. The review included pre-onsite and onsite activities that allowed CB to understand CFSA’s practices related to youth, data collection methods, documentation, and child welfare system coding. The NYTD review served as an evaluation of the system, policies and practices related to the collection of youth transitioning out of foster care.

In January 2020, CFSA received Appendix C- NYTD General Requirements and Elements- Preliminary Ratings and Findings from CB. This document resulted from the NYTD review that occurred in December 2018. The findings laid out the general requirements and data elements that were assessed during the review and how the Agency rated in each area, along with CB’s findings and recommendations. Overall, there were several areas needing improvement, including the NYTD survey tool design, survey administration, and NYTD service tracking and service coding in FACES.NET.

Staff from CFSA’s Office of Planning, Policy, and Program Support partnered with CFSA’s Child Information Systems Administration (CISA) and OYE to address applicable findings prior to receipt of the final CB report. As a result, CISA made several changes to FACES.NET that directly correlate with system coding and tracking of NYTD survey and services data. Additionally, CFSA made changes to the NYTD survey tool to better align with CB’s recommendations. The following changes were included:

- Alignment of specific survey question language and potential youth answers to federal guidance
- Development of a cover sheet to obtain and better track youth contact information
- Development of separate surveys (i.e., an initial survey for youth being surveyed at age 17 and a follow-up survey for youth ages 19 and 21)
- Development of separate surveys for youth ages 19 and 21, based on federal guidelines for determining foster care status

CFSA virtually completed its demo in August 2020 and submitted its responses to the federal team in response to Appendix C ratings. In March 2021, CFSA received the CB NYTD Review Final Report. The report outlined how the District rated in the general requirements and the data elements that were assessed during the December 2018 review. The report also provided CB findings and recommendations.

As a result of the final report findings and recommendations, CFSA developed a NYTD Improvement Plan for submission to CB. The plan addresses areas such as reporting on services provided to youth, reporting on survey results from youth in the population baseline and follow-up populations for surveying, revising the survey tool and survey collection, adjusting how CFSA submits data files to CB, and conducting quality assurance on the collected NYTD information. Additional areas addressed by the plan include system enhancements for a number of data elements ranging from race, foster care status, education level, independent living needs assessment, career preparation, housing education, health education, family support, and mentoring. Data elements related to the survey tool include employment, education aid, public financial assistance, highest level of education, homelessness, and health insurance coverage.

CFSA's NYTD workgroup developed steps to improve the mapping, documenting, and tracking of independent living services in FACES.NET. Meetings focused on determining needed enhancements to FACES.NET, as well as staff training to ensure services are being documented correctly in FACES.NET.

In March 2022, the District's NYTD Improvement Plan (IP) was approved. The first progress report was due in the summer 2022. To support areas in need of improvement per the IP, the District has established internal working teams to improve both NYTD general requirements and data elements, including targeted work to increase independent living performance percentages to ensure the evidenced service array aligns accordingly with CCWIS documentation. The workgroup will meet bi-weekly through September 2022. Each meeting will examine current independent living services performance by administration and corrective action strategies to improve the performance and documentation of independent living services.

### ***FY 2024 APSR Update***

CFSA's NYTD working group continues to explore ways to improve the documentation and tracking of all independent living services outlined as areas in need of improvement (ANI) in the March 2022 NYTD Improvement Plan. In September 2022, CFSA submitted an initial progress report to outline the District's extensive examination of the Agency's IL service provision data entry and system documentation. This examination identified the various methods being used to track IL services in need of a common reporting process and database. Improved performance objectives include mapping each element by data source and creating a centralized documentation source for IL services for data entry by internal and external stakeholders. The group is finalizing the mapping of IL services to ensure that all services provided to youth can be documented for tracking both in FACES.NET and in CFSA's updated child information system, STAAND (referenced earlier in this report).

### Serving Youth Across the State

CFSA serves as the local and state agency responsible for providing services through the Chafee program for all applicable youth in the District of Columbia. The Agency continues to provide all Chafee-funded services to youth ages 14-21.

CFSA has historically maintained the custody of youth until the age of 21, if they do not attain permanency through adoption, reunification, or guardianship. In an effort to support those youth who are aged 21 to 23 years old, and who have aged out of foster care, CFSA also provides aftercare supports to ensure access to resources necessary to sustain independent living. In addition, CFSA offers Chafee-funded Education and Training Vouchers (ETV) to youth who were previously receiving the voucher but either aged out or otherwise exited foster care.

In 2019, CFSA transferred oversight of the aftercare program to OYE, creating an in-house aftercare services program that connects transition-aged youth to an OYE resource development specialist (RDS) who helps the youth create an individualized transition plan for accessing services to support adulthood. Youth are eligible for aftercare services if they exit foster care at 21, reside within 25 miles of DC at the time of exit, and agree to services. Youth are ineligible for services if they are connected to housing and case management supports through the Department on Disability Services, the Department of Behavioral Health, or a transitional housing program. Youth are also ineligible if they are in abscondence, incarcerated, or reside more than 25 miles outside of DC at time of transition.

The OYE RDS determines a youth's eligibility for aftercare services during a transition planning process called the 21 JumpStart review. This process, which is initiated six months before the youth's 21st birthday, includes the assignment of an aftercare specialist to welcome and guide the youth throughout the program. The aftercare program provides both individual support and group opportunities for connecting to the following supports:



- Housing Assistance
- Medical and Mental Health Support
- Education and Vocational Training Preparation
- Employment Assistance
- Budget & Financial Management
- Life Skills Development
- Guidance for Accessing Public Services & Benefits
- Transportation Stipends
- Limited Emergency Support

OYE tracks the number of youths being enrolled and the youth actively participating in the aftercare program. “Active participation” includes meeting monthly (at a minimum) with the assigned RDS, and intentionally engaging in youth-driven discussions regarding service needs in the areas listed above. Additional details and updated data about CFSA’s aftercare program can be found in *Section C3. Update to the Plan for Enacting the District of Columbia’s Vision*.

### Collaboration with Other Private and Public Agencies

CFSA recognizes that continued collaboration with public agencies is essential to providing a full array of services for youth with varying levels of education, vocational skills, interests, and life skills. To this end, CFSA has strengthened its partnerships with various sister agencies, including the Rehabilitative Services Administration (RSA), Department of Disability Services, DOES, and OSSE. These agencies are committed to supporting youth with housing, mental health, education, vocation, and employment resources. RSA and DOES are co-located onsite twice a month to ensure that staff and youth are directly connected to a liaison who can ensure program enrollment. For additional details, refer to *Section C1. Collaboration and Vision*.

**Determining Eligibility for Benefits and Services** – CFSA’s eligibility criteria for Chafee-funded services include those youth in foster care aged 15-21 and youth who have left foster care after the age of 15.

**Cooperation in National Evaluations** – CFSA will cooperate in any national evaluation of the effects of the programs for achieving the purposes of Chafee.

### ***FY 2024 APSR***

As detailed in *Section C3. Update to the Plan for Enacting the State’s Vision*, CFSA since 2021 has collaborated with the District’s Department of Youth Rehabilitation Services to offer a Credible Messenger mentoring opportunity for youth served by both agencies. Additionally, CFSA supported the Foster and Adoptive Parent Advisory Council in the planning and presentation of a Foster Youth Summit in May 2023. Additional details can be found in *Section C1. Collaboration and Vision*.



## LGBTQIA+ Youth

As outlined in the introduction to this report, CFSA works with the Connecting Rainbows initiative to engage in resource development specific to the needs of youth who self-identify as LGBTQIA+. The Agency's recruitment team makes concerted efforts to assess and promote placement providers that identify as LGBTQIA+ or show support for this population. Additionally, CFSA added a new training on working with individuals who self-identify as LGBTQIA+, described below.

## Chafee Training

CFSA's Child Welfare Training Academy provides training for social workers, family support workers, specialists, supervisors, and resource parents who work with older youth. The following courses are offered to enhance staff's practice and engagement with youth.

- **Best Practices in Engaging Older Youth** – This training session provides social workers, family support workers, and resource parents with the information needed to identify and address barriers related to engaging youth involved with the child welfare system. Participants engage in discussions that support the development of cultural awareness as it relates to the historical context of African American youth. Social workers will gain an understanding of how engagement skills can facilitate meaningful conversations.
- **Child and Adolescent Development** – This training provides a foundation of knowledge regarding various theories on the stages of development. It explores age-appropriate behaviors, as well as adaptive methods for managing behavioral concerns. Also discussed are the implications of caregiver and social worker roles in working with traumatized clients, specifically within the context of the maltreatment that initiated child welfare services.
- **Prevention to Permanence** – This training focuses on providing participants with a step-by-step walkthrough of a CFSA-involved case, starting with the Hotline call and ending with successful achievement of permanency, either through reunification, guardianship, adoption, or transitioning out of care at the age of 21. This course focuses on the Structured Decision Making® assessment and various other assessment tools completed by social workers throughout the course of an investigation, family assessment, and delivery of in-home and out-of-home services. This training also incorporates the Danger & Safety Assessment training.
- **Program Operations Training** – In this training, participants who are assigned to all other direct service administrations (except Child Protective Services) and all private agency new hires learn how to identify their professional roles when communicating and engaging with families and resource providers, specifically regarding concurrent planning. They also learn how to construct specific strategies to overcome potential challenges to concurrent planning with families, children, and youth in foster care. Lastly, participants learn how to produce a strength-based, culturally-competent, and solution-focused court report. This course is for newly hired non-CPS social workers and non-CPS family support workers.
- **First 30 Days** – This training provides OYE staff with step-by-step information on the initial case management practices necessary within the first 30 days of a youth's entrance into foster care.

### ***FY 2024 APSR Update***

The following additional courses are offered to enhance workers' practice and engagement with youth:

- **Engaging Older Youth** – This course provides important foundational elements of adolescent development, an understanding of youth strengths and barriers, and effective ways to communicate and collaborate with youth in the case planning process.
- **Working Effectively with LGBTQIA+ Youth** – CWTA provides this training to help participants learn how best to work with youth who self-identify as lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+). The course offers clear definitions and experiential exercises that allow participants to better understand the thought and feelings of the LGBTQIA+ population.
- **Youth Mental Health First Aid** – This eight-hour course teaches lay persons how to recognize the signs and symptoms of mental illness and substance use disorders, how to de-escalate crises, provide comfort, and refer individuals to professional services. The program utilizes interactive exercises to teach a unique action plan for helping others.

### **Access to Medicaid For Young Adults Formerly in Foster Care**

Staff from CFSA's Business Services Administration (BSA) serve as liaisons for the District's Medicaid program covering children in foster care. Young adults formerly in foster care from the District and from other states receive Medicaid coverage through the District.

### ***FY 2024 APSR Update***

In late 2022, BSA met with staff from the DC Department of Health Care Finance's (DHCF) Health Care Policy and Research Administration to amend the policy requirement to offer Medicaid to eligible young adults formerly in foster care who move to a new state. On May 19, 2023, the federal Centers for Medicare and Medicaid Service approved a state plan amendment (SPA) for this policy. The policy is currently in the District of Columbia Access System (DCAS) programming stages. DCAS is an umbrella eligibility and enrollment system for DC Health and the District's Department of Human Services. DCAS provides access to cross-agency automated databases for case data such as demographics, beneficiary data, and benefit issuance. The system also determines Medicaid eligibility. Coordination between CFSA and DHCF will ensure relevant stakeholders are aware of the amended policy.

### **Education and Training Vouchers (ETV) Program**

As mentioned above, for youth in foster care and for youth who left foster care after achieving an adoption, kinship, or guardianship goal, OYE administers the Chafee-funded ETV program, which is an important financial resource to help with the cost of attendance at institution of higher education, e.g., tuition, fees, books, housing, and other related-college expenses. Up to \$5,000 worth of ETV funds are available to youth only after all other forms of financial aid have been explored and utilized. Youth receive ETVs on a first-come, first-served basis, until the ETV funds are exhausted. Youth must re-apply for an ETV each academic year.

OYE maintains a tracking mechanism to determine youth who are eligible for ETV in partnership with the Foster Care to Success program (previously known as Orphan Foundations of America).<sup>84</sup> This database tracks eligibility as well as ETV funds distributed to recipients. The tracking mechanism allows OYE to determine unduplicated number of ETVs awarded each school year. Social workers enter the ETV distribution data into FACES.NET (the Agency’s child welfare information system), whereupon FACES.NET tracks the distributions for federal reporting. The reporting of ETVs is based on the youth’s client identification number and voucher issuance date. This methodology prevents the Agency from inadvertently issuing more than one ETV per youth. OYE processes all ETV applications internally and determines financial need per applicant by calculating the cost of attendance minus all grants, scholarships and other aid.

CFSA youth also depend on other federal and local financial resources, such as the DC Tuition Assistance Grant, the DC College Access Program or federal grants and scholarships available through the Free Application for Federal Student Aid.

CFSA also maintains a separate pool of Chafee funds to assist with expenses that are incidental but still necessary to successfully participate in programs of study, including but not limited to uniforms, supplies, transportation, and other items not covered by ETV funds. Through these Chafee funds, eligible youth can attend summer bridge programs where the youth spend one week on the campus of a college that they may be interested in attending. Chafee funds can also be applied to tuition for pre-college programs, such as training opportunities that may not lead to nationally recognized certifications but nonetheless provide experiences and outcomes

#### ***FY 2024 APSR Update***

In FY 2022, CFSA provided a total of \$112,692 in ETV support, and in the first two quarters of FY 2022, the Agency has provided \$47,957. In the 2021-2022 school year, CFSA awarded a total of 40 ETVs, of which 15 were new awards. In the 2022-2023 school year, CFSA awarded a total of 34 ETVs, 15 of which were new. In FY 2022, CFSA used approximately \$2,215 in Chafee funds to directly support four youth for pre-college-related programming. CFSA spent \$950 to provide this support in the first quarter of FY 2023.

## **C6. CONSULTATION AND COORDINATION BETWEEN CFSA AND TRIBES**

There are no federally recognized tribes in the District. Yet, for the development and alignment of Agency policies with the requirements of the federal *Indian Child Welfare Act* (ICWA) and the *Child*

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<sup>84</sup> In 1981, Joseph Rivers founded Foster Care to Success (FC2S) under the name “Orphan Foundation of America”. Over the years, FC2S has shaped public policy, volunteer initiatives, and the programs of other organizations working with older foster youth. <https://www.fc2success.org/>

*Welfare Innovation and Improvement Act*, CFSA continues to consult with the Association on American Indian Affairs (AAIA)<sup>85</sup> and the Navajo Nation for any changes in tribal status for the District.

As of the last day of the fiscal year for every year since FY 2013, there have been no American Indian or Alaskan Native children in the District foster care system. Despite the rarity of occurrence, following the dialogue with the Navajo Nation that informed CFSA's policy related to ICWA and tribal transfers, the Navajo Nation nonetheless agreed to avail itself to CFSA for technical consultation on specific cases, as they arise, regarding ICWA programming and federal compliance.

Again, the District has had no member of a federally recognized tribe in its care and custody for the entirety of the 2015-2019 CFSP. For these reasons, federal requirements for consulting, collaborating, and coordinating with tribes on all aspects of the development and oversight of the 2020-2024 CFSP and subsequent APSRs, including requirements surrounding the Chafee program, are not wholly applicable.

Nevertheless, CFSA is engaged in high-level discussions with the Indian Child Welfare Programs Office (ICWP) within Casey Family Programs to provide ongoing consultation. CFSA's intended outcome is an agreement in which the ICWP reviews draft guidance over system-wide issues, and also agrees to provide case-specific consultation (in the event that it becomes necessary) to ensure that the Agency abides by all policy and practice requirements related to tribal affairs.

CFSA acknowledges that the ICWP of Casey Family Programs is not a tribal entity, nor does it formally represent tribes. The ICWP does, however, staff experts in tribal child welfare affairs who are able to provide insight and valuable consultation vis-à-vis the District's implementation of ICWA and other tribal matters.

## **SPECIFIC MEASURES TO COMPLY WITH ICWA**

In 2011, CFSA sought formal technical assistance from and collaborated with the National Child Welfare Resource Center for Tribes (NRC4 Tribes) for the development of Agency governance to address ICWA requirements. As a result, CFSA developed the administrative issuance, [CFSA-13-02 Compliance with ICWA](#), to address the following practice areas:

- Inquiry and research into a child's identification as an American Indian (pursuant to ICWA's definition)
- Mandatory notification to parents and a tribe regarding family court hearings involving American Indian children
- Foster care placement of American Indian children

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<sup>85</sup> AAIA is situated locally in the metropolitan Washington area.

- Court and evidentiary requirements surrounding placement and permanency decisions that impact American Indian children

CFSA also receives assistance from the Family Court in this matter (i.e., the Initial Hearing Court Order provides for an ICWA inquiry). Since the District uses a uniform court order template, every judge is required to follow through and ask the appropriate questions to identify whether a child is a member or descendent of a tribe.

## COMPLIANCE WITH TRIBAL TRANSFER REQUIREMENTS

When the federal Administration for Children and Families communicated new rules in 2013 regarding procedures for the transfer of placement of a child from a state to a tribal Title IV–E agency or an Indian Tribe with a Title IV–E agreement (§1356.67), CFSA updated its issuance with a new section that specifically addresses tribal transfers. In addition, CFSA sought again the assistance of the NRC4 Tribes to ensure compliance with the federal requirement that this document was developed “in consultation with Indian Tribes.” Because the issuance in question was very specific in nature, the NRC4 Tribes connected CFSA with representatives from AAIA to provide additional consultation.

Over the course of several months in 2013, CFSA consulted with AAIA representatives. AAIA made it clear to CFSA that while it can provide insight into Agency policy development, the association itself is not an Indian Tribe and could not formally speak on behalf of any Indian Tribe for the sake of meeting CFSA’s tribal consultation requirement. Therefore, AAIA interfaced with the Navajo Nation to provide the consultation necessary to meet this requirement. Further, over the course of several months in 2014, CFSA and representatives from the Navajo Nation held a number of conference calls and corresponded via email regarding the draft policy language on tribal transfers. In the fall of 2014, the Navajo Nation informed CFSA that the draft language was consistent with its understanding of the federal requirement, although the Navajo Nation specifically pointed out that it could speak only on behalf of its own tribe and not for any other federally-recognized tribe.

## D. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATES

### CHANGES TO DISTRICT LAW OR REGULATIONS WITH RESPECT TO CAPTA ELIGIBILITY

Since publication of the 2015-2019 CFSP, there have been no substantive changes to District law or regulations relating to the prevention of child abuse and neglect that impact the District's eligibility for the CAPTA state grant.

#### Changes from the Previous CAPTA Plan

There have been no significant changes from the District's previously approved CAPTA plan for how CFSA uses funds to support the CAPTA program areas. CFSA will continue to direct CAPTA-sponsored activities toward reinforcing the first pillar (Front Door) of the Agency's Four Pillars Strategic Framework:

- Intake, assessment, screening, and investigation of reports of abuse and neglect
- Case management, including ongoing case monitoring, and delivery of services and treatment that are provided to children and their families
- Reinforcement of child protective services through ongoing use of risk and safety assessment tools and protocols, particularly use of the Differential Response model

#### Use of CAPTA Funds in the Last Year

##### *FY 2024 APSR Update*

There have been no significant changes from the District's previously approved CAPTA plan for how CFSA uses funds to support the CAPTA program areas. CFSA will continue to direct CAPTA-sponsored activities towards reinforcing the first pillar (Front Door) of the Agency's *Four Pillars Performance Framework*.

#### Screening and Assessment

CFSA continues to identify and utilize the most effective tools to promote and sustain trauma-informed case practice within the Agency's organizational structure, culture, and policies. For example, social workers use the screening tools include Ages and Stages Questionnaire Social- Emotional (ASQ-SE), Strengths and Difficulties Questionnaire (SDQ), Global Appraisal of Individual Needs- Short Screener (GAINS-SS), and Trauma Symptoms Checklist for Children and Younger Children.

These trauma screenings help to inform social workers about a child's history of exposure to potentially adverse or traumatic experiences. Information from trauma screenings also provides insights into behaviors and emotions that may be the result of trauma. Social workers then incorporate

this history and current clinical presentations to develop a child-specific service array that is integrated into the case plan.

## Case Management

CFSA has also continued case planning integration of the following tools: Child and Adolescent Functional Assessment Scale (CAFAS®), and the Pre-school and Early Childhood Functional Assessment Scale (PECFAS®), and the Structured Decision Making® (SDM) Caregiver Strengths and Barriers Assessment (CSBA). These tools help social workers make clinically sound decisions while developing a behavioral-based, trauma-informed case plan. CFSA strives to administer the assessments to all children within 30 days of entering care, and to update the CAFAS and PECFAS assessments every 90 days. In addition, CFSA's Office of Well-Being (OWB) maintains databases to track monthly completion rates for each social work unit within CFSA and for each CFSA-contracted private agency.

## Differential Response

Throughout FY 2018, CFSA's Child Protective Services (CPS) Administration continued to use the Differential Response (DR) approach for referrals, based on the immediacy of safety concerns. As noted throughout the APSR, in certain abuse and neglect situations where there was no immediate risk, the CPS Hotline referred families to the Family Assessment (FA) unit. The FA approach differs from a traditional investigation in that the social worker utilizes clinical skills to partner with the family to develop a voluntary service plan to meet their needs. Families who participated in the FA were not substantiated for abuse or neglect, and their names were not included in the District's Child Protection Register. If, however, during this time period, a CPS report indicated that a child's safety was at imminent risk, a formal CPS investigation occurred. Effective April 1, 2019, CFSA transitioned from a dual-track system and returned to a one-track system that incorporated the benefits of the DR approach into the traditional CPS investigative process, effectively ending the use of the singular DR approach and the FA units.

## American Rescue Plan Act (ARPA) Funding

CFSA's ARPA funding comprised two one-time supplemental formula-based block grant awards:

- \$429K in Community-Based Child Abuse Prevention (CBCAP) grant funds
- \$217K in Child Abuse Prevention & Treatment Act (CAPTA) grant funds

### ***FY 2024 APSR Update***

CFSA used these funding sources in FY 2022 and FY 2023 to expand the Families First DC program, which was already thriving in Wards 7 and 8. Both grants were used as part of the Mayor's Building Blocks initiative to expand the Families First DC program by creating an 11<sup>th</sup> Family Success Center in Ward 5, focusing on the underserved Carver/Langston neighborhood. More information about the program can be found in *Section C1. Collaboration and Vision* and *Section C5. Update on Service Descriptions*.



## CPS Investigations

CPS investigates all reports that rise to the level of child abuse and neglect, which includes all reports of newborn positive toxicology. CPS investigates these reports of alleged child maltreatment with all standards for such procedures requiring detailed and consistent compliance with federal and District laws, regulations, and best practices. Social workers develop safety plans when they have identified specific indicators of danger to the child. The safety plans must clearly describe any immediate threats to the child's safety and detail how the threats will be managed to mitigate or eliminate the child's risk of being unsafe.

Whenever there is an indication that children can remain safely in the home, CFSA makes concerted efforts to prevent separation of the child by providing community services to address the presenting and underlying issues that led to the initial maltreatment allegations. Services are specific to the unique needs of each family and may include case management, home visiting services, substance use services, education supports, domestic violence support, etc. An intervention plan is used when a social worker has identified high-risk situations that, in their clinical judgement, should not lead to a child's separation but can be mitigated by linking the family to services within the community.

CFSA has access to a broad array of prevention services throughout the District. These prevention services focus specifically on reducing the risk of future maltreatment. In addition, CFSA relies upon the *Annual Needs Assessment* and other forums to address gaps in services, or to change services that are determined to be ineffective.

In April 2020, CFSA revised its Hotline Policy and posted the policy on the CFSA website with the following updates:

- Removal of references to Differential Response (DR) and Family Assessment (FA) – As noted above, as of April 1, 2019 CFSA has discontinued the two-track system of assigning cases reported to the Hotline, returning to a one-track system while incorporating the benefits of the DR approach into traditional CPS investigations, effectively ending the specific use of DR and the FA units.
- Inclusion of the RED Team practice model – The RED Team model is a teamed approach for reviewing, evaluating and decision-making (RED). The RED Team convenes whenever a Hotline worker is unclear whether a Hotline report should be screened in or screened out.
- Addition of language for reporting sex trafficking to align with current CFSA practice.

In April 2020, CFSA revised the CPS Investigations Policy and posted the policy on the CFSA website with the following updates:

- Staff from the CPS Administration or the Permanency Administration will lead the Removal RED Team meetings on a rotating basis; RED Team separation meetings are held within 24 hours (or



the next business day) after a child's separation from the home. Meeting participants explore kinship placement options and steps to expedite reunification.

- CFSA's Educational Neglect Unit investigates screened-in educational neglect reports to determine interventions and develop a family plan to address chronic absenteeism and underlying issues.
- CPS must investigate all reports on families with newborns diagnosed with positive toxicology results or fetal alcohol syndrome disorder (FASD); the CPS social worker partners with the caregiver to develop a plan of safe care.

To ensure additional guidance, staff can refer to the CPS Hotline Procedural Operations Manual (HPOM) and the CPS Investigations Procedural Operations Manual (IPOM). The HPOM is designed specifically for the Hotline worker and provides practical tips, guidance, and hands-on, step-by-step procedures for receiving calls on the Hotline. The IPOM equally provides practical tips, guidance and step-by-step procedures for investigative social workers giving children the immediate attention they need for their safety and protection, followed by long-range planning for their permanency and well-being. CFSA updated both manuals and posted the June 2020 versions on the CFSA website.

### ***FY 2024 APSR Update***

CFSA's Educational Neglect Unit was discontinued at the end of FY 2022. All Educational Neglect referrals are now assigned to CFSA's traditional CPS teams due to increased social worker vacancies in CPS. The traditional CPS social workers partner with CFSA's Educational Neglect Triage Unit and DC Public Schools to investigate reports of educational neglect. The assigned social workers communicate with school staff and engage with families to identify the underlying issues that result in children not consistently attending school.

In FY22, American Rescue Plan (ARP) Act Funds were awarded to CFSA to support the increased needs of the Educational Neglect Triage Unit. Consisting of four resource development specialists, one supervisor, and one program manager, the Engage and Connect Unit (ECU) expands CFSA's preventative capacity to address educational neglect. The unit engages with schools, families, and community-based resources to address issues related to attendance, enrollment, and reengagement. Specifically, the ECU provides supports in areas, such as transportation, housing stability, immunization requirements, enrollment protocols, distance/virtual learning applications, and linkage to community resources. The ECU also provides education to school personnel and families surrounding attendance reporting.

## **Risk and Safety Assessment**

Accurate and ongoing assessment of safety and risk remain a critical function of CPS social workers to include a trauma-informed approach and improved strengths-based engagement practices with families. The purpose of the SDM Danger and Safety Assessment (DSA) is to help assess whether any child is likely to be in imminent danger of serious harm or maltreatment, and to determine whether a

safety plan can be created to provide appropriate protection from that danger or if the child needs to be removed from the home. The SDM Risk Assessment tool assesses families for low, moderate, high, or intensive probabilities of future abuse and neglect. If assessment results lead the CPS team to conclude that a safety plan is insufficient to address a child's circumstances and there is evidence of imminent danger, CPS will separate the child from the family to ensure safety. CFSA will first seek placement with kin. If no kinship resources are available, CFSA will match the child to an appropriate placement resource.

Based on prescribed timeframes for investigations, CPS social workers will continue to use formal safety and risk assessment tools such as the Danger and Safety Assessment and the SDM Family Risk Assessment for all accepted investigations. In line with best practices, the investigative social workers will also continue to conduct ongoing, informal risk and safety assessments during each regular contact and all visits with the families.

Regarding safety in particular, the CPS administration works closely with primary caregivers and the rest of the family to create a safety plan in efforts to ensure that children can remain safely in their homes. Again, if any CFSA assessment indicates that a safety plan is insufficient to address a child's circumstances and there is evidence of imminent danger, CPS will separate the child to ensure their safety.

#### ***FY 2024 APSR Update***

In FY 2022, CFSA contracted with Evident Change (formerly called the National Council on Crime & Delinquency and Children's Research Center)<sup>86</sup> to review and enhance the SDM tools, including the Hotline Intake Assessment, the Danger and Safety Assessment, and the SDM Family Risk Assessment.

To maximize use of the tool and holistically improve its work with families, CFSA plans to incorporate the SDM assessment tools as part of the ongoing software development of the Agency's new federally compliant Comprehensive Child Welfare Information System (CCWIS), which will replace the current Statewide Automated Child Welfare Information System (SACWIS). CFSA's new CCWIS is known as STAAND (Stronger Together Against Abuse and Neglect in DC). As part of this upgrade, CFSA intends to partner with Evident Change to ensure fidelity to the SDM practice model such that the tools are automated correctly.

In FY 2023, SDM improvement efforts will include design updates and customization to the Child Abuse and Neglect Screening Assessment Tool at the Hotline level, and the Danger and Safety Assessment completed during an investigation. Improvements will also include conditional and final certification of both tools in the new CCWIS system.

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<sup>86</sup> Evident Change is a non-profit organization that uses data and research tools to improve local and state social systems.

## DC CITIZEN REVIEW PANEL (CRP)

Per District [statute](#), CRP must submit an annual report to the Executive Office of the Mayor, the DC Council, and CFSA no later than April 30<sup>th</sup> of each year. Each report summarizes the CRP's annual activities and any related outcomes. Also per statute, CFSA must provide a written response to the CRP report no later than six months after publication.

### *FY 2024 APSR Update*

The CRP submitted its most recent annual report to CFSA on May 9, 2023. The annual report covers the period from May 1, 2022, through April 30, 2023. CFSA has provided a written response to the CRP report (see attachments).

## STEPS TAKEN TO ADDRESS THE NEEDS OF INFANTS BORN AND IDENTIFIED AS BEING AFFECTED BY SUBSTANCE ABUSE OR WITHDRAWAL SYMPTOMS RESULTING FROM PRENATAL DRUG EXPOSURE OR FETAL ALCOHOL SPECTRUM DISORDER

### Changes Made for Implementation of the 2016 Comprehensive Addiction and Recovery Act (CARA)

CFSA supports and addresses the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or fetal alcohol spectrum disorder (FASD) as required by CARA of 2016.

CFSA's current protocol also complies with CARA through the intervention plan, known as "the plan of safe care" for all positive toxicology and FASD referrals. The CPS social worker creates the plan of safe care with the family and then further discusses the plan with the CPS supervisor to ensure that the plan includes supportive services to address the mother's substance use. Also, the plan must show timely evidence of helping the caregiver resolve the substance use issues that resulted in the newborn's positive toxicology results. Plans must also ensure the well-being of the substance-exposed infant. In addition, social workers must ensure that the plan of safe care addresses any other need identified throughout the course of the investigation and beyond.

At the onset, the following steps must be taken during the planning of safe care for a substance-exposed infant and family:

- CPS social workers visit and assess all substance-exposed infants, talk with the affected parents or caregivers, and conduct safety and risk assessments according to the CPS protocol. The investigative social workers also develop the mandatory plan of safe care described above, including substance abuse treatment information. These plans are designed to keep infants, mothers, and families safe and together.
- CPS nurse practitioners make good faith efforts to visit the child and family at least twice, including efforts to visit the family and child in the hospital to discuss discharge planning and to

ensure that hospital staff share any medical recommendations with the social workers for inclusion into the plan of safe care. There is also at least one visit to the home in order to assess medical needs as well as the infant's home and sleeping environment, and to recommend additional resources and supports as needed.

- CPS social workers submit a 0-3 early intervention referral to assess the development of the child and to ensure the child's well-being and proper care. Social workers also submit a substance use referral for the affected mother or caregiver. CFSA may also hold an at-risk family team meeting to identify additional family supports. For those families that require ongoing child welfare intervention, the social worker continues to support the family by incorporating the plan of safe care into the family's case plan.

Training on CARA is now offered as part of CFSA's Child Welfare Training Academy pre-service training. In addition, staff receive tip sheets on the appropriate documentation of the plan of safe care. All training efforts are supported by close monitoring and coaching by the supervisory staff.

CPS management ensures that staff members adhere to CARA requirements through weekly monitoring of the plan for safe care, its development, and its documentation. In February 2020, CPS management reissued written guidance set forth in the intervention planning process, the intervention planning template, and the Plan of Safe Care Documentation Tips Sheet to remind and reinforce staff of this important practice.

In FY 2021, CFSA added a referral to home visiting services as a requirement for those cases where there is an allegation of newborn positive toxicology or FASD. The home visiting program works to ensure access to and delivery of high-quality health and social services to these families by providing case management and care coordination. The Agency initially required social workers to submit the referral at the time of assignment. The Agency adjusted this requirement to allow the investigative social worker time to assess the specific needs of each family. Social workers are required to make this referral within 72 hours.

### Multi-disciplinary Outreach, Consultation, and Coordination to Support CARA Implementation

- **Medical Community Reporting Requirements:** In tandem with CARA requirements, hospitals and medical professionals in the community must also enforce the protective requirements outlined in the federal legislation by mandatory reporting to the CPS Hotline whenever a child is born with positive toxicology results. Once CFSA receives such a report, CPS investigates and refers the infant and family for services, which may include referrals to CFSA's CPS nurses, the 0-3 early intervention, and either CFSA's in-house substance abuse specialist or community-based substance treatment services. If there are other indications of need, such as domestic violence or mental health issues, then CFSA also makes those referrals accordingly.
- **CPS Nurse Referral:** Early engagement with CFSA's Health Services Administration, via a CPS nurse referral, reinforces the nurse's partnership with the family to address the family's needs.

CPS nurses assigned to these substance-affected families make diligent efforts to visit these families twice to assess the medical and the health needs of the infants and caregivers responsible for the infants after the birth. When possible, the CPS nurses interface with the medical staff prior to the caregiver and the infant's discharge to be informed of any additional medical recommendations for continued health care or support when the caregiver and infant return to the home. The nurses also assess the sleeping environment and educate the family on safe sleep practices.

- **0-3 Early Intervention Referral:** Also known as the Ages and Stages Questionnaire (ASQ), discussed earlier in this report, CFSA submits these referrals to support the well-being aspects of the substance-affected newborn and to ensure that infants and families at increased risk receive the intervention and supports needed to provide the infant with proper care. For those infants identified at risk of developmental delays, CFSA works with the District's Strong Start Early Intervention Program, which is a comprehensive, coordinated, multidisciplinary system that provides early intervention therapeutic and other services for families with infants and toddlers diagnosed with disabilities and developmental delays.
- **Substance Use Disorder Services Referral:** CFSA collaborates with the DC Department of Behavioral Health (DBH) to provide substance use disorder (SUD) services for individuals affected by SUD. DBH certifies a network of community-based providers in the public behavioral health system to provide such services based on the level of need. Services include detoxification, residential, and outpatient services. DBH also provides a range of prevention and recovery services.

In January 2022, the Agency participated in a virtual learning exchange series on CARA with the National Center on Substance Abuse and Child Welfare (NCSACW) where lessons from implementation of Plans of Safe care was discussed. CFSA was asked specifically to serve on the panel to address how jurisdictions are collecting data on and monitoring Plans of Safe Care. CFSA was able to share its work in this area with child welfare colleagues across the county.

CFSA's OWB substance abuse program coordinator responds to any in-house substance abuse referral to inquire whether clients are interested in further exploring substance use supports. For clients that are interested the DBH co-located substance abuse assessor administers an approved substance abuse screening tool to each referred client. The screening tool specifically identifies individuals who may need a more in-depth substance abuse assessment. CFSA continues to collaborate with DBH and refers clients to the most appropriate services within the District's available treatment continuum of care for achieving and maintaining recovery.

#### ***FY 2024 APSR Update***

In FY 2021, CFSA added a referral to home visiting services as a requirement for cases where there is an allegation of newborn positive toxicology or FASD. Social workers refer families to the [Mary's Center](#), which offers a variety of home visiting programs tailored to the particular needs of children and families.

## Monitoring Plans of Safe Care to Determine Whether and in What Manner Local Entities Provide Referrals to and Deliver Appropriate Services for Substance-Exposed Infants and Affected Family Members and Caregivers

CFSA tracks the number of Hotline reports for substance-exposed infants through its web-based child information system, FACES.NET. Also tracked are the reporting source, development of the mandated plans of safe care, and the services offered to the impacted infant and family. As previously noted, CFSA requires mandatory referrals on these cases, including referrals to a CPS nurse, the 0-3 early intervention program, and a substance use assessment.

### CARA Case Reviews

Since FY 2018, CFSA has conducted in-depth case reviews, at least twice per year, to examine the quality of the plans of safe care and ensure that the plans provide the specific support needed by the family, and the long-term well-being of the infant. Reviewers use a survey tool to gather data and information from documentation in FACES.NET, CFSA's SACWIS system. Review sample sizes have ranged from 80 to 100. The review tool includes demographic questions such as maltreatment type, drug type, and prior history with an allegation of positive toxicology or FASD. CFSA has modified the tool over the past several years to increase focus on quality and to address any informational or practice gaps that may be identified along the way. The tool considers safety and risk assessment, intervention planning, infant and caregiver needs, as well as the availability, communication, and quality of services.<sup>87</sup>

Reviewers have included planning and data specialists from CFSA's Office of Planning, Policy, and Program Support (OPPPS); CPS Hotline and Investigations; the In-Home Administration, and the Office of Well-Being (i.e., the substance abuse specialist, and CPS nurses). Based on reports that synthesize and summarize review statistics and trends, OPPPS staff will facilitate discussions with program staff regarding practice and performance updates, as well as any next steps to improve data reporting, clinical practice, training, public outreach, or legislation. Depending on the item, the CARA team will assign next steps to the appropriate team members for follow up.

Reviews conducted in FY 2019 found that social workers don't consistently document that they gave a copy of the intervention plan to the parents or caregivers. While it may be inferred that protocols are being followed, they must be consistently documented. Reviewers also noted a trend involving mothers who admitted to using THC during pregnancy to alleviate stress, generate appetite, or quell nausea.

Reviews conducted in FY 2020 found that social workers face challenges in identifying needs and securing services for families when there are barriers to initial caregiver contact. Reasons for delays

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<sup>87</sup> Further details on the methodology, terminology, and responses for prior reviews can be found in the FY 2023 APSR.

included unsuccessful home and telephone contact attempts, incorrect or incomplete home addresses information, and inaccessible secure buildings. Other barriers included mothers who would not engage with the social worker, and either declined services or failed to show for services. Additionally, some mothers presented with mental health issues in addition to their substance use that went unaddressed.

Overall, in FY 2020, the reviewers found good teaming between the social workers and the nurses and a considerable array of other individualized service and support referrals made for mothers, infants, and other family members.

FY 2020 reviews continued to include mothers who reported THC consumption to address physiological and psychological symptoms during pregnancy. Additionally, reviewers increasingly observed reports by mothers that their medical doctor had been aware of their marijuana consumption. There were also several examples of mothers who indicated, based on the legality of THC in the District, that they were unaware of CPS implications. In most of the THC cases, the baby was healthy at birth and the cases were closed after the investigation.

In FY 2021, reviews continued to see good teaming among the Agency's case management and health clinicians. Reviews also highlighted additional steps that either the social worker or nurse were taking to address the safety and well-being of the infant and the needs of the caregivers. These steps included high-risk staffings and identifying and engaging in the contingency planning process to connect with relatives of the caregiver as a support to the family, as well as kinship placement options to avoid the infant entering care. Caregivers received information and referrals as needed for mental health support, childcare, public benefits (WIC, SNAP),<sup>88</sup> housing and employment. Staff also worked with healthcare providers to ensure that the infants received follow-up appointments and care as needed, sometimes helping to make appointments, or reminding the caregivers of upcoming appointments. Additionally, reviews showed increasing detail and consistency in the documentation of regular and consistent counseling on safe-sleep practices offered by clinicians to birth families during home visits.

As with the prior year, the FY 2021 reviews showed barriers to birth parent engagement, either due to an inability to contact the parent or the parent's own resistance, non-compliance, or substance use and mental health challenges.

Based on the continued observation of trends surrounding marijuana consumption during pregnancy, reviewers have recommended enhanced District-wide education to raise awareness about the harmful effects of marijuana use on pregnant and breastfeeding mothers and their families. Education should also include the importance of prenatal care, along with the federal requirement that health care providers involved in the delivery or care of substance-exposed infants must notify the CFSA Hotline.

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<sup>88</sup> WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) and SNAP (Supplemental Nutrition Assistance Program) are both federally funded under the US Department of Agriculture's Food and Nutrition Service.

Given that it is legal in the District for adults 21 to smoke marijuana in the District, many are not aware that a report will be made if an infant is born with a positive toxicology to THC.

To clarify risks and child welfare implications, CFSA and other family servicing providers distribute the educational pamphlet, [Marijuana and Your Baby](#) to pregnant or parenting families. Since FY 2021, CFSA has also distributed a survey to track the usefulness of the pamphlets, and to determine how often the CPS, In-Home, and Out-of-Home clinicians are reviewing the pamphlets with families. CFSA also reminds and reinforces all front-line staff throughout the Agency to share the pamphlets with families when appropriate.

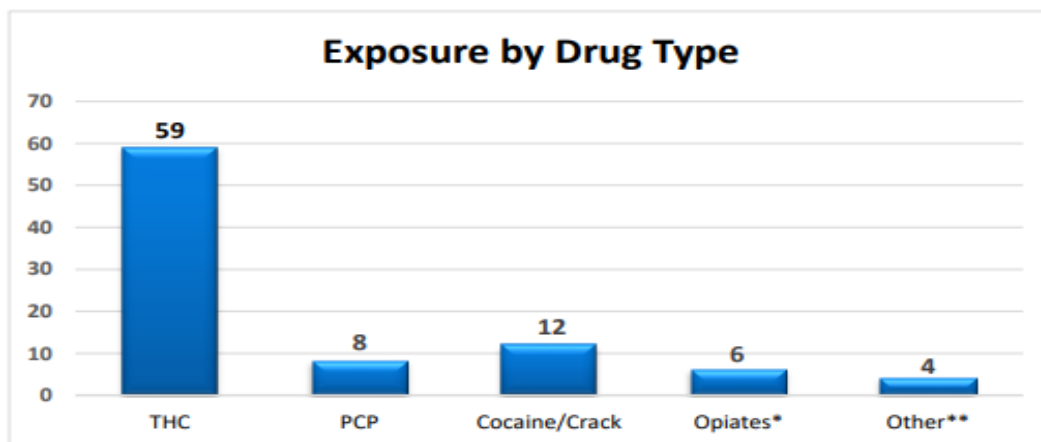
The FY 2021 case review discussions involved In-Home management team members, who generated recommendations to develop a tip sheet specifically for In-Home staff. The tip sheet would outline the expectations for carrying on the work of the Plan of Safe Care on open in-home cases that include a substance-exposed newborn or a newborn born with substances in their system.

### ***FY 2024 APSR Update***

CARA reviews were conducted for cases through FY 2022 Q1-Q2. During the review window, CFSA received and accepted 257 unique referrals for children born with a positive toxicology test. CFSA excluded all screened-out and linked referrals from the review. A sample size of 75 referrals was selected at random for review. The findings are summarized below.

### ***Referral Demographics***

- Of the 75 referrals, 87 percent (n= 65) were for a child aged birth to five days old.
- All 75 referrals included an allegation of positive toxicology of a newborn; no referrals had an allegation of infants diagnosed with FASD in the sample.
- Several newborns were exposed to more than one drug, i.e., a total of 89 substances were identified among the 75 unique newborns in the sample.

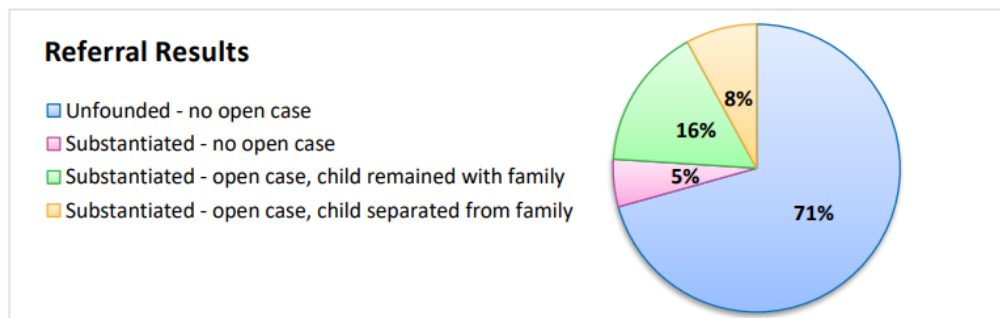


\* Opiates included heroin and codeine

\*\* Other substances included benzodiazepine and amphetamines



- Among the referrals, 17 percent (n= 13) included the additional allegation of *Substance Abuse by Parent*.
- There were 26 additional non-substance-use-related allegations across the 75 referrals. Neglect was the predominant co-occurring allegation with a variety of specific types, including caregiver incapacity, exposure to domestic violence, inadequate housing, medical neglect, exposure to unsafe living conditions, and unable or unwilling caregiver.
- Regarding the referral results, most investigations led to unfounded allegations.



- Six families were referred for community-based supports through the District’s community-based Collaboratives.
- Three referrals were linked to a CFSA case that was already open.

**Overall Practice and Barriers**

Many referrals in the sample highlighted additional steps taken either by the CPS social worker or the CPS nurse to address the safety and well-being of the infant and the needs of the caregivers. These included holding high risk staffings and identifying and engaging in the contingency planning process to connect with the caregiver’s relatives for family support. Additionally, caregivers received information and referrals as needed for mental health support, childcare, public benefits (WIC, SNAP), housing and employment. Staff also shared the [Marijuana and Your Baby](#) pamphlet with some caregivers and provided Pack ‘n Plays as needed to ensure a safe sleeping environment for the infant. The nurses provided in-depth safe sleep education and educated the caregivers on postpartum depression, burping the infant, dressing the baby for hot and cold days, and hand sanitizing. Notably, reviewers documented that several mothers reported having no prenatal care.

The review identified certain barriers for social workers when trying to initiate contact with the caregiver. These included the caregiver’s lack of phone, refusal to provide a phone number, and general unwillingness to engage. Barriers also included extensive substance use history and, in some cases, continued use, mental health issues, and homelessness.

Overall, as seen in previous review rounds, reviewers continued to see good teaming with the social workers and the nurses in terms of assessing and providing relevant referrals and information for services for both the infant and the caregiver. Some social workers demonstrated thorough documentation of discussions with families and in leveraging community support to ensure the well-being of the caregiver and infant. The nurses were also noted as doing a thorough job in holding and documenting safe sleep discussions, as well as providing the mothers with valuable information on caring for their newborn.

### ***Continuous Quality Improvement (CQI)***

The review findings above are part of CFSA's ongoing examination of the plan of safe care for substance-exposed infants and their caregivers. The review also supports the CQI for intervention planning for this population. Review findings are discussed with senior program staff who work directly with front line staff to review practice guidance with the goal of strengthening practice to ensure the safety and well-being of substance-exposed newborns and their families.

### ***Themes and Recommendations to Further Guide Practice***

Themes addressed in this section will include marijuana use during pregnancy and mental health challenges outlined in the reviews. There have been changes in the legislation around marijuana usage in the District (adults ages 21 and older are allowed to use marijuana on private property) and changes in practices at CFSA that will drive the discussion around recommendations in the following sections.

***Marijuana use during pregnancy*** – The legalization of marijuana usage continues to challenge child welfare systems attempting to develop a standardized method of determining best practices for pregnant caregivers who use marijuana for recreational or medical purposes. As in previous years, reviewers found that many of the pregnant mothers continued to self-medicate with marijuana. The mothers primarily stated that they use used marijuana during their pregnancies to prevent nausea and vomiting, insomnia, appetite complications, abdominal pain, or as a substitute for their mental health medications, or to manage their pain before going into labor. There were also mothers who reported that their obstetricians knew they were using marijuana and did not deter them, nor did they address the reasons reported for use by the pregnant mother (such as nausea and vomiting, insomnia, or to increase appetite).

- ***Recommendations:*** Education and treatment interventions should be made available to expecting mothers who are at risk for substance use. With the legalization of the use of marijuana for adults 21 and older, in the District, more pregnant women may be comfortable discussing marijuana use with their doctors. In line with recommendations from the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, women who are pregnant or breastfeeding should avoid marijuana use, and Obstetrician-Gynecologists should counsel women against using marijuana while pregnant and while they are breast feeding.

Additionally, District-wide education should be developed to raise awareness about the harmful effects of marijuana use on pregnant and breastfeeding mothers and their families. Education should also include the importance of prenatal care, along with the federal requirement that health care providers involved in the delivery or care of substance-exposed infants must notify the CFSA Hotline. CFSA and other family servicing agencies should continue to distribute the educational pamphlet, [Marijuana and Your Baby](#) to families, which indicates the health risks and legal ramifications of a newborn's positive toxicology for THC. Additionally, Family Success Centers offer an array of services, including Parent Cafés, Fatherhood Café, and Nurturing Parenting, which could be used as methods of educating parents on marijuana usage and healthy babies.

Among suitable stakeholders for targeted outreach, medical professionals need to inform (or remind) parents that despite the legalization of THC in the District, its presence in the system of a newborn presents an automatic basis for initiating a CPS investigation. Under the current law, hospital staff are afforded no discretion to consider such factors as the legal status of THC, the reported physiological or psychological benefits for pregnant women, or an obstetrician's prior awareness of consumption. As mandated reporters of child abuse and neglect, health care providers must call the CPS Hotline for all positive toxicology reports, including THC. Unless the law is changed, outreach should be done to all health agencies, medical organizations, and private providers to ensure doctors are receiving this information and providing appropriate counsel to their patients.

The District's Family Success Center Network has an established Community Advisory Council that can also serve as an effective resource for educating the community about marijuana, prenatal care, and healthy babies. The Council convenes monthly to identify ongoing community needs and to determine, in real time, pathways for responding to those needs. On behalf of the community, the Council conducts outreach to decision-makers and advocates for needed change.

***Mental Health Issues*** – CARA reviews continue to reveal mental health challenges as prevalent among pregnant mothers. In addition, several mothers reported diagnoses of PTSD, bipolar disorder, and depression. These mothers often use marijuana to self-medicate.

- **Recommendation:** The plan of safe care should include additional referrals that assist the family with obtaining needed mental health services and medication management. Consideration should be taken for including mental health assessments and services at home for new mothers as a part of home visiting services. The DC Department of Behavioral Health (DBH) can serve as a resource for new mothers and their families, given that DBH providers offer a range of behavioral health services.

### **Technical Assistance Needed to Support Effective Implementation of CARA Provisions.**

Presently, CFSA cannot identify any specific need for technical assistance related to CARA's implementation. CFSA will continue to conduct regular data meetings, case reviews, and ongoing analyses.

CFSA did not use the increased CAPTA funding to develop, implement or monitor plans of safe care as CFSA has internal measures in place that do not require any additional funding.

### **MAYOR'S ASSURANCE STATEMENT THAT THE DISTRICT IS IN COMPLIANCE WITH THE PROVISIONS OF SECTION 106(B)(2)(B)(VII)**

The Mayor's Assurance Statement is attached.

### **District of Columbia State Liaison Officer – CAPTA Coordinator**

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## E. TARGETED PLANS

See attached.

## F. STATISTICAL AND SUPPORTING INFORMATION

### CAPTA ANNUAL STATE DATA REPORT ITEMS

#### The Education, Qualifications, and Training Requirements for Child Protective Service (CPS) Professionals

CPSA's requirements for hiring child welfare professionals are listed below. Social workers must have a master's degree in social work from an accredited college and licensing certification from the DC Board of Social Work. To advance to supervisory positions, social workers must obtain a licensed independent clinical social worker (LICSW) certification from the Board and have a minimum of five years of relevant professional experience or a combination of education and experience.

#### Family Support Workers

Grade 9 Qualifications: bachelor's degree in social work or a related social services field preferred

#### Social Workers

Grade 9 Qualifications: Entry Level – Master of Social Work (MSW) and Licensed Graduate Social Worker (LGSW) or Licensed Independent Social Worker (LISW), up to three years of related case management experience

Grade 11 Qualifications: MSW and LGSW or LISW, three to five years of related case management experience

Grade 12 Qualifications: MSW and LICSW, five years of relevant professional experience or a combination of education and experience

#### Supervisors

Grade 13 and 14 Qualifications: MSW and LICSW, five years of relevant professional experience or a combination of education and experience, and one year of supervisory experience preferred

Child Protective Service (CPS) professionals are required to complete at least 80 hours of pre-service training hours, addressing the following topics:

- Foundations for Effective Child Welfare Practice
- Family-Centered Practice
- From Prevention to Permanence
- Teaming with the Legal System
- Danger and Safety Assessment
- CPS Practice Operations

- Worker Safety
- Child Passenger Safety
- FACES.NET training

In addition to classroom training, CFSA Entry Services has a training supervisor who provides on-the-job training and application of concepts and skills learned during the classroom training. The classroom training and on-the-job training alternates weeks.

### Demographic Information of CFSA Child Protective Services Staff

#### *FY 2024 APSR Update*

The following demographic data on CPS staff is current as of April 30, 2023.

Race							
Job Title	Black	White	Hispanic	Asian Indian	Asian or Pacific Islander	Not Reported	Total
Family Support Worker	17	1	0	0	0	0	18
Social Worker	42	6	3	0	0	6	57
Supervisory Family Support Worker	0	1	0	0	0	0	1
Supervisory Social Worker	18	6	1	1	0	2	28
<b>Total</b>	<b>77</b>	<b>14</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>8</b>	<b>104</b>

Gender			
Job Title	Male	Female	Total
Family Support Worker	11	7	18
Social Worker	7	50	57
Supervisory Family Support Worker	1	0	1
Supervisory Social Worker	4	24	28
<b>Total</b>	<b>23</b>	<b>81</b>	<b>104</b>

### Caseload or Workload Requirements for CPS Personnel

CFSA requires that 90 percent of CPS social workers have caseloads of 12 or fewer referrals and that 10 percent of CPS social workers can carry between 13 and 15 referrals. CFSA met all caseload benchmarks. Each supervisor on average has four social workers on their team.

### ***FY 2024 APSR Update***

From January to September 2022, there was a monthly range from 60 to 97 percent of social workers meeting the caseload requirements. CPS maintained compliant caseloads when there were at least 70 CPS staff assigned to at least one investigation. When staffing dropped below 70, there were only two months where caseload standards were met (April and August 2022). The recent decrease in CPS social workers started in January 2022. Since then, CFSA has struggled to consistently maintain compliant caseloads.

### **Juvenile Justice Transfers**

CFSA and the District's Department of Youth Rehabilitation Services (DYRS) jointly address challenges and concerns of "dual-jacketed" youth who are tracked and served by both the foster care system and the juvenile justice system. Rather than transfer custody of youth in foster care to the state juvenile justice system, CFSA retains custody of youth in foster care until they exit the foster care system, either by achieving permanency, aging out, or having their commitment terminated by court order. CFSA collaborates with DYRS to determine the number of youth who are dual-system involved.

### ***FY 2024 APSR Update***

Over FY 2022, there were five youth in CFSA's care who were identified as being involved with DYRS, including three 18-year-old males, one 17-year-old male, and one 17-year-old female. As of December 31, 2022, there were two youth involved, including one 17-year-old female and one 17-year-old male.

### **Education And Training Vouchers**

#### ***FY 2024 APSR Update***

Please see Attachment for Education and Training Vouchers awards for school years 2020-2021 and 2021-2022.

### **Inter-Country Adoptions And Adoption Disruptions**

CFSA does not conduct inter-country adoptions but does follow normal CPS protocols for adoption disruptions that occur in the District, regardless of where the child is adopted.

#### ***FY 2024 APSR Update***

During FY 2022, a total of four children were in the District's foster care system as the result of an adoption disruption. Two of the children entered care during FY 2022. Neither child was adopted in another country.

### **Monthly Caseworker Visit Data**

CFSA continues to collect and report data on monthly caseworker visits with children in foster care.

#### ***FY 2024 APSR Update***

CFSA will submit Monthly Caseworker Visit Data for FY 2022 to the Children's Bureau by December 15, 2023.



## G. FINANCIAL INFORMATION

### **Payment Limitations – Title IV-B Subpart 1**

Since FY 2005, CFSa has not spent Title IV-B, subpart 1 funds on childcare, foster care maintenance, or adoption assistance payments. CFSa will not spend any Title IV-B subpart 1 funds on those activities in FY 2023. The non-federal match comparison requirements between FY 2005 and FY 2022 are therefore not applicable to the District of Columbia. CFSa does not spend any Title IV-B, subpart 1 funds on administrative costs, as is reflected in the attached CFS-101, Parts I and II reports.

### **Payment Limitations – Title IV-B Subpart 2**

Under the areas of Title IV-B, subpart 2, Promoting Safe and Stable Families Program (PSSF) (see CFS-101 Part I), CFSa has allocated 40 percent of total expenditures to community-based family support (i.e., prevention and support services). The goals of child safety, permanency, and well-being are strongly supported by preventive services that use community-based resources to strengthen families, to ensure child safety and support, and to prevent children from coming into the child welfare system. The remaining PSSF expenditures are equally distributed (20 percent) among family preservation, time-limited family reunification, and adoption promotion and support services.

CFSa does not spend any Title IV-B, subpart 2 funds (including Monthly Caseworker Visitation funds) on administrative costs, as is reflected in the attached CFS-101, Parts I and II reports.

### ***FY 2024 APSR Update***

CFSa's FY 2022 local share expenditure amount for the purposes of Title IV-B, subpart II was more than \$300,000. The District's 1992 base year amount was \$270,000. Thus, the District meets the non-supplantation requirements in section 432(a)(7)(A) of the Act.