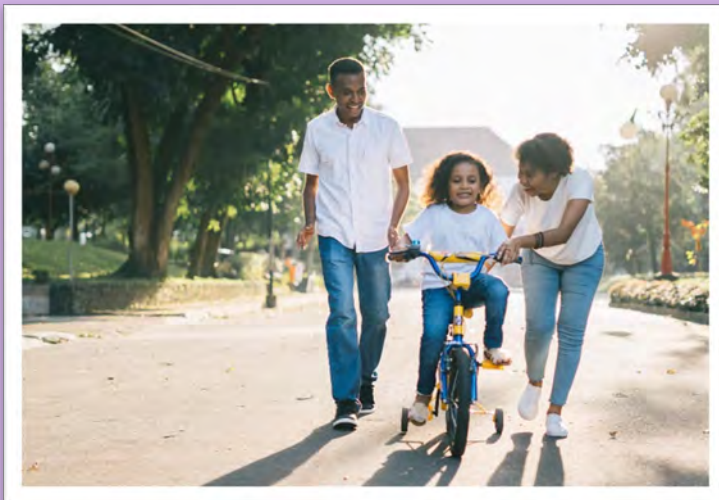


ANNUAL NEEDS ASSESSMENT

A LOOK-BACK AT FISCAL YEAR 2021 ACTIVITIES
TO INFORM PLANNING FOR FISCAL YEAR 2023





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INTRODUCTION

The District of Columbia (DC) Child and Family Services Agency (CFSA or Agency) completes an annual comprehensive *Needs Assessment* that directly informs CFSA's *Resource Development Plan*. The *Needs Assessment* assists child welfare decision-makers in identifying the resources and services that are essential to improving the safety, well-being and permanency of children in the District of Columbia's child welfare system. Additionally, the *Needs Assessment* and *Resource Development Plan* will help to inform development of CFSA's fiscal year (FY) 2023 budget.¹ The *Resource Development Plan* is a compendium document that will be published on the CFSA website during FY 2022 Quarter 1.

CFSA STRATEGIC AGENDA AND PRIORITIES

As a part of CFSA's continuous quality improvement (CQI) initiative, the *Needs Assessment* provides a means to review data and to assess how services and supports facilitate the implementation of the Agency's commitment to the values-based *Four Pillars Strategic Framework*. Established in 2012, the following four key practice areas are included in the framework:

- Narrowing the Front Door: Families stay together safely.
- Temporary Safe Haven: Children and youth are placed with families whenever possible and planning for permanence begins the day a child enters care.
- Well Being: Children and youth in foster care maintain good physical and emotional health, get an appropriate education and meet expected milestones. Youth in foster care pursue activities that support their positive transition to adulthood.
- Exit to Permanence: Children and youth leave the child welfare system quickly and safely. Youth actively prepare for adulthood.

APPROACH TO DOCUMENT

Assessing Needs

The Needs Assessment is divided into four sections: Narrowing the Front Door, Temporary Safe Haven, Well Being and Exit to Permanence. Each section explores administrative and program data that will help inform gaps in resource needs to be described in the FY 2023 *Resource Development Plan*. To develop the document, the Performance Accountability and Quality Improvement Administration (PAQIA), and other staff members within the Office of Policy, Planning and Program Support (OPPPS), the Program Outcomes Unit (data analysts embedded within program areas) met with executive leadership and managers from CFSA's Community Partnerships, Entry Services (includes Child Protective Services and In-Home Administration), the Permanency Administration, and the Office of Youth Empowerment (OYE) to develop the *Needs Assessment* content.

¹ The fiscal year runs from October 1, 2022 – September 30, 2023.

Guiding Questions

Two areas to inform the data collected for each section of the *Needs Assessment* include: (1) demographics and the number of children and families involved in the District’s child welfare system, and (2) the child welfare system’s services and placement array. Each section will end with a conclusion and needs to be considered.

METHODOLOGY

Multiple quantitative and qualitative data sources to inform the *Needs Assessment*.² The main data sources included, but were not limited to, the following:

- CFSA’s statewide automated child welfare information system (SACWIS), which is known locally as FACES.NET and is the central repository for all client-level information
- Manual databases to capture program-specific information
- The Healthy Families Thriving Communities Collaboratives’ data
- Surveys, focus groups and interviews (with both internal and external stakeholders)
- Qualitative case reviews and quantitative analysis

Unless otherwise specified, data covers the time frame of FY 2020 through FY 2021-Q2 (October 1, 2019 to March 31, 2021).

Surveys and Focus Groups

CFSA gathered internal and external stakeholder input and feedback through focus groups and on-line surveys. CFSA uses findings to inform the 2020 *Needs Assessment* and this year’s *Annual Progress and Services Report (APSR)*.

Through CFSA’s Office of Public Information, OPPPS distributed two self-administered online surveys. One survey captured the voices of youth, birth parents and resource parents while a second survey captured the voices of child welfare professionals, both within and outside of CFSA. The process and survey questions were similar to last year’s questions for the purpose of tracking feedback and monitoring progress across the same variables over time. A combined total of 227 respondents accessed the survey. Of those, 108 (48 percent) respondents fully completed the survey and 119 partially completed the survey. Respondents included: youth, birth parents, and resource parents (59) and child welfare professionals (168).

²Due to rounding, percentages in charts throughout the *Needs Assessment* may not total 100 percent.

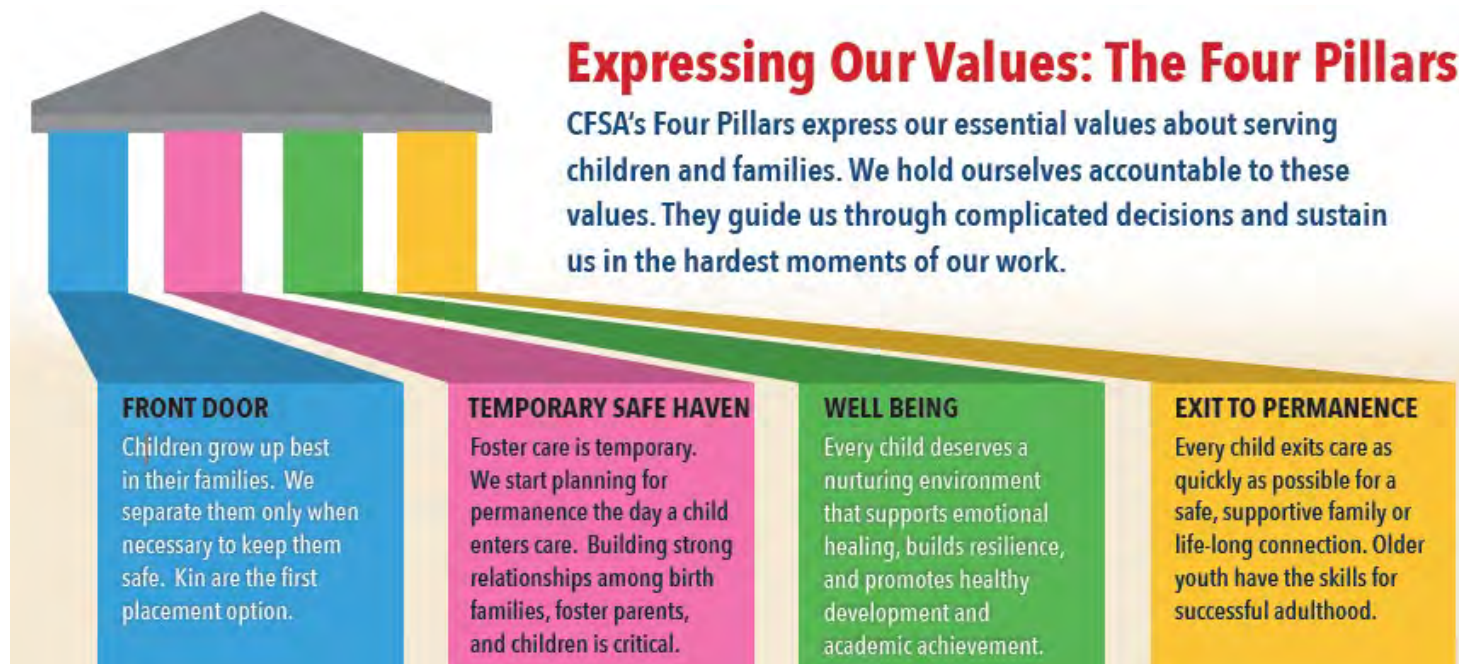
While the surveys and focus groups provide valuable insight, they are not a representative sample and the information cannot be generalized across the population.

Data Limitations and Gaps

Data limitations impacting the *Needs Assessment* analysis mostly include the absence of data fields that are either not required fields or absent both from FACES and the data captured in manual databases, such as Quickbase, Efforts to Outcomes (ETO, used by the Collaboratives), or Excel spreadsheets created by program areas. With various data collections systems in use, generalizations about populations, services and outcomes across CFSA, private agencies and the Collaboratives is limited.



SECTION 1: NARROWING THE FRONT DOOR



For over a decade, CFSA has been on a journey of transformation, moving purposefully away from a system primarily focused on foster care to one that supports and strengthens families. As CFSA increased its investments in community-based prevention and bolstered its partnerships with sister health and human services agencies, the Agency also experienced a 69 percent reduction in the number of children and youth in foster care from a high of 2,092 in FY 2010 to 648 as of the end of FY 2021 Quarter 2 (Q2). This decline suggests a positive outlook for CFSA as it coincides with a sharp increase in the city’s population from about 602,000 in 2010 to 689,545 in 2021, according to data released by the U.S. Census Bureau.³

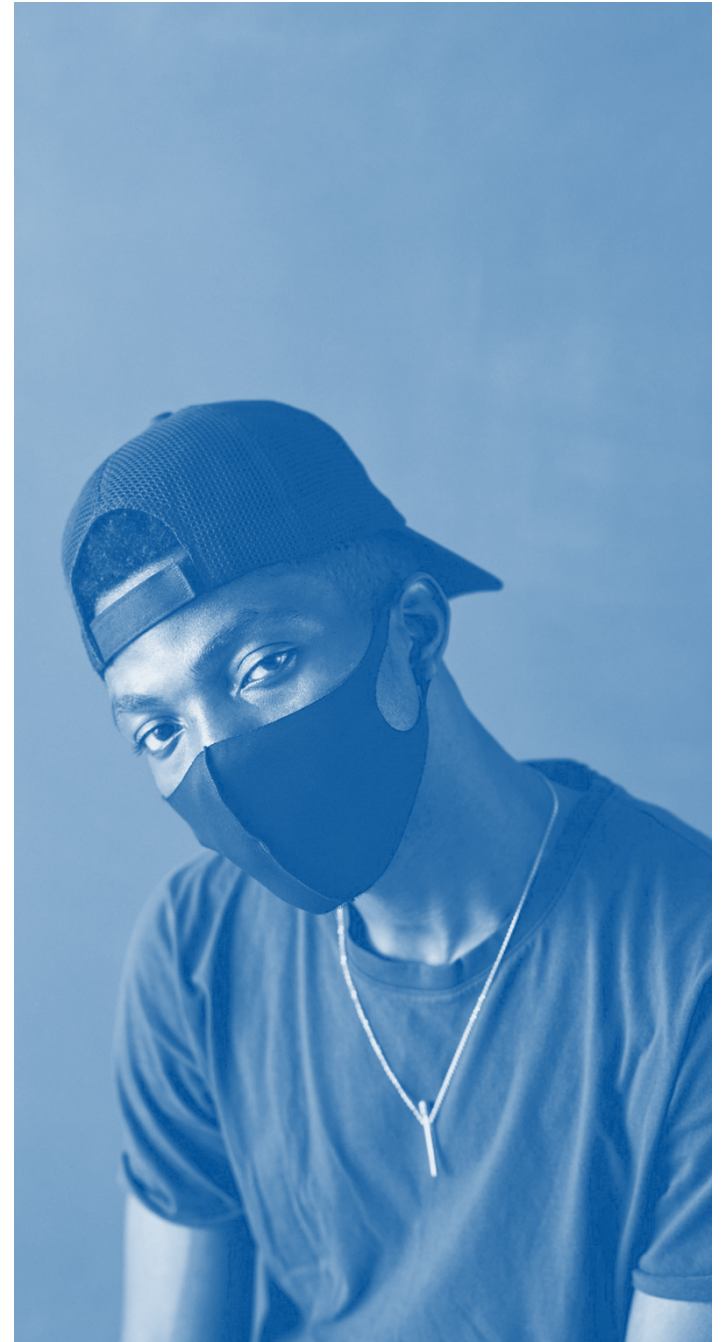
The child welfare population served by D.C. continues to be disproportionately African American. In 2020, CFSA conducted an organizational assessment to develop a deeper understanding of the causes of racial disproportionality, and how equity may impact child welfare outcomes. The Capacity Building Center for States is guiding and supporting CFSA through the process. An examination of beginning baseline data found that while the overall rate of children entering foster care in D.C. was 2.73 per 1,000 children in FY 2019. However, African American children entered at a rate of 4.7 per 1,000 children, while Caucasian children entered at a rate of 0.4 per 1,000 children.

³ The Washington Post, *D.C.’s explosive growth continued over the past decade, census data shows*, April 26, 2021.

COVID-19 IMPACT ON PREVENTION SERVICES

The continued state of the COVID-19 public health emergency demonstrated the ability for CFSA and its contracted programs to pivot service delivery from in-person to virtual during this difficult and novel circumstance. While CFSA modified program operations to continue supporting families, the pandemic impacted engagement, retention, and ultimately participants' successful completion of programming for several Family First prevention services. Starting in FY 2020, providers altered their practices around outreach, engagement, and service delivery to mitigate the risks of COVID-19, largely through the adoption of virtual models where appropriate. Providers also shifted their methods of outreach and engagement to include email, text, virtual visits, and meetings. Telehealth services replaced in-person sessions for those who had the technology, and the Collaboratives utilized flex funds and their communication budget lines to purchase tablets and Wi-Fi hotspots to families who lacked the technology and internet to complete virtual visits.

The learning curve and shift to virtual service delivery was an adjustment for CFSA and providers as much as it was for the families they serve. As providers experimented with new ways to make service delivery more engaging and effective in hybrid or all virtual experiences, results have been mixed. In some cases, virtual services made engagement easier for families who did not have to arrange for childcare during or transportation to appointments. For other families, learning new technology, battling depression, anxiety, and other mental health issues, coupled with isolation, made enrollment and retention difficult. The CFSA provider networks met regularly to share their experiences and discuss how to mitigate the challenges presented by COVID-19. Overall, the unusual circumstances from pre-COVID to the present make analyzing data and assessing trends less reliable than in prior years.



PRIMARY, SECONDARY AND TERTIARY PREVENTION

CFSA’s approach to prevention activities focuses on populations identified as being in the Front Yard, Front Porch, or in the Front Door (defined below). CFSA bases its identification of vulnerable populations on systemic experience and research that shows that excepting an intervention, there is the potential for the child to end up in foster care.

Primary Prevention: Front Yard	Secondary Prevention: Front Porch	Tertiary Prevention: Front Door
<i>Families not known to CFSA</i>	<i>Families known to CFSA with no open case</i>	<i>Families known to CFSA with an open case</i>
<p>Families in the Front Yard have no child welfare involvement but nonetheless face challenges that could put them at risk of coming to the Agency’s attention. Two primary examples of these Front Yard families include (1) young parents (under age 25) who are homeless with young children (birth-6) and (2) “grandfamilies” (i.e., grandparents responsible for caring for their children’s children). Although these families are not currently connected to the child welfare system, they may be connected to one of CFSA’s five contracted community-based Healthy Families/Thriving Communities Collaboratives⁴ (Collaboratives), ten Family Success Centers, six Community-Based Child Abuse Prevention (CBCAP) partners, and/or receiving stipends through the Grandparent Caregivers or Close Relative Caregivers Program.</p>	<p>Families on the front porch have experienced a Child Protective Services (CPS) investigation or open case, but the investigation or case has closed, and services are now provided safely in the community, without CFSA involvement.</p>	<p>Families at the front door include those with either an open in-home case who are working toward case closure or an open Family Court-involved out-of-home (foster care) case and are working toward reunification. At times, families may have short-term needs requiring additional community-based supports provided by a Collaborative. Collaboratives provide these specific services and team with the CFSA social worker to support the successful closure of the CFSA case.</p>

⁴ The Collaboratives are strategically located in five neighborhoods in the District that have high representation of families in contact with the child welfare system. CFSA co-locates social workers and community-based nurses to serve the local neighborhoods.

THRIVING FAMILIES, SAFER CHILDREN: THE FUTURE OF PREVENTION

In January 2021, CFSA was selected by the Casey Family Programs, Prevent Child Abuse America, and the Children’s Bureau as a Round Two Jurisdiction in the Thriving Families, Safer Children (TFSC): A National Commitment to design a child and family well-being system. TFSC is designed to support child and family well-being and prevent child maltreatment and unnecessary family separation. Two main areas of this work include working together with community members with lived experience and with those who have experienced the child welfare agency or another system. The TFSC design require professionals to listen and learn directly from their experiences and expertise and to co-share leadership and decision making.

To support this work, CFSA has transformed the City-Wide Prevention Work Group and Planning Committee infrastructure into the TFSC Steering Committee and Planning Committees respectively.⁵ CFSA also added youth and parents with lived experience to join the work from the start. The TFSC Planning Committee has convened regularly since the start of spring 2021 to formulate a framework to transform the child welfare system and participate in the Children’s Bureaus national technical assistance meetings. Leveraging TFSC to expand the umbrella of the District’s primary prevention framework, CFSA is developing and implementing strategies to fully integrate family, community and youth voice into all efforts and priorities of a newly designed child and family well-being system. CFSA plans to use the City-Wide Prevention Work Group as the steering committee to present these concepts, brainstorm solutions, and determine how to shift power from government to community and raise up the expertise of those with lived experience throughout the planning and decision-making process. This work will center around engaging those with lived experience, building authentic partnerships, shifting the culture to power sharing and unpacking issues around race and equity.



⁵ Participants include CBCAP and FFDC grantees, and the Collaboratives community case-management providers.

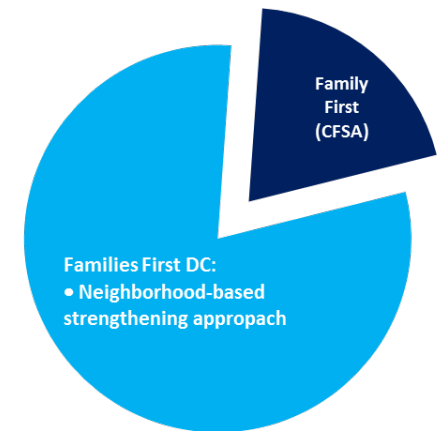
CFSA'S THREE-PRONGED APPROACH TO PREVENTION

To address the needs of Front Yard, Front Porch, and Front Door families, CFSA relied on a three-pronged prevention strategy during the timeframe covered by this Needs Assessment. First, the **Family Success Centers** became a critical component of CFSA's primary prevention strategy, serving more than 500 Front Yard families monthly. Second, CFSA relied on an array of programs provided by its **community-based partners and sister agencies** to address Front Porch and Front Door families' needs for behavioral health, substance-use treatment, parenting, and housing services. Lastly, CFSA's historical partners, the **Healthy Families Thriving Communities Collaboratives**, continued to offer case management services to Front Yard, Front Porch, and Front Door families. The following sections describe the needs identified for each dimension of CFSA's three-pronged prevention strategy.



(1) Families First DC: Primary Prevention through the Family Success Centers

Washington, D.C. has embraced a family strengthening approach that focuses on upstream prevention. Mayor Muriel Bowser materialized that vision through the creation of the Families First DC (FFDC) initiative. In the FY 2020 budget, the Mayor funded 10 Family Success Centers in targeted neighborhoods in Wards 7 and 8, where approximately three-quarters of the children and families served by CFSA live.⁶ The Family Success Centers support children and families with needed resources driven by community input and provide neighborhood-based support to help prevent families from becoming involved with CFSA.



During FY 2020, CFSA led the District in the planning phase for Families First DC, which included hiring central office staff, announcing the grantees for the 10 Family Success Centers, establishing Community Advisory Councils for each center, collaborating with sister agencies in District government to prevent duplication of services, and

⁶ All 10 neighborhoods are located in Wards 7 and 8. CFSA conducted data analysis to select these neighborhoods based on social determinants of health, violence prevention priority areas, and substantiated reports of child abuse and neglect.

conducting needs assessments to determine each neighborhood’s grantee-specific service array. Across all centers, the following needs were identified: behavioral and mental health, physical and nutritional health, education and early learning, employment, housing, and access to technology. Due to the early success of the initial 10 Family Success Centers in Wards 7 and 8, CFSA plans to expand to Ward 5 in FY 2022.

Since opening in October 2020, the 10 Family Success Centers have served more than 500 families each month, and nearly tripled the number of families served by June 2021.⁷

The upward trend in the number of families served speaks to the early success and potential for growth of the Families First DC initiative. It also reflects continuous quality improvements in the Agency’s data collection processes. The appendix includes more information about demographics of families served and improvements in the data collection process.

Note: In Feb 2021, CFSA's Community Partnerships Administration instructed all grantees to capture data for families who participated in one-time events.

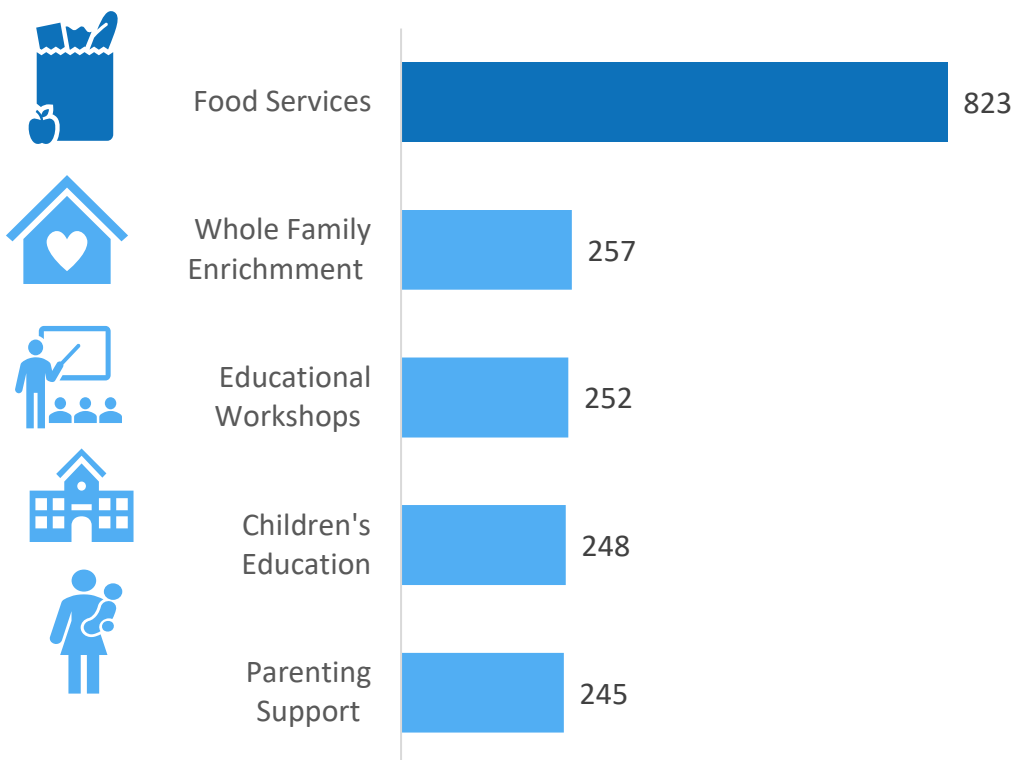


Source: FFDC Monthly Reports

⁷ Source: Monthly data submitted to CFSA.

Food-related services were the most requested service in October 2020 through March 2021

While families' needs fluctuated monthly, **food-related services were the most requested services in December 2020, January, February, and March 2021.** Whole-family enrichment, educational workshops, children's education (248) and parenting support (245) were also among the most requested services. Data quality issues encountered during the early stages of the FFDC initiatives prevent a reliable count of services provided to families.⁸ While those issues have largely been resolved, some grantees are still facing challenges in their data-reporting practices as of August 2, 2021. The Community Partnerships Administration continues to engage each grantee during its monthly one-on-one continuous quality improvement meetings to enhance the quality of the data shared with CFSA.



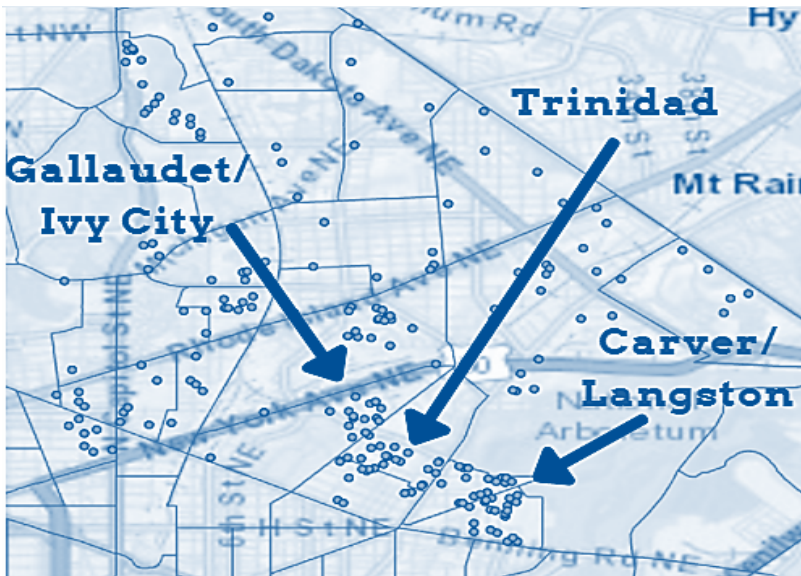
Source: FFDC Monthly Reports

⁸ For instance, the number of services provided to families was frequently higher than the number of requested services. Data reliability challenges are ongoing, although several grantees have addressed this issue since March 2021. Greater collaboration among evaluation and programming FSC staff members has helped address misunderstandings about critical concepts such as “families served” and “services requested.” Most recently, CFSA has decided to combine its evaluation meetings and site visits in an effort to prevent miscommunication among FSC staff.

Ward 5 has the third-highest count of reports of child abuse and neglect in the District.

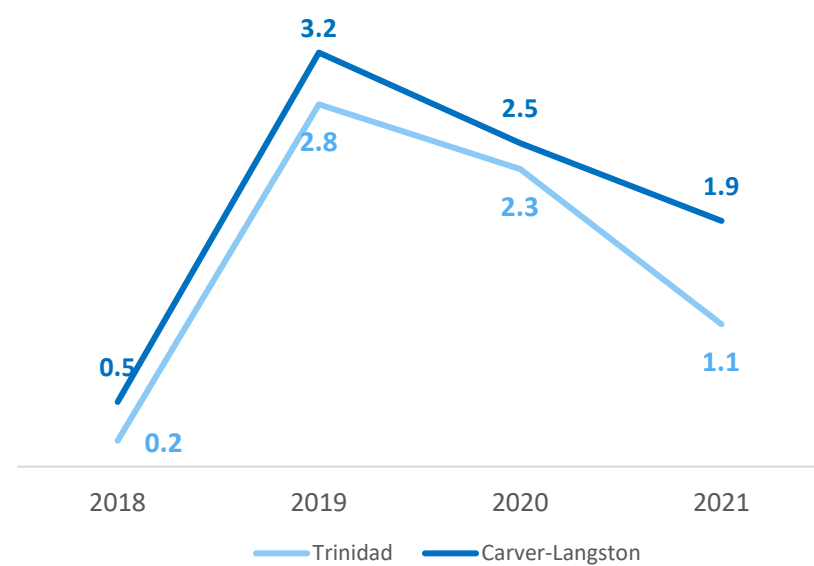
Given the success of the Family Success Center (FSC) model, CFSA considered program expansion to other neighborhoods in the District. Using a geospatial cluster analysis of child abuse and neglect, crime, and social determinants of health data, CFSA identified Carver-Langston and Trinidad as candidates for a neighborhood-based FSC. Carver-Langston had the highest number of substantiated instances of child abuse and neglect per capita between October 2018 and May 2021. CFSA selected the neighborhood as the most appropriate site.

Substantiated Abuse and Neglect in Ward 5.



Source: CFSA Administrative Data, October 2018-May 2021.

Substantiated Abuse and Neglect per 1,000 residents.



Source: CFSA Administrative Data and U.S. Census Data

Conclusion and Needs to be Considered

Based on the high number of families who have sought out services in the first 6 months of FFDC implementation, these centers should continue to receive funding and support. In addition, building upon this success, CFSA has decided to invest additional resources to expand the model to Ward 5, the Ward with the third-highest count of reports of child abuse and neglect in the District. For the first 2 years of implementation, CFSA will leverage the American Rescue Plan funds made available by the federal government. A Request for Application (RFA) will be released in the coming weeks. Long-term funding for the Ward 5 FSC expansion will need to be secured through federal or local investment.

(2) Prevention through Evidence-based Programs and Concrete Supports

How many families are receiving evidence-based programs or other services through the Prevention Services Five-Year Plan?

Evidence-based programs and concrete supports are the second component of CFSA’s three-pronged approach to prevention. The selection of an array of evidence-based programs was primarily driven by the Family First Prevention Services Act (Family First), passed on February 9, 2018. CFSA’s strategy was documented in the District Title IV-E Prevention Services Five-Year Plan, which was approved by the Children’s Bureau on October 22, 2019.

The District’s Department of Health (DC Health) and Department of Behavioral Health (DBH) provide most of the programs included in CFSA’s prevention service array. These evidence-based services support family preservation and reunification and include parenting and home visiting programs, mental health treatment services, and substance abuse treatment. Currently, the services claimable under Family First include Parents as Teachers (PAT), a home visiting program provided by DC Health, and Motivational Interviewing, which is utilized by CFSA social workers and the Collaboratives as an evidence-based case management tool. The remaining prevention services are part of the District’s comprehensive prevention plan but are not claimable under Family First because they either (1) are paid for using another federal funding source (Title IV-E is the payer of last resort), (2) do not use an approved evidence-based practice, (3) do not serve a candidate population listed in CFSA’s approved 5-year Prevention Plan, or (4) the District has not yet sought approval for the service as part of the 5-year prevention plan.

Services Provided by Department of Behavioral Health	Services Provided by DC Health	Services Provided by the Collaboratives	Services Provided by Other Entities
<ul style="list-style-type: none"> • Transition to Independence (TIP) • Adolescent Community Reinforcement Approach (A-CRA) • Multi-systemic therapy (MST) • Trauma Focused Cognitive Behavioral Therapy (TF-CBT) • Parent Child Interaction Therapy (PCIT) 	<ul style="list-style-type: none"> • Healthy Families America (HFA) • Parents as Teachers (PAT) • Provided by Mary’s Center with federal funding from CFSA and DC Health 	<ul style="list-style-type: none"> • Parent Education and Support Program (PESP) • Provided through Collaborative Solutions for Communities and Far Southeast Collaborative 	<ul style="list-style-type: none"> • YV LifeSet (CFSA) • Project Connect (CFSA) • Family Peer Coaches (Community Connections) • Parent and Adolescent Support Services (Department of Human Services) • Legal Services (Neighborhood Legal Services)

FY 2020 and FY 2021 Q1-Q2 data demonstrates that many service referrals are withdrawn or rejected and are not reaching families in the most effective manner. The high number of service referrals being withdrawn or rejected during the initial years of implementation of the District’s 5-Year Prevention Plan make it challenging to establish an adequate baseline for the needs for these services. Therefore, efforts are focused on streamlining the referral process and alleviating barriers. CFSA has made the following efforts in FY 2021 to improve processing of referrals through the Collaboratives:

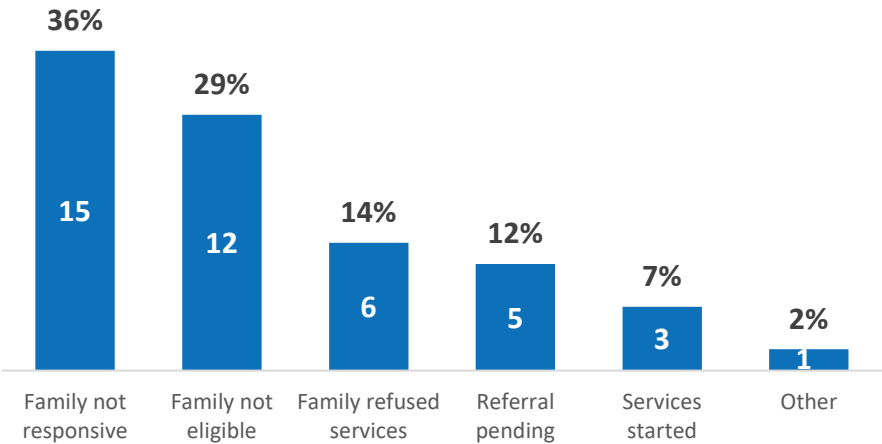
- Educating social workers via the creation of tip sheets
- Gaining a better understanding of the referral process
- Brainstorming on new methods and strategies to increase program engagement of families with providers

To further improve and address the lack of engagement by the families, **the service providers have recommended implementation of an introductory meeting held between the CFSA social worker, the family, and the provider.** This process currently exists in the Collaborative case transfer business process, known as a “Partnering Together Conference” or “warm hand-off”. **For services through DBH, providers also recommended that the social worker submit a more general referral for behavioral health services** and a trained behavioral health professional with a clinical background would then review the documentation for family needs and match the family to the appropriate service. The Community Partnership Administration will continue to monitor closely the timeframe between a referral being submitted and services being initiated with the family and provide the appropriate analysis and reporting as needed.

Less than 10 percent of referrals to DBH result in families receiving services

An analysis of services provided as of FY 2021 Q2, showed that lack of engagement in services was primarily due to ineligibility or unresponsiveness of families. Monthly data analysis has identified the following critical gaps in the provision of services:

- There was a steady decrease in the number of behavioral health referrals by CFSA social workers, from 43 requests in FY 2020 Q2 to 18 requests in FY 2021 Q2.
- Only 8 percent of all families referred to DBH services ended up receiving the services requested for them.



Source: Community Portal

PAT and Healthy Families America (HFA) are both home visitation models offered by CFSA in partnership with DC Health. The programs are offered in the home through subgrantee Mary’s Center and targeted to the Family First candidate target populations. CFSA has designated 40 slots to provide this service to eligible candidate families for PAT services. The universe of HFA and PAT referrals made between FY 2020 and FY 2021 totaled 244, with 183 referrals in FY 2020 and 61 referrals in FY 2021. However, **few referrals resulted in families actually receiving services**. In FY 2020, 24 families received services out of 183 referrals. In FY 2021, 5 of the 61 families referred received services. CFSA further examined the FY 2021 referrals to explore the barriers to service receipt. See appendix for full referral details.

92 percent of clients referred to PAT and HFA did not receive the services for which they were referred

Of the 61 total referrals in FY 2021 Q1-Q2, 56 percent (n=34) were either rejected for the service not being appropriate for the family’s needs or withdrawn after the family did not engage in service. Thirty-six percent (n=22) were pending, with 15 of the 22 pending for longer than 30 days.

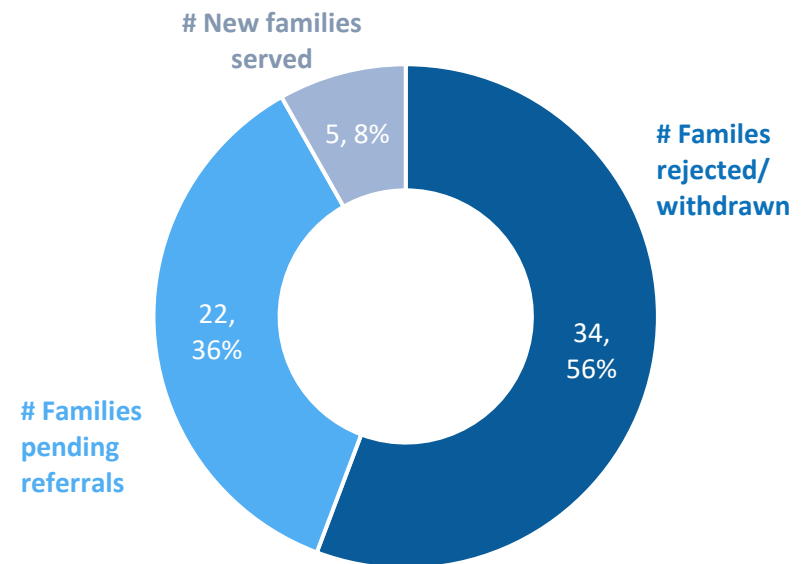
The following reasons impacted referrals not resulting in services:

- A high turnover of social workers from the child welfare side
- Case reassignments
- Need to build clients’ knowledge of the program and history

Conclusion and Needs to be Considered

- There was a consistent lack of awareness and understanding of eligibility criteria for each DBH program (despite existence of tip sheets).
- CFSA social workers rarely submit new prevention service referrals to a different service after the initial requests are rejected due to ineligibility.
- Requiring social workers to decide which specific services are needed by families when they submit referrals, rather than a behavioral health professional with a clinical background, does not always result in the best service match.

HFA/PAT Referral Outcomes in FY 2021 Q1-Q2



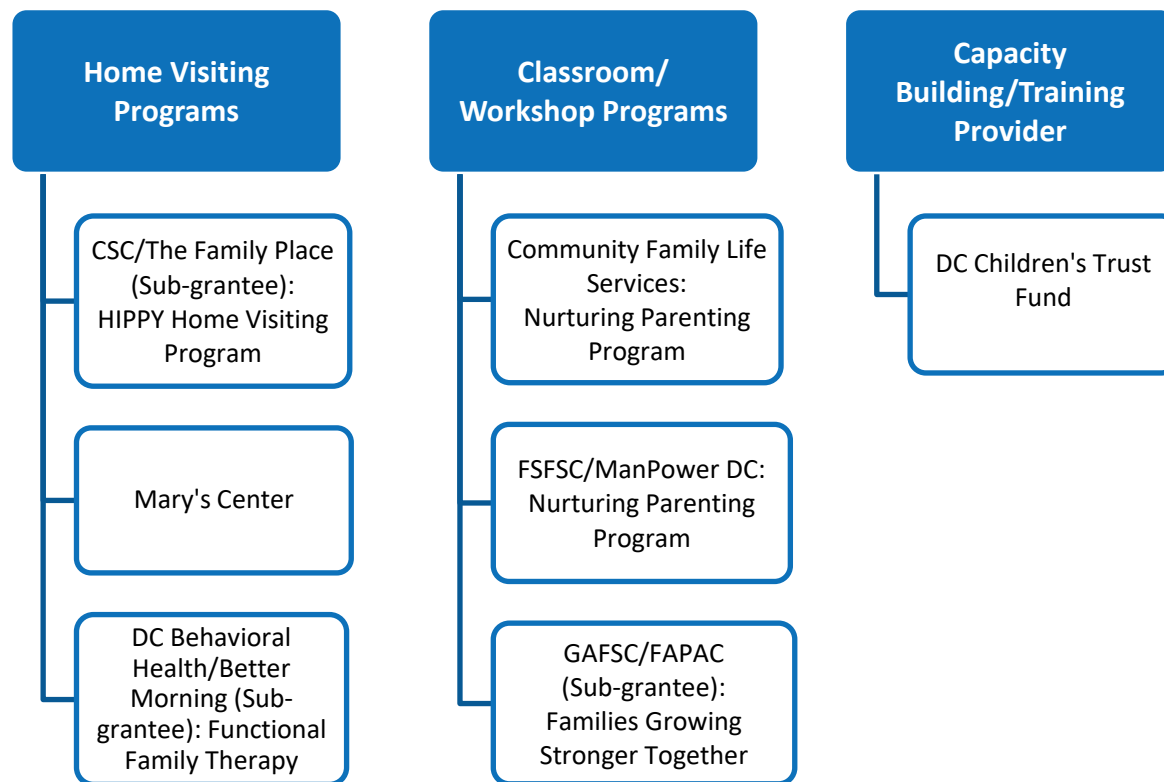
Source: Quickbase/Community Portal

How many families are receiving services through Community-Based Child Abuse Prevention Programs (CBCAP?)

CFSA’s grant-making authority under the *Child and Family Services Agency Grant-Making Amendment Act of 2008*, D.C. Law 17-199 (effective July 18, 2008), has afforded the Agency the opportunity to seek out and partner across D.C. government agencies and with organizations deeply embedded into the fabric of the community to reduce the risk of child welfare involvement, and implement evidence-based models and promising practices designed to meet the needs of District children, youth and families.

The primary goal of CFSA’s grant-funded prevention programs is to prevent the involvement and entry of families into the child welfare system through the provision of specialized services that promote protective factors, build family capacity, and reduce risk factors for child abuse and neglect, and foster resilience. These factors lead to improved outcomes for children and parents and a reduction in the incidence of child abuse and neglect.

CFSA continues to partner with the DC Children’s Trust Fund in a collaborative public-private partnership to provide technical assistance and capacity-building support to grantees, and to work with families to cultivate parent leadership and advocacy in the implementation of CBCAP-funded programs and activities. Through a combination of federal and local funding in FY 2020 and FY 2021, CFSA was able to continue funding for its array of CBCAP primary and secondary prevention strategies. The figure below identifies the services provided through the DC CBCAP grantees and subgrantees.



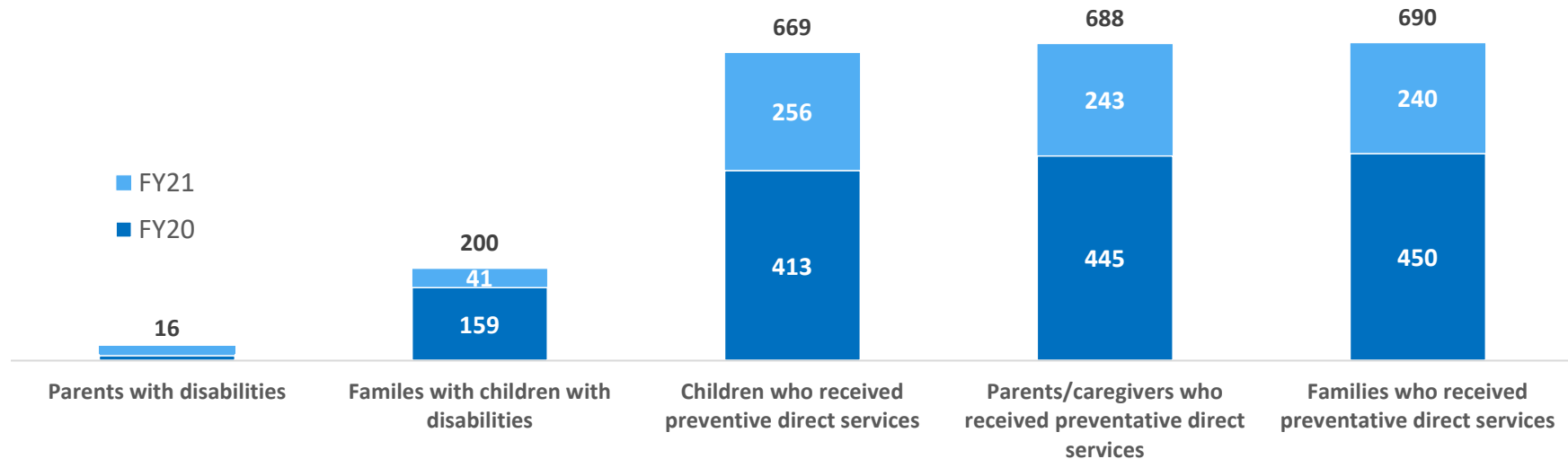
FY20 and FY21 CBCAP programming has specific target populations:

- Mary’s Center Father Attachment program works with fathers of children ages birth to 5 years old.
- Far Southeast Family Strengthening Collaborative (FSFSC) ManPower Parenting support program works with fathers incarcerated in the local DC Jails.
- Community Family Life Services program (CFLS) works with mothers who are returning citizens or have experienced domestic violence in their past.

Each grantee operates its evidenced-based program differently to maintain fidelity to the evidence-based models being implemented:

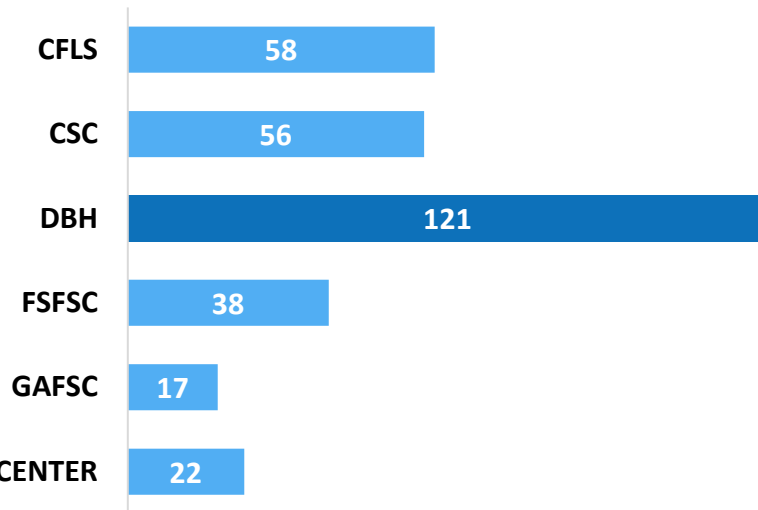
- Works with a family based on the age of the child, which could lengthen time of enrollment
- Operates small cohorts in a 6-to-9-month period, OR
- Conducts workshops in the typical 12 to 16-week period

CBCAP served 450 families with preventative direct services in FY 2020.



Source: CBCAP Monthly Reports.

DBH served the most families by the end of FY 2021 Q2.⁹



Source: CBCAP Monthly Reports

Conclusion and Needs to be Considered

It is still too early to determine if there is a need for increasing slots or program capacity for any provider in the network based on regular quarterly one-on-one meetings held with grantees and continued monitoring of program successes and opportunities for growth at this time.

⁹ The chart references the figure in the CBCAP description above



How many families are receiving concrete supports?

CFSA provides concrete supports to youth and families through housing vouchers or funds and through subsidies to individuals approved for participation in the Grandparent Caregivers Program and Close Relative Caregivers Program.

Housing Supports

The CFSA housing continuum for youth and families consist of three areas of supports:

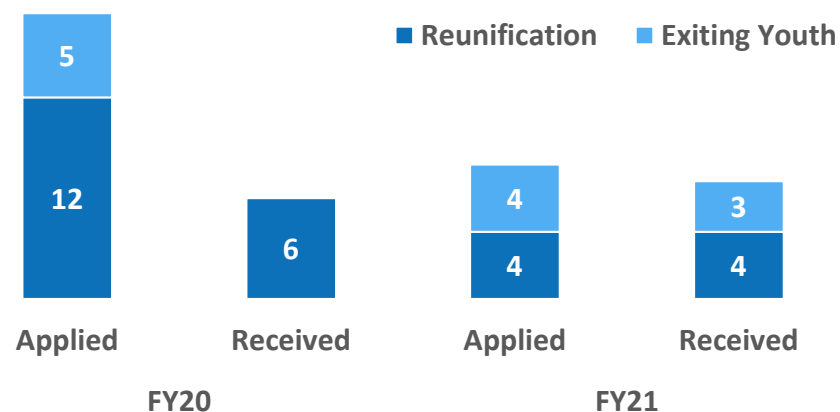
1. Family Unification Program (FUP)
2. Rapid Housing Assistance Program (RHAP)
3. Flex Funds

Family Unification Program (FUP) is long-term rental assistance support. There is no time limitation on FUP family vouchers. Housing Choice Vouchers (HCVs) in partnership with the DC Housing Authority (DCHA) provide such assistance to two different populations:

- Families for whom the lack of adequate housing is a primary factor under the following circumstances:
 - a. There is imminent need for placement of the family’s child or children in out-of-home care.
 - b. There is a delay in the discharge of the child or children to the family from out-of-home care.
- Youth exiting foster care, who are between 18–24 years old and who have left foster care or will leave foster care. The vouchers for this population are available for a period not to exceed 36 months.

CFSA operates FUP with an allotted number of vouchers provided through DCHA to serve youth and families.

FUP Voucher Recipients by Family



Source: Community Partnerships Monthly Housing Report

FUP Voucher Recipients by Children/Youth

- **FY 2020:** 4 children (Reunification)
- **FY 2021 Q1-Q2:** 10 children/youth (6 Reunification, 4 Exiting Youth)

Rapid Housing Assistance Program (RHAP) provides short-term rental assistance subsidies for youth and families who meet the following eligibility criteria:

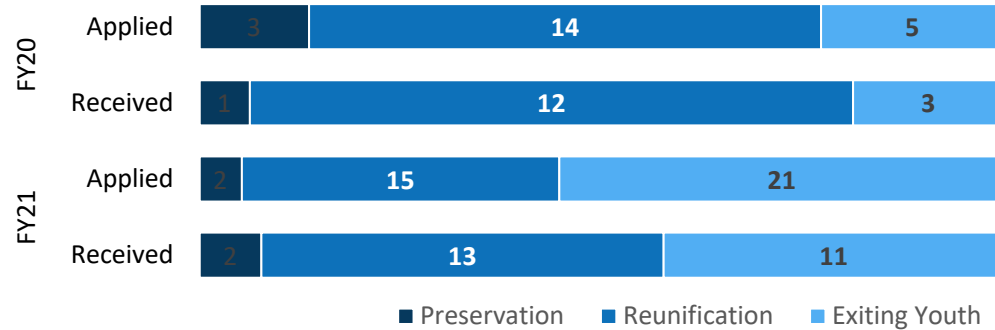
- Children who will likely be brought into care, or the lack of affordable housing is the major barrier to family stabilization.
- Youth preparing to age out of foster care (with and without their own children).

Housing support is subject to availability of the identified funds. There are no restrictions or limitations on RHAP assistance to youth and families through CFSA’s housing continuum.

Flex Funds are flexible assistance dollars dedicated to addressing immediate concrete needs (e.g., rent) to allow families and children to remain together in their homes, stabilize families, and fill gaps in service delivery that would otherwise not be available. Flex Funds support families in the following ways:

- Build on family strengths to enhance engagement with the network of services and supports.
- Coordinate and integrate community supports.
- Allow for creativity in meeting the needs of the children, youth, kin, and families.

RHAP Recipients by Family

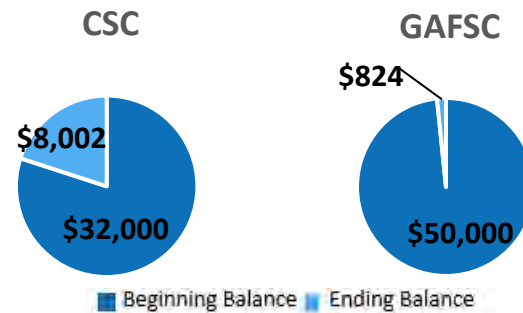


Source: Community Partnerships Monthly Housing Report, FY20-FY21 Q1-Q2

RHAP Recipients by Children/Youth

- **FY 2020:** 26 children/youth (4 preservation, 19 reunification, 3 exiting youth)¹⁰
- **FY 2021 Q1-Q2:** 43 children/youth (7 preservation, 25 reunification, 11 exiting youth)

CSC & GAFSC used most of their FY 2020 Flex Funds budget



¹⁰ CFSA outlines permanency priorities for children receiving in-home services (family preservation), out-of-home services (reunification with families), and older youth who are aging out of the system, usually at age 21 (exiting foster care).

Typically, funds are available for one-time or occasional costs that connect to the needs identified by the youth or family. Flex Funds are often used as an option when other sources cannot meet the identified need. See appendix for further details on all Collaborative flex funds budgets.

Starting in FY 2021, the Community Partnerships Administration instituted a new process to streamline assistance requests, see the appendix for further details. Through monthly provider meetings with the Collaboratives, **CFSA social workers and private agency case-carrying staff have continued to request Flex Fund assistance** despite the re-opening of the District and even as the housing moratorium has been further extended. **The primary users of housing supportive services during the reporting period at CFSA were the Office of Youth Empowerment for youth exiting foster care and the Permanency administration for families.**



Flex Fund assistance can include rent, transportation, food, temporary placement, and other basic needs.



Flex Funds can be requested by...

- CFSA’s Community Partnerships Administration for Front Porch/Front Door cases
- Collaboratives for Front Yard/Front Porch cases



Flex Fund financial assistance is provided within 36 hours of the request to support a youth or family and prevent a child’s placement into foster care.



CFSA has seen a steady use of Flex Funds in the following areas since the start of the COVID-19 pandemic in FY 2020 to mid-year FY 2021: housing supports, utility payments, furniture, food.

Across CFSA administrations, a spike in the use of Flex Fund spending by Child Protective Services (CPS) occurred, while the others remain relatively steady and consistent with FY 2020-FY 2021 spending.



CFSA learned that the increase in the use of Flex Funds can be partly attributed to helping support and stabilize undocumented households and families who have lost jobs and sources of income at the height of the pandemic. This is more pronounced in Wards 1 and 4 where higher concentration of Latinx and immigrant families reside.

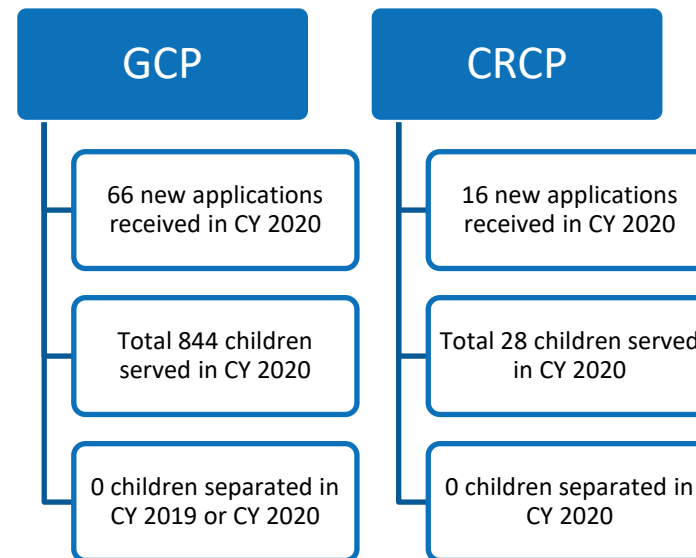
Grandparent Caregivers and Close Relative Caregivers Program

Through the Grandparent Caregivers Program (GCP) and the Close Relative Caregivers program (CRCP), the District provides financial subsidies to grandparents, great aunts and uncles, aunts and uncles, cousins, and siblings raising their kin. **Absent this subsidy, caregivers may lack the financial resources to care for the child, resulting in the child's entry into the foster care system.** D.C. legislation established the GCP in 2005 and the CRCP in 2019. Since inception, CFSA has served as the program administrator for both programs. Please see the appendix for further information about the law establishing these programs, and demographic information about the recipients.

Data for calendar year (CY) 2019 and 2020 for GCP and 2020 for CRCP demonstrate that many District youth and families benefit from these programs, and they meet their goal of preventing entry into foster care due to lack of financial resources. To meet the demand for this program, funding should be increased for the GCP but is adequate for the CRCP at this time.

- In CY 2020, a total of 844 children were served through the GCP and 28 children were served through CRCP.
- A total of 66 new applications were received in CY 2020 for the GCP program and 16 new applications were received for the CRCP
- In both programs, many of the applicants reported that the birth parents were unable to care for their children due to incarceration, substance abuse, or mental illness
- **CFSA did not separate any children** from GCP households in CY 2019 or CY 2020, or from CRCP in CY 2020.

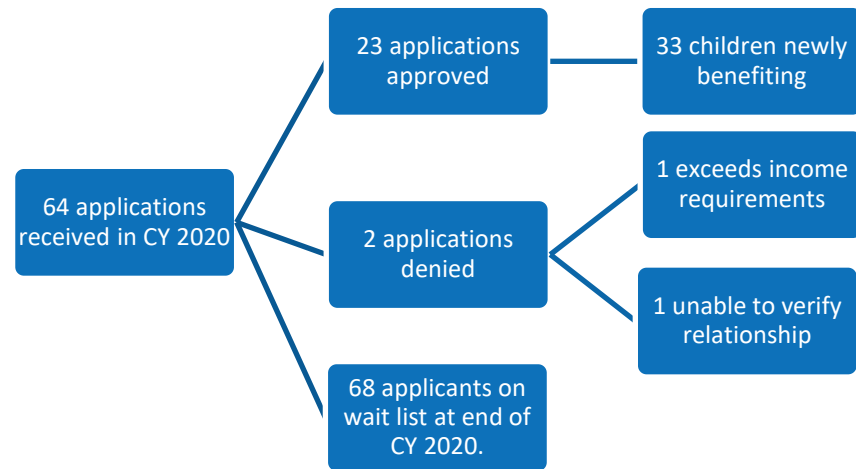
New applications and total children served in CY 2020



Source: Grandparent Caregivers Program and Close Relatives Caregivers Program Annual Status Report 2020

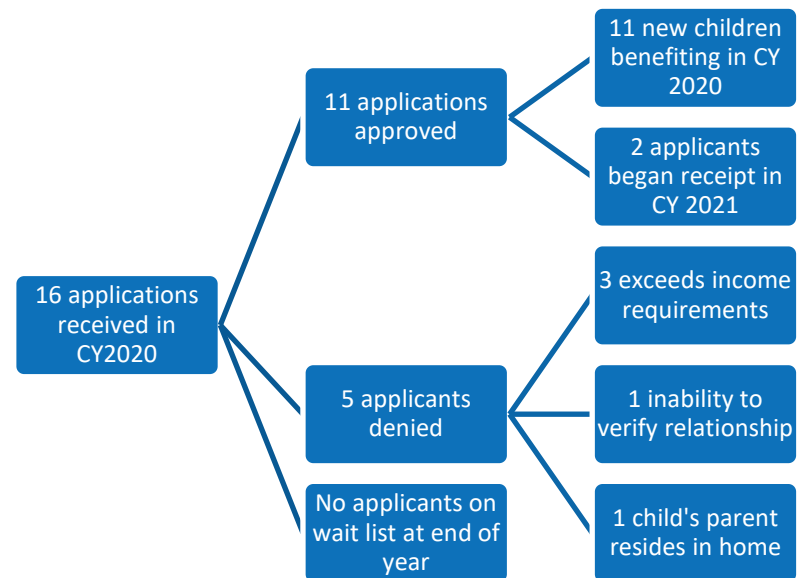
Status of CY 2020 GCP Referrals

- CFSA approved 23 of the 64 new GCP applications received in CY 2020, which led to 33 new children benefiting from the subsidy.
- The Agency denied two applications, one due to exceeding income requirements and the other after being unable to verify the relationship with the provider and prospective child.
- CFSA was unable to process 68 applications due to lack of funding. The families were placed on a waitlist until funding was available. CFSA instructed some individuals to submit applications once funding was available in FY 2021.



Status of CY 2020 CRCP Referrals

- CFSA approved 9 of the 16 new applications received in CY 2020, which led to 11 new children benefiting from the subsidy.
- The Agency denied five applicants, due to three exceeding income requirements, one for CFSA’s inability to verify the relationship, and a fifth denial based on the child’s parent residing in the home.
- CFSA approved two applicants at the end of 2020; the applicants began receiving the subsidy in 2021.
- No applicants were placed on the waitlist in CY 2020 due to lack of funding at end of year.



Source: Grandparent Caregivers Program and Close Relatives Caregivers Program Annual Status Report 2020

Conclusion and Needs for Consideration

The Community Partnerships Administration presented and met before CFSA senior leadership at the start of FY 2021 regarding a different approach with Flex Funds for the Collaboratives and their CFSA contracts. Flex Funds have historically been captured as a cost reimbursement expense within the Collaborative contracts. For some Collaboratives, this expense created a cash flow issue in their operations, which prevented high utilization of the funds. Therefore, CFSA senior leadership and the Agency’s Office of Contracting and Procurement will be exploring a new method in which the Flex Funds will be presented to the Collaboratives via a grant and separated from the actual budget schedules. **Presenting the Flex Funds in a grant format will hopefully give much needed flexibility to the Collaboratives and eliminate the underutilization of this valuable support.**

The GCP and CRCP continue to provide valuable support to kin raising their children in the District and assist in preventing children from entering care due to lack of financial resources to care for kin. When the CRCP was implemented on October 1, 2019, funding was adequate for new applications in CY 2020. **For the past two years, the GCP has had over 50 applications on the waitlist at the end of the year due to lack of funding. This budget should be further increased to address current need for the subsidy.**

(3) THE COLLABORATIVES: PREVENTION THROUGH CASE MANAGEMENT

How many families are receiving case management services through the Collaboratives?

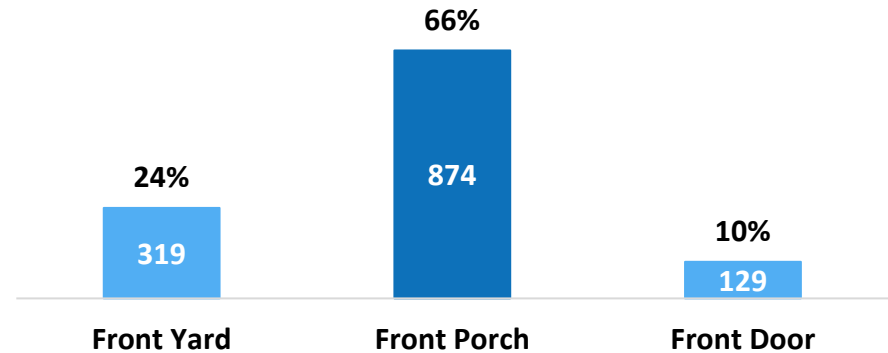
CFSA’s five contracted community-based Healthy Families/Thriving Communities Collaboratives (Collaboratives) serve all eight Wards and are strategically located in five neighborhoods in the District that have high representation of families in contact with the child welfare system. CFSA and the Collaboratives make every effort to direct and serve families within their Ward of origin.

Healthy Families Thriving Communities Collaboratives	Wards Served
Collaborative Solutions for Communities (CSC)	1, 2, 3
Georgia Avenue Family Support Collaborative (GAFSC)	4
Edgewood/Brookland Family Support Collaborative (EBFSC)	5, 6
East River Family Strengthening Collaborative, Inc. (ERFSC)	7
Far Southeast Family Strengthening Collaborative (FSFSC)	8

Nearly 7 out of 10 referrals received by the Collaboratives were from Front Porch families by FY 2021 Q2

- The Collaboratives received a total of 1,322 referrals between October 2019 and March 2021, including 319 Front Yard Referrals, 874 Front Porch Referrals, and 129 Front Door Referrals

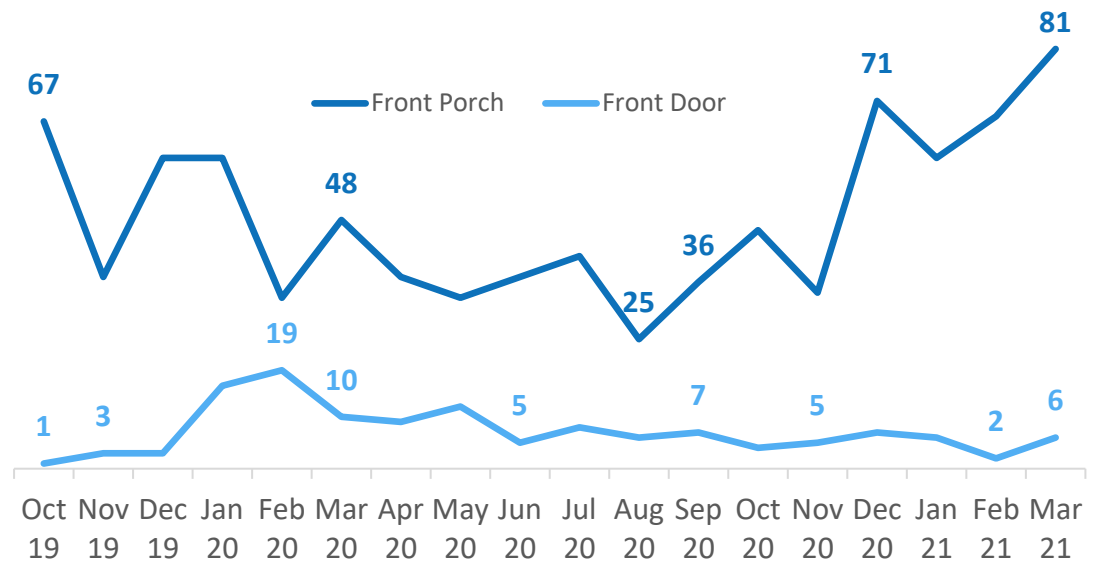
See appendix for specific information on the family referrals to the Collaboratives.



Source: Collaboratives Efforts to Outcomes (ETO) software/Community Portal data

The COVID-19 pandemic led to a decrease in Front Porch and Front Door referrals starting March 2020, and an increase starting September 2020.

- The impact of the COVID-19 pandemic was particularly evident during the first 6 months of the crisis
- Referrals had a low of 25 in August 2020.
- Referrals rose to a high of 81 in March 2021.
- Front Door referrals remained low and did not reach pre-pandemic levels.



Source: Community Portal

While the Collaboratives received 1,322 referrals between October 2019 and March 2021, they served a total of 1,029 families.

Status	FY 2020 Roll-over Families	FY 2020 New Families served	FY 2021 New Families Served	Total
Front Yard	75	218	101	394
Front Porch	72	197	292	561
Front Door	22	22	30	74
Total	169	437	423	1029

Source: Community Portal and ETO

Far Southeast and East River served 52 percent of all families in FY 2020 and 49 percent of all families from FY 2020 to FY 2021 Q1-Q2.

Primary Prevention Recipients (Front Yard)

Research shows that risk factors for child abuse and neglect fall into several categories: **child risk factors, parent and family risk factors, and community risk factors**.¹¹ As part of its research and data analysis, CFSA identified the following two vulnerable Front Yard populations more likely to be at risk for child welfare involvement due to a lack of available or accessible primary prevention services:

- 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.
- Grandfamilies and close relatives providing long-term placement and caregiving: Provide community-based supports and services to prevent out of home placement.

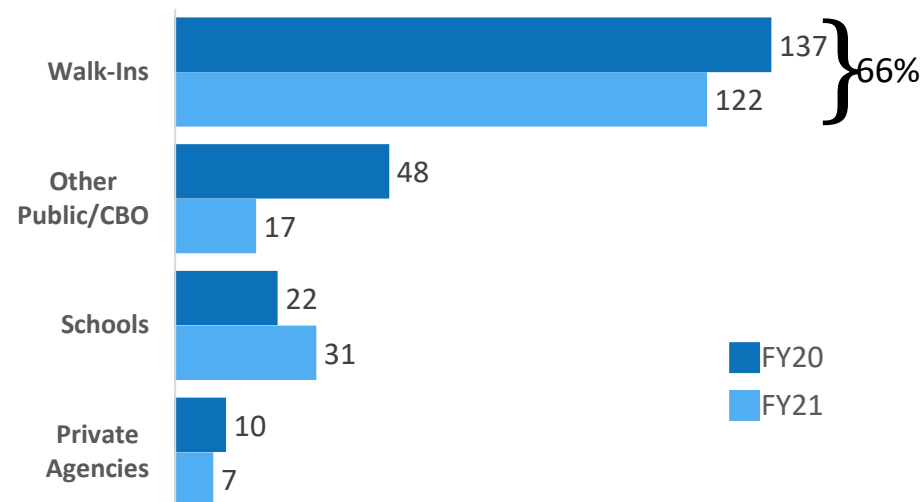
Each of the five Collaboratives provides access to prevention services for those families without CFSA involvement, i.e., those who independently seek services or are referred from other organizations.

¹¹ <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>

How many families are served in the Front Yard?

Most families served at the Front Yard were walk-in clients between October 2019 and March 2021

- Front Yard families accounted for 38 percent of all 1,029 families served between October 2019 and March 2021, with a total of 394 Front Yard Families served.
- These families received primary prevention services to include individualized case management, parent education courses on child development, and support services for housing and employment.



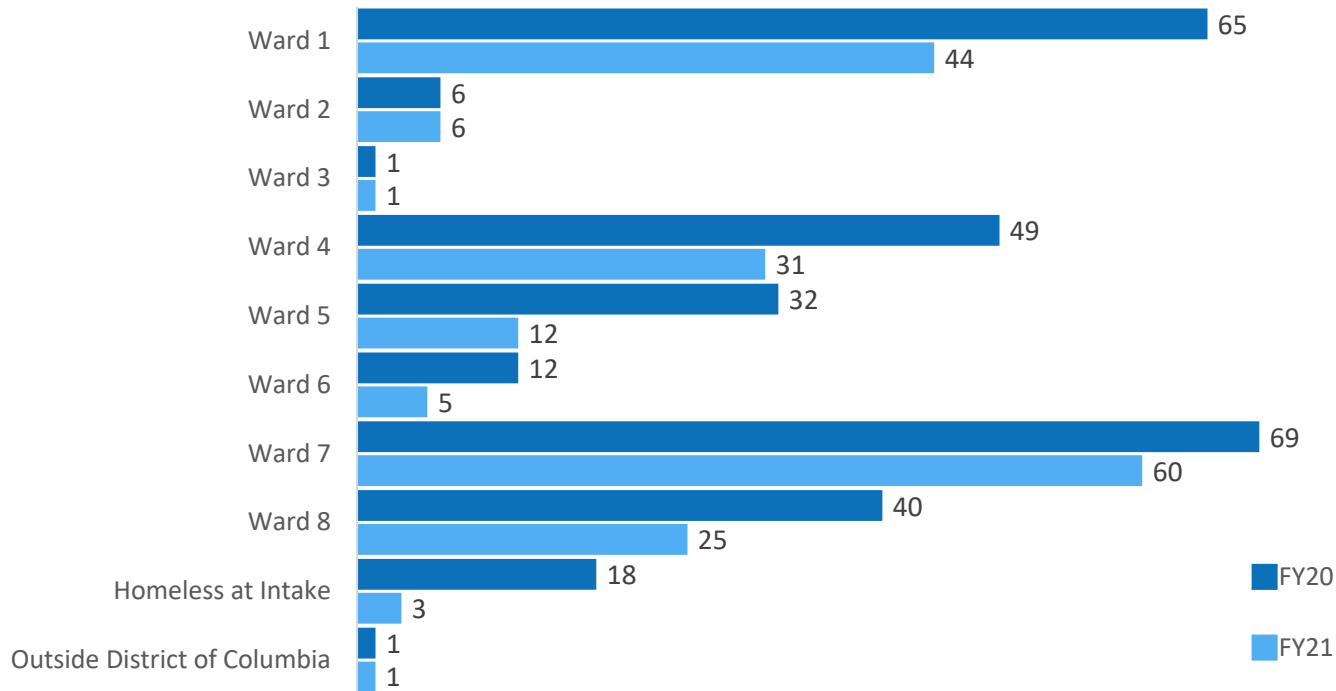
Source: Collaborative Monthly Reports.

During the COVID-19 pandemic, additional city-wide resources offered the Collaboratives a broader range of resources to refer to families specifically in the areas of housing, rent assistance and food. The following city-wide resources complemented the Collaboratives' existing resources:

- Strong Together by Assisting You (STAY DC) program that assists District of Columbia residents seeking assistance with their rent and/or utilities.
- Internet-for-All program provides the District of Columbia Public Schools and charter school families with free, broadband internet connection.

With these additional city-wide resources, the Collaboratives provide assistance to families without having to tap entirely into their own resources.

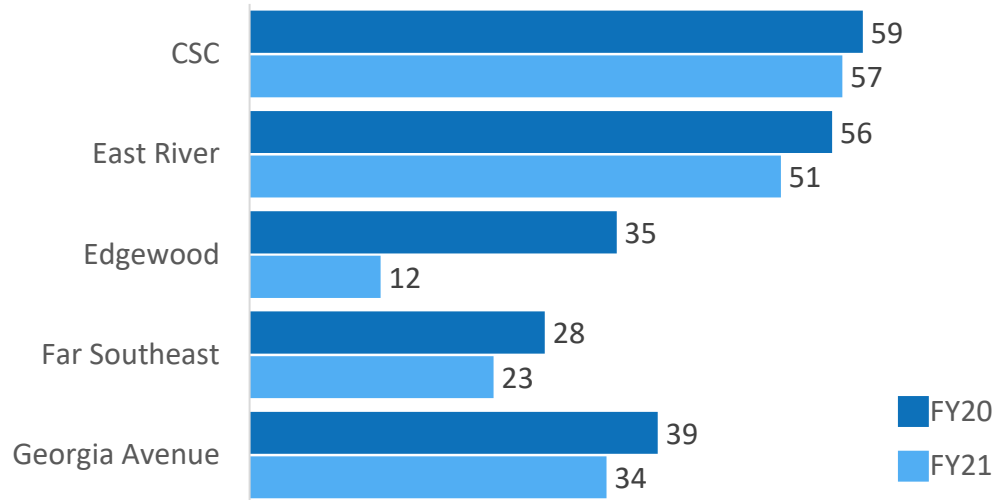
Collaboratives served 394 Front Yard families mostly from Wards 1, 4, & 7 between October 2019 to March 2021



Source: Collaborative Monthly Report

Families typically receive services in the Ward where they reside. However, due to language barriers for families with English-as-a-second-language, these types of referrals may be re-routed. As the Collaboratives re-route such occurrences within their network and CFSA increases support for the Collaboratives to hire bi-lingual case-carrying staff to function as liaisons for families who need services unavailable through their neighborhood Collaborative, a family may subsequently receive services from a Collaborative located in another Ward. As reported in last year’s Needs Assessment, the Collaborative Solution for Communities (CSC) in Wards 1,2 and 3 served the highest number of families in FY 2020-FY 2021 (Q1-Q2) totaling 116 families (29 percent). East River (Ward 7) served the second highest number of Front Yard families in FY 2020-FY 2021 (Q1-Q2), with a total of 107 families (27 percent) and Georgia Avenue Family Support Collaborative (Ward 4) served the third highest number of families in FY 2020-FY 2021 (Q1-Q2) totaling 73 families (19 percent).

CSC and East River Collaboratives served the most Front Yard Families in FY 2020 and FY 2021



Source: Collaborative Monthly Reports

Secondary and Tertiary Prevention Recipients (Front Porch)

CFSA and the Collaboratives make every effort to direct and serve families within their Ward of origin. There are exceptions for special services that may only be available from a Collaborative outside of the Ward where the family resides. At the Front Porch, Collaboratives are able to 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 with unfounded or inconclusive dispositions, additional short-term assistance is needed to promote family stability.

CPS Investigation (CPS) referrals closing with any risk level

- With unfounded or inconclusive dispositions
- Additional short-term assistance to families is needed to promote family stability

CPS Investigation (CPS) referrals with a low-to-moderate risk

- With substantiated dispositions
- Additional short-term assistance to families is needed to prevent out-of-home placement

Collaboratives are also able to provide tertiary level prevention services for families where child maltreatment may have already occurred, and 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 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

Permanency (Out-of-home)

- The children are safe and have been reunified; the court case has been closed or will be shortly.
- There is a demonstrated need for additional services and support to ensure sustainable reunification and connections to community resources.

How many families are served on the Front Porch and Front Door?

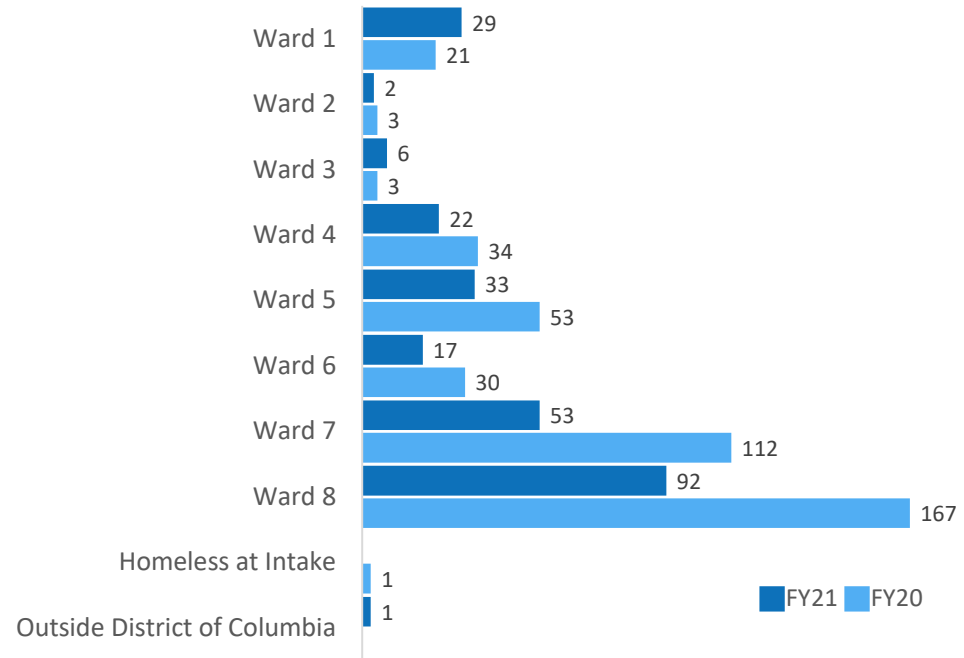
Between October 2019 and March 2021, 635 families received secondary and tertiary prevention services. The majority (67 percent) of those families resided in Wards 7 and 8.

This proportion is comparable to findings in last year's Needs Assessment, which reported that 70 percent of families served from the Front Porch and Front Door resided in Wards 7 and 8.

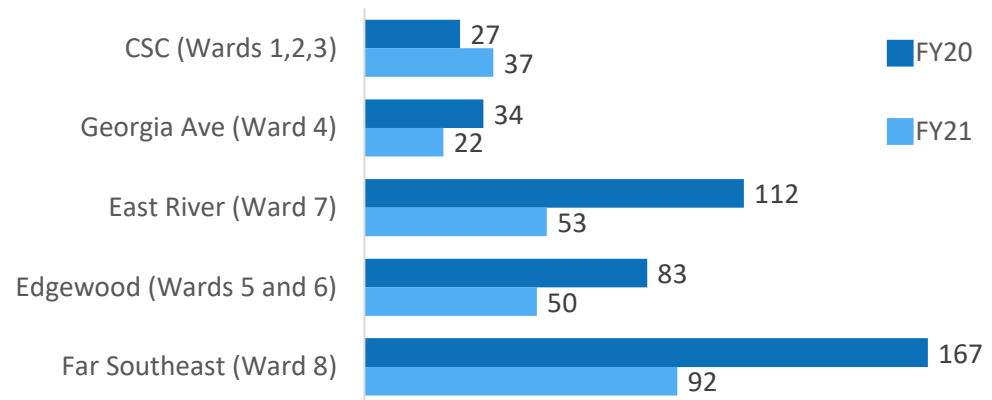
While last year's data showed a decline in referrals from the Front Porch and Front Door that was attributed to the decrease in foster care population, and reduction in calls to hotline during the COVID-19 pandemic. This year's data continue to show that referrals began to increase again in FY 2021.

The Far Southeast Family Strengthening Collaborative served the majority of the families in FY 2020 and FY 2021 Q1-Q2.

Midway through the year, CSC surpassed the total families served in FY 2020, and all other Collaboratives except East River Collaborative have served at least half the number of families served throughout the entire prior fiscal year.



Source: Collaborative Monthly Reports.

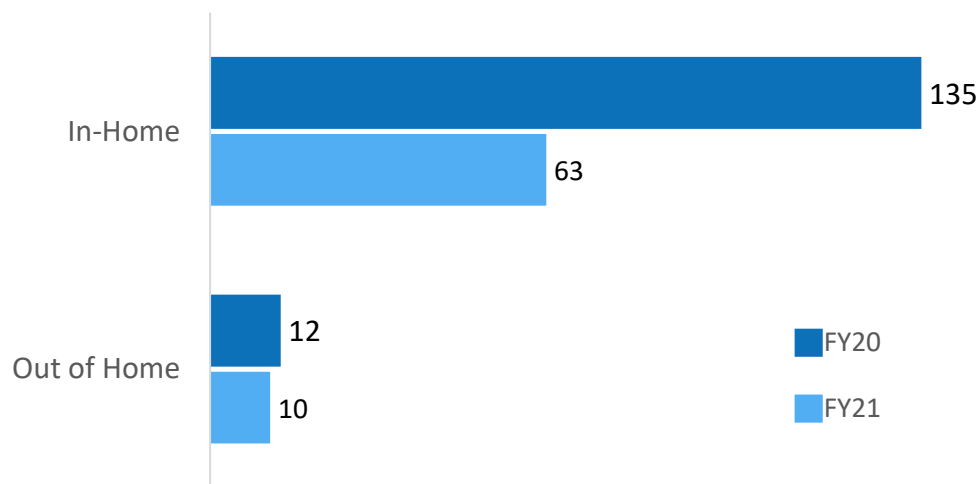


Source: Collaborative Monthly Reports.

How many families were referred for step-down services?

In FY 2020 and FY 2021 Q2, CFSA's In-Home Administration referred 90 percent of the 220 families for step-down services, i.e., case management services continue after the in-home or out-of-home case closes to ensure children remain in the home.

The out-of-home step-down referrals remained low for this population throughout FY 2020 and FY 2021 Q1-Q2. The CFSA referral and the case transfer processes presented challenges for social workers, which in turn interfered with the Agency's ability to successfully link families to services available at community-based providers.



Source: Community Portal.

- A new business process requires social workers to identify the correct Collaborative for family referrals, based on service needs, Ward assignment, and households identified for services related to English-as-a-second language.
- A Lean event was held at end of FY 2020 to address challenges.
- Due to a continued low level of referrals, it is not clear whether challenges have been ameliorated or whether more cross-training is recommended.

What are the top-requested services for families?

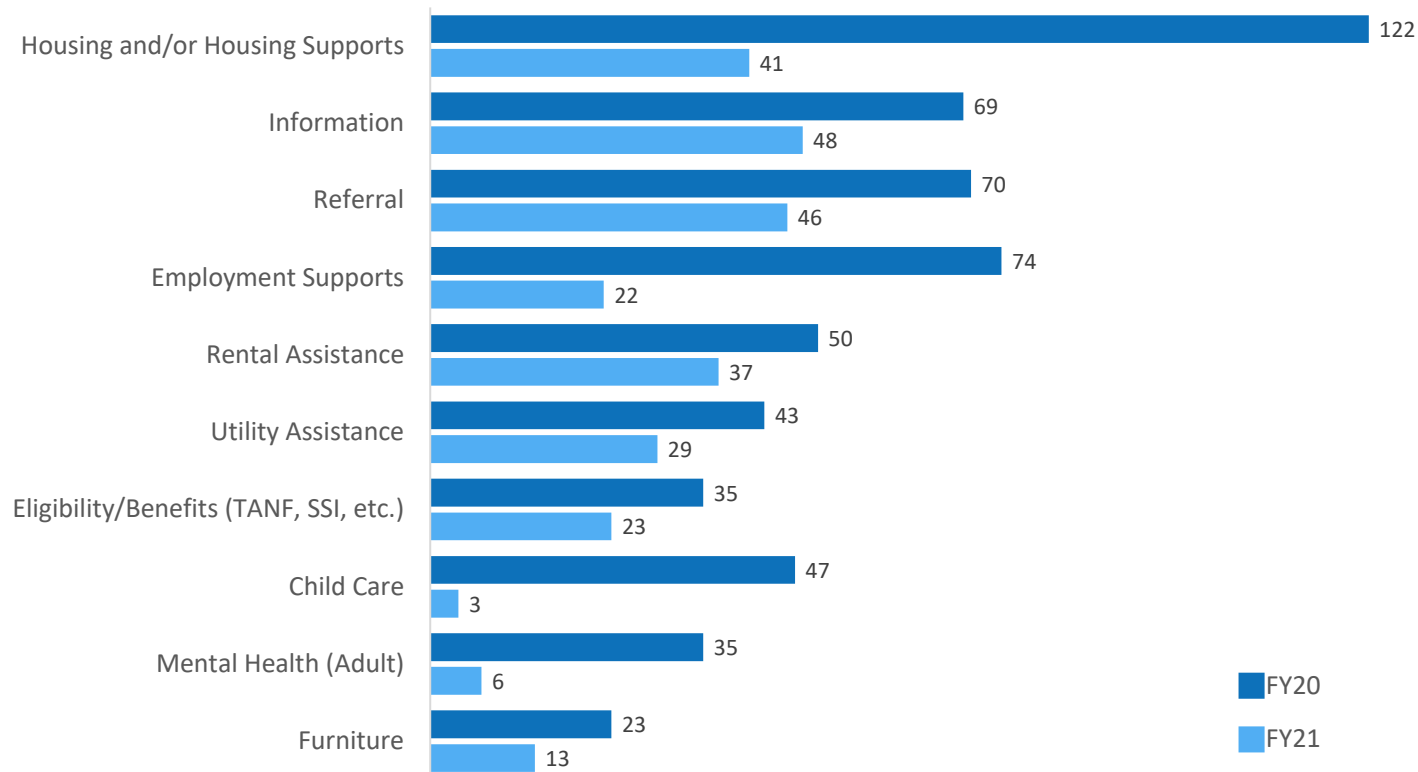
CFSA asks each Collaborative to report on the services that families request directly to them, as well as services recommended by the agency.¹² Overall, the top requested services both by CFSA and by families were for housing or housing supports. Due to the housing eviction moratorium during the COVID-19 pandemic, CFSA has seen a decrease in the amount of funding requests. For services requested by Front Yard families, the remaining two services in the top three were referrals (where the Collaborative directly links the family to a

¹² The Collaborative data on services requested as compared to services received was not available in FY 2020 but is on track for availability in FY 2021.

service) and information (where the Collaborative provides the family information about available services). For services requested by Front Porch and Front Door families, the remaining two services in the top three were employment support and information.

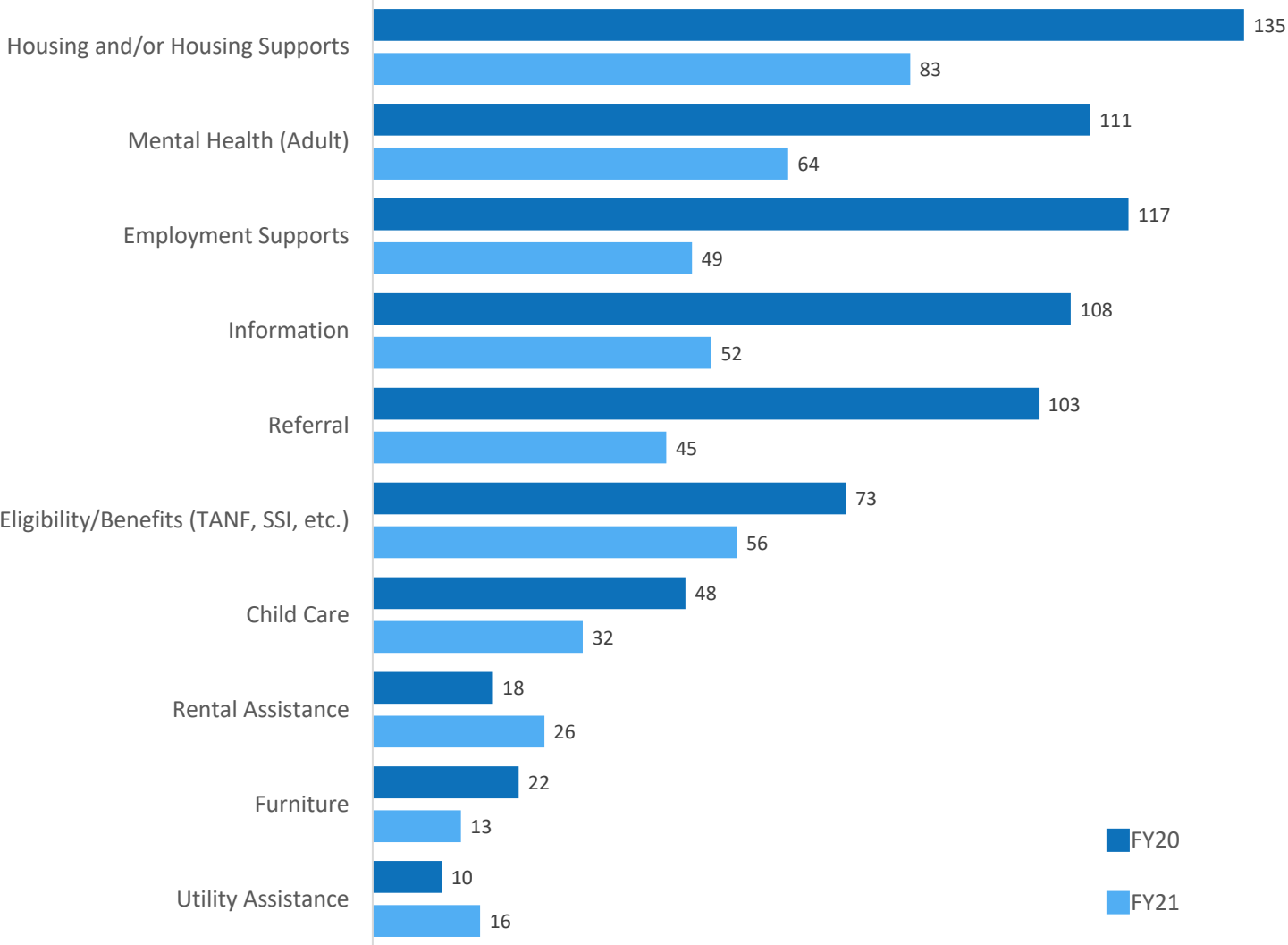
Of the services requested by CFSA, the most frequently requested services were housing supports, parenting support and mental health. Across the three case management categories, the top requested services by and for families in the Front Yard, Front Porch and Front Door case types were in the areas of housing, employment, and parenting supports. See the breakdown of services below, requested for the periods of FY 2021 and FY 2021 Q1-Q2.

Of the top 10 Collaborative services, families being served in the Front Yard most frequently requested housing supports, followed by information and referrals.



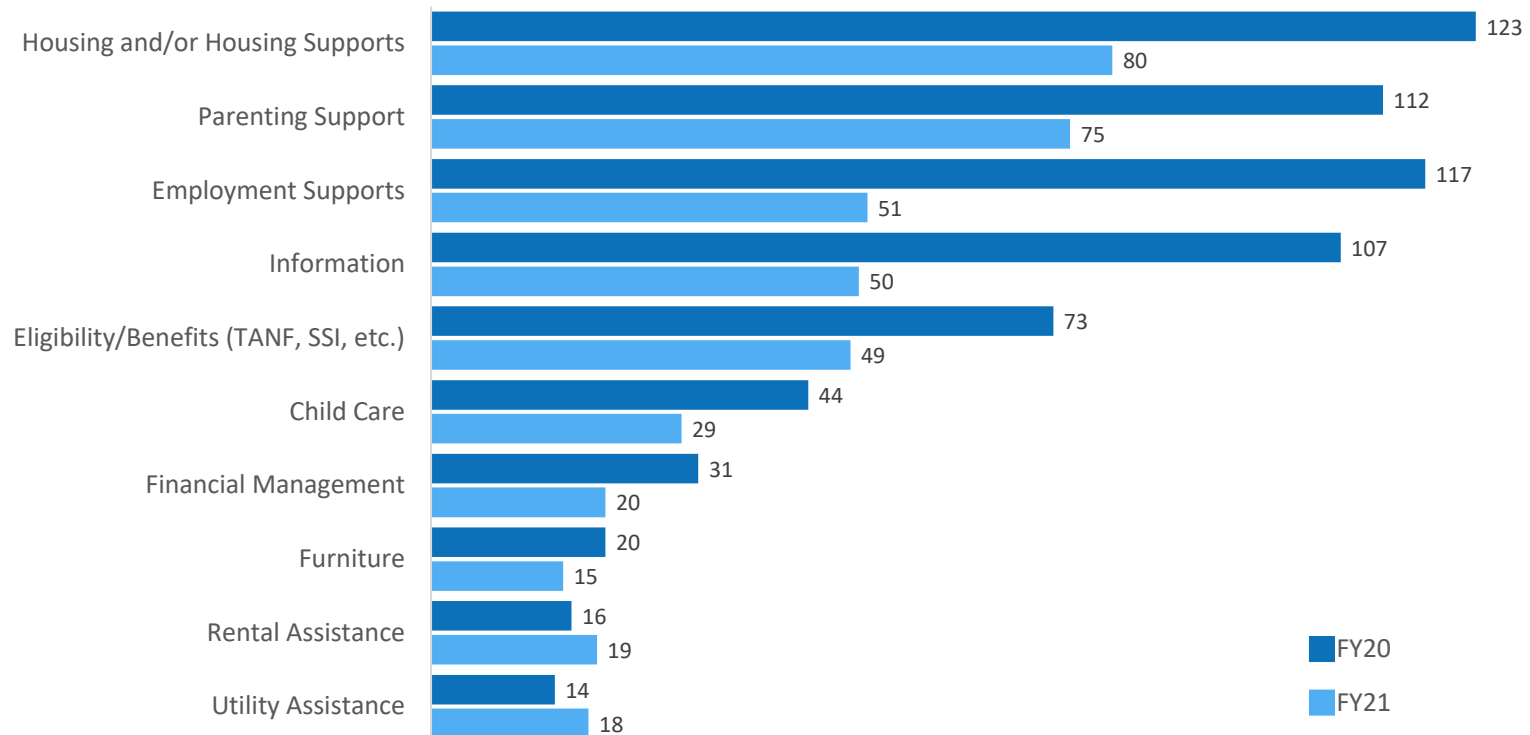
Source: Collaborative Monthly Reports

Of the top 10 Collaborative services, families being served in the Front Porch & Front Door most frequently requested housing supports, followed by mental health & employment supports.



Source: Collaborative Monthly Reports

Of the top 10 Collaborative services, CFSA most frequently requested housing and parenting supports for Front Porch & Front Door families.

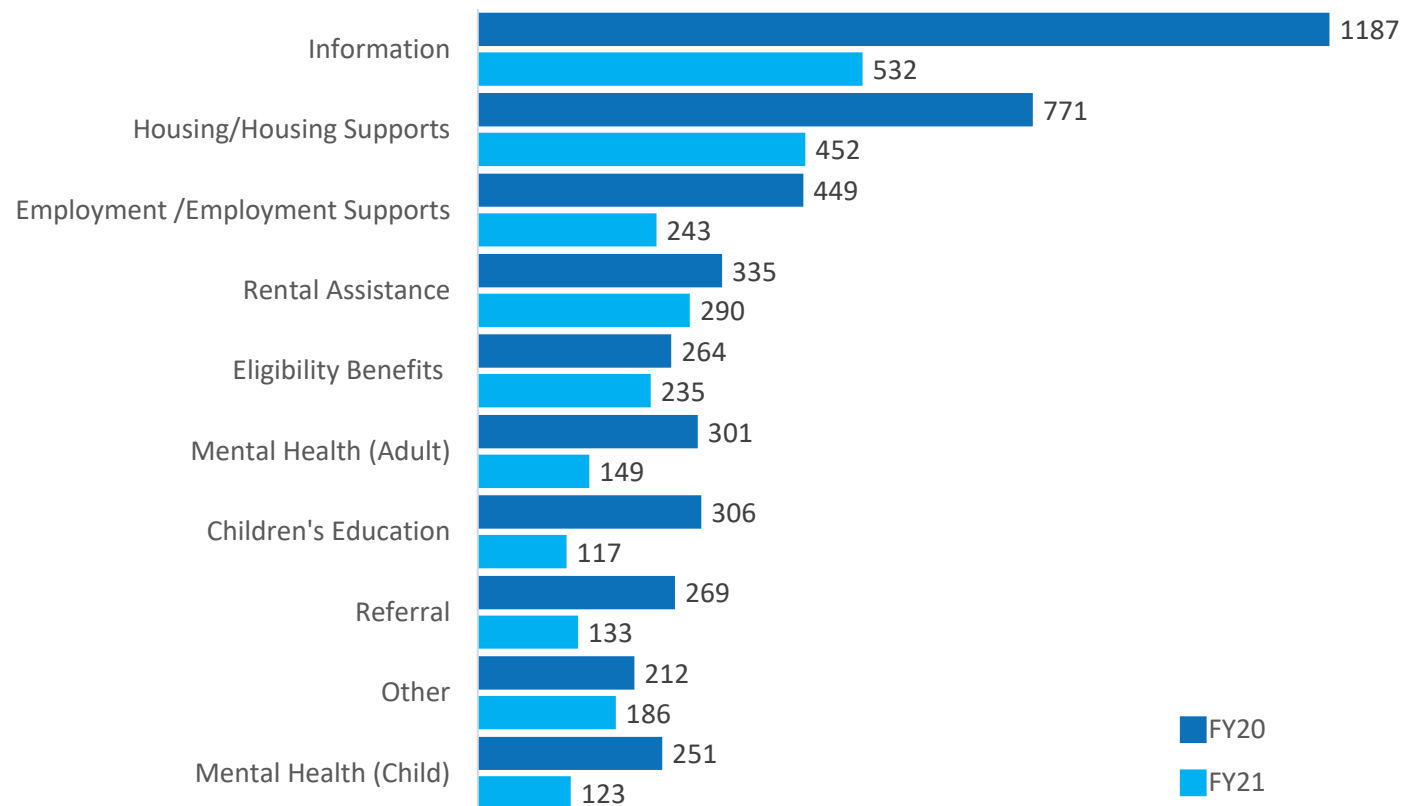


Source: Collaborative Monthly Reports

What services are completed by families?

CFSA asks each Collaborative to report on families’ completion of services. Overall, the top completed service based on how many times the service was provided for Front Yard, Front Porch, and Front Door families was information, i.e., providing families with a list of resources, including contact information for individuals to access additional services. Housing and housing supports and employment and employment supports were also among the top three services most often completed by families. Data on service completion includes families who may have received a service multiple times over the course of their open case with the Collaboratives. Additionally, multiple services could be included in one category (e.g., housing and housing supports could involve identifying new housing, advocating with a landlord to fix an issue in the home, obtaining needed furniture, etc.). See below for the breakdown of services completed for the periods of FY 2021 and FY 2021 Q1-Q2.

Of the top 10 Collaborative Services completed by Front Yard, Front Porch, & Front Door families, the most frequent service completion was for Information, followed by Housing/Housing Supports and Employment/Employment Supports.



Source: Collaborative Monthly Reports

Conclusion and Needs to be Considered

Over the period of analysis during FY 2021, there was an increase in Front Yard families (i.e., families not known to CFSA) receiving services from CSC, which served the greatest portion of Front Yard families of any other Collaborative. However, since CSC did not exceed their total target for Front Yard, Front Porch, and Front Door families served, there is no need to increase the current CSC target for families being served. Conversely to the CSC increase, there was a decrease in Front Yard and Front Porch families (i.e., families known to CFSA through a closed CPS investigation, in-home or foster care case) being served in Wards 5, 7, and 8.

The respective increases and decreases in Front Yard families are attributed to operational and resource changes due to the COVID-19 pandemic. Specifically, there were more available resources District-wide to meet immediate needs. The adjustments to full-time telework and virtual supports impacted service delivery and utilization in each Ward and Collaborative. Collaboratives all have unique service and operational capacities. The varying services and resources available in each of their neighborhoods, as well as the unique operational priorities of each Collaborative during the COVID-19 pandemic are ultimately contributable factors in CSC serving more Front Yard families while the Collaboratives in Wards 5,7, and 8 served less. Further examination is needed to understand these disparities and the impacts of each Collaborative's operational choices for service delivery to families. Community Partnerships is also examining the trend of cases staying open longer with the Collaboratives by examining caseloads and practices. Community Partnerships will assess possible resource needs at select Collaboratives.

The decrease in services to Front Porch families is also attributed to the lower number of Hotline reports coming into the Agency at large. Front Porch families continued to mostly reside in Wards 7 and 8 and are served by Far Southeast and East River Family Strengthening Collaboratives. Across both the Front Porch and Front Yard families, the top requested services in FY 2020 and FY 2021 were housing or housing supports, and employment supports. With the continued pandemic, the need for these services will likely continue to be significant into FY 2022.

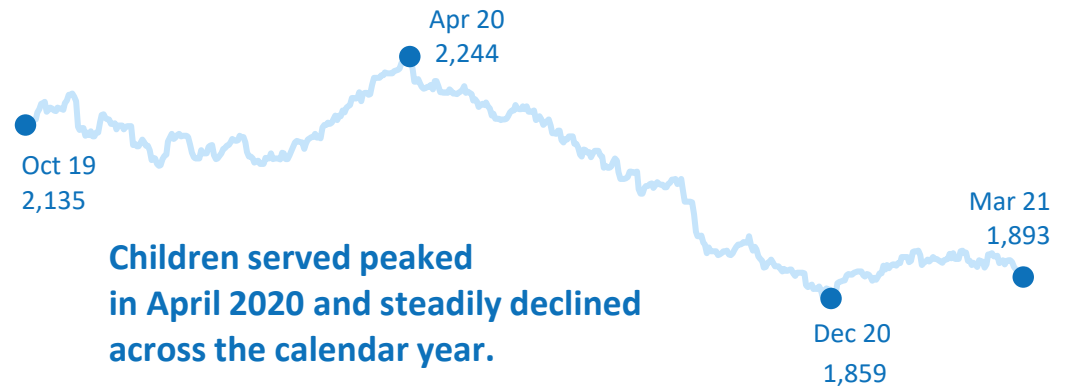
One target population of the CFSA Family First cases with little-to-no referrals in FY 2020 or by mid-year FY 2021 is the community diverted Positive Toxicology case type. In FY 2020, positive toxicology referrals represented only six percent of the overall capacity, totaling 13 referrals made for the fiscal year. At the FY 2021 mid-year mark, CFSA referred only five families in the positive toxicology case type to the Collaboratives (see appendix for total referral information by collaborative). At this time, the capacity to serve community diverted positive toxicology referrals is higher than the presenting need.

For Front Door cases, the out-of-home CFSA and Collaborative teaming case targets have not been met throughout FY 2020 or FY 2021 Q1-Q2. This population includes families known to CFSA with an open case, specifically the families with an open Family Court-involved out-of-home (foster care) case working toward reunification. The out-of-home teaming referrals have remained low for this population throughout FY 2020 and FY 2021 Q1-Q2. Additional cross-training on the referral process is recommended for better utilizing resources and services available to families and children in the community.

TRENDS FOR CHILDREN SERVED IN FOSTER CARE AND IN-HOME

The number of children served is decreasing.

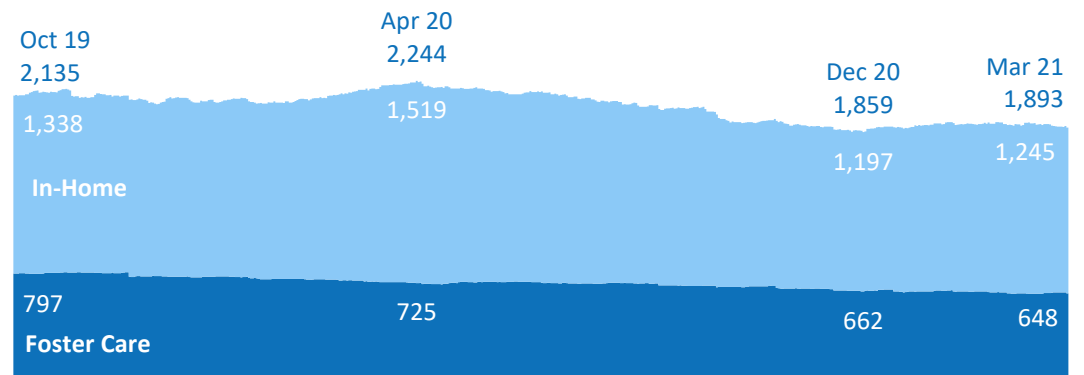
CFSA served more than 200 fewer children in in-home and in foster care at the end of the period of analysis than at the beginning, an 11 percent decline. The largest period decline began as cases fell from a high in April 2020 to a low in December 2020. Children served ticked up by 34 by the end of March 2021.



Source: Tableau – Children Served Cumulative, daily child count population by In-Home and Foster Care.

About two-thirds of children served are receiving in-home services.

Children in foster care declined more, proportionally, than those receiving services at home. As a result, children in their home comprised 66 percent of the population at the end of the period, compared to 63 percent at the beginning. Foster care has trended steadily downward. The number of children at home trended downward with some cyclical; cases tended to rise in the spring.



Source: Tableau – Children Served Cumulative, daily child count population by In-Home or Foster Care.

Needs for families currently receiving services from the In-Home Administration

CFSA's In-Home Administration offers a comprehensive array of services that are flexible enough to meet the needs of current clients.

What is the profile for families currently receiving in-home services?

- Caseloads and children served experienced cyclical, but the counts at the beginning and end of the period remained roughly equal.
- The ages of caregivers and children remained static, suggesting no impact on the delivery or type of services needed (see below). Services for in-home families need to be applicable to a wide range of ages, both for children and for parents.

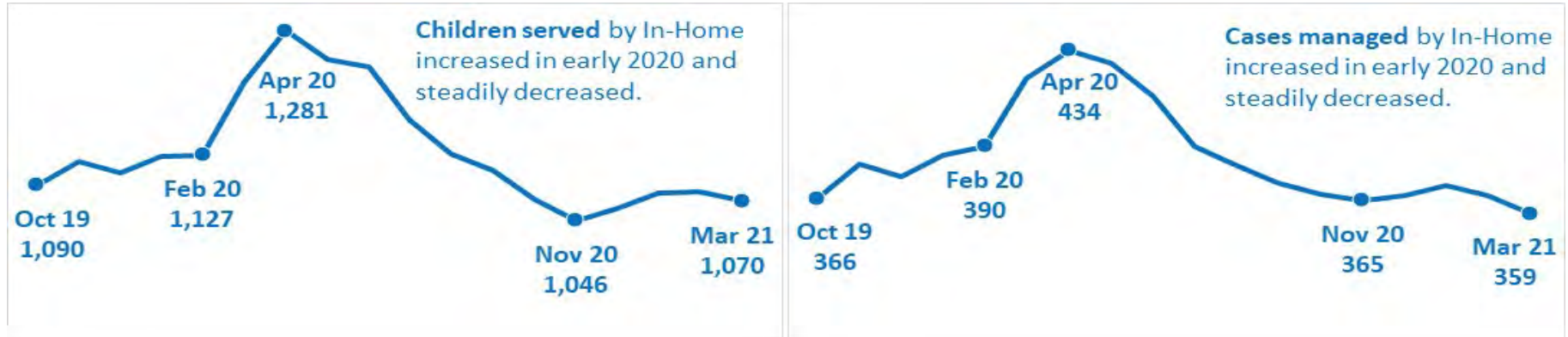
In-Home Background

CFSA serves families with an open child welfare case in their homes through several administrations within CFSA and CFSA-contracted agencies. The In-Home Administration within Entry Services serves the largest portion (over 80 percent) of this population.¹³ CFSA opens an in-home case when it closes an investigation with a substantiated allegation but determines protection of the child's safety does not require separating the child from the birth family. Children who live with their birth parents may be served by social workers outside of the In-Home Administration under two circumstances: (1) when a child reunifies with a parent after spending time in foster care, or (2) when at least one child is removed due to immediate safety concerns but CFSA determines that other siblings may remain safely in the home. In the second case, the child remaining in the home would also be served by the social worker from the Permanency Administration or the private agency serving the child in foster care.

¹³ In April 2018, CFSA added the In-Home Administration (formerly Community Partnerships) to the Office of Entry Services, creating the "Ongoing CPS Services" (In-Home) Unit.

Caseload Trend

Cases and children served by the In-Home Administration reached a peak in April 2020 but declined through the 2020 calendar year, ending with approximately the same number of children and families served as at the beginning.



Source: CMT404 Monthly Reports, Monthly In-Home Administration (A2/D2) Child and Case Count.

Demographics

Children and families served by the In-Home Administration between October 2019 and March 2021 have the following demographics:

- The child gender split is roughly equal between male, 51 percent, and female children, 49 percent.
- The median number of children per family is three.
- The largest caregiver age group are those 31-40 years old followed by caregivers ages 21-30 years old, accounting for 41 percent and 38 percent (respectively) of caregivers in the first half of FY 2021. The composition of age groups did not change much between fiscal years. For a full breakdown, see the appendix.
- Most children are 12 years old or younger with a breakout of age groups 0-5 and 6-12 being approximately equal – 79 percent of children in this age group received in-home services during the first half of FY 2021. About two in ten children are ages 13-17. The composition of age groups did not change much between fiscal years. For a full breakdown, see the appendix.

Conclusion and Needs to be Considered

While the ages of parents with open cases have shifted slightly, this shift has not impacted the delivery or type of services needed. The comprehensive array of services is still flexible enough to meet the demographic profiles of the clients served.

SERVICES TO PREVENT ENTRY INTO FOSTER CARE

What services are offered to prevent children's entry into foster care?

The following section describes the services CFSA offers to families to help prevent children from entering foster care.



Case Management

CFSA and private agency social workers manage in-home and out-of-home cases. Case management includes planning, seeking, advocating for, and monitoring services from different social services or health care organizations on behalf of a client.



Emergency Family Flexible Funds

Upon request by a social worker, the Collaborative should provide funds within 36 hours to address needs that can prevent disruption. Such needs may include rental assistance, transportation, utilities, food, housing search, or temporary placement.



Rapid Housing Program (RHP)

CFSA manages RHP to provide short-term rental payments to families in need of stable housing.



Medical Support

CFSA has four community-based nurse care managers to serve all Collaboratives and to case manage according to social worker referrals. Social workers can submit a nurse referral at any time throughout the life of a case, including at the point of case closure.



Educational Workshops

CFSA facilitates and coordinates training for parents and caregivers to provide critical education and information to promote support for the children in their care.



Parent Cafes through DC Children's Trust Fund

Trained facilitators guide support group meetings for biological families.



Whole Family Enrichment

Structured group activities create a safe environment for at-risk families. These structured groups and activities help build a sense of community and belonging that promotes family stability, resiliency, and social connections.



Community and Other District Agency Supports: Mental Health & Substance Use

CFSA utilizes the Department of Behavioral Health's city-wide provider agencies for children, youth and adults for mental and behavioral health and substance use services. CFSA also contracts with the Collaboratives to provide a variety of these services, including and in addition to Family First services. Families receiving in-home services may also be referred to CFSA's short-term therapeutic services through the Agency's Office of Well-Being.





Domestic Violence (DV) Services

CFSA utilizes community-based organizations for DV services, including DC SAFE (Survivors and Advocates for Empowerment), My Sister’s Place, and House of Ruth.

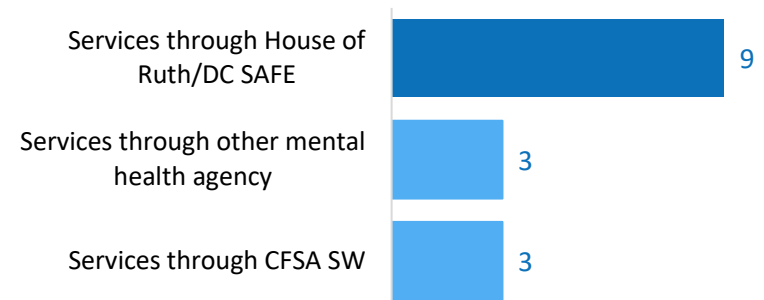
What do the FY 2020 Quality Service Review results tell us about needs for DV treatment for families who receive in-home services?

The Quality Service Review (QSR) is one of CFSA’s primary qualitative approaches to continuous quality improvement of service delivery and implementation of CFSA’s Practice Model. The QSR assesses how system partners work together as a team to ensure that services for children and families are tailored and appropriate to their needs. This case-specific and system-wide process includes reviews of hard copy case records in addition to face-to-face and telephone interviews with team members.

The QSR team reviewed a total of 63 cases for the In-Home Administration from February through May 2021. CFSA leadership requested the QSR team to gather information on the DV treatment resources identified during case reviews, specifically the services available to families reviewed and the number of families who participated in these services. There was a total of 22 cases where parents were involved in a DV relationship (either historical or current), 19 of which had a substantiated allegation of DV. In comparison to the QSR reviews for in-home cases in 2019 and 2020, **these 22 families represented a significant 30 percent increase of open cases with allegations of DV. Of these 22 families, 16 families (73 percent) participated in DV-related services.** For the remaining six families (27 percent), five families (parents) refused DV services and did not recognize the seriousness of the situation or its impact on their safety and the safety of their children. In the final case, there was no evidence that the social work team had engaged the family around DV services.

DC Safe and House of Ruth were the two primary agencies providing the following services to just over half of the 16 families:

- Online education classes
- Virtual and in-person DV counseling
- Changing locks and providing safe housing for families as needed
- Developing safety plans for victims



Source: QSR Data.

Three families received DV services from other agencies, including Mary's Center, McClendon Center, and Inner-City Family Services. While some clients were accessing services through formal DV service providers, there were also many cases in which the In-Home Administration social workers were functioning as interventionists, i.e., utilizing their clinical skills to provide informal support to families, thus providing safety and stability for children.

- In three cases the social worker was the primary person providing clinical intervention to ensure the safety and well-being of the children and families.
- In four cases the assigned social worker was working collaboratively with provider agencies and the mother to develop the safety plan.

Conclusion and Needs to be Considered

The degree of DV varied with at least four cases involving active protective orders. All 22 cases had a history of DV in the life of the families. **Mental health illness and substance use were contributing factors in 77 percent of the cases reviewed. At least 50 percent of both mothers and fathers who were participating in DV services were also receiving mental health treatment.** Participation in services significantly improved the safety and well-being of the children and their families with no reported incident of DV since the case opened, except for one case where the family refused to participate in services and there were ongoing safety concerns. There was evidence of ongoing safety planning with victims, including assistance from extended family members when necessary and identification of safe housing. Two families were residing in safe housing at the time of the review.

QSR reviewers identified referrals for DV consultation as a challenge for social workers. **Six social workers had a DV specialist consultation while case managing out of the 16 families participating in DV services. Currently, there is one DV specialist for both in-home and out-of-home cases involving DV.** The role of the DV specialist is to provide clinical consultation and guidance to social workers and support service linkage for parents. Despite concerted efforts by social workers, a small percentage of DV victims continue to place themselves and their children at risk by refusing to accept services.

There is a need for greater involvement of the DV specialist for social workers to receive consultation and options of resources. In addition, it is important to ensure that social workers have access to training on DVs and treatment to ensure they are adequately prepared to address DV issues in a family. In a survey of 168 child welfare professionals, 123 indicated the top five risk factors found in the families they served and DV ranked first with 64 percent (n=79) of respondents indicating it as a prevalent risk factor. DV ranked second with resource

parents surveyed on the same question regarding the children they supported. Stakeholders, over the last two Needs Assessments, continue to indicate the need for training on DV in general. While batterers are commonly male,¹⁴ social workers also need training on other DV relationships, e.g., youth against parent and adult siblings in the home. Training is needed on the various types of DV (i.e., non-physical forms) and resources such as housing options for survivors, survivor services, and batterer intervention services, especially for fathers who engage in DV against a co-parent (usually the mother). The lack of an array of DV batterer and intervention services has been a long-standing barrier to reducing DV. There is a need for such services to assist batterers (male or female) to self-examine personal histories and deeply understand the reasons behind their abusive behaviors, and ultimately learn how to redirect, self-regulate, change and take responsibility for the consequences of those behaviors.

¹⁴ According to the National Coalition Against Domestic Violence, “1 in 3 women and 1 in 4 men have experienced some form of physical violence by an intimate partner. This includes a range of behaviors (e.g., slapping, shoving, pushing) and in some cases might not be considered ‘domestic violence.’ 1 in 7 women and 1 in 25 men have been injured by an intimate partner.” Source: <https://ncadv.org/STATISTICS#:~:text=1%20in%203%20women%20and,be%20considered%20%22domestic%20violence.%22&text=1%20in%207%20women%20and,injured%20by%20an%20intimate%20partner>



Be a
resource
parent

SECTION 2: TEMPORARY SAFE HAVEN

Foster Care as a Support to Families, Not a Substitute for Parents

Foster care is a temporary living situation for children who come to CFSA’s attention due to imminent safety risk as the result of parents or other relatives being unable to provide care for the children. When children enter foster care, CFSA prioritizes placement with relatives whenever possible. If willing and able relatives are not available, CFSA will place children in a family-based foster home with non-relatives. To a much lesser extent, CFSA may place older youth in congregate care facilities.

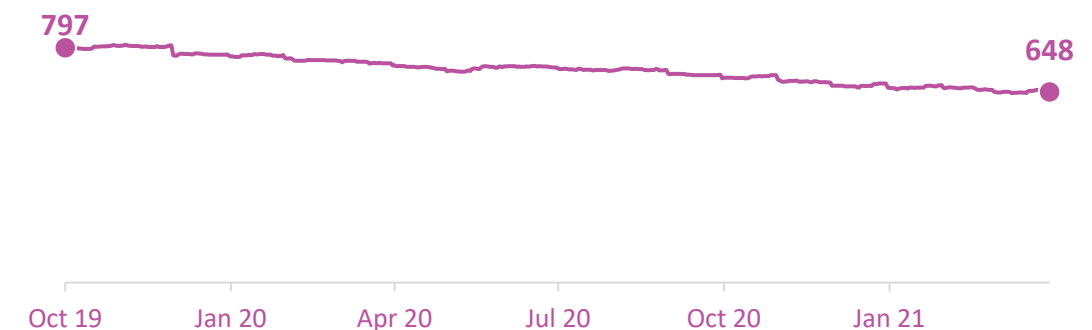
Foster care is intended to provide a stable and caring environment for the child while the parents address the reasons for involvement with the child welfare system. CFSA partners with the family to identify a permanency goal and documents that goal in each child’s case plan. The preferred permanency goal for children is reunification with their family as quickly but as safely as possible. When safe reunification is not possible, CFSA seeks to find a safe and loving, permanent home through adoption or legal guardianship, or to successfully transition older youth to adulthood in the case of those with a goal of Another Planned Permanent Living Arrangement (APPLA).

DEMOGRAPHICS AND NUMBER OF CHILDREN SERVED

How many children does CFSA serve in foster care?

The foster care population declined by 19 percent.

The District has observed a steady decline of its foster care population since fiscal year (FY) 2006. As of March 31, 2021, there were 648 children placed in foster care. Between the beginning of FY 2020 (October 1, 2019) and the second quarter (Q2) FY 2021 (March 31, 2020), the number of children served in foster care has decreased by 19 percent.



Source: Tableau Dashboard – Children Served Cumulative (Data as of 10/1/2019 through 3/31/2021)

How many children are placed in congregate care settings?

CFSA has reduced the number of children placed in congregate care with the percentage remaining steady at approximately 10-11 percent annually over the past few fiscal years.

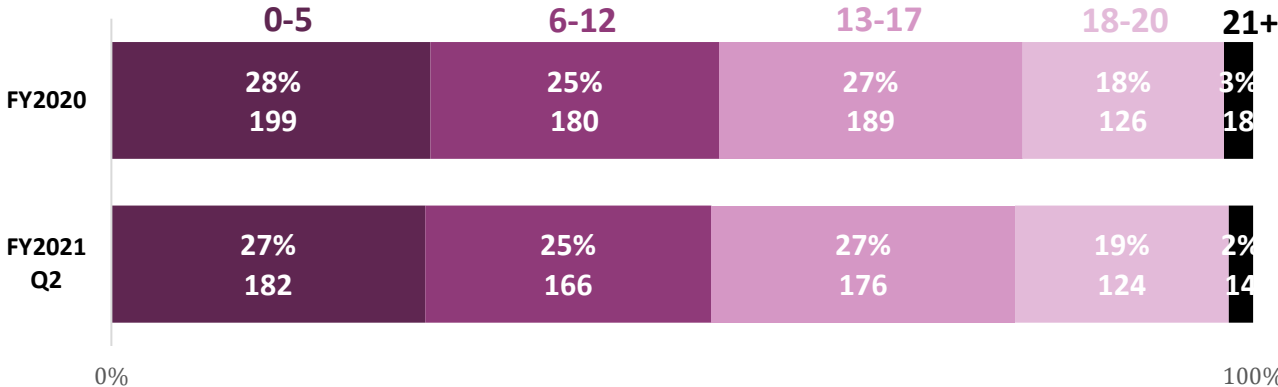
Fiscal Year FY 2020 (as of 9/30/2020)	# of children in congregate care	% of children in congregate care	Total # of children in care
Diagnostic & Emergency Care	4	1%	693
Group Homes	41	6%	
Independent Living	8	1%	
Residential Treatment	20	3%	
Developmentally Disabled/Congregate Care	2	<1%	
Total	75	11	
Fiscal Year FY 2021 Q2 (as of 3/31/2021)	# of children in congregate care	% of children in congregate care	Total # of children in care
Diagnostic & Emergency Care	2	<1%	648
Group Homes	43	7%	
Independent Living	8	1%	
Residential Treatment	19	3%	
Developmentally Disabled/Congregate Care	2	<1%	
Total	74	11%	

Source: FACES Management Report CMT232 as of October 15, 2020 to reflect the end of FY 2020 and April 15, 2021 to reflect the end of FY 2021 Q2

What is known about the ages of children in foster care?

Over 55 percent of children in foster care are in the birth-5 and 13-17 age groups

Children ages birth to five and youth ages 13 to 17 years old make up over half of the foster care population as the two largest cohorts entering care.



Source: Tableau Dashboard – Children in Foster Care and Manual Data. Data represents a unique count of children as of the end of FY20 and FY21 Q2.

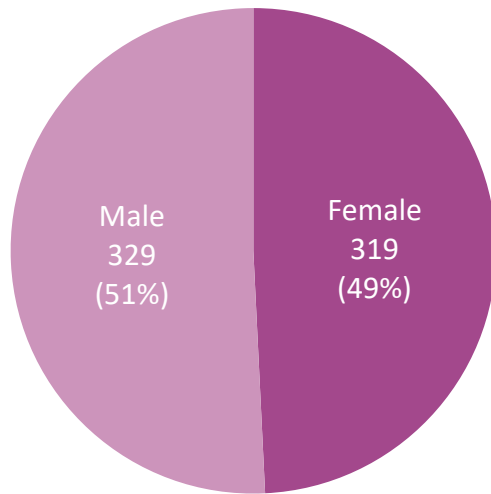
Beginning in March 2020, children who reached the age of 21 could opt into staying in foster care during the District’s COVID-19 pandemic, per a mayoral order. As a result, a total of 32 older youth, age 21 and older, stayed in foster care during the pandemic. CFSA factored those youth into the total count of children in foster care in the graph shown above. At the end of FY 2021 Q2, there were 18 older youth remaining in foster care.



What is known about the gender of children in foster care?

The number of male children is slightly greater than the number of female children in foster care as of the end of FY 2021 Q2.

The proportion of male and female children in foster care is almost equal.

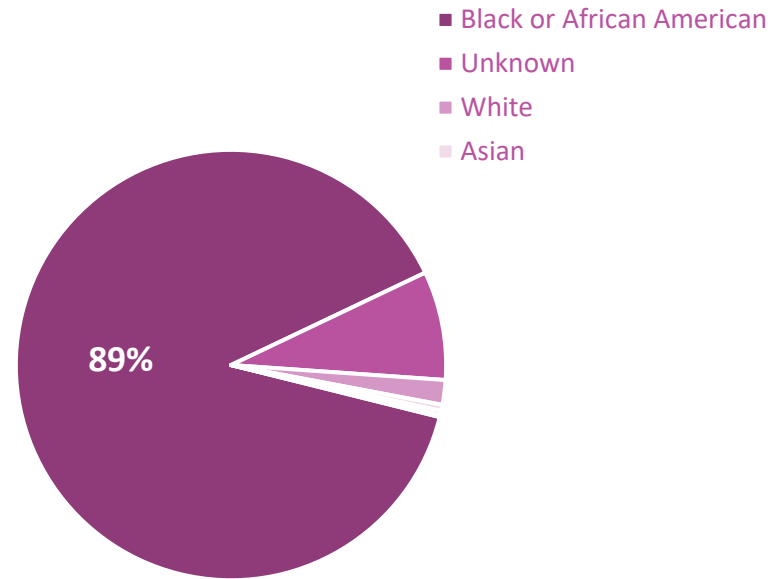


Source: Tableau Management Report as of March 31, 2021

What is known about the race of children in foster care?

Regarding race, African American children accounted for 89 percent of the children in FY 2021 Q2, Caucasian children were 2 percent, Asian children and “other” were less than one percent. Eight percent of families did not report on race, or CFSA was otherwise unable to determine race.

African American children account for an overwhelming majority of children in foster care.



Source: FACES Management Report CMT366 as of March 31, 2021

What is known about the ethnicity of children in foster care?

The majority of children in foster care are non-Hispanic.

Although most children in foster care identified their ethnicity as non-Hispanic, 102 children (16 percent) identify as Hispanic/Latinx.

Ethnicity	Primary Race	#	%
Hispanic/Latinx	African American	62	9.6%
	Unknown/Unable to Determine	31	4.8%
	Caucasian	8	1.2%
	Native Hawaiian or Pacific Islander	1	0.2%
	American Indian/Alaskan Native	0	0.0%
Hispanic Total		102	15.7%
Non-Hispanic/Latinx	Black/African American	464	71.6%
	Unknown/Unable to Determine	4	0.6%
	Asian	3	0.5%
	White	3	0.5%
Non-Hispanic Total		474	73.1%
Unknown/Unable to Determine	Black/African American	50	4.9%
	Unknown/Unable to Determine	20	1.9%
	White	1	0.1%
Unknown/Unable to Determine Total		71	11.1%
Grand Total		648	100.0%

Source: FACES Report CMT366 as of March 31, 2021

What is known about the primary languages of children in foster care?

As of March 31, 2021:

- CFSA identified **36 children whose primary language was other than English.**
- Of those children, **27 were receiving out-of-home services (foster care)** and **9 were receiving in-home services.**
- Of the 27 children in foster care, **12 (44 percent) were Spanish speaking and 10 were Spanish-dominant.**
- Of the 27 children in foster care, **21 (78 percent) are dominant in a non-English language.**
 - **17 (81 percent)** of the 21 children are identified as unaccompanied refugee minors (URM) and placed with Lutheran Social Services (LSS) as the federally-contracted provider for all URM children in the District.
 - There was a total of 20 URM children in foster care.¹⁵

What is known about the placements of the 21 children in foster care who are not English dominant?

Of the 10 Spanish-dominant children, two of the three non-URM children were placed in Spanish-Speaking homes.

Placement Type ¹⁶	# of Children
LAYC Resource Home	2
NCCF Resource Home	1
LSS Resource Home	7
TOTAL	10

Source: FACES Manual Search

What is known about the languages of the 11 non-English and non-Spanish speakers?

Eleven children spoke other non-English languages.

Primary Language	# of Children	Placement
French	1	LSS
American Sign Language	2	CFSA, LSS
Somali/Swahili	2	LSS
Dari	3	LSS
Tigrinya / Eritrean	3	LSS
TOTAL	11	

Source: FACES Manual Search

¹⁵ The count of URMs includes two youth over the age of 21 who remained in foster care during the pandemic.

¹⁶ CFSA's child placing providers: LAYC – Latin American Youth Center, NCCF -National Center for Children and Families (Maryland), LSS – Lutheran Social Services

Are there cultural barriers to service provision?

In a qualitative survey of 168 child welfare professionals, 104 professionals (27 percent, n=28) indicated that a top service barrier for clients is the “cultural and language” barrier. A cultural and language barrier includes a service or provider that lacks diversity, cultural competence, proficiency in the client’s language, or information about services in different languages.

Conclusion and Needs to be Considered

The demographics of children served in the District’s foster care system have not changed within the past year. The overall percent of children identifying as Hispanic has increased one percentage point (15 to 16 percent) since FY 2020, but the actual count of this cohort has slightly decreased from 107 children to 102. The percentage is slightly higher due to the decrease in the foster care population (731 to 648). The percent of youth with a primary language other than English remains between 4 to 5 percent of the foster care population. With no newly identified needs, CFSA will continue providing the current array of services and strategies to address the ongoing needs of non-English speaking youth in foster care:



- CFSA will continue its contract with LAYC both for placement and for case management of Spanish-speaking children and families.



- LSS will continue to serve as the provider for all children designated as URMs. There is a limited need to identify resource parents who speak the less common home languages of the non-URM children.



- The recruitment team will continue to consider the need to strengthen the placement array for immigrant children involved in the foster care system.



- CFSA will continue to ensure that bilingual service providers are included in the Agency’s resource database, NowPow.

LGBTQ+ YOUTH

What is known about the sexual orientation and gender identity of children in foster care?

While CFSA does not formally track youth who self-identify as Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ+), CFSA does manually track self-disclosed information. Youth who disclose sexual orientation or gender identity preference may not want this information to be a part of their record, so CFSA only knows what individual youth elect to disclose. As of the writing of this report (FY 2021 Q4), **there are 28 youth in current CFSA and private agency placements who self-identify as LGBTQ+**. The reported total has increased slightly between FY 2020 (n=21) and FY 2021 (n=28), including the integration of self-reported counts from private agencies.

Based on the most recent demographic data captured by the Resource Parent Support Unit, **42 percent of the current traditional home pool of CFSA resource parents self-identify as LGBTQ+ or LGBTQ+-friendly**. There has also been a 27 percent positive change since the universe of LGBTQ+-friendly traditional homes increased from 75 out of 211 (36 percent) in FY 2021 to 80 out of 192 (42 percent) in FY 2021.

What services are needed to support LGBTQ+ youth?

In a qualitative survey of 168 child welfare respondents, 55 indicated that youth self-identifying as LGBTQ+ need more support around placement. Specifically, for the past two *Needs Assessment* reports, respondents felt there was a lack of LGBTQ+ accepting and affirming homes in CFSA's placement array. The Agency should work on a communication plan with prospective and current resource parents and community stakeholders to ensure a baseline number on the degree of sufficient homes across special populations such as the LGBTQ+ population.

Agency	# of LGBTQ+ Youth
CFSA (Permanency and OYE ¹⁷)	15
NCCF	8
LAYC	3
Children's Choice ¹⁸	2
LSS	0
Total	28

Source: FACES manual search; self-reported counts



¹⁷ CFSA's Office of Youth Empowerment

¹⁸ Children's Choice is a CFSA-contracted child placing agency in the state of Maryland.

Conclusion and Needs to be Considered

Since the LGBTQ+ count is self-reported, CFSA cannot accurately forecast future placement needs. However, primary needs include a strong, consistent baseline of available LGBTQ+ friendly resource homes as well as unique needs. To ensure both, CFSA maintains ongoing collaborations with LGBTQ+ community partners and businesses to host events, post recruitment information, and disseminate collateral materials. Efforts also include placing advertisements and articles in Gay Parent Magazine and providing a feature story to the Rainbow Families' newsletter in hopes of finding potential adoptive parents for a transgender youth.

In addition, between October 2020 and February 2021, the Agency internally and externally launched a resource parent recruitment and retention campaign called REACH (Recruit, Educate, Advocate, Collaborate, and Help). Developed in collaboration with experts from the Annie E. Casey foundation, REACH's primary objective is to strengthen the foundation of CFSA's diverse, inclusive and equitable placement array by increasing social and traditional media presence, building greater team coordination, and utilizing "recruiting ambassadors" from across Agency administrations for outreach and networking purposes. To ensure a continued focus on these efforts, CFSA created a REACH recruitment specialist position dedicated to leading and coordinating the comprehensive REACH strategy.

Another recruitment strategy is the Recruitment Unit "Bootcamp," which has helped to build critical competencies and resource parenting skills for addressing the specific placement needs of older youth, child and youth victims of human trafficking (commercial sexual exploitation of children), sibling groups of three or more, and youth who self-identify as LGBTQ+. CFSA will confirm any additional needs after completing an FY 2022 evaluation of REACH efforts over the fiscal year.

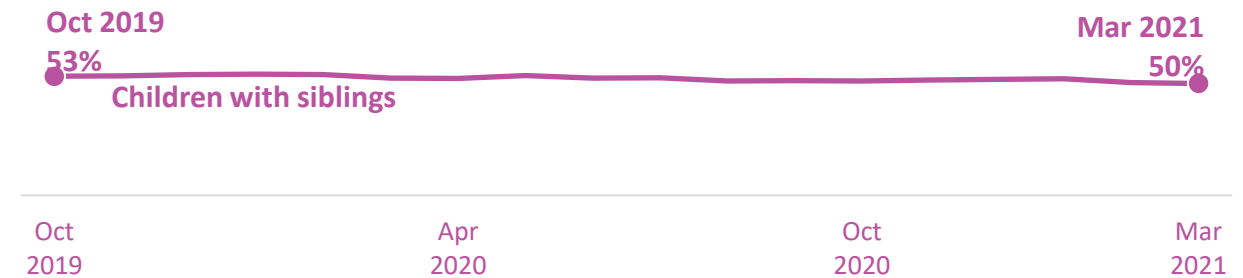
In addition to placement needs, CFSA identified training needs. The Agency's Child Welfare Training Academy (CWTA) offers workshops and webinars to educate and support resource parents interested in or currently parenting youth who self-identify as LGBTQ+. As of FY 2021, all resource parents are required to take a 6-hour in-service training called *Parenting Specialized Populations*, which includes information on developmental needs of older children (including children with diagnosed disabilities) and parenting practices for caregivers of youth 16 years of age or older, youth who may be a victim of sex trafficking, may self-identify as LGBTQ+, may be pregnant and parenting, or may have a history of violent behavior. Participants receive a list of additional in-person and online training sessions that provide more in-depth and detailed information for each of these populations.

CFSA advertises the *Parenting Specialized Populations* training through the CWTA newsletter (theSOURCE) as well as through outreach via resource parent support workers and the CFSA Licensing Unit. Although CFSA's CWTA training is open to private agency resource parents, private agencies typically conduct their own in-service training for their resource parents.

SIBLINGS IN FOSTER CARE

What is known about siblings in foster care?

About half of the children in foster care had a sibling also in foster care between October 2019 and March 2021. As of March 31, 2021, 323 out of 649 children (50 percent) in foster care had a sibling.



Source: Tableau – Placement PIT

About two-thirds of children are placed with at least one sibling.

CFSA placed about two-thirds of children in foster care with at least one sibling between October 2019 and March 2021. As of March 31, 2021, CFSA placed 206 of 323 children (64%) in foster care with at least one sibling.



Source: Tableau – Placement PIT

Children entering foster care within 30 days of another sibling are placed with 1+ siblings around 70% of the time.

As of March 31, 2021, CFSA had placed at least one sibling with 198 out of 273 children (73 percent) who entered foster care within 30 days of a sibling.

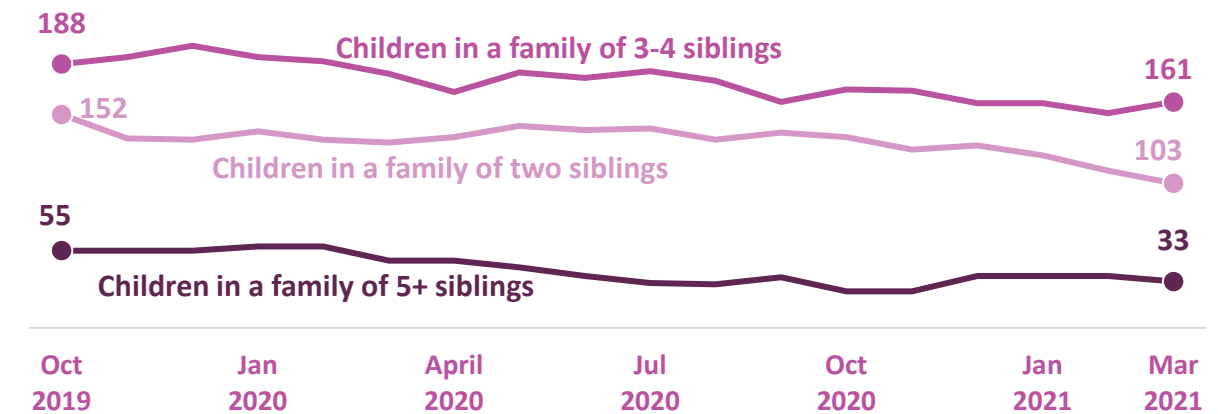


Source: Tableau – Placement PIT

What is known about families with larger sibling groups?

The number of children in families of 5+ children dropped, along an overall downward trend.

Children with siblings in foster care are most commonly in a family of three-to-four siblings. The number of children in families of 5+ children dropped from 55 in October 2019 to 33 in March 2021.



Source: FACES PLC 003

What services are needed to support large sibling groups?

In a qualitative survey of 21 resource parents, 10 indicated large sibling groups as a **barrier to achieving and maintaining permanency**. One respondent stated, “Having sibling groups can be a barrier. When children are separated in foster care, resource parents may be willing to give permanency to a selected child, but not the entire sibling group.” To avoid separation of siblings, the same cohort suggested that **the Agency needs more resource parents with placement capacity (i.e., larger homes) and willingness to accept large sibling groups**. Similarly, in a survey of 168 child welfare professionals, 58 also indicated that large sibling placement types are lacking in the placement array. **In addition, training is needed to manage the trauma and mental health needs of large sibling groups, especially when they are separated**. One respondent cautioned that when resource parents cannot take all siblings, the sibling separation causes further trauma. The same respondent added, “In addition, many resource parents are not equipped or [are] unwilling to tolerate behaviors or attitudes in teens that are consistent with trauma those teens have experienced.” These findings are consistent with FY 2020 findings.

Conclusion and Needs to be Considered

No new needs have been observed for this population. Needs for this population include ensuring siblings have physical and emotional stability during periods of separation from their birth family and one another. Placement related needs will be addressed under the section on resource parent demographics, which indicates a need for more providers with the capacity, willingness, and skill sets via training to take three or more sibling groups.



PREGNANT AND PARENTING YOUTH

What is known about pregnant and parenting youth in foster care?

- As of March 2021, CFSA reported a count of 32 females, ages 15 to 21, who were pregnant (n=3) or parenting (n=29).
- Six of the 32 parenting (n=5) or pregnant (n=1) mothers are participating in extended care due to the public health emergency.
- Among the 29 parenting mothers, there were 32 children.
- In FY 2021 Q1-Q2, there were no young fathers in care parenting a child.
- Of the 32 pregnant and parenting females in care at the end of FY 2021 Q2, CFSA had placed 12 (38 percent) in family-based settings.

Placement Type	# of Teen Parents
The Mary Elizabeth House	8
Professional Foster Parent	3
Traditional Resource Home	12
Caitlin's Place	1
Other. ¹⁹	8
TOTAL	32

Source: OYE monthly manual report as of March 31, 2021

Needs of pregnant and parenting youth in foster care

- Identifying resource parents who can serve as respite placements for traditional resource parents when they need a break or must go on personal travel.
- Identifying additional resources that can support and prepare youth for independence through budgeting, cooking, and parenting skills.



¹⁹ Of the eight youth in the “Other” category, three were in runaway status, two were in an unlicensed placement, two were in a psychiatric residential treatment facility, and one was in youth detention.

CHILDREN INVOLVED IN SEX-TRAFFICKING

What is known about children and youth who may have been involved in sex-trafficking?

In 2017, CFSA developed an administrative issuance to comply with the federal *Preventing Sex Trafficking and Strengthening Families Act, P.L. 113-183*. The issuance outlines CFSA’s process for identifying child and youth victims of commercial sexual exploitation and sex trafficking, and CFSA’s subsequent response and service delivery. Over the past 3 years, through the Agency’s commercial sexual exploitation of children (CSEC) multi-disciplinary team, the following efforts have been made to clarify the referral criteria and process for reporting suspected sex trafficking:

- Ensure that social workers know the difference between sexual abuse and sex trafficking for correct assignment
- Ensure child protective services investigative social workers add the allegation of sex trafficking to referrals whenever identified, or when identified at any point during the course of an investigation, including when the allegation was not the primary reason for the initial Hotline call.

Between FY 2018 to FY 2020, the number of referrals related to sex trafficking allegations has been over 100 youth annually. As of FY 2021 Q4, CFSA accepted and investigated 57 unique referrals of sex trafficking concerning 55 unique alleged victims.

On average, Child Protective Services (CPS) has substantiated 26 percent of sex trafficking allegations submitted since FY 2018.

Status	FY 2018	FY 2019	FY 2020	FY 2021 (as of 7/20/21)
Referrals Received	148	106	135	61
Screened Out	7	3	0	1
Referrals Accepted	128	92	117	57
Accepted and Linked	13	11	18	3
Accepted Referrals Status²⁰				
Linked Investigation	2	3	1	1
Substantiated	36	33	38	13
Unfounded	62	35	42	20
Inconclusive	15	16	18	8
Incomplete (no finding)	13	5	18	9
Open	0	0	0	6

Source: FACES Management report INV148.

²⁰ Per the CFSA Investigations Procedural Operations Manual (POM), the Hotline will “link” referrals to an open referral for the same family, even if the new referral is a different allegation. CPS substantiations require credible evidence of maltreatment. Similarly, an “unfounded” disposition indicates a lack of credible evidence, or a report maliciously made in bad faith (per DC Municipal Regulations § 4-1321.03). An “inconclusive” disposition may include conflicting credible evidence. “Incomplete” dispositions may include extra-jurisdictional components or a refusal of a client to participate in the investigation. For more details, see <https://cfsa.dc.gov/publication/investigations-pom-pdf>

Alleged Victims

In FY 2020 and FY 2021, CFSA referred services for approximately 82 percent (n=130/158²¹) of alleged victims, based either on sexual exploitation or sex trafficking by a non-caregiver. CPS dispositions for the investigations of the exploitation and trafficking allegations included 34 percent (n=53) unfounded, 26 percent (n=41) substantiated, 12 percent (n=19) inconclusive, 14 percent (n=23) incomplete, and 14 percent (n=22) of the investigations remained open as of the data pull date. Thirty-five of the victims had an open case (15 in-home and 20 out-of-home).

Demographics of Alleged Victims (n=158)

- Average and Median Age: 15 years old
- Age Range: 9 to 17 years old
- Gender: 143 female (91 percent), 15 male (9 percent)
- Residency: 134 (85 percent) DC residents; 24 (15 percent) non-DC residents
- Citizenship Status: 122 (77 percent) US Citizen, one undocumented and one eligible for citizenship (1 percent respectively) and 34 (22 percent) unknown/not indicated
- Race: 101 (64 percent) African American; 45 (28 percent) unknown; three (two percent) Caucasian; one (one percent) Asian and eight (five percent) Latinx
- Ethnicity: 14 (9 percent) Hispanic; 69 (44 percent) Non-Hispanic; and 75 (47 percent) unknown

Where did CFSA place the 20 children in foster care who were identified as victims of sex-trafficking?

Of the 20 children in care at the end of FY 2020 Q2, CFSA placed half in family-based resource homes.

Placement Type	# of Children
Traditional	8
Abscondence	4
Diagnostic and Emergency Care	2
Kinship	2
Residential Treatment	2
Group Homes	1
Not in Legal Placement	1
Grand Total as of July 2021	20

Source: FACES Management report INV148.

²¹ Victim universe may lower than the unique referral universe. Unique victims were pulled per fiscal year but may be duplicated across fiscal years.

What services are needed to support victims of sex-trafficking?

Supports for youth who have been or are currently victims of sex-trafficking include specialized placements with trained resource parents and community-based partnerships for therapeutic and case management services. In addition, CFSA provides staff training on sexual exploitation and sex trafficking to ensure additional practice support. In a qualitative survey of 168 child professionals, 55 respondents stated the need for resource homes and caregivers trained to care for victims of sex-trafficking. Respondents also suggested continuing education for resource parents to understand sex-trafficking as a training topic. CWTA addresses this suggestion through two training courses, *Understanding and preventing Human Trafficking: A Guide for Social Workers and Resource Parents*, and *Human Trafficking (Volume II): Recognizing and Responding to Risks and Indicators of Commercial Sexual Exploitation of Children in Child Welfare Practice*.

Conclusion and Needs to be Considered

CFSA contracts with Courtney's House²² to provide trauma recovery services to child and youth survivors of sex trafficking and children and youth at risk of being sex trafficked. The contract supports children and youth who have an active case with CFSA. The Courtney's House Survivor Hotline provides 24-hour crisis intervention services; its drop-in center provides a safe housing environment for survivors, in addition to support groups, workshops and other therapeutic activities. As of September 2021, Courtney's House has provided case management for 24 youth who are currently in the DC foster care system. There is no waitlist.

As of FY 2020, CFSA also contracts with FAIR Girls²³ to provide support services to child and youth survivors of sex trafficking and children and youth at risk of being sex trafficked. FAIR Girls provides 24-hour crisis intervention services through its own Hotline, in addition to a survivor support center. CFSA's contract with FAIR Girls is a preventive grant that supports children and youth who are not in foster care. As of September 2021, FAIR Girls served nine youth under this grant. There is no waitlist.

As staff and community members increase their awareness of the signs of sex trafficking and gain familiarity with the reporting requirements, the number of unfounded allegations continues to decrease. Data confirms a decrease in CSEC calls in FY 2021. As noted, CFSA offers training and refresher training for resource parents to support caregiving skills with education on sex trafficking and commercial exploitation. To date, there have been no challenges finding placements for youth who have been victims of sex-trafficking. Nonetheless, stakeholders have suggested more therapeutic or specialist placements.

²² Based in Washington, DC, Courtney's House is an advocacy organization who provides services for female survivors of sex trafficking.

²³ Based in Washington, DC, FAIR Girls provides intervention and holistic care to female survivors of human trafficking and commercial sexual exploitation of children.

CFSA recognizes that the decrease in sex trafficking referrals does not conclude that children and youth are not still victims of trafficking while in the District's care. The CSEC multi-disciplinary committee attributes the decrease in referrals to data discrepancies occurring during the COVID-19 pandemic, i.e., the youth were not physically present in school during the pandemic and educators make up the majority of reporters. To validate the committee's view on the decrease, CFSA needs to track the reporter data from a FACES management report and confirm a reduction in educator reports. The CSEC committee also sees a need to educate social work staff on the difference between sexual abuse and sex trafficking by specifying the allegation of sex trafficking to referrals if discovered at any point during an investigation. Information about sex-trafficking is now incorporated into the DC online mandated reporter training and expected to be launched September 2021.

The CFSA CSEC committee outlined the following needs:

- *Therapists with experience and training on how to treat youth who are survivors* – the Agency and the District have therapist providers with deep trauma knowledge and experience, but they may lack the specific training for addressing the nuanced and complex effects of sex trafficking, including trauma bonding and familial trafficking.
- *Specialized training* – while CWTA already provides two solid training courses, there is still a need for a comprehensive training across all stakeholders, including social workers and placement providers (group homes, foster parents, etc.).
- *Specialized CSEC foster parents* – the currently available training resources could be expanded to include a more in-depth specialization of CSEC to develop a cohort of resource parents with expertise in this unique trauma to better support this population.

CHILDREN WITH COMPLEX MEDICAL NEEDS AND DISABILITIES

What is known about children in foster care with complex medical needs including those considered medically fragile?²⁴

An examination of nurse care manager (NCM) data provides information on the number of children in foster care who are diagnosed as medically fragile. However, the NCM data is not comprehensive since not all children who are diagnosed as medically fragile have an assigned NCM. In addition, some diagnoses overlap. That is, diagnoses of medically fragility, autism, and cognitive or developmental disabilities are not mutually exclusive. Children may be eligible for NCM services based on multiple diagnoses.

- In FY 2020, there were six children in foster care diagnosed as medically fragile and actively receiving NCM services. Of the six children, five entered foster care less than a year prior.
- CFSA placed the children in a hospital setting at the beginning FY 2020. Three children moved into a family-based setting once the Placement Unit identified an appropriate home with a qualified caregiver trained appropriately to the needs of the individual child.
- Whenever appropriate, CFSA prioritizes family-based resource homes for placement of children diagnosed with complex medical needs. Children receive NCM services and, as required, support from the DC dedicated health plan, Health Services for Children with Special Needs.

In FY 2020, there were six children in foster care diagnosed as medically fragile and actively receiving nurse care manager (NCM) services from CFSA.

# of Children	Age	Time in Care	Goal	Placement
3	Birth - 5	< 1 year	Reunification	Hospital
1	Birth - 5	1 year	Reunification	Kinship
2	5 – 10	< 1 year	Reunification	Hospital

Source: QuickBase NCM data

²⁴ Medically fragile is defined as a chronic physical condition which results in a prolonged dependency on medical care for which daily skilled nursing intervention is medically necessary and is characterized by one or more of the following:

- There is a life-threatening condition characterized by a reasonably frequent period of acute exacerbation, which requires frequent medical supervision, and/or physician consultation, and which in the absence of such supervision or consultation, would require hospitalization.
- The individual requires frequent time-consuming administration of specialized treatments, which are medically necessary.
- The individual is dependent on medical technology and/or assistive devices such that without the device or technology, a reasonable level of health could not be maintained.

As of the end of FY 2021 Q2, there were three children in foster care diagnosed as medically fragile. All three children were actively receiving NCM services from CFSA.

# of Children	Age	Time in Care	Goal	Placement
2	Birth - 5	< 1 year	Reunification	Hospital
1	5 - 10	< 7 months	Reunification	Hospital

Source: QuickBase and HSA Medical Data Excel Spreadsheet NCM data

What is known about children in foster care diagnosed with autism, cognitive delays, or developmental disabilities?

- In FY 2020, a total of eight children in foster care receiving NCM services had a diagnosis of autism. An additional four children in foster care had a diagnosis of a cognitive delay or a developmental disability.
- CFSA contracted with Innovative Life Solutions (ILS) to provide six group home beds for males diagnosed with cognitive delays or developmental disabilities. As of March 2021, CFSA had placed one youth with ILS.
- CFSA also contracted with Community Services for Autistic Adults and Children (CSAAC) for placement of two youth with a diagnosis of autism in a CSAAC group home. As of March 2021, CFSA had placed one youth with CSAAC.
- To support family-based placements for children on the autism spectrum, CFSA has referred selected resource parents to CWTA for specialized training on autism spectrum disorders. In addition to interventions and best practices, the training provides a review of diagnostic parameters and spectrum symptoms per the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

In FY 2020, NCMs provided services to 12 children in foster care with diagnoses of cognitive delays or developmental disabilities. Of those 12 children, CFSA placed 92 percent (n=11) in family-based resource homes with trained caregivers.

Placement Type	# of Children
Traditional	11
Kinship	1
TOTAL	12

Source: OWB QuickBase data

As of the end of FY 2021 Q2, a total of 14 children in foster care receiving NCM services had diagnoses of cognitive delays or developmental disabilities. CFSA placed 78 percent (n=11) in traditional foster homes.

Placement Type	# of Children
Traditional	11
Congregate Care Facility	3
TOTAL	14

Source: OWB QuickBase data

What services are needed to support children with complex health needs?

In a qualitative survey of 168 child professionals, 55 of the professionals stated that placement needs included homes for children and youth with diagnoses that included medically fragile, autism, disabilities, and complex mental health and behavioral challenges (including legal involvement). While the current data do not indicate the need to increase placement capacity for these populations, there is a need to train resource parents on the Agency's definition of "medically fragile" or what constitutes a youth with a "complex medical health and behavioral challenges." For budget planning purposes, CFSA is considering a forecasting of the number of beds needed for children and youth with these diagnoses to increase capacity proactively but gradually.

Conclusion and Needs to be Considered

- The Agency is continuing to enhance the placement array by including additional resource providers who are adept in managing children and youth with a disability and complex medical, behavioral and psychiatric concerns.
- There is an ongoing need to increase the number of resource parents able to care for children on the autism spectrum and children with cognitive delays or developmental disabilities.
- The ILS home serves only males. CFSA staff have identified a need for congregate care beds for females with cognitive delays or developmental disabilities. Conversations are underway with ILS to explore options for meeting this need for females requiring a higher level of care than a family-based home can provide.

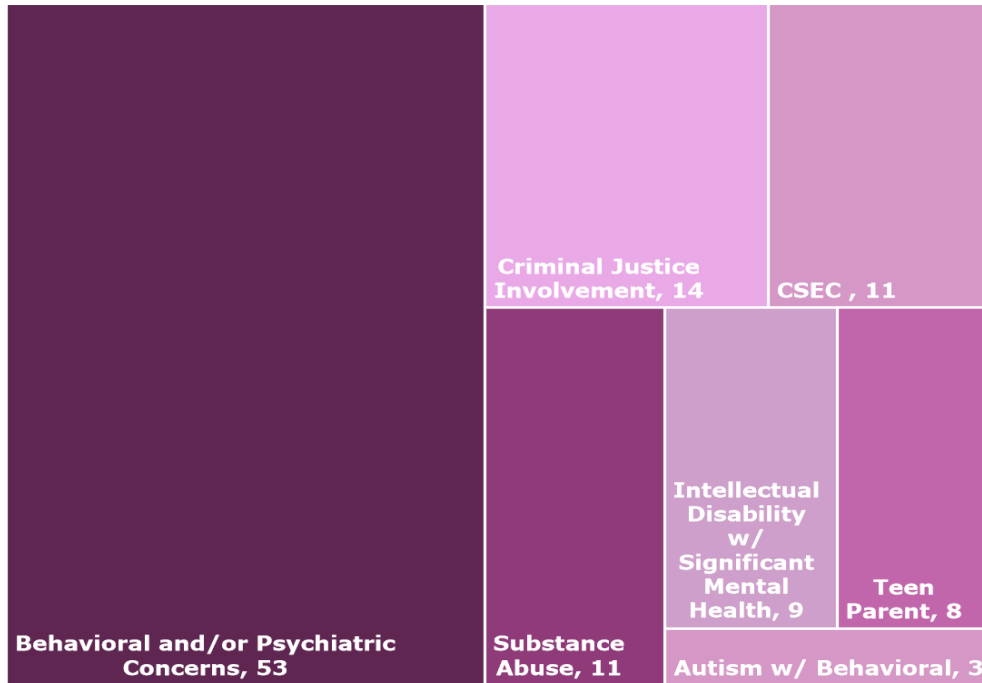
What is known about trends in foster care placement disruptions?

In FY 2021 Q2, the Agency refined the way placement disruptions reasons are captured. The figure to the right represents those reasons reported by the social work team.

Teens and young adults (18+) make up 62 percent of the placement disruptions. (See appendix.)

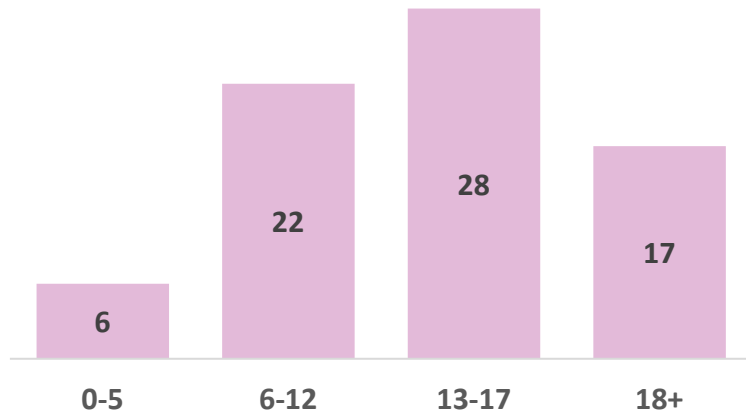
- During FY 2021 Q2, there were 97 placement disruptions among 73 children and youth.
 - 86 percent (n=83) of the disruptions were from traditional foster homes, 6 percent (n=6) disruptions were from congregate care settings, and 2 percent (2) were from kinship placements.
- 26 percent (n=19) of the 73 youth experienced two or more placement disruptions.
- 38 percent (n=28) of the youth who experienced placement disruptions were teens (age 13-17).
- Program staff manually documented the characteristics of children and youth that contributed to the disruptions. The intention of this manual examination was to identify contributing factors to placement instability and to identify where additional resources may

be useful in the future to support youth and prevent disruptions. The data showed that children and youth could have varying numbers of characteristics that impacted their placement stability.



Source: Manual Disruption Data

Age of children who experienced a placement disruption (Jan 2021 – Mar 2021)



Source: Faces Management Reports PLC 010 and PLC 257

As part of the ongoing effort to minimize placement disruptions, CFSA has made the following adjustments to its placement array over the past 2 years:

- CFSA contracted with the child-placing agency, Children’s Choice, to provide an intensive family-based foster care program for 36 youth whose needs were more intensive than could be addressed in a traditional resource parent home. The Children’s Choice homes serve children and youth from birth to age 21 and whose needs are appropriate for a family-based setting but who have also experienced (or are likely to experience) placement instability. This instability may be due to a history of physical or verbal aggression, stepping down from a diagnostic or psychiatric residential treatment facility, current mental health diagnosis, or several other situations.²⁵

²⁵ Although Children’s Choice is budgeted for 30 beds contractually, they can go up to 36 beds at any time during the contract year.

- Tracking for Children’s Choice did not begin until FY 2021. An additional year’s worth of data may be necessary to determine utility of the resource. However, during FY 2021 Q1-Q2, Children’s Choice served 36 children and youth, 39 percent (n=14) of whom had experienced 19 disruptions.
- During FY 2021, only five youth placed with Children’s Choice experienced a disruption due to the provider requesting a change of placement. Eight youth experienced 11 disruptions due to abscondence.
- CFSA established two SOAR (Stabilization, Observation, Assessment, and Respite Care) professional resource parent homes with two beds each to provide temporary care for up to 90 days. SOAR homes are appropriate for children who need comprehensive assessments completed before the Agency can identify the best placement match for their exact placement needs. SOAR resource parents collaborate with CFSA to identify barriers and resolutions to service provision for the child.
- The CFSA BOND network²⁶ currently includes 12 squads of 12-to-15 families. In assigning CFSA-licensed families to squads, CFSA’s Placement Unit tries to ensure a mix of experienced and new foster families, as well as a range in the age of the children in their care. The goal is to allow new families entering a squad to benefit from the experience of their more seasoned counterparts, no matter the age of the child in their care. Additionally, the Placement Unit tries to maintain squads of families in close geographic proximity in order to facilitate bi-monthly activities and respite care. Lead parents meet monthly to exchange peer supports and receive guidance from the Resource Parent Support Unit.

FY 2020	Resource Parent Applicant #	Resource Parent Applicant %	Resource Parent Licensed #	Resource Parent Licensed %	FY 2021 (as of March 31, 2021)	Resource Parent Applicant #	Resource Parent Applicant %	Resource Parent Licensed #	Resource Parent Licensed %
Asian/Pacific Islander	2	1%	0	0%	Asian/Pacific Islander	3	4%	0	0%
American Indian	2	1%	0	0%	Black/African American	36	54%	9	60%
Black/African American	74	51%	13	57%	Caucasian	25	38%	6	40%
Caucasian	64	44%	10	43%	Hispanic/Latinx	3	4%	0	0
Hispanic/Latinx	3	2%	0	2%	TOTAL	67	100%	15	100%
TOTAL	145	100%	23	100%					

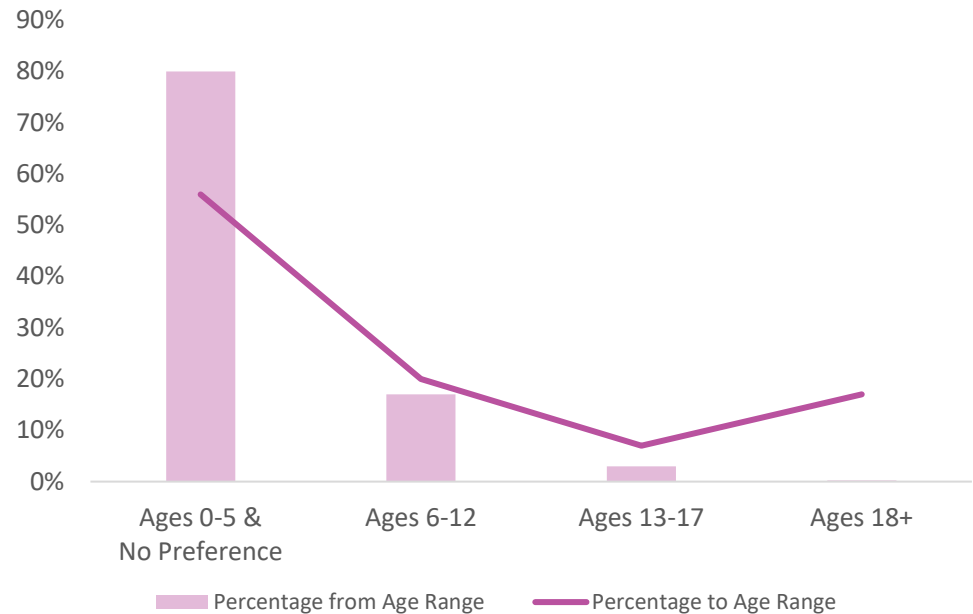
Source: Recruitment and Licensing unit Manual databases.

²⁶ The CFSA BOND (Bridge, Organize, Nurture and Develop) program provides equitable and sustainable parent support through a “hub” model and peer networks.

What is known about the age preferences of resource parents?

While CFSA licenses every resource home for place of children from birth to 21, resource parents may indicate an age preference of birth to 5, or 6 to 21 years old. The groupings below are estimates, i.e., a resource parent’s actual age preferences may cross ranges. Additionally, a parent can prefer multiple age groupings below (e.g., birth-5 years old and 6-12 years old).

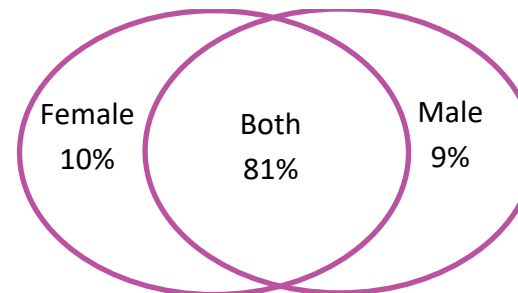
As of March 31, 2021, there were 505 licensed resource parent providers. **The majority of resource parents had a preference for children ages birth to 5 years old.** From the data, it appears that younger children are preferred over older children. However, the Agency still needs to track and define the age preferences of resource parents more accurately.



Source: FACES Management Report PRD141, includes CFSA, NCCF and LAYC homes as of March 31, 2021.²⁷

What is known about the gender preferences of resource parents?

Most resource parents have no preference regarding the gender of children placed in their homes.



Source: FACES Management Report PRD141, includes CFSA, NCCF, and LAYC homes as of March 31, 2021

²⁷ A count of 256 providers did not indicate the beginning or end age of a child they were willing to accept. A limitation of the data occurs if there is no specific indication of years and months as coded in the data management reports (PRD141), i.e., “0 Years to 0 Month” is categorized in figure 26 as “birth.”

Conclusion and Needs to be Considered

Data revealed that the Agency has 50 licensed providers to care for three or more children. However, as noted in figure 13 there are 194 children in a family of three+ siblings, which indicates a need for more providers with the capacity and willingness to take three or more sibling groups.

FOSTER CARE PLACEMENT ARRAY

CFSA believes that children and youth belong in family-based foster care and that kinship care provides the most connection to family. CFSA works to have the first placement with kin. When not available, CFSA strives to have the best match with a family-based resource parent. However, the placement array must also accommodate a variety of needs. Some children or youth might need a group home setting to provide additional structure and round-the-clock support or a more restrictive level of care to meet therapeutic needs. CFSA acknowledges that for some children, particularly those who are new to the foster care system, an observation period is advisable to better determine their needs and to make an informed decision about the placement match that will maximize placement stability.

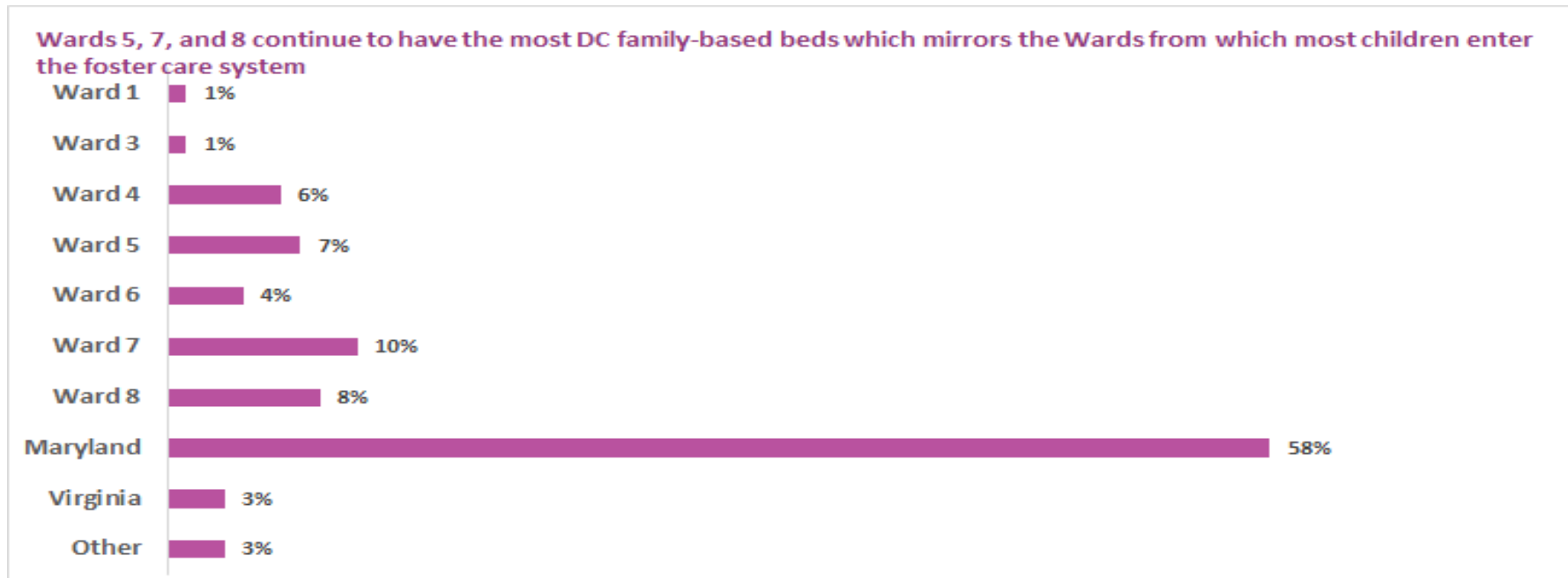
What is the number of beds in the placement array?

On March 31, 2021, CFSA's family-based placement capacity included 505 resource homes with a known capacity of 846 beds.²⁸ For congregate care facilities, CFSA had a contracted capacity of 89. In all, CFSA had capacity for 935 paid placements. Given that there were 649 children in foster care as of March 31, 2021, CFSA has an adequate number of placements available to children in foster care. While there are more beds than children in care, CFSA is working to improve the array of specialized beds to better meet the needs of all children.



Source: FACES Management Report PRD141 as of 3.31.2021

²⁸ 34 homes had no capacity listed in the source file and were counted as having a capacity of one; however, their actual capacity may be greater than one.



Source: FACES Management Report PRD141 as of 3.31.2021

What is known about capacity for siblings in foster care?

Per Chapter 60 of Title 29 of the District of Columbia Municipal Regulations, resource homes in the District may not be licensed for more than three beds. When a large sibling group needs placement, a social worker may request a waiver to allow for placement over the licensed capacity. In Maryland, the regulations allow for no more than two children younger than 2 years old in the home and no more than six children including the foster parent's birth children and adopted children, i.e., a total of eight children if the foster care children include a sibling group. In Maryland, treatment providers can place a sibling group of up to three but a sibling group of four or more requires an exception.

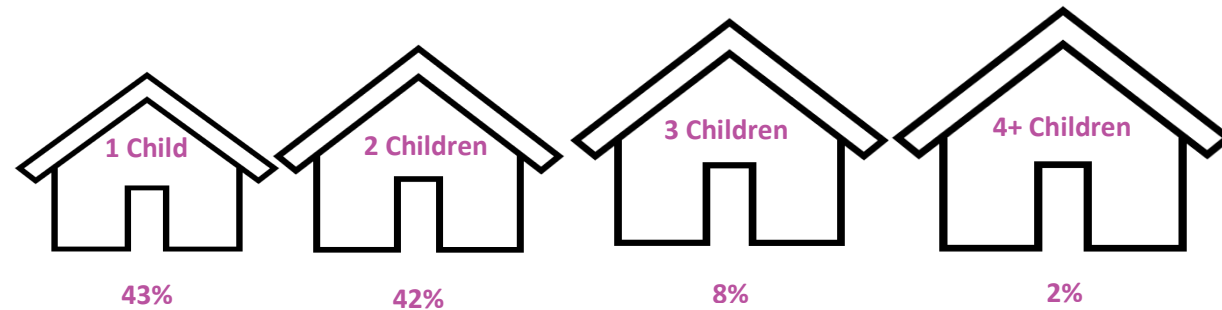
Data indicates that the Agency is licensing most resource parents for one to three children for which the majority have a preference to be licensed. However, **six percent (n=32) of licensed providers are over capacity.** These data pose the question of whether resource families are providing care for more children than what they preferred and for what the home was licensed to receive. This discrepancy could be due to homes not accepting children when placements were needed. However, more analysis needs to be completed to address the correlation between resource parent preference, capacity, and actual placement.

About 48 percent of resource parents indicated a preference of one to three children being placed in their home. Fifty-one percent of providers did not indicate a capacity preference.



Source: FACES Management Report PRD141 as of 3/31/2021

Nearly 93 percent of resource parents are licensed for the placement of one to three children in their home.



Source: FACES Management Report PRD141 as of 3/31/2021

Based on recruitment and licensing data from focus groups and surveys, birth parents' only response to the licensing process was the same as last year: to meet and know the resource family caring for their child. In the resource parent survey, areas for improvement fell into two categories from last year: (1) logistics (e.g., the process takes too long and needs to be streamlined, and improved training needs to be offered) and (2) communication and teaming (e.g., feeling unsupported). Fifty-seven child welfare professionals offered similar concerns and recommendations. Responses included the need for improved coordination between internal staff and government agencies for completing the required licensing home inspections. Other concerns included families who are reluctant to provide relatives for licensure, criminal history barriers for resource parents, insufficient staffing or oversight relating to timeliness and licenses close to lapsing, excessive paperwork, and the length of the licensure process.

Focus groups with resource parents revealed additional concerns related to the tracking of the licensing process and placement matching. Resource parents offered the following feedback and suggestions to improving the recruitment and licensing process:

- Continue to improve the use of technology for placement, relicensing, etc.
- Update resource parent matching preferences annually at relicensing.
- Consider relicensing former resource parents quickly if a child they had in their home comes into care again (similar to the kinship licensing process).
- Improve the process for tracking home closure reasons by including the CFSA ombudsman on all correspondence between the resource parent and licensing staff at the time an exit is requested.
- Recruit resource parents with reliable transportation and discuss the expectations of transportation at licensing as well.

Although last year, CFSA observed improvements around permanency from the survey data as respondents reflected on their experiences between FY 2019 and FY2020, findings remained the same over the past year. Respondents continue to feel that **CFSA and its partner agencies were able to “maintain placement stability,” “achieve permanency,” and “maintain permanency” 60 percent of the time.** Respondents felt that CFSA and its partner agencies usually (80 percent of the time) to always (100 percent of the time) explore kin and often (60 percent of the time) to usually (80 percent of the time) license kin for potential placements. **Respondents felt that the Agency and its placement partners performed lower with maintaining placement stability and achieving permanency,** when compared to their performance with exploring and licensing kin.

Some of the identified challenges continued to relate to an inadequate matching process, the need to diversify home types, to better equip resource parents and the need to improve teaming.

Regarding case planning, respondents felt that CFSA and its partner agencies usually (80 percent of the time) included youth (when appropriate) and birth parents in case planning. However, resource parents were included in case planning often (60 percent of the time), which is a decline from last year’s perceptions and experiences from usually (80 percent of the time). Fathers were identified as the least involved with rarely (in less than 20 percent of cases) being included in case planning. Some barriers to participation included making sure that resource parents are included in case planning meetings. Another identified barrier includes the team not always being aware of the role or extent to which a resource parent should participate in case planning. Additional barriers included birth parents who are unwilling to participate or unable to be located for participation in case planning, and sometimes a lack of engagement by the social worker.

What is the budgeted capacity for family-based and congregare care?

CFSA's FY 2022 Projection for Utilization includes a budget for 764 paid placements at any one time. **Most placements are family-based (89 percent, n=683)** with an additional 81 congregare placements. CFSA maintains a 10 percent surplus of bed capacity over the foster care census. The FY 2021 budgeted capacity is based on the utilization-to-capacity ratio, utilization trends over the past 3 years, demographics of client entries and exits, projected number of youth aging out, and other significant placement issues.

Placement Type	FY21 Budgeted Capacity	FY21 Utilization # MAR 31, 2021	FY21 Utilization %	FY22 Budgeted Capacity
Traditional	169	106	63%	120
Kinship	150	77	51%	132
Special Opportunities for Youth (SOY)	20	16	80%	15
Teen Parent	5	5	100%	5
DINS	10	9	90%	5
Stabilization, Observation, Assessment and Respite Services (SOAR)	2	2	100%	2
Trauma Informed Professional Parents (TIPP)				6
Professional Resource Parent (PRP) for Pregnant/Parenting Youth ²	5	3	60%	5
CFSA Sub-Total	361	218	60%	290
National Center for Children & Families	350	271	77%	309
Latin American Youth Center	15	7	47%	14
Children's Choice (Intensive Foster Care)	30	30	100%	25
Lutheran Social Services (URM)	20	19	95%	20
Intensive Foster Care	25	25	100%	25
Contracted Sub-Total	415	327	79%	393
Group Home - Traditional	56	42	75%	50
Group Home - Therapeutic ³	2	0	0%	2
Group Home - Intellectual/Development Disability	4	5	100%+	4

Placement Type	FY21 Budgeted Capacity	FY21 Utilization # MAR 31, 2021	FY21 Utilization %	FY22 Budgeted Capacity
Group Home - Autism Spectrum	2	2	100%	2
Teen Parent Independent Living Program	8	6	75%	8
PRTF/Diagnostic/Residential	12	13	100%+	12
Emergency Shelter	3	1	33%	3
Congregate Sub-Total	87	69	79%	81
Grand Total⁴	863	614	71%	764

Source: Placement Services Administration utilization projections

What kind of specialized, family-based placement types does CFSA have available?

- *Special Opportunities for Youth (SOY) Homes.* SOY homes provide a planned placement in a resource home with specially-trained providers for CFSA youth (ages 11-20) who require a higher level of support for challenging needs. The SOY homes have been shown to stabilize these youth with the additional support.
- *Stabilization, Observation, Assessment and Respite Services (SOAR) Homes.* SOAR homes are professional resource parent homes that provide temporary care for children who need comprehensive assessments to identify appropriate placement needs. Placement capacity allows for one-to-two youth between the ages of 6-20 for up 90 days. CFSA has two SOAR professional foster parents with two beds each.
- *Professional Resource Parents (PRP).* CFSA professional resource parents are paid a salary to provide intensive, culturally-informed support and services to pregnant and parenting youth. Professional resource parents may not work outside the home for more than 20 hours a week. Youth placed in PRP homes may have additional needs in the areas of behavioral, emotional, physical, substance use, and concerns for their ability to parent. CFSA also used professional foster parents for SOAR homes (see above description). In FY 2021 Q1, professional foster parents (called Trauma Informed Professional Foster Parents) will be available for children and youth ages 8 and up who because of complex trauma, exhibit more aggressive and challenging type behaviors.
- *Intensive Foster Care.* Intensive foster care²⁹ serves up to 36 children from birth through age 21 who are appropriate for a family-based setting but are experiencing (or likely to experience) placement instability, indicated by (but not limited to) the following histories:

²⁹ Children's Choice provides intensive foster care.

- Multiple incidents of physical or verbal aggression, persistent failure to follow household rules, destruction or stealing of property, or pending criminal charges
- Placement instability prior to entering care, i.e., frequent moves among relatives, kin, or friends; repeated placements in juvenile, congregate or residential treatment settings
- Significant foster care placement disruptions (2+ moves)

The contract with the current provider for intensive foster care will end in March 2021. A request for proposal will be issued for intensive foster care family-based provider. See definitions in appendix.

What kind of congregate care placement types does CFSA have available?

While CFSA believes that family-based foster home placements are the best option for children, evidenced by CFSA’s low numbers of youth in a congregate care placement, the entire placement array must have sufficient services to meet all different types of needs. See appendix for further placement details. The following congregate care settings are included in CFSA’s placement array:

- *Group Homes.* Boys Town for male and females, God’s Anointed New Generation (GANG) for males, Caitlin’s Place for females, Umbrella for males, and Mary Elizabeth’s House Independent Living for Teen Parents
- *Specialized Group Home for Youth with Developmental and Cognitive Delays.* ILS provides for males who are intellectually delayed or developmentally disabled.
- *Specialized Group Home for Youth on the Autism Spectrum.* CSAAC provides for males who are on the autism spectrum.
- *Therapeutic Group Homes.* The Guild Academy (The Children’s Guild) provides a boarding school environment for males and females.

What kind of psychiatric residential treatment facilities does CFSA have available in the District of Columbia Metro Area?

In May 2021, CFSA contracted with Catholic Charities of Baltimore, Maryland. The contract provides up to four slots for children ages 8 – 12 for treatment in the St. Vincent’s Villa Residential Treatment Center. Services provided by Catholic Charities include a full scope of psychiatric, psychological, therapeutic, medical, and milieu-based³⁰ treatment interventions that are available in residential treatment centers currently used by CFSA. The services support youth who experience emotional and behavioral problems and cannot be served in a less restrictive setting. Youth who enter this program have a history of severe trauma, abuse and neglect, and disrupted attachments.

³⁰ Milieu therapy is known to reduce behavioral challenges, including conflict-driven behavior. Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7871472/>

Depending on their needs, youth receive educational services under Catholic Charities' on-campus school (Villa Maria School, located approximately 50 miles from the District of Columbia) or by a local school district.

What kind of short-term emergency shelter does CFSA have available?

Sasha Bruce Youthwork. Sasha Bruce provides immediate placement in a licensed group home setting to youth ages 13-18 in need of an unplanned emergency replacement placement in a different foster care setting. The goal is to provide stabilization services and intervention to the youth while a more permanent or appropriate placement setting is secured. The Sasha Bruce placement is intended to last for no more than 10 days but can last up to 30 days. In FY 2021 through Q2, a total of 28 children have been placed at Sasha Bruce. See the appendix for Emergency Shelter details.

What is CFSA doing to expand its placement array?

CFSA has developed a new comprehensive recruitment and retention campaign called REACH (Recruit, Engage, Advocate, Collaborate, Help) led by a dedicated program specialist. Developed in FY 2020 and launched in early FY 2021, REACH includes the following variety of strategies and continuous quality improvement measures:

RECRUITMENT

- Addition of a dedicated recruitment position
- Establishment of targets for recruitment categories
- Enhancement of the FosterDCKids.org website³¹ and other CFSA-related social media platforms
- Conducting media outreach
- Enhanced coordination across Agency teams
- Establishment of a Recruitment Ambassador Program

RETENTION

- Holding monthly Fellowship & Feedback Forums for resource parents
- Increasing acknowledgment and recognition of all resource parents

³¹ <https://www.fosterdckids.org/>

- Engaging staff in nationally recognized training for recruitment and retention
- Hiring two additional resource parent workers for evening and weekend hours
- Increasing support through parent coaching

Needs to be Considered

CFSA has been expanding its placement array with a variety of provider types to meet the needs of the children in care. The Agency continues to build on this array, adding specialized bed types and targeting recruitment for youth. CFSA also added family-based beds to accommodate Spanish-speaking children and pregnant and parenting teens. Due to the ending of the current intensive based foster care provider, CFSA will release a request for proposal. Specialized resource parent recruitment is underway to care for youth who identify as LGBTQ+, specifically youth who identify as transgender. There is also special recruitment for trained resource parents to care for children and youth diagnosed as medically fragile. Overall, CFSA needs to focus more on creative strategies to ensure its recruitment efforts reach the greatest number of families.



SERVICES TO SUPPORT CHILDREN AND RESOURCE PROVIDERS

What services and supports are available for resource parents to support children in foster care?

CFSA continues to offer the following services and supports to resource providers for their ongoing development and to maintain and stabilize placements.



BOND Model. As of March 31, 2020, CFSA has merged the benefits of both former hub systems (Mockingbird and Family Connections) into one equitable and sustainable parent support program called the BOND program (Bridge, Organize, Nurture and Develop). The BOND program also uses a “hub” model which comprises a “squad” of 10-12 peer resource parents supported by an experienced and committed BOND lead. The BOND lead is a resource parent who provides peer support, coordinates special activities, and provides or assists with coordinating respite care. CFSA’s BOND program coordinator is a recently transitioned resource parent support worker who is solely dedicated to managing the program and providing support to all identified BOND lead families. The lead families work in partnership with the program coordinator to ensure that resource parents and the children in their care have their needs appropriately addressed. Services offered include but are not limited to peer support, resource parent networking and respite services.

BOND Respite Support. Each BOND lead has one respite bed in addition to other licensed beds. BOND members support each other for respite needs and will use the dedicated BOND lead respite bed when necessary.



Case Management. A social worker “case manages” with resource parents to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client.



Child Care Vouchers and Subsidies. Childcare vouchers (full cost) and subsidies (pre-determined rate) are available to help all families pay for childcare. The Office of the State Superintendent for Education provides the vouchers, while CFSA administers the subsidies. A CFSA childcare specialist helps resource parents identify childcare centers and processes the childcare voucher applications and referrals for emergency services until long-term childcare arrangements can be secured.



Child Welfare Training Academy (CWTA). CWTA offers pre-service and in-service training that works to keep resource parents prepared to effectively carry out their role as trauma-informed caregivers. In so doing, CWTA provides resource parents with the knowledge, skills, support, and coaching to effectively promote the safety, permanence, and well-being of children and families.



Crisis Management. The Mobile Crisis Stabilization and Support (MCSS) contract ended on September 30, 2020. See Resource Parent Support Workers description below.



Healthy Horizons Assessment Center (HHAC): Medical Support. CFSA assigns nurse care managers (NCMs) to children in foster care when chronic or complex medical needs are present at the time of entry into care. Social workers may also submit an NCM referral to address such needs at any time throughout the life of a case.

HHAC: Clinic support. CFSA's HHAC provides initial health screenings for children entering, re-entering, exiting, and changing placements while in foster care. HHAC also provides screening and referrals for COVID 19 testing, and in certain circumstances, immunizations.



Office of the Ombudsman. CFSA established an internal Office of the Ombudsman in order to ensure that the public has a point of contact within the Agency to communicate concerns directly to CFSA leadership. The ombudsman is responsible for responding to, investigating, and resolving concerns and complaints from CFSA constituents. In addition, the ombudsman receives inquiries and suggestions from CFSA constituents and the public at large.



Older Youth Enrichment Bootcamp. CFSA's Office of Youth Empowerment operates the Enrichment Bootcamp, an educational day program to serve youth in foster care who are temporarily unable to attend school due to suspension, placement disruption, or a school enrollment change. Participant eligibility ranges from grade 6 (age 12) to youth who have reached age 20. *Note: the Enrichment Bootcamp service was suspended during COVID-19 pandemic.*



Resource Parent Support Workers. Resource parent support workers (RPSWs) provide weekly support and help resource parents to navigate systems within CFSA and to troubleshoot youth placement issues or concerns.

- **Resource Parent as Coaching Support.** RPSWs are currently trained in a family-centered parent coaching model and assist resource parents with implementing strength-based parenting techniques.
 - **Resource Parents as Crisis Support.** CFSA is shifting from a contracted crisis intervention service to an in-house model (replacing MCSS services). Two RPSWs will participate in a tailored crisis intervention training program in order to provide crisis response and support to resource parents, who contact the Resource Parent Support Line for crisis intervention after business hours (i.e., in the evenings or during weekends). Social workers or RPSWs may also request crisis support during the day.
-



Resource Parent Support Line. The Resource Parent Support Line is a phone line for resource parents to call when issues in the home have escalated and the parents need assistance in resolving them. The Support Line is available afterhours Monday-Friday from 5:00 pm-1:00 am and Saturday, Sunday, and holidays from 9:00 am-1:00 am.



School Transportation. In partnership with the DC Department of For-Hire Vehicles (formerly the DC Taxicab Commission), CFSA may provide school transportation (under limited circumstances). The transportation plan enhances the current educational supports of children in care. This service supports families whose children experience extended commuting times to and from school. Additionally, in FY 2020, CFSA added a new contract with VOW Transportation LLC to provide vans for group transportation of children.

Conclusion and Needs to be Considered

To support resource parents caring for children with challenging behaviors that may likely escalate, CFSA is preparing RPSWs for training in crisis intervention. This training will ensure streamlined, in-house crisis intervention support for resource parents, replacing a previously contracted external service. The Agency also provides respite care and coaching on parenting techniques that can mitigate or lessen the need for a crisis intervention. To address additional identified needs, CFSA has modified its parent support program and implemented the BOND model (described above).

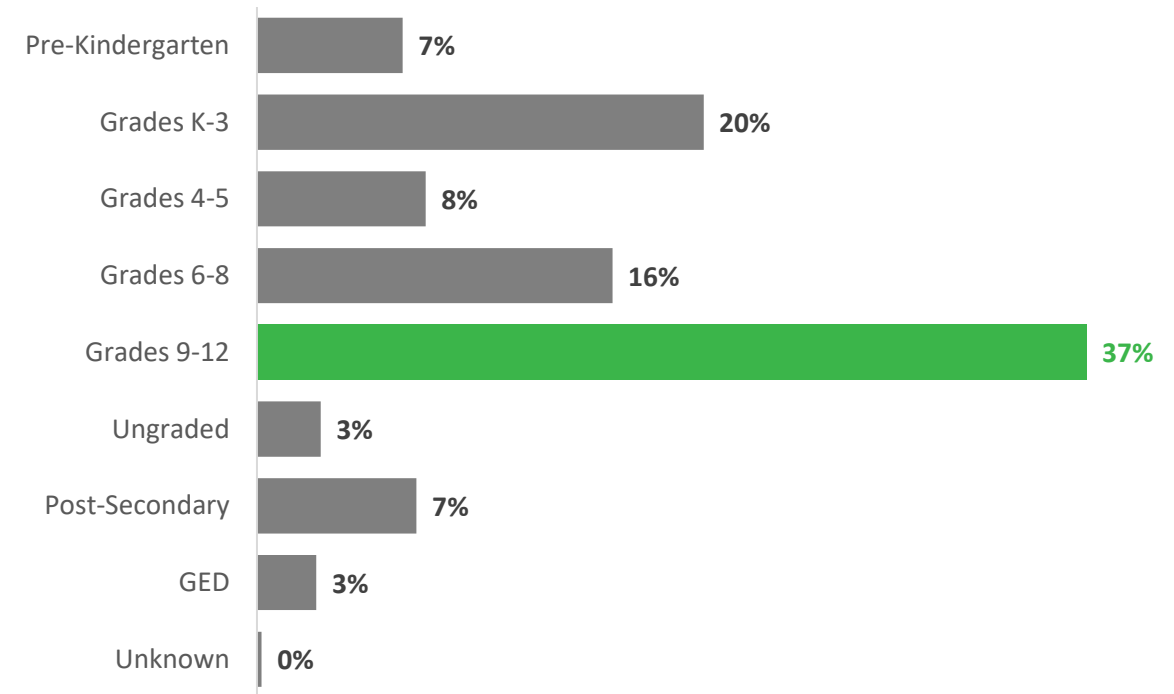


SECTION 3: WELL-BEING

DEMOGRAPHICS OF STUDENTS IN CARE

What is the profile of students in care (n=490)?

37 percent of all children in care were enrolled in Grades 9-12. Most children in foster care (52 percent) were enrolled in a traditional public school for the 2020-2021 school year.



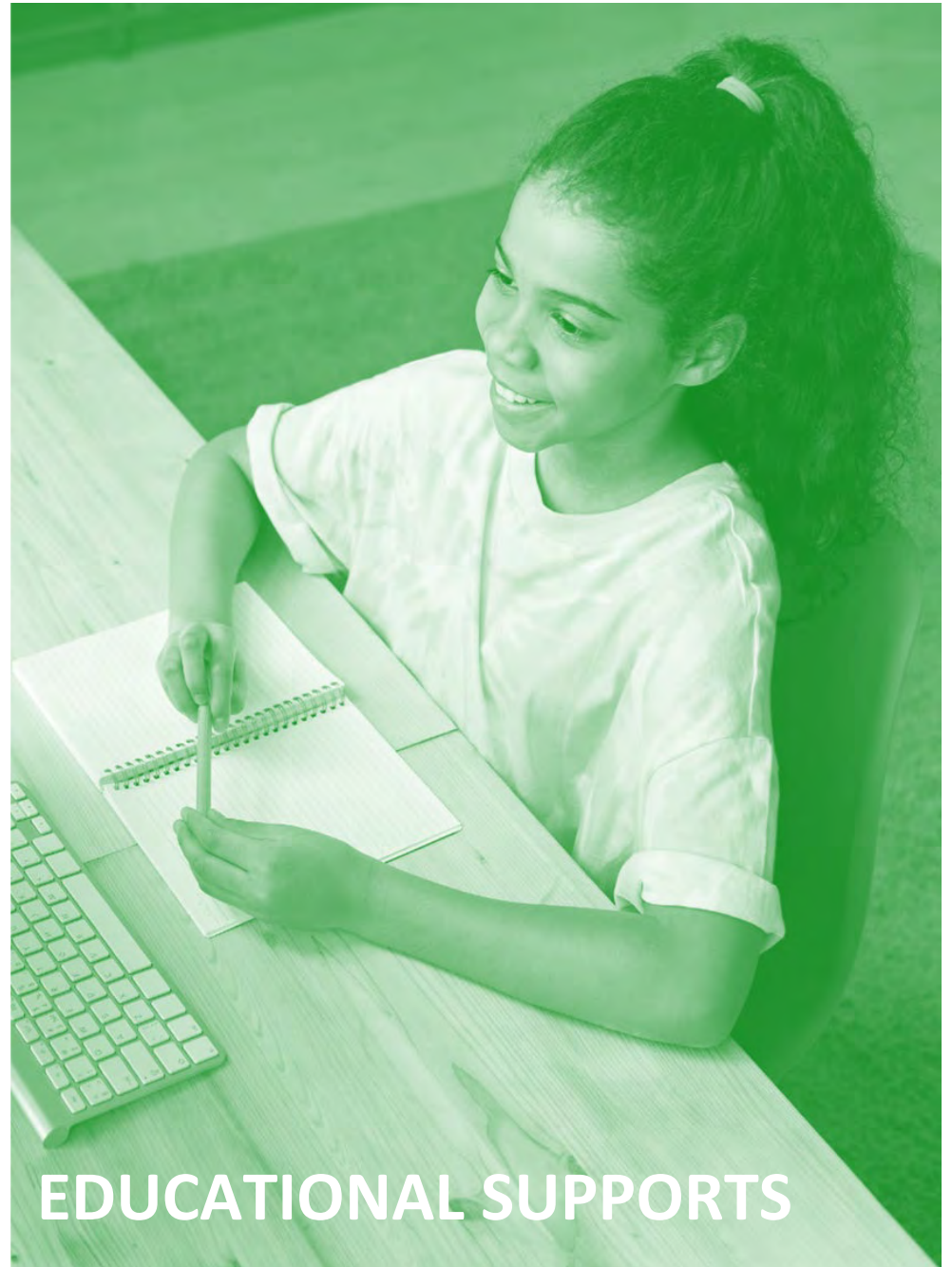
Source: Office of Well Being and Office of Youth Empowerment manual tracking

SERVICES TO SUPPORT WELL-BEING

CFSA provides a well-being service array with additional clinical supports that align with the health, wellness, educational, and other needs of children and families involved in the District's child welfare system. The agency 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.

The Agency has in-house services and contracts to provide:

- **tutoring and mentoring** to children and youth to address their academic and socio-emotional needs.
- direct and targeted support services for educationally at-risk children and youth through the evidence-based **Check and Connect intervention program**.
- **post-secondary support services** are provided to 11th and 12th grade students, as needed, to ensure they graduate from high school and develop a post-secondary plan.
- **vocational training, internships, and employment support** are also provided to students in Grade 9 through age 21.



EDUCATIONAL SUPPORTS

TUTORING OVERVIEW

From June 2015 through June 2021, CFSA used the “A Plus Success” in-home tutoring program to provide tutors to children in foster care. Students between the ages of 5 and 20 years old must meet the following criteria to be eligible to receive tutoring services:

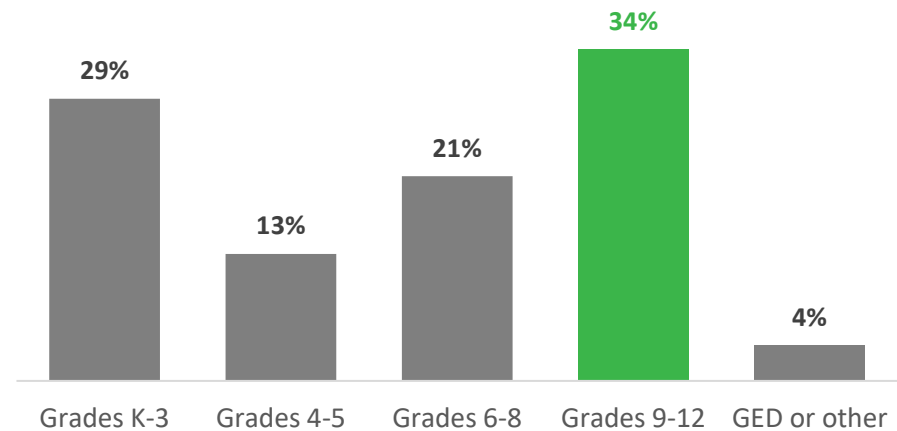
- Must be in CFSA custody or have an open court case
- Must have an identified academic need:
 - Need for support in a particular class or course (demonstrated by low grades)
 - Need for general remediation in reading or math (demonstrated by below-level grades)
 - Need for support with test preparation (GED, SAT, etc.)³²
- Must not have access to other forms of tutoring support from school or community

Students referred for tutoring services should receive their first tutoring session within 30 days of the referral.

TUTORING SERVICE USAGE

How many students participated in tutoring services?

A total of 159 students received tutoring services during FY 2020. **Between October 1, 2021 and May 31, 2021, a total of 139 students received tutoring services, including 86 new referrals.** Most students were in Grades 9-12, followed closely by students in Grades K-3.



³² GED – generalized education degree (equivalent of a high school diploma); SAT – scholastic aptitude test (admissions testing for post-secondary education).

What changes have been implemented since FY 2020?

As of July 2021, the Agency has contracted with a new tutoring vendor, Katie Helens Family Service Center, to provide CFSA's tutoring services. Per the contract, the vendor only served court-ordered youth throughout the month of July. Concurrently, the vendor finalized recruitment and training of its new tutors while CFSA finalized its tutoring roster based on reviews of youth currently identified for the service. The Agency subsequently resumed tutoring service delivery to students in August.

How many students received their first session within 30 days of referral?

Of the 86 students newly referred to the program, 94 percent (n=81) received their first tutoring session within 30 days of referral. Of the five students who did not receive their first session within 30 days, two students were delayed due to lost tutoring referrals and three student referrals were put on hold while CFSA awaited additional information from the social worker.

How many Spanish-speaking tutors were needed to provide services to students?

In the FY 2020 Needs Assessment, there was an identified need to increase access to tutors for students with English as a second language (ESL), as well as tutors with the ability to tutor certain students in their native language, e.g., Spanish. During FY 2021, three newly referred students required a Spanish-speaking tutor. The vendor identified tutors to assist all three students within 30 days of referral.



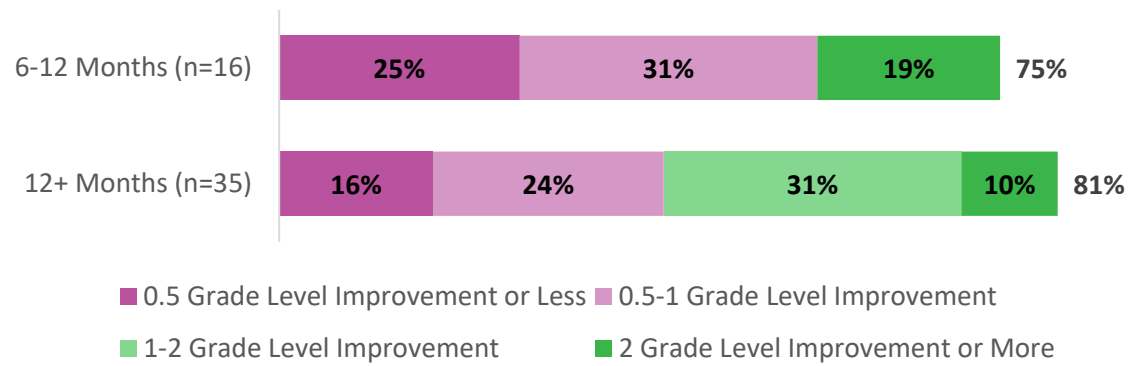
TUTORING IMPACTS: READING AND MATH

How has student participation in tutoring services impacted academic performance in reading and math during FY 2020?

Of the 159 students who received tutoring services during FY 2020, 51 students received tutoring services for at least 6 months as of March 2020. These students also completed pre- and post-assessments for data comparison.³³

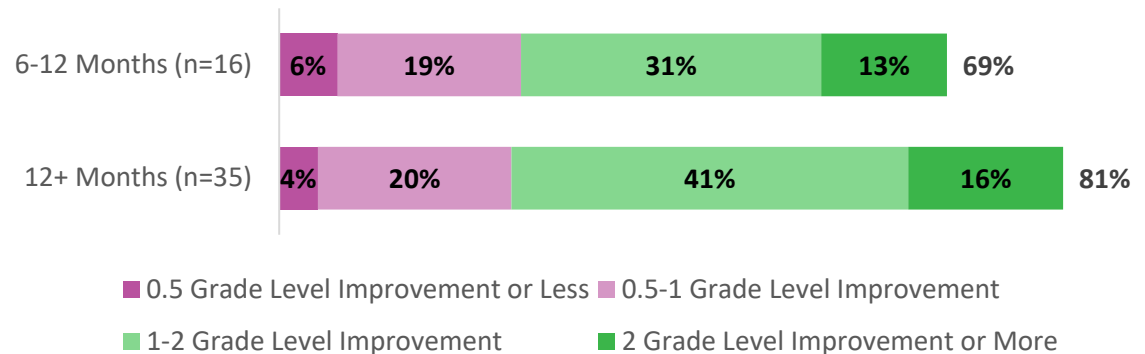
Reading

19 percent of students who received 6-12 months of tutoring support improved reading levels by one grade level. 41 percent of students who received at least 12 months of tutoring support also improved by at least one grade level.



Math

44 percent of students who received 6-12 months of tutoring support improved math proficiency by at least one grade level. 57 percent of students who received at least 12 months of tutoring support also improved by at least one grade level.



³³ Computer-based pre- and post-assessments were conducted in-person and proctored by tutoring staff prior to March 2020. The tutoring vendor discontinued conducting pre-and post-service assessments in March 2020 due to the COVID-19 pandemic (i.e., in-person tutoring was unavailable) and virtual assessments could not be fairly administered. As a result, pre- and post-assessment data is unavailable from April 2020 through March 2021.

Conclusion and Needs to be Considered

The Agency has identified the following needs that should be addressed to improve tutoring service delivery for FY 2022:

- There is **high demand to improve basic skills in reading and math for children in Grades K-3**. There was a 54 percent increase from 26 referrals during the 2019-2020 school year to 40 referrals for children in Grades K-3 during the 2020-2021 school year. While CFSA does not have the exact reasons for the increase in referrals for this age group, staff speculate that young children adjusting to virtual learning during the COVID-19 pandemic may have impacted basic skill development, resulting in an increase in referrals.
- CFSA's previous tutoring vendor did not administer virtual pre- or post-assessments from March 2020 through March 2021 due to concerns for assessment validity without a proctor. CFSA has recommended that the new vendor, the Katie Helens Family Service Center, provide **a fair and secure method for administering assessments** virtually so that performance data can be collected without interruption for students who receive tutoring services.
- There is an **ongoing need for an array of tutors to serve youth ages 16-21**, seeing as most students who received tutoring services between 2020 and 2021 were in grades 9-12.

MENTORING

To provide mentoring support to children committed to CFSA (ages 5-15), CFSA contracts with the DC-based non-profit, BEST Kids, Inc. BEST Kids encourages children to discover their unique skills and abilities, develop a positive sense of self, learn about and experience teamwork and group social skills, and become productive members of society.

To receive mentoring services, a child's social worker completes a referral packet and submits the information to an Office of Well-Being program specialist. Upon receipt, the program specialist sends the packet to BEST Kids for processing and to begin matching the child with a mentor.

What changes have been implemented since FY 2020?

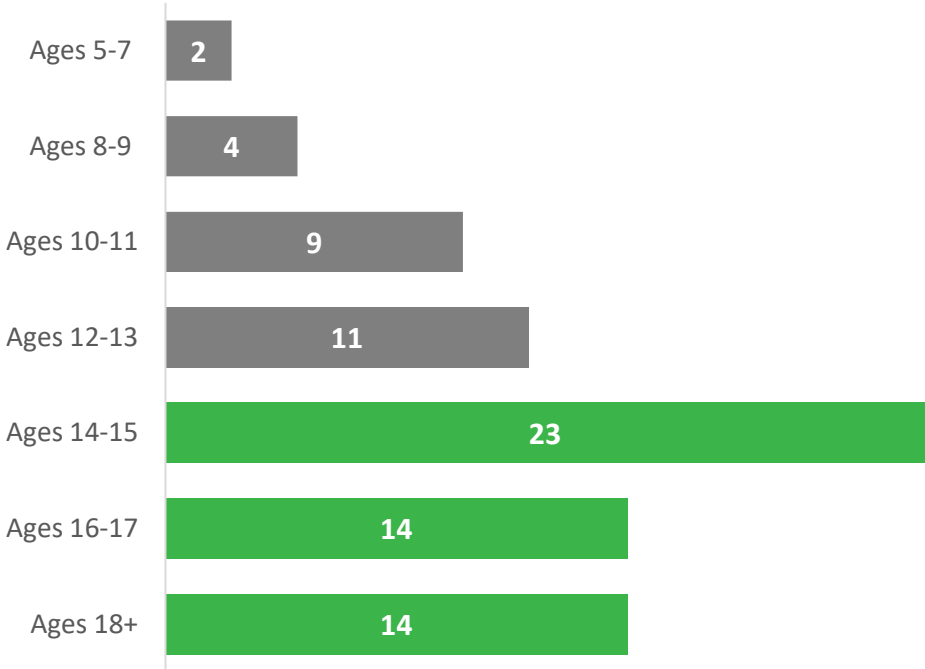
In November 2020, CFSA entered into a memorandum of understanding (MOU) with the Department of Youth Rehabilitative Services (DYRS) to provide Credible Messenger services to 24 youth ages 15-21. The Credible Messenger initiative is a mentorship program specifically designed to serve harder-to-reach adolescents. The Credible Messenger mentors are neighborhood leaders and trauma-informed individuals with relevant life experiences, including youth advocacy, whose role is to help and establish significant relationships with their mentees.

MENTORING SERVICE USAGE

How many children participated in mentoring during FY 2021?

Between October 1, 2021 and June 30, 2021, CFSA referred 77 children for mentoring services. Of those 77 children, there were 12 new child participants in FY 2021 while the remaining 65 children were receiving services from rollover referrals of prior fiscal years.³⁴ Twenty-five children completed mentoring services during FY 2021.

Most of the children referred for mentoring services during FY21-to-date were 14 or older (n=51, 66 percent).



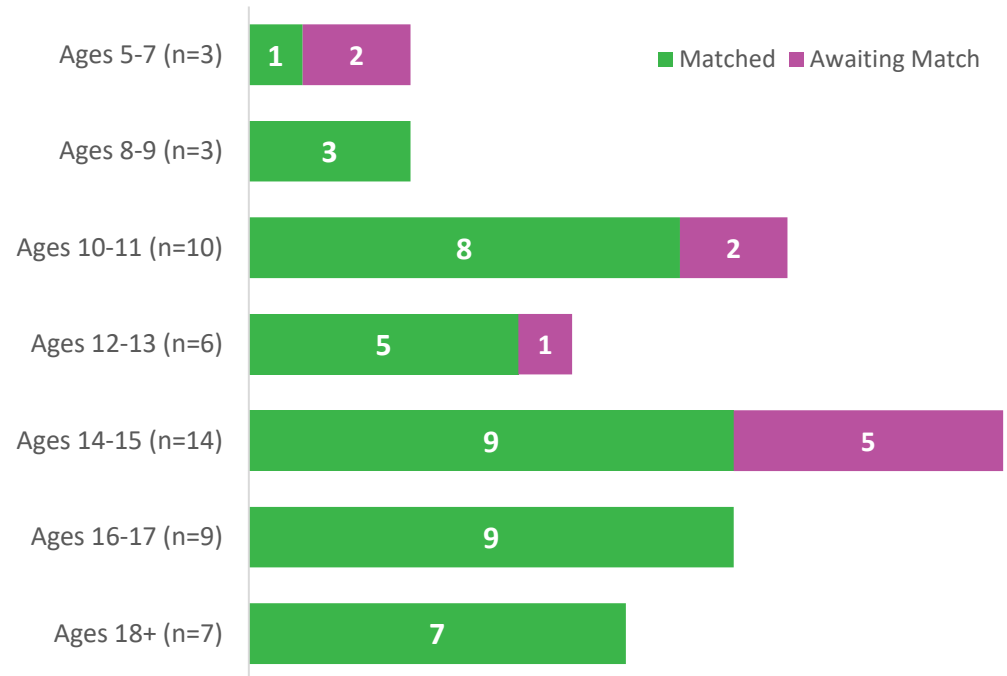
³⁴ Referrals often roll over from year to year. In FY 2019, CFSA received 51 new mentoring referrals, then 18 new referrals in FY 2020, and 12 new referrals in FY 2021 (as of June 30). As of June 30, 2020, CFSA received referrals for 71 children. However, 30 referrals were still awaiting a mentor match.

MENTOR MATCHES

How many children were matched with a mentor as of June 30, 2021?

As of June 30, 2021, there were 52 active referrals for mentoring – including 42 children (81 percent) who were matched with a mentor and 10 children (19 percent) who were waiting to be matched. The number of children still waiting for a match at the end of June 2021 (n=10) is substantially lower than the 31 children (44 percent of referrals) who were awaiting a match around the same timeframe in 2020. Of those 10 children, eight were between the ages of 10 and 15 years.

There are currently 16 youth over the age of 15 receiving mentoring services from BEST Kids. These youth were matched with a mentor prior to implementation of the Credible Messenger initiative. Based on the BEST Kids contract, the existing matches for those youth have continued without interruption.



Conclusion and Needs to be Considered

- The current capacity of BEST Kids is 50 children matched with individual mentors. This capacity roughly matches the number of CFSA-involved children between ages 6-15 who need mentoring services. As a result of serving only children ages 6-15, the number and proportion of children waiting for a mentoring match with BEST Kids has dropped substantially from 31 in FY 2020 to 10 in FY 2021 as of June 2021. **CFSA should maintain the current BEST Kids capacity of 50 youth for the upcoming fiscal year.**
- Ten children were not matched as of June 30, 2021 because BEST Kids was unable to recruit enough mentors to serve the children who needed services. Mentor-mentee matching may have been complicated by the COVID-19 pandemic. However, **mentor**

recruitment was a challenge for BEST Kids prior to the pandemic. When children are waiting to be matched with an individual mentor, BEST Kids provides monthly group activities to maintain engagement. During the pandemic, BEST Kids conducted the activities virtually, e.g., a virtual fun run and a virtual concert.

- In FY 2020, staff identified concerns regarding the number of adolescents between ages 15 and 19 who were referred for mentoring but were awaiting a match. The introduction of the Credible Messenger initiative helped address that concern by meeting the specific needs of adolescents who have been historically harder to engage. **CFSA will maintain the current Credible Messenger capacity of 24 youth.**

CHECK & CONNECT

Check & Connect is an evidence-based education intervention model used with K-12 students who show warning signs of disengagement with school and who are at risk of not graduating high school. CFSA refers youth in foster care to the Check & Connect program when their performance data shows a record of poor attendance, behavioral issues, or low or failing grades in core academic classes. Once referred to the program, each youth is assigned an education specialist who will meet with the student regularly to help them develop personalized goals, closely monitor their performance, and work with the team and school to put timely interventions in place to address their areas of need and enhance their educational success.

How many youth participated in the Check & Connect education intervention program?

A total of **62 youth in Grades 8-12** participated in the Check & Connect program during the 2020-2021 school year.

How has participation in the Check & Connect program impacted attendance, behavior, and academic performance?

The Office of Well-Being is collecting end-of-year performance data from the 2020-2021 school year to complete a month-to-month analysis of potential improvements in attendance and grades over the course of the year. This analysis should be completed in October 2021.

Conclusion and Needs to be Considered

Poor attendance and **student engagement** were the biggest areas of student need this year. Many students said they simply did not like virtual learning because it did not work for them. Others lacked the motivation to log on to receive instruction and complete assignments. Fortunately, as schools reopened in the spring, some positive turnaround happened. However, the learning loss from periods of non-engagement will be significant for some students; other students will need intensive outreach and support to reengage with their education once the new school year begins.



POST-SECONDARY PLANNING SUPPORTS THROUGH THE OFFICE OF WELL-BEING

In what ways has the Office of Well-Being's post-secondary support for youth shifted since FY 2020?

With the advent of the Check & Connect program in FY 2019 and FY 2020, the Office of Well-Being realized that the only students receiving tailored supports were 11th and 12th grade students who were most at-risk of not graduating. The Agency was not providing individual outreach to all 11th and 12th graders to ensure they had what they needed to graduate and effectuate their post-secondary plan, which left a major gap in service for many youth. To address this gap, CFSA launched an assessment and intervention plan in FY 2021. The plan included assessments of youth on the continuum toward achieving their post-secondary goals, including graduation from high school, a mapped out post-secondary plan, and adequate supports to effectuate that plan. Based on assessment findings, students were placed into one of three categories for intervention:

- Check & Connect for youth needing assistance to stay on track to graduate from high school
- Post-secondary planning for youth who needed help identifying a post-secondary plan or applying to college
- Consultation for youth with a plan in place, on track to graduate, and either little or no need for ongoing support

What supports did CFSA offer students during the 2020-2021 academic year?

In addition to the 11th and 12th graders receiving intensive services throughout the year via the Check & Connect Program (n=14), education specialists identified 25 additional 11th and 12th graders to benefit by the following supports and services to prepare the students for post-secondary pursuits:

- Providing information about how to complete community service hours
- Connecting students to college tours (mostly virtual)
- Supporting student applications to the Marion Barry Summer Youth Employment Program
- Inviting youth to CFSA's college and career prep virtual workshop series for information on college and vocational program applications, financial aid and scholarships, and the Educational and Training Voucher (ETV) program
- Managing money and the Making Money Grow program
- Counseling youth on post-secondary options and next steps to secure admission to post-secondary programs
- Assisting with post-secondary needs, e.g., securing on-campus housing, laptops, and other supplies needed for college

Conclusion and Needs to be Considered

11th and 12th grade students in foster care continue to need hands-on assistance with the post-secondary transition process. In particular, students demonstrated needing counseling to understand the full array of post-secondary options available to them, and more support to meet critical financial deadlines. **Older youth also need additional staffing supports to focus on career preparation**, including high school internships, vocational training, and employment assistance.



CAREER TRAINING AND SUPPORT THROUGH THE OFFICE OF YOUTH EMPOWERMENT

What vocational training and employment supports have been offered for youth in the past?

CFSA's Office of Youth Empowerment (OYE) provides subsidized internships and supportive career services to youth beginning in 9th grade and continuing through age 21. Supports include career exposure, exploration, and development; internships, vocational program placement; certification program placement; employment assistance; resume building; and soft skill training.

In what ways has support for youth in these areas shifted since FY 2020?

There continues to be a gap related to career services for youth ages 16-21. To address this gap, OYE has adopted the evidence-based Youth Villages' LifeSet program,³⁵ where youth receive one-on-one intensive life coaching and experiential learning. The LifeSet program, which includes job training services and assistance to youth seeking employment, has capacity to serve 32 youth. Once reaching capacity, OYE places youth on a waiting list. There was no waitlist at the end of FY 2021 and two youth on the waitlist as of March 31, 2021. OYE also connects youth to subsidized internships. There are a variety of local businesses in various fields (e.g., health care, education, advertising,

³⁵ The LifeSet program replaced OYE's Careers Pathway Unit in April 2019.

community based-organizations) serving as host sites for youth. These internship opportunities last for a period of up to 6 months. OYE staff provide monitoring and ongoing support to the youth participating in internships.

Based on data from FY 2020 through FY 2021 Q2 (March 31, 2021), how many youth have an identified need for vocational training, internship, and employment support?

A total of 54 youth have an identified need for additional support in this area.

What would the impact be if this need was not addressed?

There would be a substantial ongoing gap in career-related resources without personnel identified to specifically provide vocational, career and internship supports. Such a gap would directly impact the potential for successful outcomes that many older youth envision for their futures.

Conclusion and Needs to be Considered

Accordingly, the Agency intends to close the gap by continuing to dedicate staff resources to career support services, vocational programming, and internships. In addition, the Agency is currently developing an MOU with the District's Department of Employment Services (DOES) to establish a co-located DOES employee at OYE to assist directly with vocational training and employment services for youth.

PROJECT CONNECT is an evidence-based parenting-in-recovery model utilized by CFSA to provide intensive home-based services to families addressing substance use. Families enrolled in the Project Connect program have open CFSA cases with the Agency's In-Home Administration.

Launched as an Agency in-house program in October 2019, Project Connect provides services such as **case coordination, substance abuse assessment and monitoring, relapse prevention, advocacy, parent education, nursing services, and linkages to other services deemed appropriate for the family.** CFSA refers participating families to treatment while community-based providers also offer additional tailored services, according to the family's needs. **On an average of two times per week,** Project Connect team members visit and maintain engagement with the families at their homes, in the community or by phone. The length of service and number of contacts per week are based on each family's need. As a result of the COVID-19 pandemic, team members have continued to engage families through virtual visits and phone calls.



PROJECT CONNECT: PARTICIPATION AND LINKAGES

The current review examines caregivers who participated in Project Connect services during FY 2020 (n=49). As a note, one caregiver entered the Project Connect program twice during FY 2020; the caregiver exited due to incarceration and reentered the program upon release.

How many eligible caregivers agreed to participate in Project Connect during FY 2020?

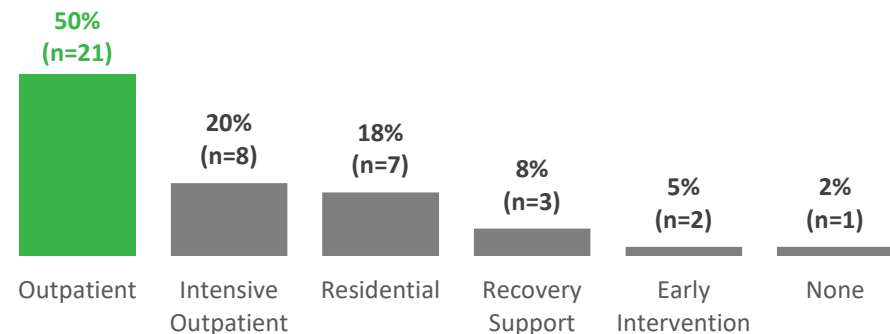
Five out of six eligible caregivers agreed to participate in Project Connect (49/59). Fifty-nine caregivers, representing 56 families, volunteered to participate. Of those 56 families, staff deemed 13 families as ineligible.³⁶ Ten additional caregivers declined services. A total of 49 caregivers from 45 families (81 percent) participated in Project Connect in FY 2020.³⁷



How many families completed the required assessments for participation?

All 49 caregivers participating in the Project Connect program completed all required Project Connect assessments.³⁸

Of the 49 caregiver participants, 42 caregivers (80 percent) also completed the Department of Behavioral Health (DBH) substance use disorder (SUD) assessment for treatment entry. In FY 2020, DBH SUD recommended 1 in 2 caregivers for outpatient treatment.



³⁶ Eligibility criteria may include but are not limited to (1) a child's risk for or previous removal based on caregiver substance use, (2) evidence of caregiver substance use negatively impacting the positive pathway to permanency (specifically reunification), (3) evidence of a caregiver's current substance use impacting child safety, and (4) a caregiver's impending potential for relapse.

³⁷ The scope of this particular review was limited to caregivers who entered the Project Connect program during FY 2020 only.

³⁸ Project Connect staff administer two different assessments, NCFAS (North Carolina Family Assessment Scale) to measure family functioning and SARI (Risk Inventory for Substance Abuse-Affected Families) to measure substance use treatment needs. See the appendix for further details.

PROJECT CONNECT: INTAKE

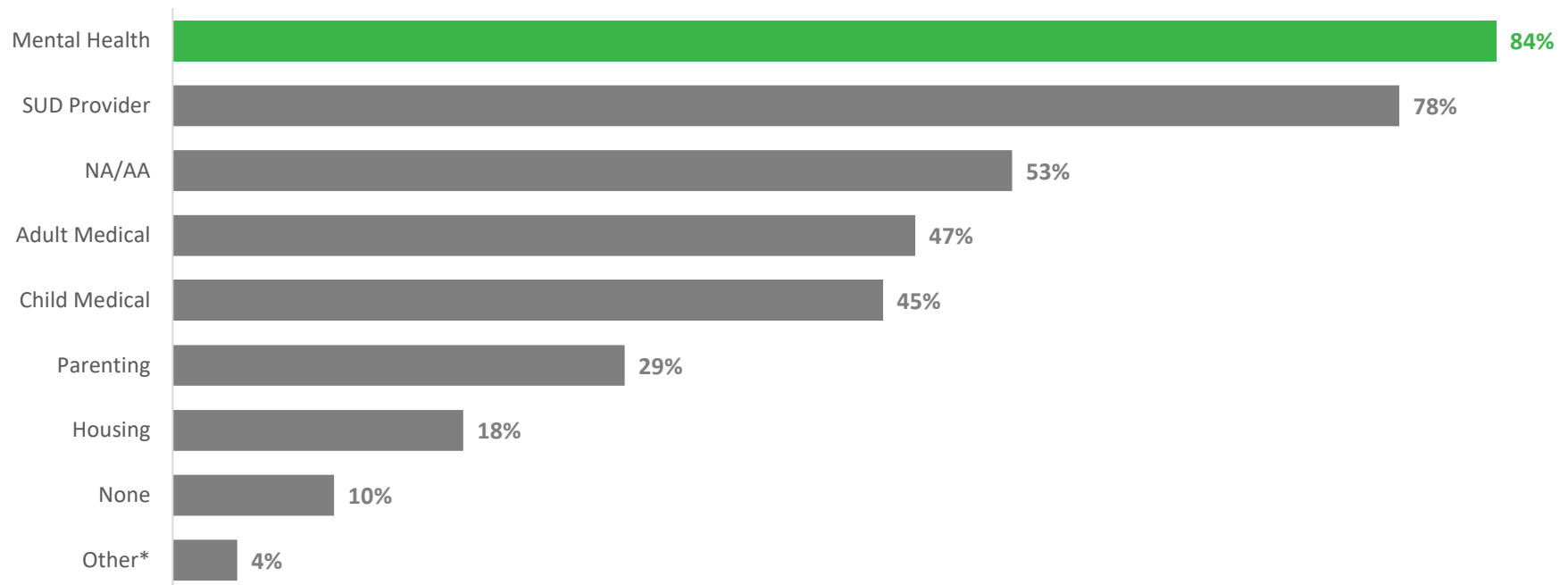
How many caregivers began treatment (n=49)?

Of the 49 caregiver participants, a total of 38 caregivers (78 percent) completed the DBH assessment and entered SUD treatment during their participation in Project Connect. One additional caregiver completed the DBH assessment but did not enter outpatient treatment per the assessment’s recommendation for residential treatment.

Ten caregivers who did not complete the DBH SUD were still considered program participants and benefited from Project Connect services, interventions, and referrals; however, they did not enter substance abuse treatment.

To which services were the 49 participating caregivers linked while their Project Connect case was open?

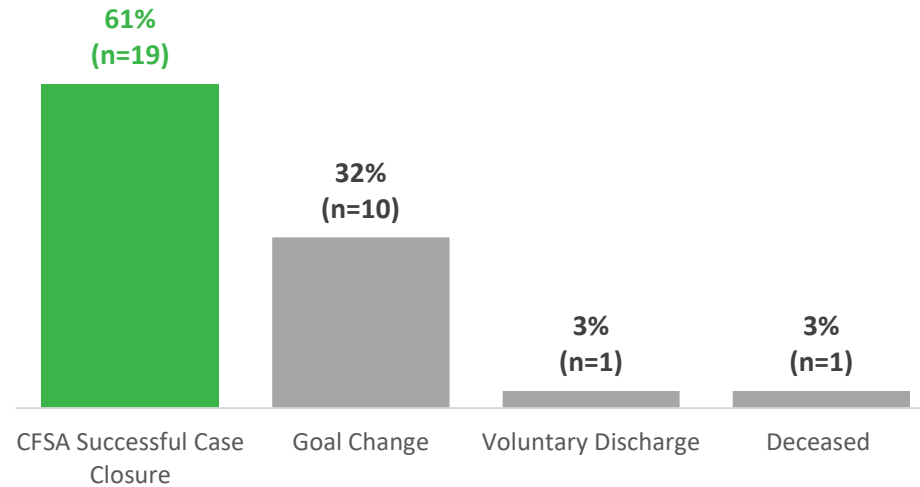
Mental health was the most frequently referred service during family participation in Project Connect.



PROJECT CONNECT: CASE CLOSURES

How many caregivers successfully had their cases closed as of FY 2021 Q2?

Of the 49 caregivers who received Project Connect services during FY 2020, 31 (63 percent) had their cases closed by March 1, 2021. **On average, Project Connect cases remained open for 5 months.** Within the FY 2020 cohort, 3 in 5 caregivers successfully closed their Project Connect case, i.e., the caregiver had fully participated in and completed all services and treatment.

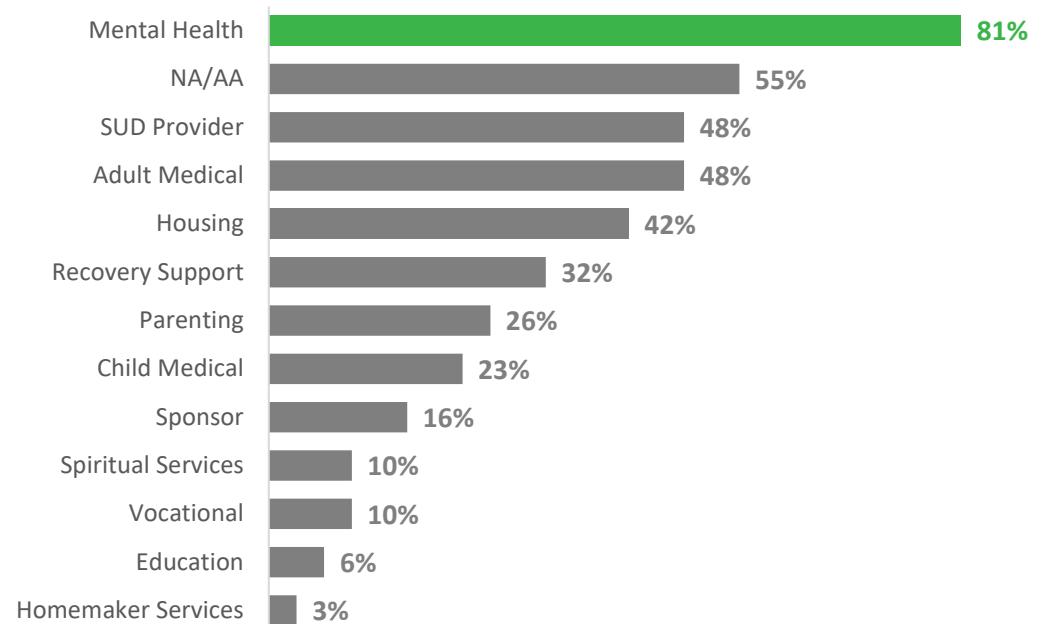


PROJECT CONNECT: LINKAGES AFTER CASE CLOSURE

To which services were families linked upon Project Connect case closure?

Most families whose cases were closed for any reason through FY 2021 Q2 were linked to mental health services at closure (n=31).

The remaining 18 caregivers (37 percent) continued to have an open Project Connect case as of March 1, 2021; these cases have been open for an average of 12 months. All 18 caregivers continued to participate in services and treatment.



Conclusion and Needs to be Considered

- To increase a much-needed service capacity from 30 to 40 families, CFSA would need to **hire an additional resource development specialist**. Project Connect has already been at capacity (30 families) since January 2020. When space is not available, families must wait 30-60 days from their referral date before they can begin services. Additional staffing will allow timely family access to services upon referral, as well as allowing the Office of Well-Being (OWB) to increase its capacity to 40 families.
- To ensure accurate data analysis and reporting, CFSA would require **pre- and post-family assessments delivered in an electronic format**. At the writing of this report, Project Connect staff administered pre- and post-assessments in a paper format, preventing current data availability. An electronic assessment would allow Project Connect and the CFSA Performance Accountability and Quality Improvement Administration (PAQIA) to view a broader picture of family functioning when caregivers are addressing substance use risks. OWB will research the feasibility of securing a contract with an external provider to score assessments via an online platform.

CFSA's Office of Well-Being implemented a **mental health redesign** in October 2018 to improve positive outcomes for clients and families within the DC child welfare system. The strategic redesign had the two goals of **ensuring timely and accessible services, and centralizing mental health assessments, in-house direct therapy at CFSA (tele-health only during the pandemic), and medication management for applicable CFSA clients.** The function of the mental health redesign is to assist positive outcomes such as successful family engagement, participation in services, reduced wait times for services, increased placement stability (decreased placement disruptions), and increased positive reunification outcomes.



MENTAL HEALTH REFERRALS

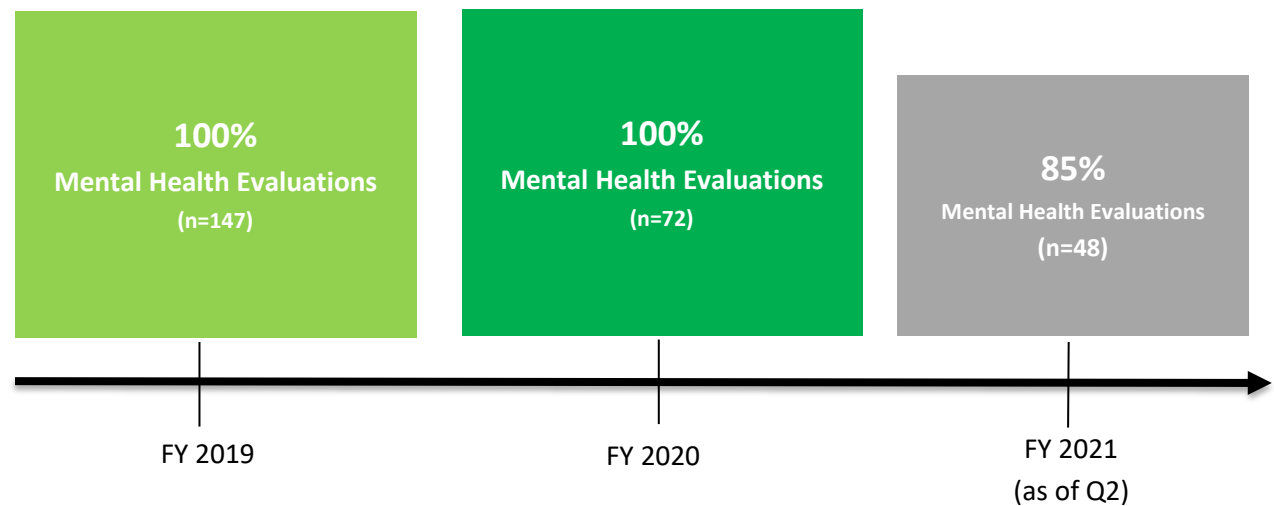
For the children referred for a mental health evaluation, what was the referral source?

During FY 2020, OWB received mental health referrals for 228 children, including 132 new entries, 32 re-entries, and 64 children whose referral source was not documented. Between October 1, 2020 and March 31, 2021, OWB received referrals for 130 children, including 85 new entries into foster care and 45 re-entries.

How many eligible children³⁹ received a mental health evaluation?

During FY 2020, all 72 eligible children received a mental health evaluation to assess the need for therapy.

As of FY 2021 Q2, 41 out of the 48 eligible children (85 percent) received a mental health evaluation to assess the need for therapy. Reasons for not receiving mental health evaluations by March 31, 2021 included children whose evaluation due date was after March 31, 2021 (n=3), refugee status (n=1), and abscondence (n=3)



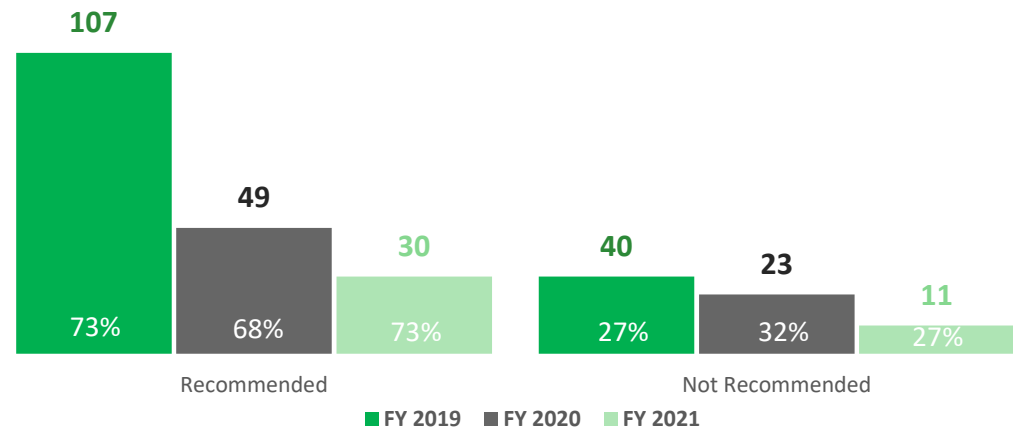
Source: Office of Well Being Quickbase Data

³⁹ OWB offers in-house therapy to children over the age of 3.

MENTAL HEALTH: CHILDREN RECOMMENDED FOR TREATMENT

Of those evaluated, how many children were identified for on-site mental health treatment?

OWB recommended therapy for 73 percent (30/41) of the applicable children referred in FY 2021 to date, compared to 68 percent (49/72) in FY 2020 and 73 percent (107/147) in FY 2019.



Source: Office of Well Being Quickbase Data

Of the 23 children who were not recommended for therapy in FY 2020:

- Twelve children (52 percent) were stable at the time of evaluation.
- Seven children (30 percent) were referred to a community-based core service agency (CSA) (n=7).
- Two children (9 percent) had developmental delays and were connected to care outside of CFSA.
- One child (4 percent) needed a higher level of care.

Of the 11 children who were not recommended for therapy in FY 2021 to date:

- Seven (64 percent) children were not recommended to receive therapy because the children were stable at the time of evaluation.
- Three children were referred directly to a CSA (for a higher level of therapeutic service).
- One child had no documented reason why therapy was not recommended.

MENTAL HEALTH: CHILDREN WHO BEGIN TREATMENT

How many children received at least one mental health treatment?



Source: Office of Well Being Quickbase Data

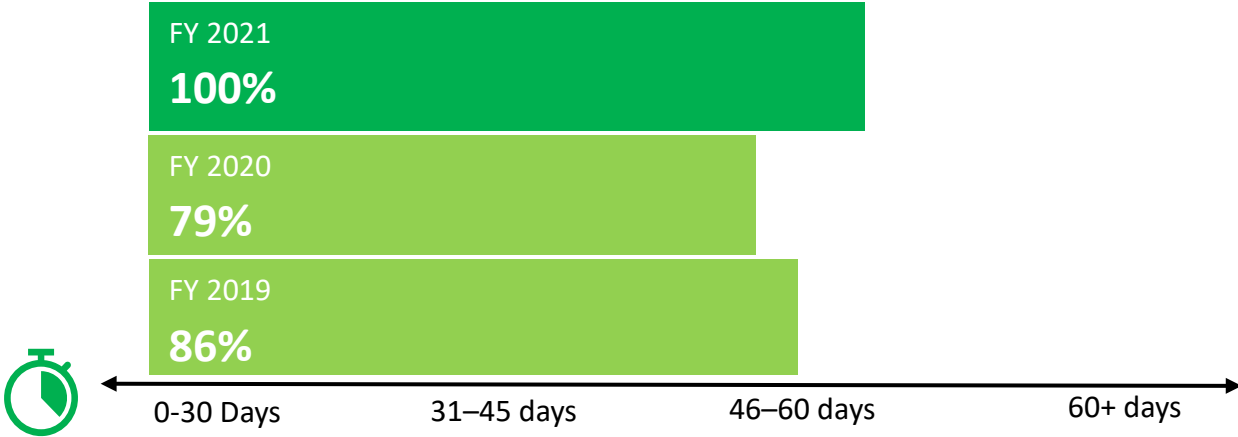
Administrative discharges accounted for the most frequent reason why a therapy recommendation did not result in treatment. In FY 2020, administrative discharge reasons included the child being referred or previously linked to a CSA (n=8), youth between the ages of 14 and 17 who refused or declined services (n=3), the child never engaged in services (n=2), an older youth was in abscondence (n=1), or a higher level of service was required (n=1). Seventeen of the 18 children recommended for services in FY 2021 Q2 who did not start in-house treatment were administrative discharges: 16 children were recommended to a CSA and one child missed 3+ sessions. In FY 2021 to date, one child was referred for treatment in late March 2021 but did not start treatment as of March 31, 2021.

As of March 30, 2021, there were 15 active children receiving therapeutic services. During the COVID-19 pandemic, in-house therapists provided tele-health services only. As of summer 2021, therapy services have been office-based.

MENTAL HEALTH: TIMELINESS OF TREATMENT START

What percentage of children began therapy within 60 days of their mental health evaluation?

Of the 34 children who engaged in therapy in FY 2020, 27 (79 percent) started therapy within 60 days, a decrease from 86 percent of clients during FY 2019. This decrease was due to a shift in how CFSA conducted mental health evaluations.



Source: Office of Well Being Quickbase Data

In FY 2019, the four OWB mental health therapists conducted the mental health evaluations while the Agency recruited and then hired a psychiatric mental health nurse practitioner in FY 2020. As a result, CFSA streamlined the responsibility of mental health evaluations from four OWB staff therapists to one OWB psychiatric mental health nurse practitioner.

Of the 12 clients engaged in therapy by the end of FY 2021 Q2, all 12 (100 percent) started therapy within 45 days, surpassing the 60-day goal. This level of engagement is a marked improvement from the previous 2 fiscal years.

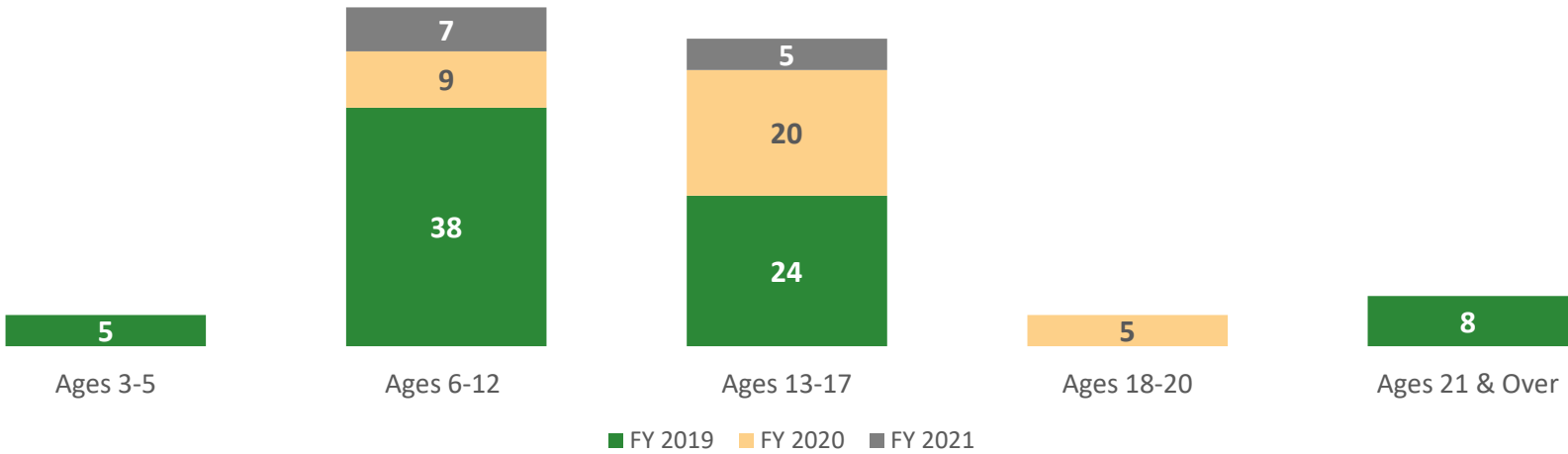
MENTAL HEALTH: CHILD AGE

What were the ages of children receiving therapy from CFSA-employed therapists?

Almost half of the clients engaged in therapy across all fiscal years are ages 6-12.

Over the course of FY 2019, 51 percent (n=38) of the 75 children engaged in therapy were between the ages of 6-12. By the end of the FY 2020, 34 children received therapy; nine of these children (26 percent) in the same 6-12 age bracket also engaged in therapy. During FY 2021 Q2, 7 of the 12 children engaged with in-house therapy were between the ages of 6-12 (58 percent). The remaining 5 children were in the 13-17 age range.

During FY 2020, the largest group in therapy was aged 13-17 (59 percent, n=20). The 3-5 age group only represented 6 percent (n=6) of all children receiving therapy. CFSA expected these findings since the eligible population for OWB therapy changed in FY 2019 from children ages 3 and older to ages 5 and older in FY 2020. In-house therapy through the OWB can be offered to parents as well as children over the age of 3.



Source: Office of Well Being Quickbase Data

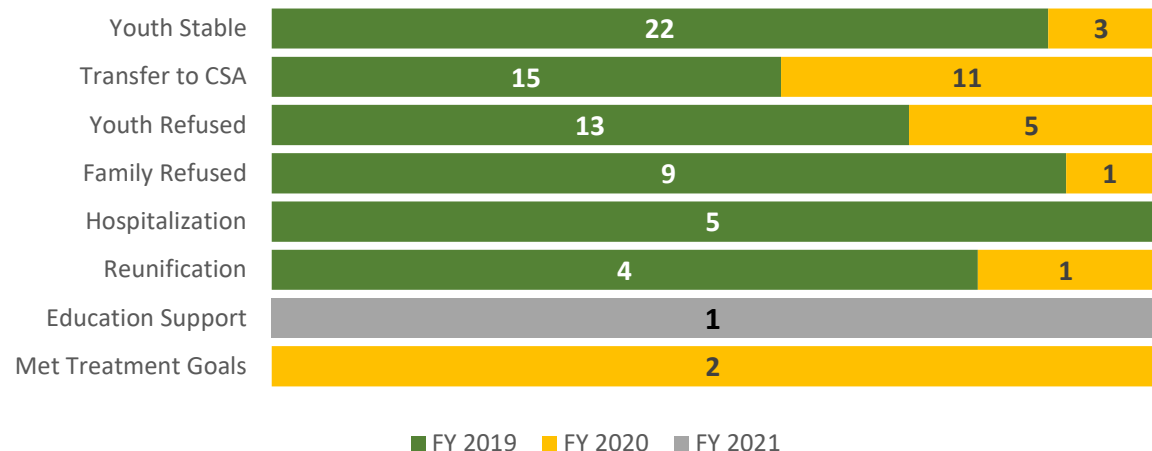
MENTAL HEALTH: CHILD DISCHARGES

How many children have been discharged from therapy?

Ninety-one percent (n=68) of the 75 clients who had at least one therapy visit during FY 2019 were discharged from CFSA therapeutic services. Mental health stability was the most common reason for discharge (32 percent, n=22). The following progress components were considered for children being stable at discharge:

- Children met or addressed at least half of their treatment plan goals, with plans for continuing to address goals.
- Children developed coping skills and adequacy demonstrated an ability to utilize them and their support system in an appropriate way.
- Children demonstrated a sustained period of reduction of referring symptoms, which can and should be evidenced by client self-report, family, social worker, school report, etc.

55 percent of discharged children in FY 2019-2021 were either stable or transferred to a CSA.



Source: Office of Well Being Quickbase Data

Fifteen children (22 percent) were transferred in FY 2019 to long-term mental health treatment through a CSA (e.g., MBI Health Services, LLC).

In FY 2020, 23 of the 34 children (68 percent) who engaged in at least one therapy visit were discharged: 15 were discharged in FY 2020, and 8 were discharged in FY 2021. The top two reasons for discharge included a child's transfer to a CSA for continued therapeutic services or an older youth (aged 14-17) refusing therapy. As of the end of FY 2021 Q2, there was only one child who had started therapy in the fiscal year but has since been discharged.

MENTAL HEALTH QUALITATIVE STUDY

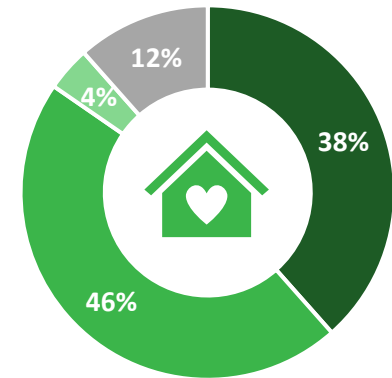
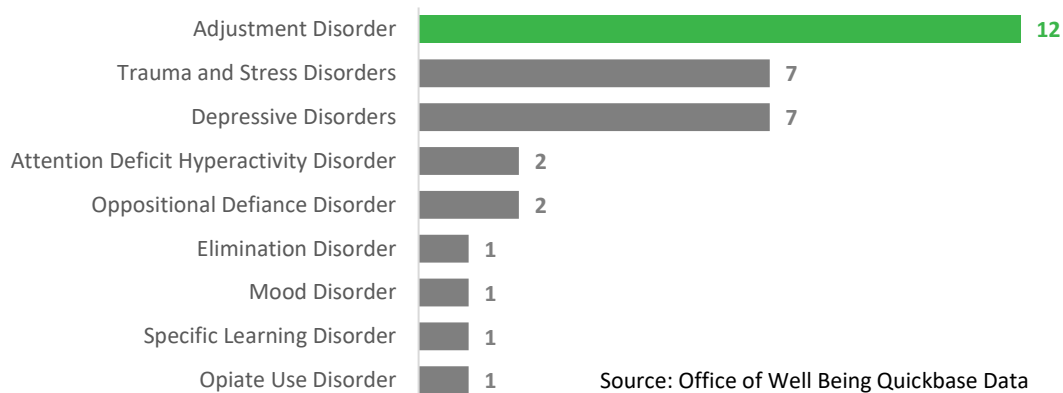
CFSA conducted a qualitative analysis using a subset of children who received OWB in-house mental health services. The purpose of the study was to examine the characteristics of children who completed mental health services, including their pre-service behaviors, mental health diagnoses, recommended treatment modalities, discharge reasons, and any placement disruptions that occurred while receiving treatment. The qualitative study included 26 children who received at least one therapy session with an OWB therapist between October 1, 2019 and March 31, 2021, and children who completed mental health services between April 1, 2020 and March 31, 2021.

How many children discharged from therapy during this period were in foster care when therapy services began?

88 percent of children discharged during this period were in foster care when they began therapy (n=23).

Ten children were living in a foster home, twelve children were placed in a kinship foster home, and one child was living in a group home. Three children (12 percent) had an open in-home case when they started treatment.

What kinds and frequency of mental health diagnoses occurred for children in foster care who completed in-house mental health services?



- Traditional Foster Home
- Kinship Foster Home
- Group Foster Home
- Living at Home with Family

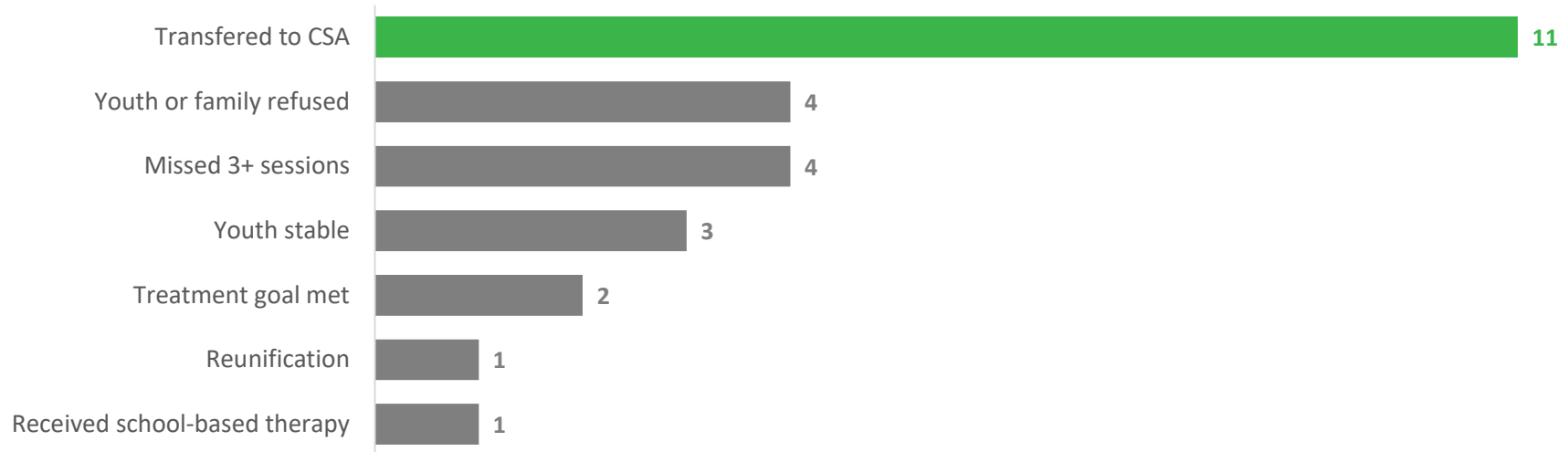
Adjustment disorder was the most prevalent diagnosis for children who completed therapy during this period.⁴⁰

⁴⁰ Children may have received one or more diagnoses after their mental health evaluation.

MENTAL HEALTH QUALITATIVE STUDY: DISCHARGE REASONS

What were the discharge reasons for children completing mental health services during the review period?

The most prevalent discharge reason was the child's transfer to a CSA (n=11, 42 percent).



Source: Office of Well Being Quickbase Data

Positive Discharge Reasons (n=18)



- Transfer to CSA (11)
- Youth stable (3)
- Treatment goal met (2)
- Reunification (1)
- Received school-based therapy (1)



Negative Discharge Reasons (n=8)

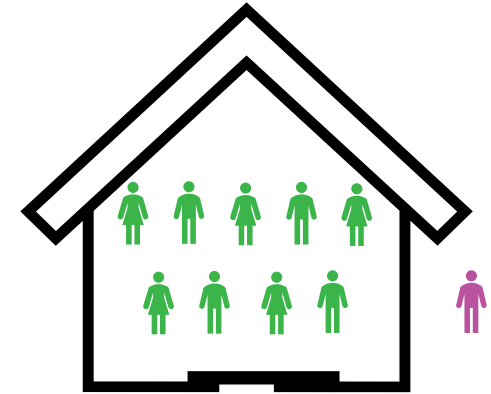
- Youth or family refused (4)
- Missed 3+ sessions (4)

MENTAL HEALTH QUALITATIVE STUDY: PLACEMENT DISRUPTIONS

Did children who participated in CFSA mental health services experience placement disruptions during their treatment period?

Nine out of every ten children who participated in at least one session during the review period also maintained placement stability.

Twenty-three children (88 percent) maintained placement stability while receiving therapy (i.e., did not experience a placement disruption). Of the three children who did experience disruptions, each had only one disruption due to the following individual reasons: (1) the resource parent could no longer manage the youth's behaviors, (2) the resource parent requested the removal after engaging in a physical altercation with the youth and birth parent, and (3) the resource parent died after contracting COVID-19 and the youth needed to be replaced.



Source: Office of Well Being Quickbase Data

Mental Health Redesign: Conclusion and Needs to be Considered

OWB has identified the following service delivery improvements for children who have been recommended for mental health services:

- **Review therapeutic modalities** to assess alignment with therapeutic needs for older youth.
- **Strengthen engagement.** Identify strategies to lessen refusal of older youth to engage in therapy.

OWB has also learned several lessons regarding potential improvements to the recordkeeping, data collection, and documentation of all contacts with children and youth referred for mental health services. These needs include the following enhancements:

- **Utilize and maintain an electronic patient file system to retrieve patient data electronically.** Additional information related to client experiences – such as treatment plans, session notes, and total number of sessions attended by a client – is currently maintained in paper format, outside of the preferred electronic Quickbase® system.
- **Continue collaboration between PAQIA and OWB to improve the evaluation process.** During FY 2020, PAQIA and OWB worked together to improve the Quickbase database as well as improving how staff enter client data into the database. Data quality greatly improved this year due to this ongoing collaboration.

CFSA recognizes that longer-term therapeutic services might be necessary after the short-term in-house therapy service ends. In alignment with the Agency’s goal to provide timely therapeutic services by bringing mental health services in-house in November 2019, **CFSA contracted with mental health provider MBI Health Services LLC (MBI) to provide out-patient therapeutic services** for children, youth, parents, and caregivers involved with CFSA.

MBI addresses ongoing longer-term therapy needs that have outgrown the short-term (up to one year) treatment model provided through OWB. **MBI will support any overflow of referrals if OWB caseloads become full, including therapy referrals for parents.** Additionally, MBI supports two specialized therapy modalities -- **Dialectical Behavior Therapy (DBT) and Eye Movement Desensitization and Reprocessing Therapy (EMDR)**. Both these modalities increase CFSA’s ability to ensure that children, youth, and parents or caregivers receive treatment for more complex clinical needs.



CONTRACTED MENTAL HEALTH SERVICES: OUTCOMES

How many children and caregivers did MBI serve?

MBI has the capacity to serve 150 children and 75 parents or caregivers. During FY 2020, CFSA submitted 28 referrals for 25 children and 3 adults. MBI subsequently served 57 percent (n=16) of the referred clients.

What outcomes and impacts have been evidenced by those dollars spent on the service?

Following completion of services through OWB's therapists, clients continue to benefit from immediate access to therapy services through CFSA's contract with MBI. Additionally, progressive impacts have been made for clients referred for specialized therapy services such as DBT. Specialized therapy modalities are generally accessible through privately insured means. These dollars have allowed access to these specialized services.

Is CFSA getting the results and outcomes theorized and anticipated?

MBI had four discharges, which 100% of those discharges did not meet treatment goals.

Conclusion and Needs to be Considered

- Although MBI utilization is low, the therapy contract numbers do not impact CFSA's level of funding because MBI bills Medicaid directly for therapeutic services.
- Review the discharge reasons and associated services for potential modification.

SECTION 4: EXIT TO PERMANENCE



In the District of Columbia, most children who exit foster care enter into a permanent home, ideally with their family of origin (reunification). When reunification with the caregiver is not possible, the permanency goal changes either to guardianship or adoption. Typically, a child's team (including family members) has identified a permanency resource by the time the goal changes to adoption or guardianship. However, if there is no identified guardianship or adoptive resource, the Agency will initiate a child-specific recruitment effort. For older youth who must exit foster care without reunification, adoption, or guardianship as part of their permanency plan, then their team will support active preparation for adulthood with lifelong connections. This option is always the last resort after all other efforts have been exhausted. This section on permanency focuses on CFSA's permanency data, adoption-specific recruitment, and services for youth aging out of foster care.

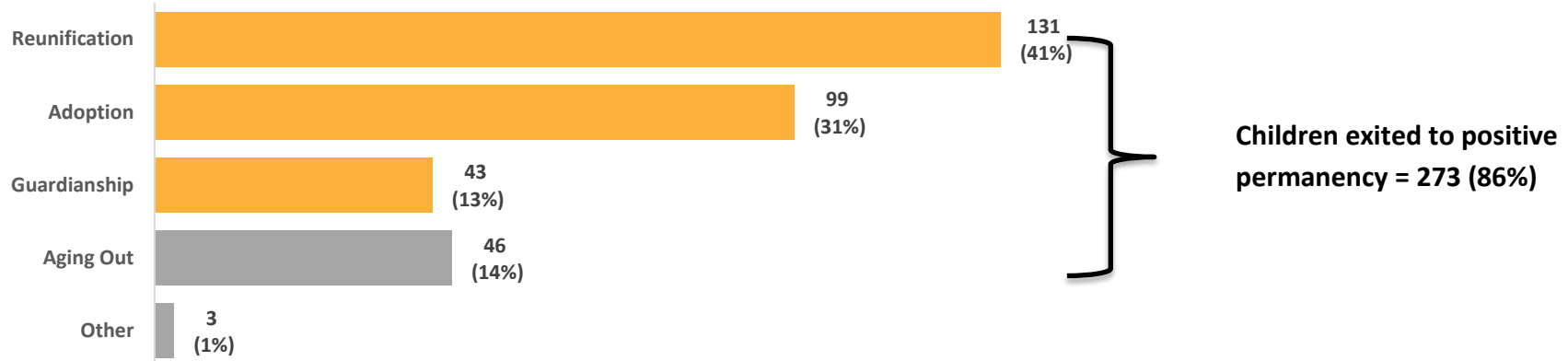
DATA FOR CHILDREN EXITING FOSTER CARE

PERMANENCY MEASURES

CFSA measures Agency progress towards achieving permanency for children and youth in foster care in different ways. The analysis below looks at all children exiting foster care (exit cohort) and focuses on the number and percent of children who exited foster care in FY 2020 compared to the first two quarters (Q1 and Q2) of FY 2021.

By the end of FY 2020, 320 children exited foster care (out of the cumulative 1012 children served in the fiscal year). **The majority of children (86 percent, n=273) exited to positive permanency**, i.e., reunification, guardianship or adoption. **The remaining older youth (14 percent, n=46) aged out of care to adulthood with lifelong connections in place.**

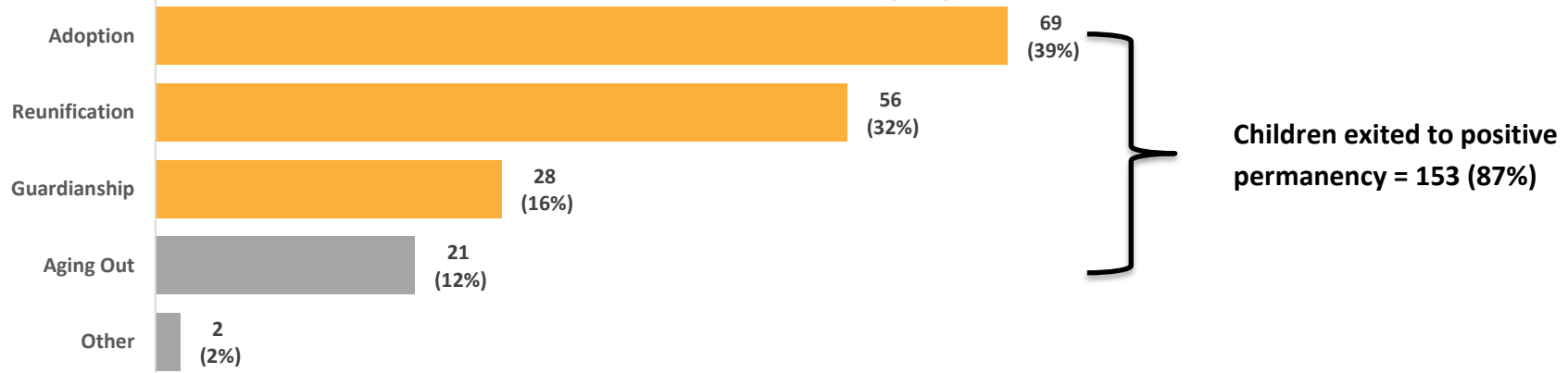
of Children Who Exited Foster Care - FY 2020



Source: DC Tableau; "Other" includes placement/custody in a correctional facility (n=2) and death (n=1)

At the end of FY 2021 Q2, 176 children had exited foster care. In total, **87 percent (n=153) exited to positive permanency**, i.e., reunification, guardianship or adoption. The remaining older youth (12 percent, n=21) aged out of care to adulthood with lifelong connections in place.

of Children Who Exited Foster Care - FY 2021 Q1-Q2



Source: DC Tableau; "Other" includes placement/custody in a correctional facility (n=1) and death (n=1)

What are the rates of exits to permanency for children in foster care between FY 2020 and FY 2021 Q1-Q2?

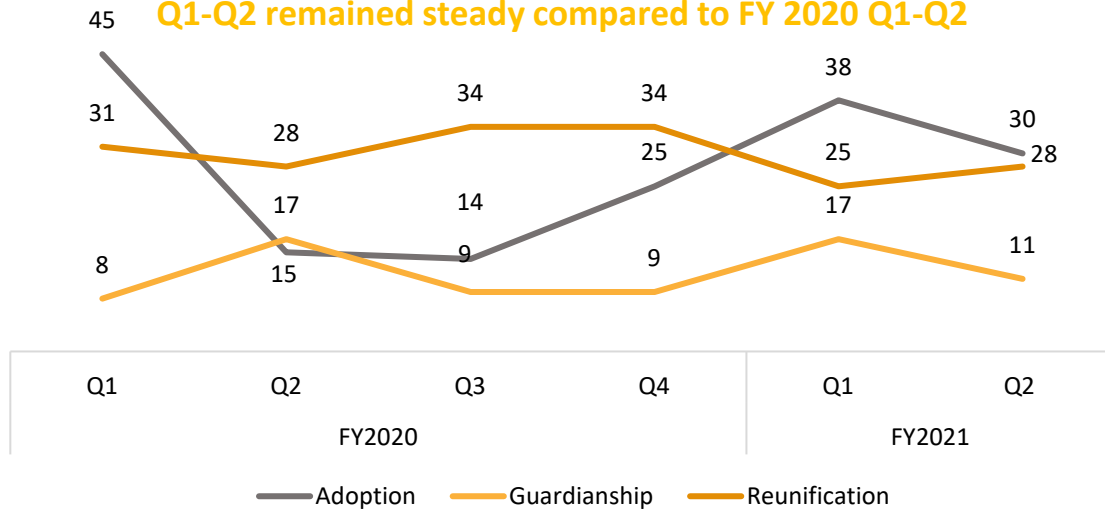
The graph below shows a slight increase (2 percent) in the number of children who exited foster care between FY 2020 and FY 2021 Q1-Q2. Although the number of children who exited through positive permanency varied by exit reason, there was a noted decrease in the proportion of children exiting to adoption in FY 2020. As shown in Figure 3, adoption exits during FY 2020 Q1-Q2 dropped at a significant rate of 67 percent, but then showed a rate increase of 53 percent during Q3-Q4. Between FY 2020 Q4 and FY 2021 Q1, the rate of adoption showed another upward trend of a 66 percent increase. Children who exited with the reason of guardianship increased by 47 percent between FY 2020 Q1 to FY 2021 Q1. However, the rate of guardianship exits decreased over FY 2020 Q3-Q4. Reunifications exits trended steadily across most of FY 2020 but dropped during FY 2021 Q1-Q2. This time period overlaps with the beginning of the COVID-19 pandemic.

The District of Columbia rapidly responded to the pandemic with its April 2020 legislation, COVID-19 Response Supplemental Emergency Amendment Act of 2020. This legislation specifically included a provision to support youth who were scheduled to transition out of foster care during the pandemic. The provision has allowed the Agency to retain custody of a consenting youth who turned 21 during the period under which the Mayor declared the public health emergency (March 11, 2020 – July 24, 2021). Custody for these older youth was to last up to 90 days until after the emergency ended. However, per the Mayor's order 2021.069,⁴¹ extended care for youth over 21 will not end until October 25, 2021.

At present, it is difficult to viably assess the true impact of the pandemic on foster care, at least until more time has passed. One clear and notable impact on permanency was the Family Court's limited ability to conduct virtual evidentiary hearings between March 16, 2020 and September 1, 2020. By September 1, 2020, all Family Court judges had their own virtual courtrooms and began rescheduling events that had been delayed.

⁴¹ <https://www.acainternational.org/assets/washington-dc-mayor-extends-debt-collection-restrictions/mayors-order-2021-069-modified-measures-for-spring-summer-2021-of-washington-dc-reopening-and-extention-5-17-2021.pdf>

**The proportion of children exiting to adoption in FY 2021
Q1-Q2 remained steady compared to FY 2020 Q1-Q2**



Source: FACES management report CMT367

PERMANENCY COHORT MEASURES⁴²

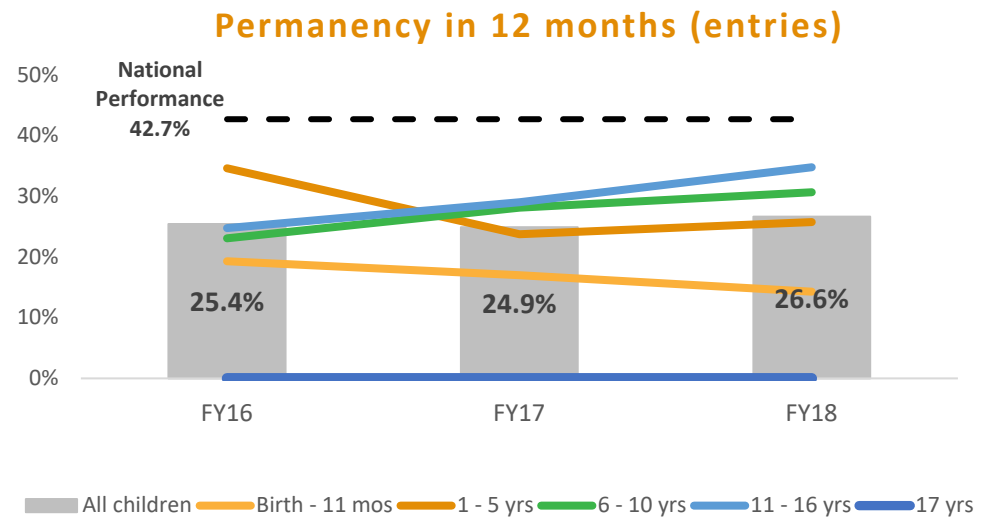
CFSA is transitioning from LaShawn permanency cohort measures⁴³ to track permanency outcomes. The LaShawn measures looked only at children exiting foster care whereas the Agency now provides a comprehensive view that includes the full population of children who enter CFSA’s foster care system. As of FY 2021, CFSA has aligned its permanency measures to match the federal Children’s Bureau (CB) Child and Family Services (CFSR) Round Three permanency cohort measures. For FY 2021, CFSA has relied on the Statewide Data Profile that the CB periodically sends to states. Beginning in FY 2022, CFSA will use CB’s entry cohort methodology. Below is FY 2016 to FY 2018 performance using the latest February 2021 CB data profile.

⁴² Data source for this analysis comes from the Children’s Bureau Data Profile (February 2021)

⁴³ The LaShawn permanency measures were formerly outlined for CFSA by a court monitor, based on a previous class action suit that was settled on June 1, 2021.

Cohort 1: Permanency in 12 months for children who enter foster care

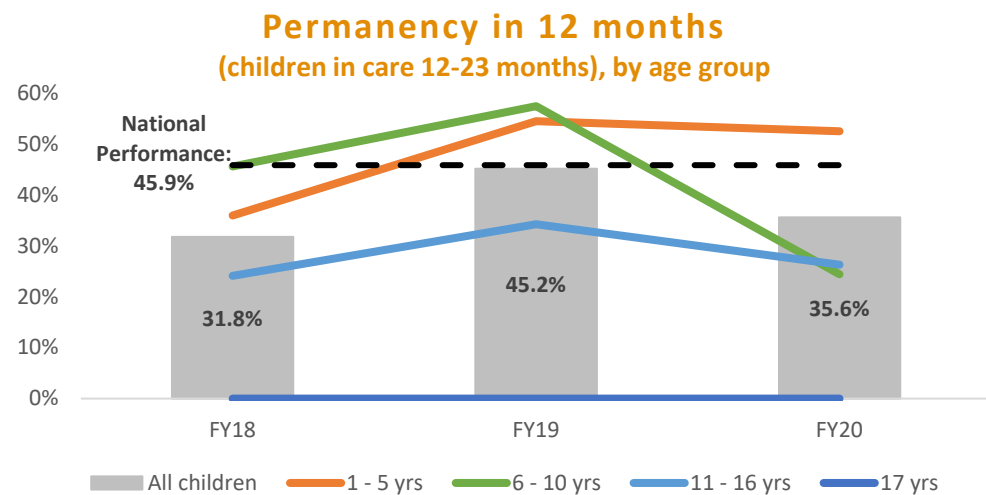
There has been **steady improvement for children ages 6-10** and **more noticeably for youth ages 11-16 who exit to permanency within 12 months of entering foster care**. There was a 10 percentage-point improvement from FY 2016 to FY 2018 for youth ages 11-16 years. Permanency was lowest for 17-year-olds (0 percent). When compared to national performance on this measure, CFSA still had room for improvement on this metric. These improvements are ongoing.



Source: Children’s Bureau Data Profile (February 2021)

Cohort 2: Permanency in 12 months for children in foster care 12-23 months

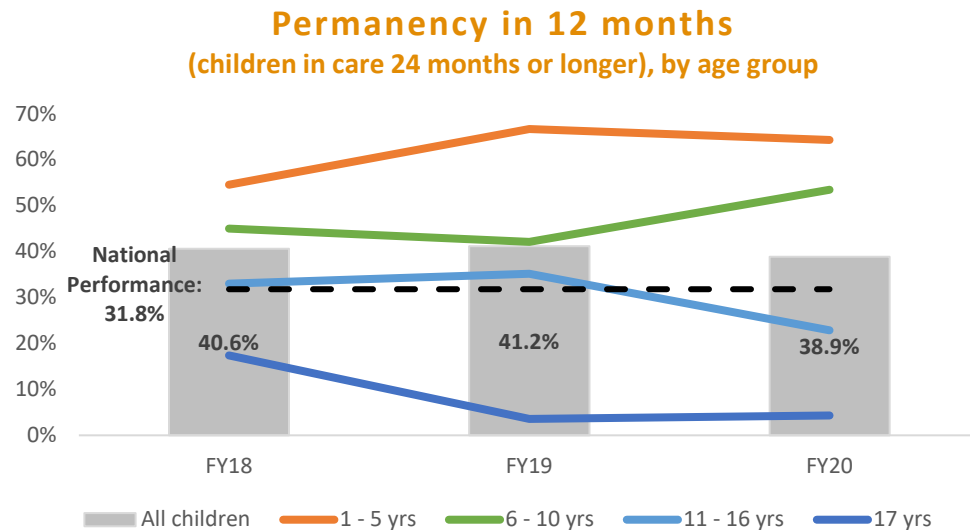
CFSA was closer to the national performance standard for permanency for the children who had been in foster care between 12-23 months. **In FY 2018, over half (52.6 percent) of young children ages 1-5 in this cohort achieved permanency**, exceeding national performance on this measure. Across the three timepoints, teens age 17 experienced the lowest permanency rates (0 percent). CFSA continues these efforts.



Source: Children’s Bureau Data Profile (February 2021)

Cohort 3: Permanency in 12 months for children in foster care 24 months or longer

CFSA exceeded the national performance for permanency in 12 months for children who had been in foster care for long periods (24 months or more). Specifically, young children ages 1-5 years-old experienced the highest rates of permanency and children ages 6-10 years-old experienced the second highest rates for permanency. Youth ages 11-16 experienced permanency similar to national permanency rates. Teens aged 17 had the lowest rate of permanency at 4.3 percent (FY 2020).



Source: Children’s Bureau Data Profile (February 2021)

Conclusion and Needs to be Considered

CFSA will use these data to assess performance shifts based on CFSA initiatives and priorities, compared to performance over time and with national performance standards. CFSA will also continue to use its permanency tracker database (see below) to identify system issues that delay achievement to permanency.

STRATEGIES FOR IMPROVING PERMANENCY

How is CFSA using data to move children to permanency more quickly?

While the exit-rate data presented above show **what** was happening with children who exited foster care, the data do not show **why** it was happening. To increase understanding of the “why,” CFSA launched the **Permanency Tracker data system** in FY 2020. The tracker is a single source of up-to-date, accessible information on the status of any individual child’s path to permanency, and the progress to permanency across all children. CFSA developed the tracking system using MicroStrategy after an Agency analysis identified **74 key milestones from removal to reunification, adoption, or guardianship**. Of these 74 milestones, only 23 percent (n=17) were accessible in CFSA’s child welfare information system (FACES). The remaining 77 percent (n=57) of the milestones was manual data held across eight different program areas.

The Permanency Tracker has enabled CFSA to combine the manual data with the electronic data in FACES, presenting a more comprehensive view of permanency practice.

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

1. **Completion of a Removal Family Team Meeting (FTM)**. This intervention, undertaken shortly after a child comes into care, is used to build early parental engagement. The information shared, and the relationships developed during the removal FTM can have significant impact on the case, especially in the early months.
2. **Completion of a 1:1 orientation**. This early meeting occurs between a member of the PEER Unit⁴⁴ and the parents or caregivers from whom a child was separated. The orientation helps the caregiver understand Agency processes and requirements, and further solidifies parental engagement as the case gets underway.
3. **Movement of a family to unsupervised visitation**. Unsupervised visitation between parents and children is a necessary precursor to reunification. This step should be taken as soon as safely possible for the family.
4. **Recommendation of a goal change to the court**. As soon as the Agency has determined that reunification is no longer a viable permanency goal, a formal goal change recommendation must be made, so that the required Ta.L.⁴⁵ Evidentiary Hearing process can be completed.
5. **The filing of an adoption petition**. For children with a goal of adoption, until a petition has been filed by the intended permanency resource, further legal progress on the case is effectively stalled.
6. **The filing of a guardianship motion**. For children with a goal of guardianship, until a motion has been filed by the intended permanency resource, further legal progress on the case is effectively stalled.
7. **The completion of the adoption or guardianship trial**. A child for whom a petition or motion has been filed cannot progress towards finalization until the trial is completed.
8. **Finalization of an adoption or guardianship by the court**. Following the trial, the Agency’s submission of a final report and the court’s issuance of a final decree are required to close the case.

Each of the above milestones has a target that was developed based on 6 months of baseline data. Using these targets as guideposts, **managers can track where individual children are “stalled” in their progress to permanency (and develop and implement case-specific**

⁴⁴ The PEER Unit (Parent Engagement, Education and Resource) comprises CFSA staff with first-hand caregiver experience with the child welfare system.

⁴⁵ See the appendix for more details on the Ta.L. hearing process.

solutions). Managers also determine where their units and teams may be struggling to make or sustain progress. In addition, the Permanency Tracker provides CFSA with the **newfound capacity to identify where delays in permanency are attributable not just to the Agency, but to the court and legal systems**, and then to use this information to advocate for the following needed adjustments:

- 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 is appropriate case-by-case. As needed, case-carrying social workers can 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.
- The Agency is actively working with the courts and other external advisers on effective responses to timeliness issues identified in the scheduling of trials and hearings, issuance of findings, and finalization of adoptions and guardianships.

Finally, the Permanency Tracker was designed and created as an iterative tool that is responsive to practice changes and needs. CFSA will continue to assess how it can best be used to promote positive permanency for children and youth in foster care.

Category	Children in Care	Avg Months in Care	Avg Months to Goal	Pending to Recommended Timeline (%)	Ready to Recommended Timeline (%)
Total Children	730	27	N/A	N/A	N/A
Reunification	343	12	N/A	12	3%
Adoption	173	44	20	5	3%
Guardianship	129	32	14	2	2%

A Permanency Goal Review Meeting (PGRM) is a brief, multi-disciplinary case review aimed at resolving barriers to permanency. Monthly PGRMs include two different types of:

- **100-Day PGRMs** review cases where a child reaches 100 days in foster care or 100 (or more) days in protective supervision.
- **Targeted PGRMs** review cases roughly every 3 months, starting when a child reaches 9 months in foster care, with specific intervals based on their permanency goal.

The PGRM data provide nuances to simple exit rates by specifying the challenges children and families face as they seek permanency. By the end of this fiscal year, reporting capacity on the case barriers and next steps discussed during PGRMs will be available for analysis. The PGRM information will then **enable more accurate decision-making about resource allocation within CFSA**, as well as **supporting a stronger advocacy agenda with sister agencies and community partners**.

CHILDREN NEEDING CHILD-SPECIFIC ADOPTION RESOURCES

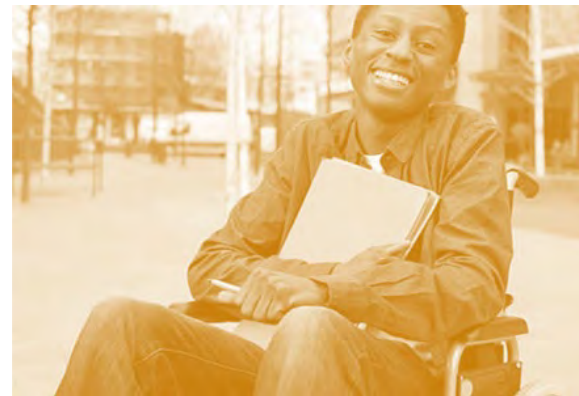
How many children with a goal of adoption have an identified adoptive resource?

In FY 2020, a total of 74 children had their goal changed to adoption. CFSA placed all 74 children in an adoptive home within 9 months of their goal change. The Adoption Recruitment Unit also conducted 10 matching and background conferences. During FY 2021 Q1-Q2, a total of 49 children had their goal changed to adoption. Of this number, 43 (88 percent) were placed in an adoptive resource home within the 9-month time frame. The Recruitment Unit provided a timely adoption plan for 100 percent of the children. The five background conferences completed thus far in FY 2021 have resulted in permanency for a sibling group of two sisters, ages 6 and 3. However, two of the background conferences for a 17-year-old and 15-year-old did not result in placement in a pre-adoptive home. Since CFSA is aware of the difficulties adopting teenagers, the Agency continues tailored recruitment for this population.

CFSA has had a long-standing partnership with the Dave Thomas Foundation for Adoption (DTFA), beginning in 2008. In October of 2020, CFSA resumed its partnership. Through the DTFA signature program, Wendy's Wonderful Kids (WWK), the Foundation supports hiring adoption professionals, known as recruiters, dedicated to finding permanent families for children in foster care who are most often overlooked, such as teenagers, children with special needs, and sibling groups. WWK recruiters work with children to ensure that each child receives the time, resources and support they deserve. Recruiters begin their search within a child's familiar circles of family, friends and neighbors before reaching out to the communities in which the children live.

The WWK recruiter also serves as a member of the child-specific recruitment team. Utilizing the Child-Focus Recruitment Model, WWK recruiters use the following strategies to locate adoptive resources for the longest-waiting children as well as older youth with the goal of APPLA (Another Planned Permanent Living Arrangement), who express a desire to have a lifelong connection and or forever family:

- Initial Child referral
- Relationship with child
- Case record review
- Diligent Searches
- Adoption Assessment Readiness
- Adoption Preparation
- Network Building
- Recruitment Plan



What are the characteristics of children needing child-specific recruitment?

As of March 31, 2021, 146 children had a goal of adoption. **Of those 146 children, 46 (32 percent) were referred for specialized recruitment.**

- 38 out of 46 (83 percent) needed a pre-adoptive home.
 - 5 out of 38 (13 percent) were pending a petition filed or signed letter of intent (LOI).
 - 1 out of 38 (3 percent) was matched to a pre-adoptive family, placement pending.
- 22 out of 46 (48 percent) had experienced at least one adoption disruption.
- 8 out of 46 (17 percent) had a petition filed or signed LOI.

Age Group	Characteristics			
	Behavioral Needs	Medically Fragile	Total # of Children	% of Children
0-5	1	2	3	6%
6-12	12	0	12	26%
13-17	24	2	26	57%
18+	4	1	5	11%
Total	41	5	46	100%

Source: Adoption Recruitment manual database

CFSA relies upon several sources to seek matches for children and youth with the goal of adoption. The following online platforms are primary resources, including CFSA’s own FosterDCKids.org website promotion:

- **AdoptUSKids.org:** AdoptUSKids is a national project that supports child welfare systems and connects children in foster care with families. CFSA uses the AdoptUSKids platform to recruit prospective resource parents. In FY 2020, CFSA received three applications through AdoptUSKids.org. Of these three recruits, CFSA licensed one pre-adoptive parent. In FY 2021 Q1-Q2, the Agency one new application but licensed two new pre-adoptive resource parents.
- **Fosterdckids.org:** CFSA recruits foster and adoptive parents through its DC Families for DC Kids program and the Fosterdckids.org website. In FY 2020, CFSA received 48 applications from prospective adoptive parents, 17 of whom the Agency licensed. In FY 2021 Q1-Q2, CFSA received 33 new applications and licensed 14.
- **AdoptionsTogether.org:** Adoptions Together is a private adoption agency that recruits adoptive parents through its Heart Gallery portrait exhibit of children in need of adoption at www.adoptionstogether.org/heart-gallery. CFSA received no new applications from the Heart Gallery between FY 2020 and FY 2021 Q2.

Referral Source	FY 2020			FY 2021 Q1-Q2		
	# expressed interest	# submitted application	# became licensed	# expressed interest	# submitted application	# became licensed
AdoptUSkids.org	18	3	1	13	1	2
Fosterdckids.org	331	48	17	152	33	14
Adoptions Together	1	0	0	0	0	0
Total	350	51	18	165	34	16

Source: Recruitment Unit Quickbase data

In addition to the above platforms, CFSA uses the following resources to match adoptive parents to children and youth with the goal of adoption:

- **Kinship Resources:** CFSA conducts case-mining and diligent searches to identify kin and other adults in the child’s life (e.g., teachers, coaches, mentors) who may be an adoptive resource.
- **Licensed Resource Families:** CFSA makes presentations to licensed resource parents who have expressed an interest in adoption and works with current resource parents to serve as pre-adoptive resources once a child’s goal changes to adoption.
- **Presentation to Mental Health Facilities and Providers:** Recruiters present to mental and behavioral health staff caring for children in their facility. As of March 31, 2021, one mental health provider is currently enrolled in the licensing process for a former youth who attended the program over a year ago.
- **Matching Events:** CFSA presents at matching events through the Metropolitan Washington Council of Governments and National Adoption Association, including providers from the District, Maryland, and Virginia.⁴⁶
- **Family Match Night:** CFSA hosts monthly events (now virtual) to present children who need a forever family. The night is themed for presentations on teens, children who are medically fragile or are diagnosed on the Autism spectrum, and sibling groups.
- **Reverse Searches:** Reverse searches allow CFSA to explore the AdoptUSKids.org national database and gather home studies of families interested in being matched with children with specific characteristics such as youth who self-identify as Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+), children and youth diagnosed as medically fragile or diagnosed with special needs, and children on the autism spectrum. The Adoption Recruitment Unit conducts reverse searches for all children requiring specialized recruitment.

⁴⁶ Metropolitan Washington Council of Governments <https://www.mwcog.org/>

Reverse searches have been a valuable tool for matching teenagers and children with special needs. As of March 31, 2021, recruiters have conducted case-mining and diligent reverse searches for 22 children. Despite identifying many potential individuals and families, 91 percent (n=20 out of 22) of the families contacted declined to move forward in the matching process. Recruiters did locate adoptive resources for two teens (9 percent). Although this percentage number can be viewed as small, the benefit of having this tool and practice has consistently contributed to finding a forever home for at least one youth with significant behavioral, mental health, and medical needs.

- **Resource Family Working Group:** CFSA has joined the Resource Family Working Group, which is a cohort of more than 15 states and counties sharing nationwide information and networking ideas and practices for increasing the efficiency and effectiveness of foster parent licensing, recruitment, and placement processes. For child-specific adoption, CFSA participates in virtual matching events with other jurisdictions and shares resources.
- **Partnerships:** CFSA partners with various DC and Maryland medical providers and hospitals to profile children diagnosed as medically fragile for potential adoptive resources. For example, CFSA's Adoption Recruitment Unit has facilitated "Lunch and Learn" activities with Kaiser Permanente, United Health, and the National Black Nurses Association. CFSA also included a child-specific spotlight in its monthly newsletter, Fostering Connections, which is distributed to resource parents. As of June 1, 2021, one health professional is currently in the home study process to provide permanency for a 13-year-old transgender female on the autism spectrum.

When matching children to a pre-adoptive home, the matching process includes a matching conference, background conference, and transition plan. Due to the COVID-19 pandemic and limitations on in-person meetings, the conferences required for the matching process are still being held virtually via Microsoft Teams and WebEx online conferencing platforms.

- **Matching Conference:** Beginning in April 2020, CFSA moved the matching conference format to virtual. When CFSA identifies a potential adoption match for a child, the home study and matching tools are collected for review. A team of professionals (the social worker, supervisor, recruitment team, and guardian ad litem) reviews both documents. If the information presented seems to indicate a good match, the adoption recruiter schedules a background conference to gather additional information. At the end of FY 2020, 170 children had the goal of adoption. Of those children, CFSA had placed 135 (79 percent) in their pre-adoptive home. However, 35 (21 percent) had no identified resource. Of those 35 children, 22 had a matching conference. As of March 31, 2021, 146 children had the goal of adoption. Of those children, CFSA has placed 118 (81 percent) in their pre-adoptive homes. For the 28 children without an adoptive resource, 14 had a matching conference. Despite multiple recruitment efforts, 14 children did not have a potential adoption match.
- **Background Conference:** The background conference assembles the child's entire team: the social worker, clinical and legal professionals, recruitment worker, current resource parent, and prospective adoptive family (along with their support team). In general, the child does not attend this conference, excepting when the adoptee is an older youth. If an age-appropriate youth is

unable to attend, the youth’s team ensures the youth’s voice is heard during the conference. The youth or child’s team presents as much child information as possible, including placement history, education, mental health, medical, recreational interests, social background, legal status, etc. After the conference, the prospective adoptive parent and the team have 2 days to decide if they want to move forward. If both agree to move forward, conference participants create a transition plan. Since COVID-19, background conferences have gone virtual. There were 12 children who benefited from the background conferences in 2020. The 12 children represent the number of background conferences held and the number of children who received a matching conference. However, some of the children required multiple matching meetings due to the team declining families they deemed would not be a good match for the children.

- **Transition Plan:** The transition plan includes an introduction of the child to the prospective adoptive parent (if they do not already know one another) as well as an outline of Agency-facilitated visits (if the child is not already living in the pre-adoptive home) and other steps to facilitate the relationship until final placement.

Conclusion and Needs to be Considered

CFSA has most of its children in need of an adoptive resource in a pre-adoptive home. Only a small percentage require a child-specific recruitment plan for an adoptive parent. At the end of FY 2021 Q2 (March 31, 2021), 79 percent (n=117) of the 146 children with a goal of adoption had a pre-adoptive resource identified or established. Twenty-one percent (n=29) still needed an adoptive resource. These children required intensive, individualized recruitment efforts due to behavioral, mental health, and medical barriers (or previous adoption disruptions). For children with these histories, the road to permanency can be challenging.

What is the rate of disruptions from guardianships and adoptions?

Each year, CFSA manages families at risk for a disrupted guardianship or adoption. Some of these disruptions are from families that achieved permanency and were finalized many years prior to the disruption.

In FY 2020, the Post Permanency Specialty Unit received 171 new referrals to support adoptive or guardianship placements. **Of the 171 referrals, one-third (n=56) were at risk for disruption.** Among the 171 referrals, 13 (8 percent) placements disrupted, seven from guardianships and six from adoptions. Three of the children and youth who experienced a disruption from guardianship had a successor or kin guardian identified with whom they were either placed upon re-entry or shortly thereafter. The remaining four did not have a successor or kin guardian identified. CFSA placed these children in a traditional foster home while their team developed a new permanency plan. For the six adoption disruptions, CFSA placed two children in Maryland foster homes. One of the children reunified with the adoptive home shortly thereafter. CFSA placed the other four children with relatives.

For FY 2021 through the second quarter, there have been 96 new referrals to support adoptive or guardianship placements. **Of the 96 referrals, one out of five children (n=20) are at risk for disruption.** There have been no youth placed in shelter care from adoption. There were four guardianship disruptions during FY 2021 Q1-Q2 with two children placed in traditional foster care and two pending successor guardianship placements.

Most post-permanency disruptions occur from guardianship.

Disruption Outcome	Guardianship		Adoption	
	FY20	FY21 Q1-Q2	FY20	FY21 Q1-Q2
Successor Placements	3	2	4	4
Guardianship/adoption terminated	4	2	2	0
Total	7	4	6	4

Source: Disruption manual data tracking

CFSA provides the following post-permanency services to support adoptive and guardianship parents prior to and during a potential disruption:

- **Permanency Specialty Unit Pre- and Post-Adoption Support.** Five social workers comprise the CFSA Permanency Specialty Unit (PSU) to provide 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 before, during, and after the family’s transition into adoption or guardianship.
- **Family Works Together** (formerly known as the Post Permanency Family Center). CFSA contracts with this agency to provide therapy to children and families before adoption (adoption readiness) and for additional support after the adoption is finalized.
- **Guardianship and Adoption Subsidies.** To ease the potential financial challenges that may come with welcoming a new child or sibling group into the home, CFSA provides adoption and guardianship subsidies, including coverage of certain non-recurring adoption or guardianship costs (as specific needs arise).

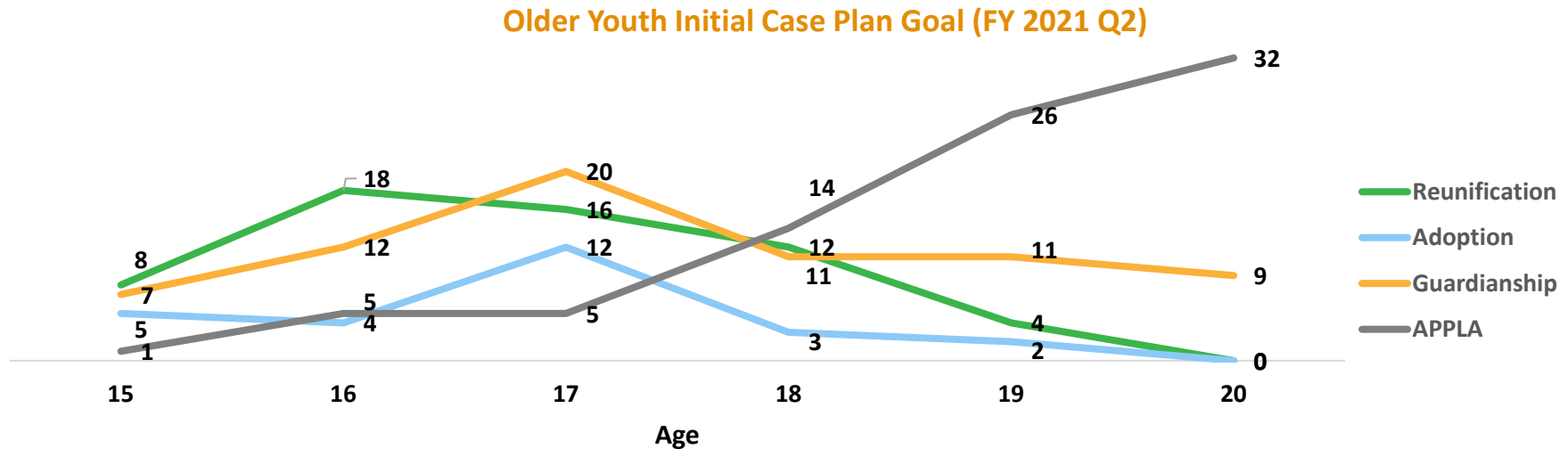
Conclusion and Needs to be Considered

More disruptions occur on guardianship cases than adoption cases. To determine resource needs, CFSA needs to analyze further the potential precipitating reasons for the disruptions, including the length of time from initial placement to the disruption. For all disruption cases that get referred to the Post-Permanency Unit, a revised tracking tool needs to be developed for better analysis and determination of services being requested, the level of service provision, and the results. In addition, CFSA will be developing tracking components through the federally required Comprehensive Child Welfare Information System in order to more fully understand both common and stand-out precipitating factors for disruptions.

What are the case plan goals of older youth?

As of March 31, 2021, there were 237 youth ages 15 and older in foster care with the following goals:

Of the 237 youth, ages 15-20, 56 percent (n=133) entered foster care as teenagers. Social workers documented the following initial case plan goals for those youth:



Source: FACES management report CMT366

SERVICES FOR OLDER YOUTH AND YOUTH AGING OUT OF FOSTER CARE

CFSA provides several specialized services to support older youth and youth who are aging out of foster care. These services include but are not limited to an evidence-based practice for disengaged youth, aftercare services for youth ages 21 to 23 years old, and housing referral supports. The Agency's Office of Youth Empowerment (OYE) initiates services by providing direct case management and concurrent permanency and transition planning services for youth in foster care, aged 15-20. OYE works to achieve permanence for these older youth while at the same time providing life skills training, vocational and educational support, and transitional assistance. OYE staff further encourages youth to establish informal but committed relationships with safe, caring adults willing to act in a mentoring or parental capacity following a youth's exit from foster care. As a last resort, if an older youth must exit foster care without an established reunification, adoption, or guardianship goal, then the youth's team supports them as they actively prepare for adulthood with lifelong connections.



Check & Connect: The Agency provides direct and targeted support services for educationally at-risk youth through the evidence-based Check & Connect intervention program. Post-secondary support services are provided to 11th and 12th grade students as needed to ensure they graduate from high school and develop a post-secondary plan. A total of 62 foster youth in Grades 8-12 participated in the Check & Connect program during the 2020-2021 school year.



OYE Enrichment Bootcamp: This day program serves CFSA youth in foster care who are temporarily unable to attend school due to suspension, placement disruption, or a school enrollment change. Youth in the program keep up with school assignments and receive academic support. In FY 2020, OYE received 80 referrals for the Enrichment Bootcamp. Of these referrals, 14 percent (n=11) were due to school enrollment or disruption issues, 25 percent (n=20) were due to placement disruption or new removals, and 61 percent (n=49) were due to school suspensions. Youth with previous referrals accounted for 59 percent (n=47) of the total number of referrals.

Due to the COVID-19 pandemic, OYE suspended the Enrichment Bootcamp. At present, OYE has not determined whether to resume this in-person program and, if so, in what format. CFSA has, however, identified other opportunities such as the SEE (School Education and Engagement) Network Hubs (see below) as alternate means to support youth with educational challenges.



School Education & Engagement Network (SEE Program): The children and families in the District of Columbia Public Schools (DCPS) system have experienced and continue to experience a major change to their schooling services due to the COVID-19 pandemic. DCPS and most charter and private schools provided virtual learning during the school year (SY) 2020-2021. To mitigate the educational risks facing children and youth, DCPS implemented the SEE Program for helping students stay up-to-date on their developmental, educational and socialization needs. Although the SEE Program is optional, those who participate do benefit from a network of small satellite hubs led by resource parents (network educators). Participation hence relieves foster parents from being the only facilitators of learning for the children in their care. CFSA currently has two operational hubs for students ages 5-8 and 14-18. The SEE Program has served a total of eight families since October 2020 but received inquiries from nearly 30 families. The SEE Program ended on June 24, 2021 after the mayor announced the pending end of the public health emergency and DCPS prepared families to return to in-person learning.



CFSA Matched Savings Program: The OYE Matched Savings Program offers youth (ages 15-20) the opportunity to participate in a matched savings and financial literacy program where every dollar saved is matched by the Capital Area Asset Builders (CAAB). The matched funds are capped at \$1,000 per year. Youth can transition out of care with up to \$12,000 to purchase a vehicle or to pay for housing, education, or entrepreneurial endeavors. CFSA's capacity allows for meeting the needs of 100 participants at any given time. In FY 2020, 122 youth utilized this service; 111 youth have used the service through FY 2021 Q2.



College Tours: Group, community-based, and individual tours of colleges and universities expose youth to college life and academics, and help youth determine the best fit for their post-secondary education. Six youth went on college tours in FY 2020. In FY 2021, youth received virtual college tours due to the COVID-19 pandemic.



College Preparation: This service helps youth explore post-secondary educational options and high demand employment fields. In FY 2020, there were 121 youth who utilized this service. By FY 2021 Q2, 94 youth had used the service. Due to the pandemic, youth participated in virtual workshops for preparedness and supports. In FY 2020, there were 48 youth enrolled in college, eight of whom enrolled as first-time freshmen. In FY 2021, of the 43 youth who were enrolled in college, 10 enrolled as first-time freshmen.



Career Preparation: OYE supports youth preparation for vocational training, internships, and employment. In FY 2020, 32 youth utilized this service while in FY 2021, 54 youth used the service. OYE continues to receive youth referrals, offering interactive work experiences in the form of paid internships. In FY 2020, 21 youth participated in paid internships and by FY 2021 Q2, there were 12 youth participants in paid internships.



College Connect 4 Success: This purpose of this workshop is to provide students attending college with academic and professional development skill sets. The workshop allows youth to dialogue directly with a variety of college representatives (i.e., academic advisors, financial aid representatives, TRIO program counselors,⁴⁷ etc.). Due to the COVID-19 pandemic, youth received virtual guidance and information through monthly “educational power hours” to help support their vision of academic success. This virtual outreach resulted in an unprecedented participation rate of 84 youth throughout FY 2020. By FY 2021 Q2, 20 youth had participated in these virtual workshops.



Youth Recognition Ceremony: OYE sponsors an annual ceremony to recognize the educational and vocational accomplishments of CFSA youth in foster care. In FY 2020, OYE held a virtual recognition ceremony with 71 youth attendees and 75 youth recognitions. The Youth Recognition Ceremony usually occurs in the month of July. However, in 2021, the ceremony was held in August with 68 youth participants in attendance.



The Credible Messenger Initiative: This mentoring program utilizes a curriculum of group mentoring sessions, based on the following Seven Pillars representing the essential foundation for developing a sense of self-worth: Pillar One: My Life Matters, Pillar Two: The Act of Forgiveness, Pillar Three: My Word is My Bond, Pillar Four: My Family is My All, Pillar Five: The Impact of Absence, Pillar Six: The Power of the Tongue, Pillar Seven: What Love Looks Like. The Credible Messenger initiative began in February 2021 with an intake process through the youth’s social work team, an orientation for the youth, and weekly updates

⁴⁷ TRIO programs are federal outreach and student services programs designed to identify and provide services for low-income individuals, first-generation college students, and individuals with disabilities to succeed along the academic continuum from middle school to post-secondary education.

provided to the team. The Credible Messenger mentors are neighborhood leaders and trauma-informed individuals with relevant life experiences, including youth advocacy, whose role is to help and establish significant relationships with their mentees. By FY 2021 Q2, Credible Messengers had served 12 youth by providing mentorship and guidance concerning the decision-making process. The Credible Messengers have been assigned to some of the most challenging youth to help decrease maladaptive behaviors, increase life skills and allow youth to participate in positive community experiences. During the COVID-19 pandemic, Credible Messengers ensured that youth participated in social activities like bike riding, visiting local parks and having outdoor meals. The program has been impactful and CFSA has been able to double the capacity of youth served since the program's inception.



Youth Council: Established in February 2020, the Youth Council is a peer-to-peer opportunity for youth currently in foster care to meet with other youth and vocalize their experiences, needs and concerns while in the foster care system. Youth on the council also engage in activities that can enhance positive coping skills and creativity, e.g., participation in community activities as well as educational workshops. There are currently 25 youth on the council.



Youth Villages LifeSet: The Lifeset program assists youth with meeting their independence goals in preparation for successfully transitioning out of care. Key areas of focus include employment, education, mental health, financial literacy, parenting resources, safety planning and effective communication. LifeSet incorporates intensive goal planning where a LifeSet specialist meets with individual youth once weekly. The LifeSet program served 43 participants in FY 2020 and 41 participants through FY 2021 Q2.



EVIDENCE-BASED PRACTICE FOR DISENGAGED YOUTH – YOUTH VILLAGES MODEL

In April 2019, through a partnership with Youth Villages, CFSA launched the LifeSet Program. Using evidence-based practices, LifeSet replaced the Career Pathways Unit as OYE’s vocational and life skills service delivery model. The LifeSet Unit focuses on providing one-on-one intensive support to youth to assist them in achieving their individual defined goals. LifeSet specialists meet with participants at least once a week and are readily available to help the youth. The goal is to have highly individualized services in the youth’s natural environment, including the home, place of employment, and community. The unit consists of one supervisor and four specialists. The program has key program indicators, tracking positive outcomes monthly in the following areas: education, employment, reduction in legal involvement, length of time in the program, housing stability, and staff caseload. Participants also work on developing positive coping and healthy emotional regulation skills.

A review of the data shows an average program participation rate of 28 youth, an average caseload of eight, and an average length of stay in the program of 214 days. The LifeSet Unit has a capacity to serve 32 youth at a given time. Youth typically participate in the program for 6 to 12 months, based on their needs. Between April 2019 and March 31, 2021, the LifeSet program served 94 youth.

Measure	FY20: 24 discharged youth	FY21 Q2: 22 discharged youth
Education advancement	84%	44%
Obtained employment	37%	26%
Reduction in legal involvement	100%	100%
Length of time in program	226 days on average	205 days on average
Housing stability upon discharge	100%	87%
Average staff caseloads	7 youth per staff	6 youth per staff

Source: OYE manual data

Conclusion and Needs to be Considered

OYE’s focal point is to ensure youth have access to life skills while receiving age-appropriate support in foster care. By ensuring that staff are trained in and understand adolescent development, CFSA tailors youth services under key domains, including education, housing, mentoring, financial literacy, and aftercare services. Specifically, OYE case management supports such youth programs as the Youth Council, LifeSet, Making Money Grow, and the Matched Savings program. Each of these services offer and encourage development of the necessary skills required for youth to become successful young adults. Utilizing youth surveys and analyzing program outcome data, CFSA has continued over FY 2020 and FY 2021 to improve the overall foster care experience of older youth. In particular, Youth Villages (YV) conducted a 6-month review of CFSA’s LifeSet program in May 2021, measuring several different benchmarks to determine overall fidelity

to the program model. Voluntary surveys showed that youth feel heard, respected, and productive as participants in the program. Youth also reported feeling a strong rapport with their assigned LifeSet specialist. Paired with their weekly sessions, LifeSet specialists have helped participating youth with the progression of identified goals and mitigation or removal of barriers to those goals.

The Agency continues to pursue improvements in the areas of youth workforce development and educational supports for youth. The Check & Connect Model, for example, continues to help youth address educational vulnerabilities or higher rates of academic deficiencies. Check & Connect also encourages dedicated and ongoing partnerships with schools, resource parents, and community resources.

For older youth preparing to enter employment directly out of high school, workforce development is an essential goal. However, CFSA has identified a gap for career preparation and available employment supports for youth. The Agency will continue to explore formalized programming in this area to close the gap and allow all youth the opportunity to receive the necessary supports to prepare them for entering the workforce. CFSA is currently working with the District's Department of Employment Services (DOES), including co-located DOES staff to streamline connectivity to vocational training and employment resources, career preparation and employment supports, and realignment of the service delivery process for older youth.

What aftercare services are available to youth?

The in-house aftercare program connects older youth exiting the foster care system to an OYE resource development specialist (RDS) who helps the youth create an individualized transition plan for accessing community supports and services needed for adulthood. There are two full-time aftercare OYE RDS staff with an average caseload of 30-35 youth. Youth in foster care are eligible for aftercare services up to age 23 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 already connected to housing and case management supports through the Department on Disability Services, the Department of Behavioral Health, or a transitional housing program. Additionally, youth are ineligible if they run away, are 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 the 21 JumpStart review. This process, which is initiated 6 months before the youth's 21st birthday, includes assignment of the RDS to welcome and guide the youth throughout the program. The aftercare program provides both individual and group opportunities for participation in the following supports:

- Accessing Public Services and Benefits
- Budget and Financial Management
- Education and Vocational Training Preparation
- Housing Assistance
- Life Skills Development
- Medical and Mental Health Support
- Transportation Stipends
- Limited Emergency Support
- Employment Assistance

The 21 JumpStart reviews are also “quality assurance meetings” to confirm realistic transition planning and resolution of any barriers to a successful transition. While the 21 JumpStart reviews are a one-time occurrence, the youth transition planning (YTP) meetings occur on an ongoing basis. If the youth is connected with the LifeSet program, OYE invites the LifeSet specialist to the 21 JumpStart reviews as well as the YTP meetings to assist with goal accomplishment.

What is the aftercare participation for youth who have aged out of foster care?

In FY 2020, 68 youth were enrolled in the aftercare program; 24 transitioned youth actively participated in the OYE in-house aftercare program. In FY 2021 Q1, 77 youth were enrolled and 30 actively participated. In FY 2021 Q2, 83 were enrolled and 25 actively participated.

“Active participation” includes meeting monthly (at a minimum) with the assigned RDS, and intentionally engaging in youth-driven discussions regarding service needs for housing, education, employment, finance, parenting, medical health, and mental health. For those youth who are not participating, OYE uses regular email and telephone contact to try and engage them. Youth remain eligible for the program up to age 23. As referenced earlier, it will take time to see the full impact of the COVID-19 pandemic on the older youth population and participation in services. While there is no waitlist for aftercare services, OYE data indicates the number of participating youth is increasing.

Of the 24 youth who participated in the aftercare program in September 2020, youth had the following status:

- **Housing:** 14 youth had permanent housing, three had temporary housing and five had unstable housing
- **Employment:** 10 youth had full-time employment, six had part-time and five were unemployed
- **Education or Vocational Programs:** three were enrolled, seven had completed

Of the 25 youth who participated in the aftercare program through March 2021, youth had the following status:

- **Housing:** 16 youth had permanent housing, four had temporary housing and five had unstable housing
- **Employment:** 16 youth had full-time employment, four had part-time and five were unemployed
- **Education or Vocational Programs:** three youth were attending vocational programs

What housing resources are available for youth who have aged out of the child welfare system?

CFSA provides a variety of housing resources for older youth. Section 1: The Front Door (Prevention through Concrete Supports) provides more detail, but the following supports highlight the most commonly used services.

- **Rapid Housing Assistance Program (RHAP).** RHAP provides funding to support eligible youth through age 23. To be eligible, youth must be employed or have consistent income that would allow residency in the housing of their choice. RHAP is also available to youth attending college full time who have at least a 2.0 grade point average, as well as youth attending college part-time who are employed at least part-time and residing off campus. In FY 2020, 22 of the 24 youth who applied were approved for rapid housing. As of FY 2021 Q2, 13 youth were approved.
- **Family Unification Program (FUP) Vouchers.** With access to specially allocated federal housing vouchers for CFSA families in need of housing assistance, CFSA partners with the DC Housing Authority to administer the FUP vouchers. The FUP vouchers also provide semi-permanent housing to youth who are aging out from foster care and are between the ages of 18-24 and classified as homeless. The vouchers do not exceed 36 months. In FY 2020, one youth applied for and was approved for a FUP. As of FY 2021 Q2, six youth were approved.
- **Wayne Place Project.** Wayne Place is an innovative model established through CFSA's partnership with the Department of Behavioral Health. The project prevents homelessness by supporting the housing needs of young men and women ages 18-24. Residents receive educational and job support, money management, and other life skills. In FY 2020, Wayne Place served 22 youth; in FY 2021 Q1-Q2, Wayne Place served 15 youth. There are currently nine vacancies.



How many youth remained in foster care due to the COVID-19 pandemic?

In response to the federal Consolidated Appropriations Act of 2020 amidst the COVID-19 pandemic, CFSA has been able to extend foster care resources to young adults up to age 27. During FY 2021 Q1-Q2, 26 youth opted to remain in foster care as a result of the extension. All 26 youth continue to benefit from an assigned ongoing social worker and full case management resources, including housing, mental health, vocational, education, and financial supports.

Conclusion and Needs to be Considered

CFSA's process for determining a youth's eligibility for aftercare services is the 21 JumpStart review. This meeting occurs for all youth in foster care who have reached age 20.5. After identifying eligibility for the youth, the aftercare specialist and youth begin building their relationship to ensure a viable transition plan, and overall support prior to the youth's exit from care. The aftercare program does not have a waiting list and youth are able to access services up to age 23. If not referred prior to aging out of the foster care system, youth can refer themselves to the aftercare program post-transition and still receive services up to age 23.



APPENDIX

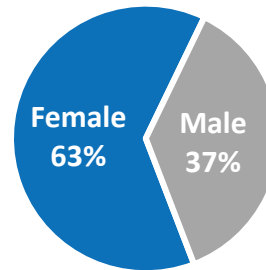
APPENDIX: NARROWING THE FRONT DOOR

FAMILY FIRST DEMOGRAPHICS AND DATA COLLECTION IMPROVEMENT EFFORTS

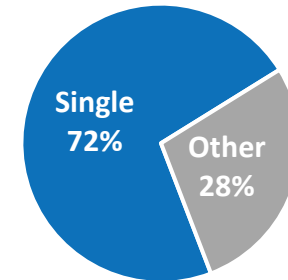
Data collected in March 2021 showed that 63 percent of all new participants in the first and second quarters (Q1-Q2) of fiscal year (FY) 2021 identified as female. Single individuals accounted for 72 percent of all new participants. Nine out of ten new participants identified as African American or Black. More than half of all new participants reported that they were unemployed. Lastly, only 13 percent of all new participants had a college degree.⁴⁸

Family First Demographics FY 2021 Q1-Q2

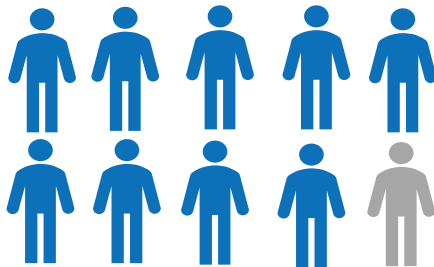
6 in 10 new participants identified as female



Single individuals accounted for 72% of participants



9 in 10 new participants identified as African-American/Black



More than half of new participants were unemployed



13% of new participants had a college degree



⁴⁸ Source: FFDC Monthly Analytics Reports (MARs).

While families who participated in one-time events were not originally captured in the data shared with CFSA, the Families First DC (FFDC) grantees are now in a better position to collect and incorporate that data into their monthly reports.⁴⁹ Regular one-on-one meetings, the introduction of a revised data reporting template designed in conjunction with Harvard’s Government Performance Lab (GPL),⁵⁰ and the grantees’ intentional effort to collect information during one-time events played a pivotal role in improving the quality of the data shared with CFSA.

To improve the quality of services facilitated through the Community Partnerships Administration, CFSA instituted a monthly continuous quality improvement (CQI) process that includes the following five steps: (1) data collection, (2) analysis, (3) one-on-one meetings with service providers, (4) monthly reports, and (5) interventions. In FY 2021 CFSA standardized the data collection processes and data elements across all primary prevention contracts and grants, including FFDC and Community-Based Child Abuse Prevention (CBCAP) grantees. FFDC grantees had already established a standardized intake form, also known as the Welcome Form, and standardized reporting templates. These innovations were introduced to CBCAP service providers gradually throughout FY 2021. As of July 15, 2021, all CBCAP and FFDC Grantees share identical intake forms and nearly identical data reporting templates. Further efforts are needed to standardize CFSA’s data collection requirements beyond FFDC and CBCAP.

HEALTHY FAMILIES AMERICA/PARENTS AS TEACHER REFERRALS

Family First Prevention Services reporting for the period of FY 2020 and FY 2021 shifted in FY 2021 Q1, due to a better understanding of data comparisons to FY 2020. As a result, indicators tracked and reported on are now more comprehensive and detailed. For example, in FY 2020, referrals were submitted for either the Parents as Teachers (PAT) home visitation program or the Healthy Families America (HFA) home visitation program. However, it was Mary’s Center which ultimately decided which home visitation program was most appropriate for each family. Based on the FY 2021 data, CFSA is currently able to separate out referrals between the two programs. In contrast, referrals to PAT and HFA in FY 2020 were aggregated. See FY 2020 HFA/PAT data captured below in the overall Prevention services table, year-to-date (YTD).



⁴⁹ Further efforts are still required to capture demographic data on families who participate in one-time events. CFSA continues to reiterate that all families served by the Family Success Centers should have an opportunity to complete the FFDC intake form, also known as “Welcome Form.” In practice, however, demographic information is rarely captured by grantees during one-off events.

⁵⁰ GPL conducts research on how governments can improve the results they achieve for their citizens and make more rapid progress in addressing challenging social problems. The FFDC applied for a pilot partnership with GPL and was awarded active contract management with the Family Success Center Network. The contract management involved reviewing data with providers, figuring out what the data reveals about service delivery and taking actions aimed at improving results. As a result of participating in the GPL partnership, FFDC developed dashboard metrics that increased continuous quality improvement and robust, concrete action steps.

HFA/PAT Referral Outcomes FY 2021 Q1-Q2

FY 2021 Mid-Year HFA/PAT (Quarter 1 – Quarter 2)	HFA	PAT	Grand Total
Program's Expected Duration	60 months		
Number of Referrals (YTD)	34	27	61
Number of referrals rejected or withdrawn (YTD)	22	12	34
# Rejected due to eligibility criteria (YTD)	2	1	3
# Rejected due to families' unresponsiveness (YTD)	3	0	3
# Refused by family/withdrawn (YTD)	11	8	19
# No reasons provided in Quickbase/Community Portal	6	3	9
Pending Referrals	9	13	22
Waitlisted Referrals	0	0	0
Referrals 30 days + pending	3	12	15
New FY 2021 Families Served, Services Started This fiscal year (YTD)	3	2	5
Rollover Families from previous fiscal years*	41		41
Total # of families served this fiscal year (new + rollover, YTD)	46		46
Families served last month (March 2021 only)*	46		46

* The families served includes rollover families from FY 2020.

PREVENTION SERVICES REFERRAL DATA

FY 2020 – FY 2021 (Q2) Services and Interventions Families Referred and Served

Service/ Intervention	Vendor/ Provider	FY20 # of Families Referred	FY20 # of Families Served	FY21 # of Families Referred	FY21 # of Families Served	Average Length of Stay
Parent Education & Supportive Services	Collaborative Solutions for Communities	76	66	33	19	15 Weeks
	East River Family Strengthening Collaborative	145	87	37	27	15 Weeks
Parent and Adolescent Support Services	Department of Human Services	114	76	21	60	3-6 Months
Family Peer Coaches	Community Connections	62	58	5	33	2-4 Months
YVLifeset	DC Child and Family Services Agency	60	61	25	21	7-9 months
Transition to Independence (TIP)	Department of Behavioral Health	6	0	0	0	18-months
Adolescent Community Reinforcement Approach (A-CRA)	Department of Behavioral Health	7	0	N/A	N/A	3-6 Months
Multi-Systemic Therapy (MST)	Department of Behavioral Health	8	1	2	0	4-6 months
Trauma-Focused Cognitive Behavioral Therapy	Department of Behavioral Health	36	3	8	0	3-6 months
Parent Child Interaction Therapy (PCIT)	Department of Behavioral Health	8	1	2	0	3-6 months
Neighborhood Legal Services	Neighborhood Legal Services	147	*	36	53	N/A
HFA/PAT	Mary's Center	183	24	34	11	60 months
Total		910	*	219	262	

* The count for Neighborhood Legal Services Program (NLSP) families served in FY 2020 was not fully resolved during the reporting period as CFSA learned that the terms and definitions for being served may not fully capture the work of the partner organization. CFSA resolved the discrepancy in FY 2021 through business process meetings held for that purpose.

CONCRETE SERVICES

Flex Fund Data by Type, FY 2020 & FY 2021 Q1-Q2

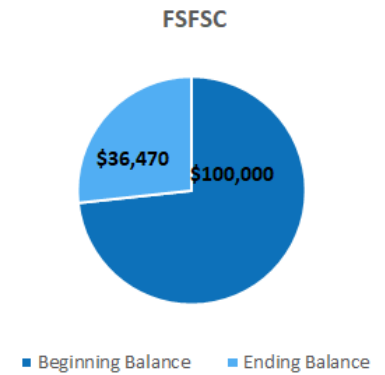
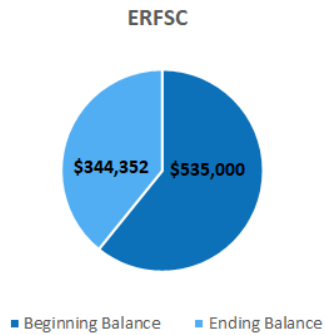
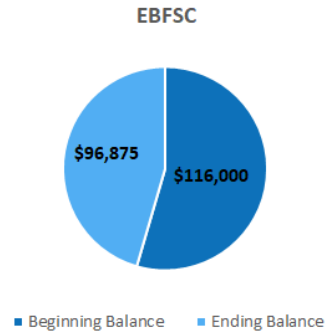
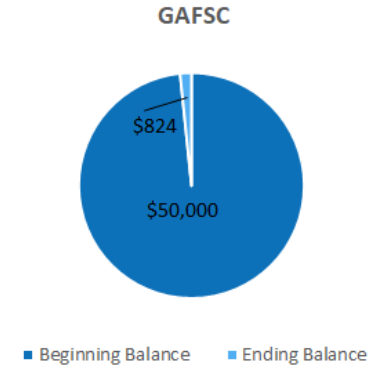
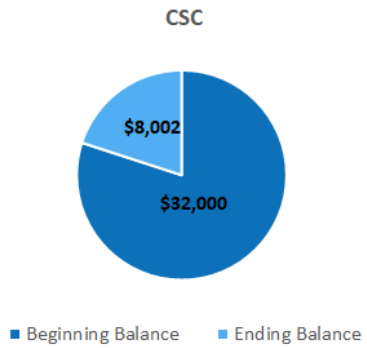
FY 2020	CFSA Family Involved	Community Involved	CPS Families	Emergency Housing	Supportive Services	Kinship	Total
Q1	\$16,508	\$12,284		\$14,632	\$8,253	\$4,200	\$55,877
Q2	\$75,784	\$10,738	\$3,334	\$10,268	\$7,412	\$8,792	\$116,329
Q3	\$34,733	\$13,853		\$1,412	\$2,014	\$13,514	\$65,526
Q4	\$38,019	\$52,426			\$3,057	\$15,242	\$108,746
Total	\$165,044	\$89,301	\$3,334	\$26,312	\$20,736	\$41,748	\$346,477

FY 2021	CFSA Family Involved	Community Involved	CPS Families	Emergency Housing	Supportive Services	Kinship	Total
Q1	\$20,167	\$19,108			\$13,442	\$13,508	\$66,225
Q2	\$10,217	\$29,942	\$2,607	\$3,883	\$4,636	\$4,750	\$56,035
Total	\$30,384	\$49,050	\$2,607	\$3,883	\$18,078	\$18,258	\$122,260

Flex Fund Usage by Collaborative, FY 2020

Flex Fund Type	CSC	EBFSC	ERFSC	FSFSC	GAFSC	Total
Beginning Balance	\$32,000	\$116,000	\$535,000	\$100,000	\$50,000	\$833,000
CFSA Family Involved	\$3,566	\$14,424	\$92,383	\$40,975	\$13,696	\$165,044
Community Family Request	\$14,401	\$4,701	\$24,614	\$16,961	\$28,624	\$89,301
Emergency Housing			\$26,312			\$26,312
Supportive Services	\$6,031		\$2,257	\$5,594	\$6,856	\$20,738
CPS Family			\$3,334			\$3,334
Kinship			\$41,748			\$41,748
FY 2020 Grand Total (Total Spent YTD)	\$23,99	\$19,125	\$190,648	\$63,530	\$49,176	\$346,477
FY20 Grand Total (Ending Balance)	\$8,002	\$96,875	\$344,352	\$36,470	\$824	\$486,523

Flex Funds Usage by Collaborative, FY 2020



UPDATES TO HOUSING APPLICATIONS PROCESS IN FY 2021

Starting in FY 2021, CFSA's Community Partnerships Administration (CP) implemented a new process to streamline assistance requests. To increase efficient provision of timely housing support recommendations and updates on behalf of youth and families referred by social workers, the Community Partnership instituted a new Housing Review Committee (HRC) process comprising CP staff and the leadership of each case-carrying administration within the Agency. As a panel of leaders, the HRC membership listens to and reviews the needs of each individual youth and family's case in order to make immediate recommendations about the best-fit resources to meet those needs. This process has reduced the back and forth over email between social workers and administrative staff while also giving social workers an active voice in advocating for resources. The HRC also addresses and captures real-time housing barriers for youth and families as presented by social workers and designees of the respective administration. Held weekly, each administration convenes special HRC meetings on housing supports that are time sensitive in nature. Efforts remain ongoing by CP and the other partner administrations to refine and make the process as efficient as possible.

GRANDPARENT CAREGIVERS PROGRAM HISTORY AND DEMOGRAPHICS

D.C. legislation established the initial pilot of the Grandparent Caregivers Program (GCP) in 2005 (D.C. Law 16–69; D.C. Official Code § 4–251.02 *et seq.*). The FY 2010 Budget Support Act of 2009 transitioned the program from pilot status to the current, permanent GCP. CFSA has served as the GCP administrator since 2006.

In 2015, CFSA proposed a revision to the original GCP legislation to allow for subsidy transfers in the event that a caregiver becomes unable to provide appropriate care to a child due to death or failing health (mental or physical). Under the GCP Relative Subsidy Transfer Amendment Act of 2015 (*D.C. Law 21–40; D.C. Official Code § 4–251.03a*), CFSA may now transfer a subsidy to a relative caregiver who is not a biological grandparent or great aunt or uncle. This change to the subsidy distribution process helps to ensure that children maintain stability while remaining safely in the care of relatives with whom they already have established bonds. Such a transfer also mitigates the potential risk for a child to enter foster care. Table 5 provides an overview of GCP program funding, applications, awarded subsidies, reapplications, etc. for calendar years (CY) 2018-2020.

GCP Statistics

	CY 2018	CY 2019	CY 2020
Program funding (subsidy portion)	\$5.8M ⁵¹	\$5.8M	\$5.8M ⁵²
New applications received (from families)	111	119	64
New subsidies awarded (to children)	129	98	33
Reapplications received (from existing families)	11	10	2
Reapplication subsidies awarded (to children)	15	14	0
Children receiving both GCP and Temporary Assistance for Needy Families (TANF) at End of Year	667	654	633
Total number of children who received subsidy in the calendar year	900	905	844
Denials due to ineligibility	10	5	2
Denials due to funding (applications on the waiting list at End of Year)	0	54 ⁵³	68 ⁵⁴
Subsidies transferred to new caregivers	1	2	0
Subsidies terminated by program or caregiver	101 ⁵⁵	82 ⁵⁶	59 ⁵⁷
Substantiated instances of fraud	0	0	0
Children removed from household while receiving subsidy	4 ⁵⁸	0	0
Monthly average of children (families) served	774 (506)	806 (516)	801 (510)

⁵¹ Number of children and youth receiving a subsidy increased. In response, D.C. Council approved an increase to the GCP subsidy budget for FY 2018 to expand and support family stability and child well-being.

⁵² In FY 2020, an additional \$600k was added to the budget to enroll new families on the waitlist.

⁵³ These families were on the waitlist at year's end.

⁵⁴ These families were also on waitlist at year's end, but this number includes both those that had and those that had not submitted applications.

⁵⁵ The number includes cases of youth aging out for that fiscal year, providers' requests for the youth to be re-placed, and providers who no longer qualified for the program.

⁵⁶ Ibid

⁵⁷ Ibid

⁵⁸ The number reflects one family with four children separated from the family of origin in CY 2018 while the family was still receiving the subsidy. CFSA placed the four children in foster care after the Agency substantiated the caregivers for abuse and neglect.

A full subsidy payment (without offsets⁵⁹) is \$24.79 per day for children younger than age 12 and \$27.92 per day for children older than 12. During CY 2020, a participant in the GCP could expect to receive an average daily rate of \$19.83 per child or an average 30-day month rate of \$594.90 per child. This same amount is consistent with the 2012 average rates but up from the 2011 average daily rate of \$14.96 per child or an average 30-day month rate of \$448.80 per child.⁶⁰ The current average number of children per family participating in the program is two, and the current average age of children in the program is 10.

Families participating in the GCP have four primary caregiver types: grandmothers, grandfathers, great aunts, and great uncles. The majority of heads of household are grandmothers at 445 (89 percent). The total number across all caregivers is 501.

Grandparent Caregiver Program Recipients by Caregiver Type, CY 2020

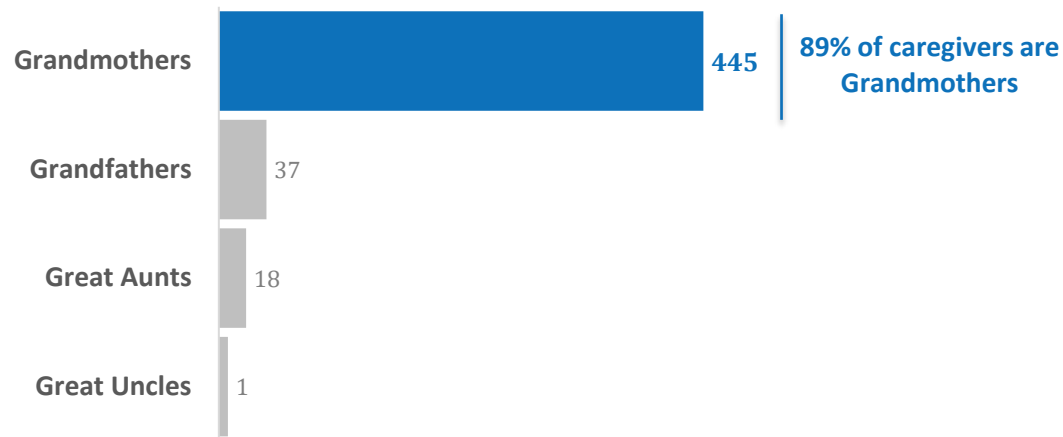


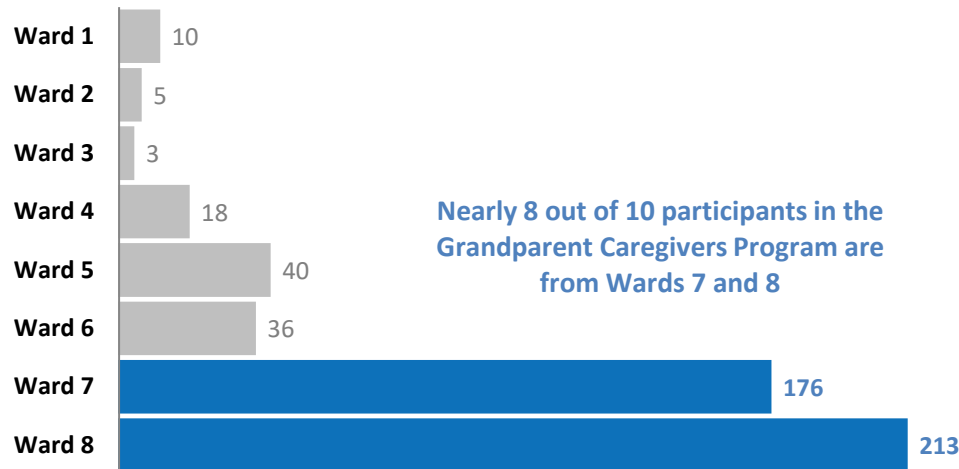
Figure 1 Caregivers by Relationship, Source: Annual Status Report 202

Currently, Wards 7 and 8 represent the largest percentage of families participating in GCP. Ward 7 is home to 176 families (35 percent) while Ward 8 has 213 families (43 percent). The total number of caregivers across all Wards is 501.

⁵⁹Caregivers were not receiving other government subsidies for the child (e.g., Temporary Assistance for Needy Families, or Supplementary Security Income).

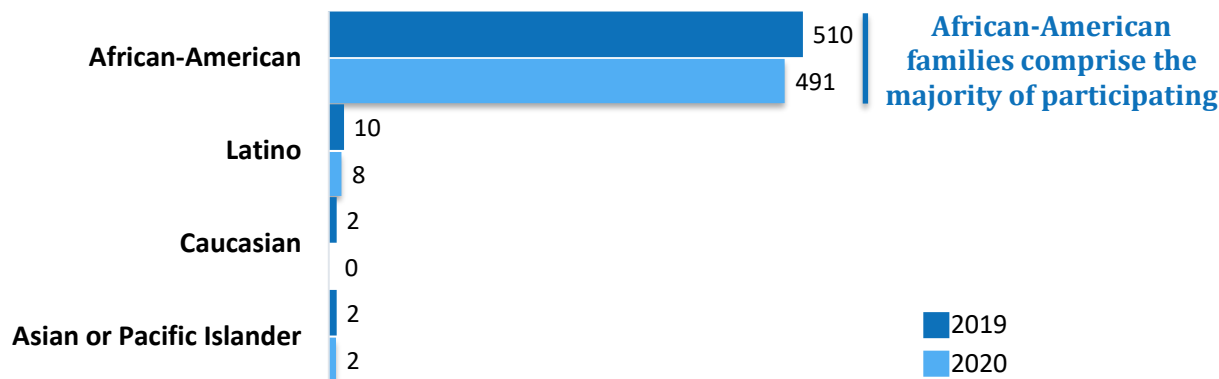
⁶⁰The rate has remained the same since 2012.

Grandparent Caregiver Program Recipients by Ward of Residence, CY 2020



Most households in GCP are African American families, but the program also serves a small percentage of Latino and Caucasian families. In CY 2019, African Americans accounted for 97 percent (n=510) of the GCP subsidy recipients. Latino accounted for 2 percent (n=10) while Caucasians and Asian or Pacific Islanders each accounted for .5 percent (n=2). In CY 2020, the number of caregivers for African American families decreased by 19 while both Latino and Caucasian families decreased by two from 2019.

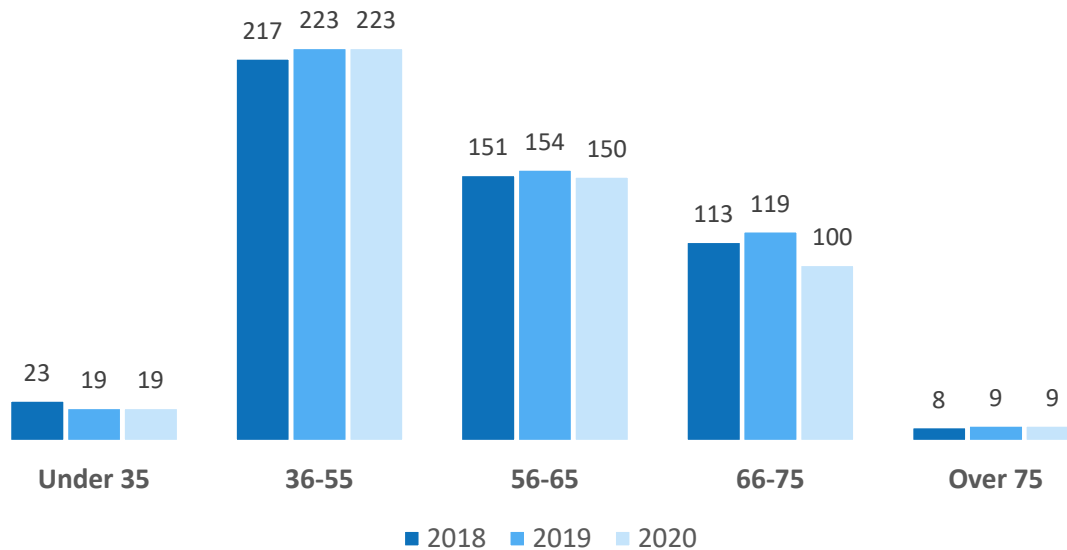
Grandparent Caregiver Program Recipients by Race/Ethnicity, CY 2019 & CY 2020



Caregivers in the program vary significantly in age. The majority of the caregivers are age 65 and under. Of the 501 caregivers in CY 2020, 242 (48 percent) were 55 years old and younger. The median age of GCP caregivers was 49. This age was consistent with the median age range for 2019. This consistency could be attributed to the steady rate of caregivers between ages 36-55 in 2020.

Grandparent Caregiver Program Recipients by Age Group, CY 2018 - CY 2020

Most caregivers are age 65 and under with a median age of 49



CLOSE RELATIVE CAREGIVER PROGRAM HISTORY AND DEMOGRAPHICS

D.C. legislation established the Close Relative Caregivers Program (CRCP) in 2019 (D.C. Law 23-0032; D.C Official Code § 4–251.22 et seq.) to address the growing needs of relative caregivers who do not meet the eligibility requirement for the Grandparent Caregivers Program.⁶¹ CFSA has served as the CRCP program administrator since the program’s inception in October 2019.

Table 6 CRCP Statistics	CY 2020
Program funding (subsidy portion)	\$394,408
New applications received (from families)	16
New subsidies awarded (to children)	11
Reapplications received (from existing families)	0
Reapplication subsidies awarded (to children)	0
Children receiving both GCP and Temporary Assistance for Needy Families (TANF) at End of Year	22
Total number of children who received subsidy in the calendar year	28
Denials due to ineligibility	2
Denials due to funding (applications on the waiting list at End of Year)	0 ⁶²
Subsidies transferred to caregivers	0
Subsidies terminated by program or caregiver	4 ⁶³
Substantiated instances of fraud	0
Children removed from household while receiving subsidy	0
Monthly average of children (families) served	16 (23)

⁶¹ Established by the Grandparent Caregivers Pilot Program Establishment Act of 2005 (D.C. law 16-69; D.C. Official Code § 4–251.02 et seq.)

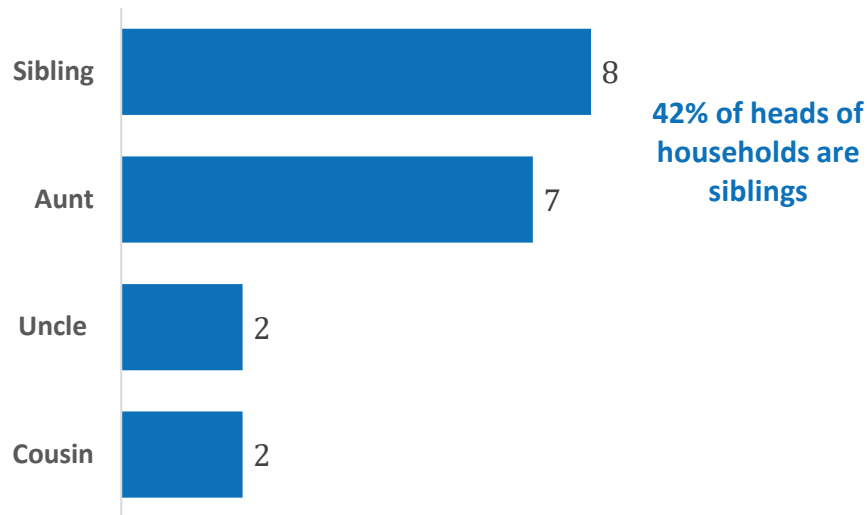
⁶² Reflects number of families on waitlist at year’s end.

⁶³ Reflects youth aging out, provider’s request to be removed, and providers who no longer qualified for the program.

A full subsidy payment (without offsets⁶⁴) CRCP caregivers is comparable to GCP participants, i.e., \$24.79 per day for children younger than age 12 and \$27.92 per day for children older than 12. During CY 2020, a participant in the CRCP could expect to receive an average daily rate of \$16.85 per child or an average 30-day month rate of \$505.43 per child. The current average number of children per family participating in the program is two, and the average age of children currently in the program is 14.

Families participating in the CRCP have four primary caregiver types: sibling, aunt, uncle, and cousin. Of the 19 CRCP caregivers in CY 2020, siblings accounted for the majority heads of household (42 percent, n=8).

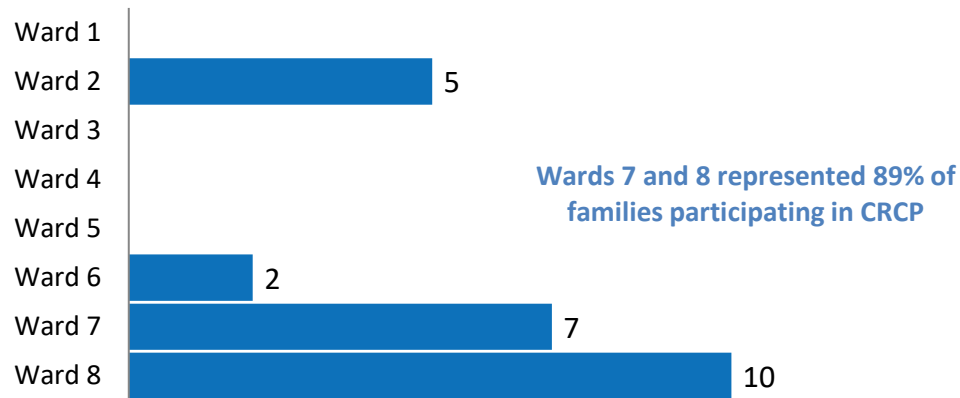
Close Relative Caregiver Program Recipients by Caregiver Type, CY 2020



⁶⁴ Caregivers not receiving other government subsidies for the child such as TANF and SSI benefits.

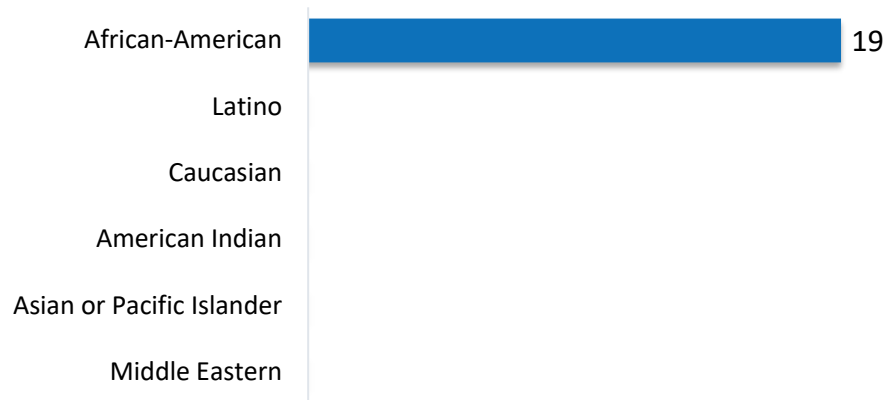
The figure below shows that Wards 7 and 8 currently represent the largest percentage of families participating in CRCP. Ward 7 is home to seven families (29 percent) while Ward 8 has 10 families (42 percent). The total number of caregivers across all Wards is 19.

Close Relative Caregiver Program Recipients by Ward of Residence, CY 2020



All 19 households in the CRCP are African-American families.

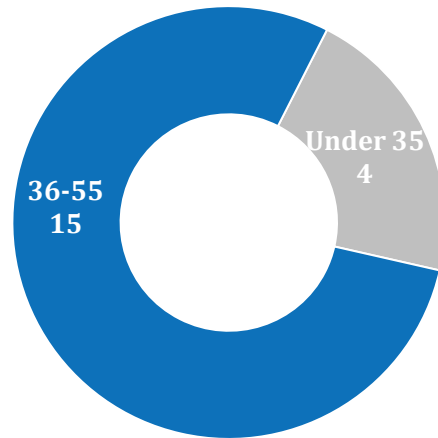
Close Relative Caregiver Program Recipients by Race/Ethnicity, CY 2020



The majority (79 percent, n=15) of CY 2020 CRCP caregivers varied significantly in age, i.e., between ages 36 and 55. CRCP caregivers under the age of 36 accounted for 21 percent (n=4). The median age of caregivers in the CRCP for CY 2020 was 37.

Close Relative Caregiver Program Recipients by Age Group, CY 2020

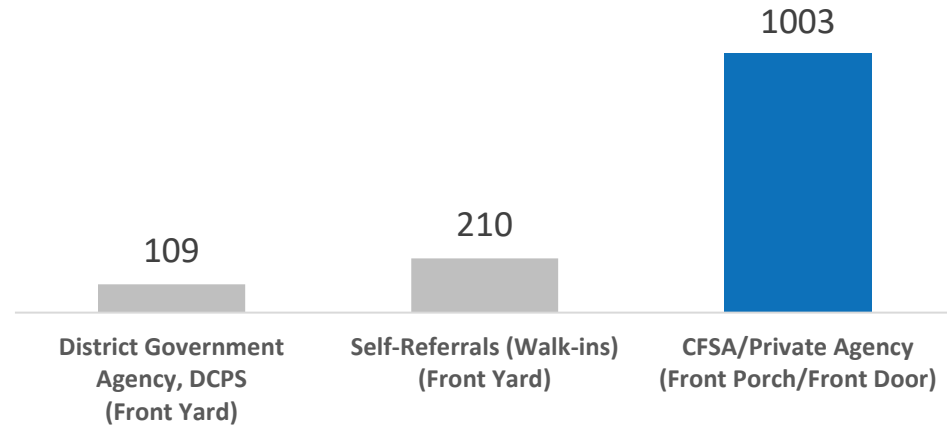
79% of caregivers are 36-55 years old



COLLABORATIVE REFERRALS

Collaborative referrals come from three pathways:

1. Referrals from a CFSA or private agency social worker for Front Porch and Front Door cases (1,003 referrals)
2. Referrals from other District agencies (e.g., DC Public Schools or the DC Department of Human Services) for Front Yard families (109 referrals)
3. Self-referrals (including walk-ins) for Front Yard families (210 referrals)



COLLABORATIVE FRONT PORCH REFERRALS FOR POSITIVE TOXICOLOGY CASES

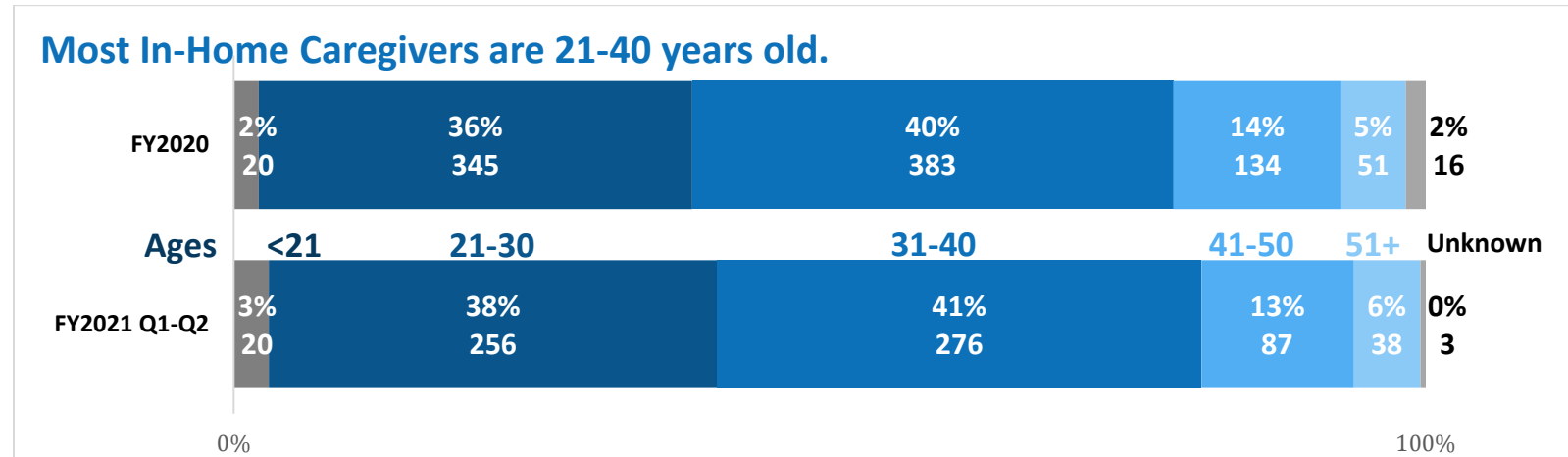
Positive Toxicology Referrals to Collaboratives, FY 2020 & FY 2021 Q1-Q2

Collaborative ⁶⁵	FY 20 Referral Capacity	FY 20 Referrals Received	FY 21 Referral Capacity	FY 21 (Q1-Q2) Referrals Received
CSC	20	2	20	0
EBFSC	55	2	55	2
ERFSC	63	4	63	1
FSFSC	70	4	70	2
GAFSC	11	1	11	0
Total	219	13	219	5

⁶⁵ CSC – Collaborative Solutions for Communities, EBFSC – Edgewood/Brookland Family Support Collaborative, ERFSC – East River Family Strengthening Collaborative, FSFSC – Far Southeast Family Strengthening Collaborative, GAFSC – Georgia Avenue Family Support Collaborative

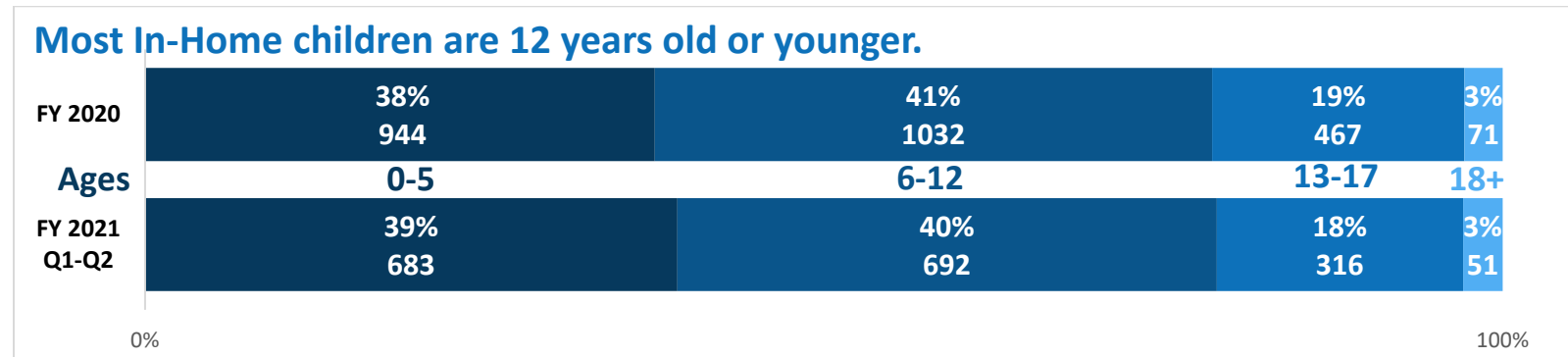
AGES OF CAREGIVERS AND CHILDREN SERVED BY IN-HOME ADMINISTRATION

In-home caregivers by age group, FY 2020 & FY 2020 Q1-Q2



Source: CMT404 Monthly Reports

In-Home Children Served, by Age Group, FY 2020 & FY 2021 Q1-Q2



Source: CMT404 Monthly Reports.

APPENDIX: TEMPORARY SAFE HAVEN

Foster care is a temporary living situation for children who come to CFSA's attention due to imminent safety risk as the result of parents or other relatives being unable to provide care for the children. When children enter foster care, CFSA prioritizes placement with relatives whenever possible. If willing and able relatives are not available, CFSA will place children in a family-based foster home with non-relatives. To a much lesser extent, CFSA may place older youth in congregate care facilities.

Foster care is intended to provide a stable and caring environment for the child while the parents address the reasons for involvement with the child welfare system. A permanency goal is identified and documented in each child's case plan. The preferred permanency goal for children is reunification with their family as quickly but as safely as possible. When safe reunification is not possible, CFSA seeks to find a safe and loving, permanent home through adoption or legal guardianship, or to successfully transition older youth to adulthood in the case of those with a goal of Another Planned Permanent Living Arrangement (APPLA).

Definitions for the various types of placements available through DC CFSA are listed below.

CFSA SPECIALIZED, FAMILY-BASED PLACEMENT TYPES

- Special Opportunities for Youth (SOY) Homes. SOY homes provide a planned placement in a resource home with specially-trained providers for CFSA youth ages 11-20, who need a higher level of support for challenging needs. The SOY homes have been shown to stabilize these youth with the additional support. CFSA will have 20 SOY beds in FY 2021.
- Stabilization, Observation, Assessment and Respite Services (SOAR) Homes. SOAR homes are professional resource parent homes that provide temporary care for children who need comprehensive assessments to identify appropriate placement needs. Placement capacity allows for one to two youth between the ages of 6-20 for up 90 days, and CFSA has two SOAR professional foster parents with two beds each.
- Professional Resource Parents (PRP). CFSA professional resource parents are paid a salary to provide intensive, culturally-informed support and services to pregnant and parenting youth. Professional resource parents may not work more than 20 hours outside of the home. The youth placed in PRP homes may have additional needs in the areas of behavioral, emotional, physical, substance use, and concerns for their ability to parent. CFSA will have three PRP beds in FY 2021.
- Intensive Foster Care. Intensive foster care serves up to 36 children from ages birth through 21 who are appropriate for a family-based setting but are experiencing (or likely to experience) placement instability, as indicated by, but not limited to, the following histories:

- Multiple incidents of physical or verbal aggression, persistent failure to follow household rules, destruction or stealing of property, or pending criminal charges
- Placement instability prior to entering care, i.e., frequent moves among relatives, kin or friends; repeated placement in juvenile, congregate or residential treatment settings
- Significant foster care placement disruptions (2+ moves)

CFSA CONGREGATE CARE PLACEMENT TYPES

While CFSA believes that family-based foster home placements are the best option for children, which is evidenced by CFSA having a small number of youth in a congregate care placement, a placement array must have sufficient services that meets different types of needs. The following congregate care settings are included in CFSA’s placement array.

- Group Homes: Boys Town for male and females, God’s Anointed New Generation (GANG) for males, Caitlin’s Place for females, Umbrella for males, and Mary Elizabeth’s House Independent Living for Teen Parents
- Specialized Group Home for Youth with Developmental and Cognitive Delays. Innovative Life Solutions provides for males who are intellectually disabled or developmentally delayed
- Specialized Group Home for Youth on the Autism Spectrum. Community Services for Autistic Adults and Children provides for males who are on the Autism spectrum.
- Therapeutic Group Homes. Children’s Guild for males and females
- Emergency Shelter (Sasha Bruce Youthwork). Sasha Bruce provides immediate placement in a licensed group home setting to youth ages 13-18 in need of an unplanned emergency replacement placement in a different foster care setting. The goal is to provide stabilization services and intervention to the youth while a more permanent or appropriate placement setting is secured. The Sasha Bruce placement is intended to last for no more than 10 days but can last up to 30 days. In FY 2021 through Q2, a total of 28 children have been placed at Sasha Bruce.

APPENDIX: WELL-BEING

PROFILE OF CHILDREN IN CARE

Educational Provider	# of Children	% of Children
Traditional Public School (in DC or another jurisdiction)	257	52%
Charter Public School	111	23%
Private School	1	<1%
Non-Public Special Education Day School	46	9%
College, University, or Vocational School (as of the Spring 2021 semester)	35	7%
Residential Treatment Center	19	4%
GED or Other	13	3%
DYRS facilities	6	1%
Hospital	2	<1%
Total	490	100%

Source: Office of Well Being and Office of Youth Empowerment manual tracking

TUTORING

How did the COVID-19 pandemic impact the delivery of tutoring services during the 2020-2021 school year?

Due to the pandemic and public health emergency, the Agency's tutoring contractor shifted its in-home tutoring model to one-on-one virtual tutoring sessions in March 2020 and continued that service delivery model through March 2021. This shift allowed the Agency to continue services to approximately 90 students through the end of the 2019-2020 academic year. Services were reduced to 50 students in June and July 2020 when interest in tutoring typically decreases.

Due to the public health emergency, CFSA's contract vendor continued to provide tutoring services to youth virtually throughout the 2020-2021 school year with very minor exceptions. Due to the availability of vaccines for youth and adults over the age of 12 and the re-opening of schools this fall, the Agency has received more inquiries about when tutoring will resume in-person for those youth who need it. In response, the Agency requested the new tutoring vendor to recruit a corps of tutors willing to provide in-person as well as virtual tutoring services so that in-home and in-person services can resume for youth whose families prefer that method of service delivery.

MENTORING

How did the COVID-19 pandemic impact mentoring referrals and matches?

Due to the COVID-19 pandemic, BEST Kids implemented safety protocols that included virtual mentoring contact. It is possible that the virtual nature of mentoring during the pandemic made this service less attractive to social workers and youth, and thus decreased the rate of referrals. OWB will monitor for an increase in referrals as face-to-face mentoring activities resume.

Similarly, BEST Kids was required to conduct its mentor recruitment virtually since the start of the pandemic. BEST Kids reports that virtual recruitment has been productive. However, CFSA notes that BEST Kids is still not able to recruit sufficient mentors to match the number of referrals that CFSA has made. Should mentoring referrals rise as mentoring returns to in-person activities, OWB is concerned that BEST Kids may still not succeed in recruiting sufficient mentors to meet the number of youth referred.

CHECK & CONNECT EDUCATION INTERVENTION PROGRAM

The Check & Connect program is an evidence-based intervention model for K-12 students who show warning signs of disengagement with school and who are at risk of not graduating high school. Students are referred to the Check & Connect program when their performance data shows a record of poor attendance, behavioral issues or low or failing grades in core academic classes. Once referred to the program, each youth is assigned an education specialist who will meet with the student regularly to help them develop personalized goals, closely monitor their performance and work with the team and school to put timely interventions in place to address their areas of need and enhance their educational success.

What types of supports have participating youth received through their education specialists?

Youth received a wide range of supports from their education specialists in the Check & Connect program, from helping students and families gain access to technology or resolve technological and other barriers to online instruction, to motivating students to improve their attendance or coursework performance with check-in calls or gift card incentives, to counseling students on their postsecondary options and connecting them to vocational programs and internship opportunities to promote their career exploration. This school year, many of the specialists played an especially crucial role in advocating for youth to get in-person seats in their schools by either educating the family about the opportunity or convincing the school to give them a slot when a student had otherwise been overlooked. Many students who struggled with virtual learning throughout the year made a dramatic improvement in their performance as soon as they returned to school, so that intervention proved to be especially important this year.

Are there any examples of improved student performance, attendance, and behavior during participation in the Check & Connect program?

Even without the hard data, CFSA has seen numerous tangible indicators of students' benefits from the program, including seeing a student go from nearly being disenrolled for nonattendance in Term 1 to getting an A and B in two classes and no absences in Term 4. Other successes included getting a student reconnected to online learning so she could still pass her classes after being disengaged all year, and also motivating another student to pull her English grade up from an F to C so she could be promoted to 12th grade. As mentioned previously, there were several students whose grades markedly improved in Terms 3 and 4 once they returned to in-school learning. Many would not have been granted that opportunity without the education specialists' intervention and advocacy.

PROJECT CONNECT SUBSTANCE ABUSE INTERVENTION

How many families were screened for participation in the Project Connect program during FY 2020?

Out of the 67 families who were referred through the community portal in FY 2020, **54 families (79 percent) consisting of 59 unique caregivers were eligible and volunteered to begin the Project Connect Program.**⁶⁶ Thirteen families were deemed ineligible for Project Connect for the following reasons:

⁶⁶ One caregiver participated in the program twice during FY 2020. This caregiver started the program but left due to incarceration. The caregiver then returned to Project Connect, engaged with services, and entered treatment on the second occurrence. Due to different outcomes, this caregiver is counted twice in the caregiver count in the section regarding assessments, substance use treatment and overall participation.

- The family did not have an open in-home or foster care case (n=8).
- The family no longer wanted services (n=3).
- The family decided to enter Family Treatment Court (n=2).

Prior to completing the assessments and other components, 10 caregivers declined services: 6 families were disengaged for more than 21 days and 4 families formally withdrew from the program.⁶⁷ A total of 49 caregivers from 45 families (81 percent) participated in the Project Connect program in FY 2020.

What assessments are participating caregivers required to complete?

The Project Connect model requires the completion of the **Risk Inventory for Substance-Affected Families (SARI)** and the **North Carolina Family Assessment Scale (NCFAS)**. The SARI is an assessment tool developed by Project Connect to assess parents' substance use risk in seven domains: (1) commitment to recovery, (2) patterns of substance abuse, (3) impact of parents' substance abuse on their ability to care for their children, (4) their neighborhood environment, (5) social supports, and (6) self-efficacy. The NCFAS is an assessment tool designed to examine family functioning in five domains: (1) the family environment, (2) parental capabilities, (3) family interactions, (4) family safety, and (5) child well-being. CFSA procedures require administration of the pre-SARI assessment within 60 days of the start of Project Connect services and the pre-NCFAS within 90 days of the start of services. Both assessments are completed again at the close of the Project Connect case (post-SARI and post-NCFAS).

Caregivers are also encouraged to complete an externally provided substance use disorder (SUD) assessment through the Department of Behavioral Health (DBH), and these results determine the level of recommended substance abuse treatment.

MENTAL HEALTH REDESIGN

CFSA's Office of Well-Being (OWB) implemented a mental health redesign in October 2018 to improve positive outcomes for clients and families within the DC child welfare system. The strategic redesign had a goal of ensuring timely and accessible services and involved centralizing mental health assessments, in-house direct therapy at CFSA, and medication management for applicable CFSA clients. The mental health redesign intends to aid in positive outcomes such as reduced wait time for services, increased placement stability,

⁶⁷ One family represented in the families that withdrew is also represented with the families who participated. Therefore, one caregiver withdrew, and one caregiver participated from the same case.

reunification, family engagement, and decreased disruptions. The therapy services are office based; however, during the time of COVID-19 pandemic, therapists are providing tele-health services only.

The OWB therapeutic staff work to address the short-term mental health needs of children and parents (typically up to 12 months) unless more intensive services are required through a community-based service agency or long-term mental health interventions (beyond 12 months) are necessary. All of the therapeutic interventions are trauma-informed to address various mental health issues. The OWB therapeutic staff is trained in the following modalities to address the various forms of trauma impact:

- 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 services were originally implemented for children entering or re-entering foster care (and their parents as necessary) who aren't receiving therapy or other mental health interventions through a DBH-contracted core service agency (CSA). During the first year of implementation, OWB set the age range of eligible clients at 3 years old and up. Due to the challenges associated with providing clinical therapeutic services to children 3 to 4 years old, OWB decided as of October 2019 to change the age criteria to 5 years old and up. In addition, in October 2019, the eligibility requirements were expanded to include children and families already in foster care and for a smaller number of in-home families.

OWB began the mental health redesign in FY 2019, originally with a clinical supervisor, and three therapists. The administration added a psychiatric nurse practitioner and an additional therapist who both came on board during FY 2020. With the full complement of staff in place, the Performance Accountability and Quality Improvement Administration and OWB teams are developing a continuous quality improvement process to collect and analyze the data necessary to evaluate the entire mental health redesign effort.

In-house therapists have been office-based only since inception of the program. They do not provide home or community-based services. During the COVID-19 pandemic, in-house therapists were providing tele-health services only. Upon Agency clearance, office-based services will resume.

How are treatment recommendations for in-house mental health services determined?

Therapy is recommended as a result of a clinical assessment, which determines that the client is experiencing symptoms that are causing psychological distress or challenges in everyday functioning. A treatment recommendation for mental health therapeutic services for clients is based on client need and could be for in-house therapy through OWB or through an outside agency for those clients who present with clinical needs outside of current scope of the in-house therapists.

What methodologies or instruments were used as part of the mental health evaluation?

The following, various instruments are used to accompany the evaluation, based on the client's age and presenting issues:

- Pediatric Symptom Checklist-17 (PSC-17)
- Ages and Stages Questionnaire: Social-Emotional (ASQ-SE)
- Patient Health Questionnaire (PHQ-9) Modified
- Zung Self-Rating Anxiety Scale
- Zung Depression Scale
- Vanderbilt Diagnostic Rating Scale
- Global Appraisal of Individual Needs – Short Screener (GAINS-SS)

How many referred children did not receive full mental health evaluations?

During FY 2020, of the 228 children who entered care, 156 children (68 percent) did not receive an evaluation for the following reasons: under age 5 (n=96), connected to a CSA (n=20), reason not documented (n=10), hospitalization (n=3), abscondence (n=3), child not removed (n=3), client refused (n=3), refugee status (n=3), reunified (n=3), distance of foster parent (n=2), higher level of care required (n=2), receiving therapy at school (n=2), SW canceled or rescheduled (n=2), consent not obtained (n=1), NCCF SW non-responsive (n=1), special circumstances – excused (n=1), client no-show (n=1). The 72 remaining clients (32 percent) received a mental health evaluation; of those, six (8 percent) were parents.

As of FY 2021 Q2, of the 130 clients who entered care, 82 children (63 percent) were deemed ineligible for mental health evaluations for the following reasons: under age 5 (n=45), connected to CSA (n=27), reunified within 60 days (n=3), medically fragile (n=3), connected to school-based therapy (n=2), refugee (n=1), not evaluated due to autism diagnosis (n=1), child not removed (n=1).

A total of 41 out of the remaining 48 clients (85 percent) as of FY 2021 Q2 received mental health evaluations. Reasons for not receiving a mental health evaluation by March 31, 2021 included intake during late February or early March (n=3), refugee status (n=1), and abscondence (n=3).

Why would an administrative discharge be used?

Administrative discharges occur when there are circumstances that prevent a client from fully engaging in therapeutic services consistently or because the client is best served in another capacity outside of OWB. Discharges are used for any client who doesn't receive recommended therapy services from an in-house OWB therapist or who ends therapy services as a result of anything other than completion of their treatment plans and goals. Administrative discharges are differentiated by whether the client was discharge for engagement related reasons vs. non-engagement related administrative discharge reasons.

LONGER-TERM CONTRACTED MENTAL HEALTH CARE

CFSA recognizes that longer-term therapeutic services might be necessary after the short-term in-house therapy service ends. In alignment with the reason for bringing mental health services in-house (i.e., providing timely therapeutic services), in November 2019, CFSA contracted with a mental health provider, MBI Health Services, LLC (MBI) to provide out-patient therapeutic services for children, youth, parents and caregivers involved with CFSA. Clients who need longer-term services are referred to MBI.

By employing MBI services, what is the gap that the Agency is trying to address?

MBI services address ongoing longer-term therapy needs, which outgrow the short-term treatment model provided through OWB (up to one year). MBI can also support an overflow of referrals if OWB caseloads become full. The contract also supports parent therapy referrals. Additionally, MBI supports specialized therapy modalities: dialectical behavior therapy (DBT) and eye movement desensitization and reprocessing (EMDR) therapy. These modalities increase the Agency's ability to treat clients with more complex clinical needs.

APPENDIX: EXIT TO PERMANENCE

STRATEGIES FOR IMPROVING PERMANENCY

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

CFSA strives to serve notice/make a goal change recommendation to the Family Court between the ninth and eleventh month following a removal. This timeframe supports the Agency in achieving federally recommended permanency timelines of 18 months for finalization of a guardianship and 24 months for the finalization of an adoption; however, a goal change recommendation can be made at any time during the life of the case.

At the Ta.L. hearing, the Judge must make a finding, by a preponderance of the evidence, on four criteria:

1. CFSA has provided the parents with a reasonable plan for achieving reunification;
2. CFSA has expended reasonable efforts to help the parents ameliorate the conditions of neglect;
3. The parents have failed to make adequate progress toward satisfying the requirements of the plan; and
4. Other vehicles for preventing termination of parental rights have been explored (e.g., CFSA has made efforts to involve kin in its work with the family).

The social worker’s efforts in all four areas, as documented in FACES.net, serve as the needed evidence.