GOVERNMENT OF THE DISTRICT OF COLUMBIA

Child and Family Services Review (CFSR) Round 4

Statewide Assessment

February 5, 2024



GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

General Information

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District of Columbia Child and Family Services Agency

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List of Statewide Assessment Participants

The District plans and oversees CFSR activities through a "Federal Team" of OPPPS child welfare and administrative professionals. For the CFSR Round 4 Statewide Assessment, the District also established a CFSR Advisory Committee to oversee stakeholder outreach and engagement activities across six domains, developed with the assistance of dedicated workgroups.

Statewide Assessment Workgroups

Domain & CFSR Item	Advisory Committee & Workgroup Members
Safety, Prevention and Entry Services	
Safety Outcome 1 1 - Timely initiation of investigations **Safety Outcome 2** 2 - Prevent entry or re-entry 3 - Assess and address risk and safety	**CFSA** Office of Thriving Families Office of Hotline and Investigations Program Services and Supports Administration Office of In-Home and Out-of-Home Care **Office of the Attorney General (OAG)**
Placement	
Permanency Outcome 1 4 - Stable placement **Permanency Outcome 2**	**CFSA** Office of In-Home and Out-of-Home Care Kinship and Placement Administration

Domain & CFSR Item	Advisory Committee & Workgroup Members
7 - Siblings placed together 10 - Relative Placement **Well-being Outcome 1** 12C - Assessments and services to resource parents **Systemic Factor 7** 33 - RP licensing, recruitment, retention apply state standards 34 - Criminal background clearances 35 - Diligent recruitment 36 - Cross-jurisdictional resources for timely placement/adoption	Office of Facilities Licensing Office of Planning, Policy, & Program Support Business Services Administration - Contract Monitoring Division **Lived Experts** Resource parents and advocates Youth in care/formerly in care and advocates
Permanency -Clinical	
Permanency Outcome 2 8 - Visitation – child-parents; child-siblings 9 - Preserve connections for child in care 11 - Maintain positive relationships - child in care and parents **Well-being Outcome 1** 12A, B - Assessments and services to children and birth parents 13 - Involvement of parents in case planning 14 - Caseworker visits with child 15 - Caseworker visits with parents **Systemic Factor 2** 20 - Written Case Plan	**CFSA** Office of In-Home-and Out-of-Home Care Business Services Administration Program Services and Supports Administration **Lived Experts** Youth in care/formerly in care and advocates Birth parents and advocates Resource parents and advocates
Permanency – Courts and Judicial	
Permanency Outcome 1 5 - Timely establish appropriate permanency goal 6 - Concerted efforts to achieve permanency **Systemic Factor 2** 21 - Periodic Review 22 - Permanency Hearing 23 - Termination of Parental Rights 24 - RPs notified and right to be heard in hearing	**CFSA** Office of In-Home and Out-of-Home Care **Legal Community** OAG Parents' attorneys Children's attorneys Family court judges and administrators **Lived Experts** Resource parents and advocates Birth parents and advocates
Services, Community Response and Partnership	
Well-Being Outcome 2 16 - Educational – child **Well-Being Outcome 3** 17 - Medical/Dental – child 18 - Behavioral health – child **Systemic Factor 5** 29 - Service array - accessible in all jurisdictions 30 - Services individualized to unique needs **Systemic Factor 6**	**CFSA** Office of Thriving Families Office of Planning, Policy, & Program Support Office of In-Home and Out-of-Home Care **Lived Experts** Birth parents and advocates Youth and advocates Resource parents and advocates

Domain & CFSR Item	Advisory Committee & Workgroup Members
31 - Agency responsiveness to community – ongoing consultation 32 - Coordination with services under other federal programs	
Information Systems, Quality Assurance, and Training	
Systemic Factor 1 19 - Statewide information system functioning **Systemic Factor 3** 25 - Quality Assurance system functioning **Systemic Factor 4** 26 - Initial staff and provider training 27 - Ongoing staff and provider training 28 - RP and congregate care staff training	**CFSA** Child Information Systems Administration Office of Planning, Policy, & Program Support Office of In-Home and Out-of-Home Support Business Services Administration

Description of Stakeholder Involvement in Statewide Assessment Process

The child welfare leadership and staff, families and youth, the legal and judicial communities, and other key partners and stakeholders listed below were actively engaged in the assessment of the state child welfare system.

During the summer and fall of 2023, the workgroups identified suitable stakeholders, platforms, and strategies for outreach events to review relevant data and provide feedback through survey responses, interviews, and focus groups. Workgroup members ensured that questions and data summaries were tailored to each stakeholder group, including child welfare professionals, legal professionals, contracted foster care agencies, community-based service providers, and most critically, individuals with lived experience with CFSA and the broader child and family well-being system. Across all workgroup activities, stakeholder responses addressed each of the 36 items that comprise the CFSR's 7 Outcomes and 7 Systemic Factors.

In August 2023, the District formally launched its Statewide Assessment recruitment activities through a series of introductory workgroup meetings. These meetings introduced key internal and external partners to the purpose, format, activities, and objectives of the CFSR and Statewide Assessment. Moreover, the meetings served to secure workgroup member participation, identify additional stakeholders for information outreach, schedule opportunities to further engage partner stakeholders, and locate any data sources that may not be known to the Federal Team.

Throughout the fall of 2023, the Federal Team collected fiscal year (FY) 2022 and FY 2023 data from CFSA reports, Family Court reports, workgroup members, and various contacts who collect program-level data. Federal Team members organized the data, along with historical data from the Round 3 CFSR (2016), to correspond with each of the 36 CFSR items. With technical assistance from the Capacity Building Center for States, the Federal Team developed concise data "snapshots" to share

with relevant stakeholders. Federal Team members also continued to introduce the CFSR and recruit for Statewide Assessment participation by attending standing meetings held by social work units, foster parent groups, attorneys, community partners, birth parent groups, and youth advocacy groups.

WRITTEN AND ELECTRONIC INFORMATION SOURCES

To obtain data and updates for the Statewide Assessment, the Federal Team members who developed the report consulted the following sources, which are referenced throughout this submission:

- **District of Columbia 2016 Statewide Assessment** – The District's Round 3 Statewide Assessment report provides historical context on performance in each of the CFSR items.
- **District of Columbia 2016 Child and Family Services Review Final Report** – The Children's Bureau's report includes final assessments and ratings for District functioning for all CFSR items.
- **DC CFSA Annual Progress and Services Report (APSR)** – CFSA's annual reports to the Children's Bureau demonstrate the District's compliance with Title IV-B and Title IV-E funding requirements. The reports include programmatic updates obtained from staff and Agency communications, as well as data pulled from primary sources, such as the Agency's legacy Statewide Automatic Child Welfare Information System (SACWIS) known as FACES.NET; the Permanency Tracker, which tracks dates and important milestones along the life of each case; and data manually collected by CFSA program staff.
- **District of Columbia Annual Public Report (APR)** – Team members draw on the APR, which is delivered every February to the Council of the District of Columbia, to update data and programs that specifically demonstrate CFSA's compliance with the provisions of the federal Adoptions and Safe Families Act.
- **Annual Needs Assessment and Resource Development Plan** – The Needs Assessment provides an annual audit of the needs and services that CFSA identifies as priority practice areas. Notably, the FY 2022 Needs Assessment provided a detailed overview of the placement array and has informed recent strategies to recruit and retain a diverse range of resource parents who can reflect the characteristics and meet the needs of children in foster care placements. Pending publication, the FY 2023 Needs Assessment focuses on services that CFSA and its community-based partners provide to families in the home to promote safety and stability, and to prevent children from entering foster care.
- **Annual Quality Services Review (QSR) Report** – The QSR report highlights acceptable clinical practice and service provision across a random sample of cases. In contrast with the more compliance-based metrics that inform CFSR findings, the QSR protocol involves reviewer ratings across a Likert scale of 1 to 6. Ratings from 4 to 6 constitute "acceptable practice." Ratings are then aggregated, and overall practice is assessed by comparing the percentage of acceptable ratings against specific benchmarks with respect to risk, safety, permanency, well-being, education, family functioning, family engagement, and several other areas for child status and system performance.
- **DC CFSA Four Pillars Performance Report** – Drawing from electronically generated management reports and the Annual QSR Report findings, the Four Pillars Report presents data

on recent Agency performance across domains that correspond with all of the CFSR's safety, permanency, and well-being outcomes.

- **CFSA Public Dashboard** – CFSA maintains transparency by publishing and updating data related to the population it serves. Report domains include CPS Hotline calls, investigation types, demographics of families served in the home, foster care population demographics, foster care placement types, and exits to permanency.
- **Superior Court of the District of Columbia Family Court Annual Report** – The Family Court Annual Report includes data and updated practice and information related to child welfare matters heard before the Family Court, including permanency hearings, review hearings, and matters related to the termination of parental rights (TPR).
- **District of Columbia CFSR Round 4 Data Profile** – Generated by the Children's Bureau and submitted directly to child welfare state agencies, the Data Profile compares the performance of all child welfare jurisdictions with respect safety, permanency, and placement stability indicators. In addition to being compared to national performance, each state's score is modified for a more accurate comparison to child welfare jurisdictions that share similar characteristics, particularly with regard to common factors over which the respective states have no control.
- **DC CFSR Round 4 Sample Case Review Reports** – Contained within the online CFSR portal, the summary reports include aggregated findings of the sample cases that CFSA reviewed in FY 2022 and FY 2023. In addition to providing an early indicator of current performance along all 18 of the Safety, Permanency, and Well-Being Outcomes, the reports include examples of case practices observed to be strengths and areas in need of improvement.
- **Partner Provider Survey and Interview Report** – This spreadsheet includes responses to FY 2023 survey questions from 202 staff from private foster care agencies, congregate care providers, community-based service providers, and transitional housing programs. Among other topics that demonstrate provider compliance with CFSA contract requirements, questions related to CFSR items on safety, family involvement in case planning involvement, preserving community connections, mental health services, social worker training, provider training, licensing, and background clearances.
- **Congregate Care Resident Report** – This spreadsheet includes responses to FY 2023 survey questions from a total of 46 youth living in congregate foster care placements. Topics included safety, maintaining family connections, caseworker visitation, case plan involvement, and education supports.

The Federal Team reviewed and summarized the above materials and obtained additional data and program updates through interviews with program staff. Subsequently, the Federal Team reached out to the Statewide Assessment Workgroup to initiate stakeholder outreach for presenting key findings, discussing strengths and gaps, and providing additional insight. From September to December of 2023, the following groups provided substantive feedback to inform the Statewide Assessment:

CFSA STAFF

- **CPS Hotline and Investigations Managers** – During an October 2023 meeting of 20 Hotline and investigations managerial staff, a member of the Statewide Assessment's Safety Workgroup conducted a brief poll. The workgroup member then engaged participants in a discussion to obtain feedback on the CFSR Safety Outcomes, as well as the CFSR items related to placement stability, information systems, and the service array.
- **In-Home and Out-of-Home Managers** – In an October 2023 focus group, the Safety and Permanency Workgroup met with seven managerial staff, including program managers, program administrators, and the Deputy Director for the Office of In-Home and Out-of-Home Care. Participants discussed strengths, challenges and recommendations related to the CFSR items on risk and safety, placement stability, relative placement, family involvement in case planning, social worker visits to children, social worker visits to parents, information systems, and the service array.
- **Out-of-Home Social Workers and Supervisors**
  - ☐ During a November 2023 focus group, Permanency Workgroup members met with 16 case managers and supervisors to discuss CFSR items related to permanency timelines, child and parent visitation, child and sibling visitation, preservation of a child's connections to community and extended family, services to promote case goals, family involvement in case planning, well-being services, and the service array.
  - ☐ In a December 2023 survey, 17 social workers responded to questions regarding permanency outcomes, well-being outcomes, staff training, and the service array.
- **In-Home Social Workers and Supervisors**
  - ☐ In a December 2023 survey, 17 in-home workers responded to questions regarding safety outcomes, well-being outcomes, staff training, and the service array.

LEGAL COMMUNITY

- **Children's Attorneys (Guardians ad Litem, or GALs)**
  - ☐ In September 2023, CFSA and OAG leadership team members held a "Brown Bag" session to present permanency data to a group of over 30 attorneys from a panel of the District's Counsel for Child Abuse and Neglect. Supported by a Children's Justice Act (CJA) grant, the meeting was attended by representatives from the CJA Task Force and Statewide Assessment Legal Workgroup members. Meeting participants discussed CFSR items on permanency timelines and TPR protocols.
  - ☐ During a December 2023 focus group, six GALs discussed permanency outcomes, well-being outcomes, the case review system, and provider training.
  - ☐ In a December 2023 survey, eight GALs responded to questions regarding safety, permanency, and well-being outcomes, as well as questions about the case review system and service array.

- **Birth Parents' Attorneys**
  - ☐ The September 2023 "Brown Bag" session, summarized above, was also attended by birth parents' attorneys.
  - ☐ In a December 2023 survey, five birth parent attorneys responded to questions about permanency outcomes, the case review system, and the service array.
- **Agency Attorneys (Assistant Attorneys General, or AAGs)**
  - ☐ During a December 2023 focus group facilitated by the Statewide Assessment Legal Workgroup, six AAGs shared their reactions to the survey responses, and provided further insight into circumstances, challenges, and effective strategies. Additionally, focus group participants provided feedback related to notice and opportunity to be heard for resource parents in neglect matters, as well as social worker training and preparedness for Family Court activities.
  - ☐ In a December 2023 survey, 19 AAGs (OAG Child Protection Section) responded to questions about permanency outcomes and the case review system.
- **Family Court Judges** – In an October 2023 focus group, the Deputy Attorney General, who is also a member of the Statewide Assessment Legal Workgroup and the District's Court Improvement Program, facilitated a focus group of six judges from the Superior Court of the District of Columbia's Family Court Operations Division. Discussion topics focused on timely permanency, TPR hearings, foster care placement stability, and resource parent recruitment and retention.

LIVED EXPERTS

- **Youth and Young Adults**
  - ☐ In May 2023, in anticipation of pending Statewide Assessment information-gathering activities, staff from OPPPS attended the Foster Youth Summit, a 2-day workshop geared toward promoting habits and strategies that are critical for youth to successfully achieve independent adulthood. Throughout the workshop, CFSA staff met with individual youth and distributed a survey, which was eventually completed by 17 respondents from ages 15 to 22. Questions focused on CFSR items related to case planning, services to achieve case goals, and well-being supports.
  - ☐ In December 2023, the Permanency - Clinical Workgroup facilitated two focus groups involving a total of seven youth who were currently in foster care or in foster care within the past 2 years. Participants ranged in age from 18 to 21 and discussed permanency and well-being outcomes, as well as the service array.
  - ☐ In a December 2023 survey, 13 youth in foster care responded to questions about permanency and well-being outcomes, as well as the service array.
- **Birth Parents**
  - ☐ In October 2023, a member of the Permanency - Clinical Workgroup conducted a focus group with seven Parent Engagement, Education, and Resource (PEER) specialists. PEERS

are CFSA employees and parents with prior lived experience with the District's child welfare system. PEERS provide culturally competent and experience-based individual support to birth parents with current child welfare involvement. During the focus group, the PEERs shared feedback related to CFSR items on visitation, promoting parent-child relationships beyond visitation, services to children and parents to promote case goal achievement, parent involvement in case planning, social worker visits to parents, and CFSA as well as contracted agency responsiveness to the community.

- ☐ In December 2023, a PEER facilitated a focus group of eight birth parents currently involved with out-of-home services. After responding to a brief poll, birth parents shared their experiences, concerns, and recommendations related to placement stability, permanency timelines, visitation, opportunities to maintain their relationship with their children beyond visitation, services to promote case goal achievement, involvement in case planning, well-being services, and the service array.
- ☐ In a December 2023 survey, 10 birth parents responded to questions relating to permanency and well-being outcomes, the case review system, and the service array.

- **Resource Parents (Foster Parents and Kinship Caregivers)**

  - ☐ In a September 2023 focus group facilitated by the Statewide Assessment Placement Workgroup and a Foster & Adoptive Parent Advisory Center (FAPAC) board member, 18 resource parents provided feedback based on current and recent experiences. The discussion included observations, concerns, and recommendations related to CFSR items on placement stability, services to resource parents, the District's service array, and foster home licensure.
  - ☐ In a December 2023 survey, 13 resource parents responded to questions regarding safety, permanency, and well-being outcomes; the case review system; provider training; and the service array.

- **Community Partners**

  - ☐ In a December 2023 survey, 17 representatives from external stakeholder groups completed a survey on Agency Responsiveness to the Community. Respondents included the District's Office for the Ombudsman for Children, Citizen Review Panel, Mayor's Advisory Committee on Child Abuse and Neglect, Children's Law Center, CJA Task Force, FAPAC, and several community-based service providers.

State Context Affecting Overall Performance

Part 1: Vision and Tenets

The DC Child and Family Services Agency (CFSA or Agency) is the public child welfare agency in the District of Columbia (District) responsible for protecting child victims and those at risk of abuse and neglect and assisting their families.

PRIMARY FUNCTIONS

- **Take and Investigate Reports:** CFSA's Child Protective Services (CPS) Hotline takes reports of known or suspected child abuse and neglect of youngsters up to age 18 in the District 24 hours a day at 202-671-SAFE. When a report indicates a child may have suffered abuse or neglect as defined in law, CPS must investigate to determine whether the report is true or false. Investigative social workers look into reports of child abuse and neglect by parents, guardians, or others acting in a parental capacity whenever they occur in the District.
- **Assist Families:** In child welfare, serving the primary clients—children—means helping their parents or caregivers. When CFSA identifies child victims of abuse or neglect, trained social workers from CFSA and private organizations under contract to CFSA step in to keep children safe while working with their families. Social workers connect families to services that can help them overcome long-standing difficulties that endanger their children.
- **Provide Safe Out-of-Home Care:** When a home presents too much danger, CFSA temporarily separates children to safe settings—and promptly seeks agreement from Family Court for the separation. Some children are placed with relatives. CFSA also recruits, trains, and licenses foster parents and also licenses, monitors, and maintains contracts with group homes and other safe places for children and youth.
- **Re-establish Permanent Homes:** Young people grow up best in a family. CFSA works to ensure every child and youth either leaves the system to return safely to their parents, goes to a permanent home with relatives or others through guardianship, or joins a new forever family through adoption.

MISSION

CFSA works to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families.

CFSA is committed to eight core values:

- All children and youth have the right to be safe.
- Families have the right to be understood, valued, encouraged, and empowered. Families always have a voice in decisions that affect them.
- Community partnerships are essential to keeping children and youth safe.
- Child welfare practice and services draw on inherent strengths to help children, youth, and families achieve positive outcomes.

- Children and youth deserve opportunities to grow, develop, be physically and mentally healthy, learn, and prepare for successful adulthood.
- Children and youth who have been separated from the home have an urgent need to achieve permanence as quickly as possible with a family who loves them unconditionally.
- Children, youth, and families deserve understanding and respect within the context of their history, traditions, and culture.
- Best practices and continuous quality improvement throughout the child welfare system support making a positive difference in the lives of those we serve.

At the program level, CFSA strives to achieve its goals and preserve its core values through a network of dedicated service professionals and stakeholder partners. The Agency coordinates efforts through a variety of administrative units, many of which have changed names since the last CFSR round. At this time, CFSA's organizational structure includes the following offices:

- **Office of Thriving Families** - (formerly the Office of Community Partnerships) – The Office of Thriving Families partners with community-based organizations to deliver and monitor services to vulnerable and underserved populations in the District, including kinship families.
- **Office of Hotline and Investigations** - (formerly the Office of Entry Services) – The Office of Hotline and Investigations includes the CPS Hotline and Support Services Administration, which receives and routes calls to the Hotline. The office also includes the Investigations Administration, which initiates Agency responses to allegations of child abuse and neglect.
- **Office of In-Home and Out-of-Home Care** - (formerly separate entities, including the In-Home Administration and the Permanency Administration, which was more recently referred to as the Clinical Case Management and Support Administration) – The Office of In-Home and Out-of-Home Care assumes direct case management responsibility for all children and families referred from the Investigations Administration, supporting them toward timely, safe, and stable case closure. Within the office, the Out-of-Home Clinical Case Management Support Administration supports families whose children are in foster care, while the In-Home Clinical Case Management and Support Administration supports families whose children remain in their homes. The Kinship & Placement Administration, which were formerly two separate administrations (Kinship and Placement), supports children in out-of-home placement and their caregivers by providing information, tools, and direct services through dedicated staff members.
- **Office of Well-Being** – The Program Services and Supports Administration under the Office of Well-Being provides and oversees the delivery of services to promote well-being, to address the factors that caused families to come to CFSA's attention, and to work toward safe and stable permanency. Also under the Office of Well-Being, the Health Services Administration includes the Agency's on-site medical clinic and provides in-house therapeutic services. Finally, the Older Youth Empowerment program (formerly the Office of Youth Empowerment) assists youth in identifying and working toward goals in such areas as education, employment, training, financial planning, and life skills.

CFSA further includes several administrative offices that provide functional support to help program staff carry out the Agency's mission. These include the Office of the Director, Office of Public Information, Office of General Counsel, and the Fiscal Operations Administration. The Office of Planning, Policy, and Program Support (OPPPS) includes administrations that perform functions related to diversity, equity, inclusion and belonging; quality assurance and continuous quality improvement; staff and provider training; policy development; project management; federal compliance reporting; licensing; and child protection register clearances. The Office of Administration oversees functions related to information systems, contracts and procurement, contracts monitoring, human resources, and business services.

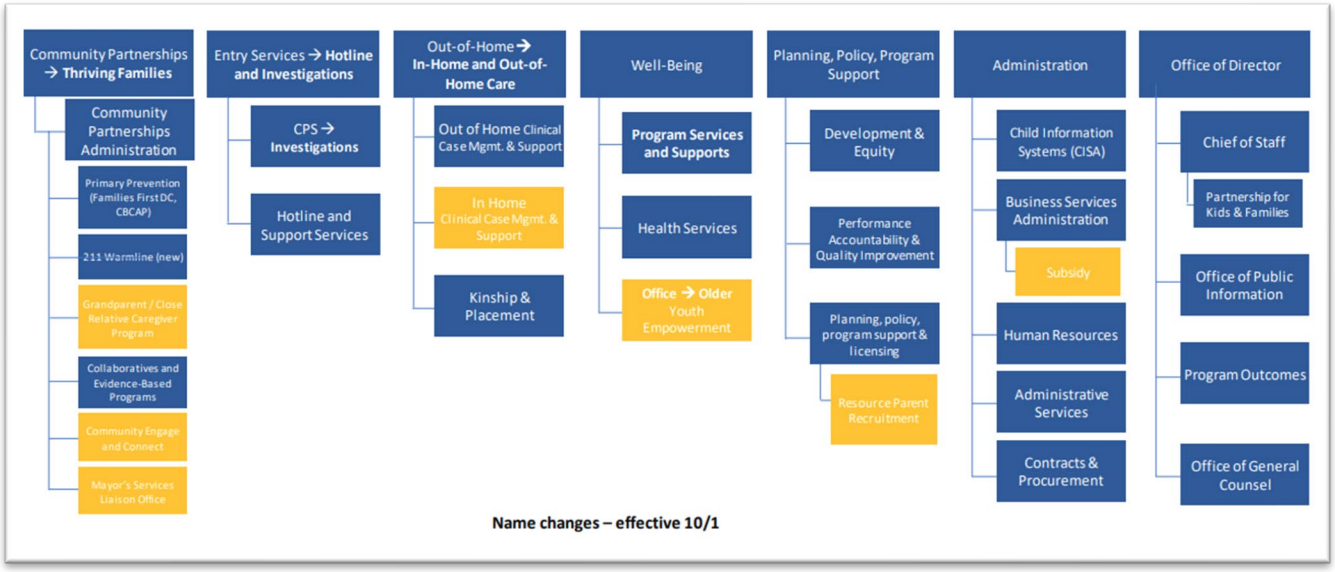
While transforming from a child welfare agency to a child well-being agency, CFSA still remains the cabinet-level agency responsible for addressing child abuse and neglect. Through several years of inclusive involvement with members of the community and people with lived expertise, CFSA's child and well-being system is called "Keeping DC Families Together". CFSA developed the vision below which supports the continuation of community-based prevention services.



In 2023, CFSA realigned its organizational structure to…

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

CFSA Organizational Chart as of 10/1/23



Part 2: Cross-System Challenges

Intersection between Race and Child Welfare Involvement

The child welfare field has progressed from first acknowledging the problem of systemic racial and ethnic disproportionality and disparity to formulating and implementing solutions that change historical practices. These early practices have mostly, and negatively, impacted communities of color. Additional information about demographic trends and strategies to promote equitable outcomes are described throughout this report.

Intersection between Neglect and Poverty

Very rarely are families intentionally neglectful of children. Multiple factors, including the historical intersection between neglect and poverty, impact a family's protective capacity. Families facing such fundamental crises as food insecurity and housing instability are more vulnerable to stressors that are not necessarily apparent on the surface, including mental health issues like depression and despair. These families need supportive (versus punitive) engagement prior to the elevation of stressors that debilitate protective capacities. To this end, the District strives to provide families with access to the resources they need before they come to the attention of the child welfare system. This approach forms the foundation of the Keeping DC Families Together framework described above.

Decreased Revenue for the District of Columbia

A substantial source of the District's income stems from the business and taxes generated by federal government employees working within the District. This revenue stream was abruptly halted by the COVID pandemic and public health emergency in March 2020. Since that time, the federal government has transitioned a majority of employment positions to full and part-time telework. As many federal government employees, and District employees, reside in neighboring communities in Maryland and

Virginia, their expenditures and state taxes do not benefit the District which in turn impacts revenue for services.

Staff shortages across DC Government and Community-Based Organizations

The District and its community partners have experienced staff shortages for a myriad of reasons that were amplified during the public health emergency. Whether new or transitioning workforce members are preferring telework options, currently being limited in the District, or whether socioeconomic, environmental, and psychological stressors are rendering human services functions more challenging than ever, the Agency has experienced significant staffing shortages, particularly in the area of CPS investigations. This shortage impacts response times and contributes to burnout among existing staff who are tasked with increasing caseloads.

Part 3: Current Initiatives

CFSA met its Performance Improvement Plan and achieved the OSRI case review benchmarks for Round 3 CFSRs. The improvement initiatives for Round 4 are described throughout this Statewide Assessment.

The District of Columbia and CFSA have increased an already strong emphasis on upstream child welfare prevention and family preservation. Serving children and families safely in the home is integral to positive outcomes. As of September 30, 2023, there are a total of 496 children in out-of-home placements served by CFSA and its partner providers in Maryland. This number represents a 52 percent decrease from the total of 1,026 children who were living in out-of-home placements when CFSA published its most recent Statewide Assessment on March 17, 2016.

The Agency ensures that only children and families with heightened circumstances and needs are receiving out-of-home services. This practice standard impacts CFSR items related to such topics as service delivery, family engagement, child well-being, and timely permanency. The District remains committed to ensuring that children in out-of-home placements, their birth parents, and their resource parents are supported by dedicated case management teams. In addition, the District ensures that these children and families have ready access to a comprehensive, efficient, culturally-competent, and equitable service array.

Intersection between Race and Child Welfare Involvement

In June 2022, CFSA established the Development and Equity Administration (DEA) to formalize the Agency's priority towards integration of diversity, equity, inclusion, belonging (DEIB), and workforce well-being principles. To provide supportive leadership to DEA activities, the Agency created a new position, Chief Equity and Development Officer.

The Chief Equity and Development Officer is responsible for ensuring that DEA activities and principles are accessible to the community. Resultantly, the Agency created a DEA website. Among the DEA's newly developed units, the Equity and Change Management Unit focuses on implementing the work of CFSA's DEIB Steering Committee, which CFSA established in 2020 in response to a nationwide focus on DEIB and associated disproportionality in child welfare systems across the country.

Disproportionality and disparity for Black and Brown children and families is not newly evidenced through current data analyses. CFSA's first inclusion of disproportionality data occurred as early as 2005 in the Agency's Needs Assessment. At present, DEA, in consultation with the DEIB Steering Committee and the DIEB Training Subcommittee have developed several training modules offered through DEA's Child Welfare Training Academy that include training on implicit bias, including *Understanding Bias and Forms of Racism*, *Cultural Humility*, and *How Racism Makes Us Sick* (part one of the two-part series on *Racism and Well-Being*). DEA has developed a module focused solely on implicit bias and has received feedback from Keeping Families Together LeX members to make adaptations. Additional stakeholder feedback sessions are being scheduled to obtain input. When finished, the module will be included in the Mandated Reporter online training platform.

Intersection between Neglect and Poverty

In the fall of 2022, CFSA unveiled *Keeping DC Families Together (KDCFT)*, a strategic focus to enhance and broaden the Agency's family preservation efforts and the District's community-based service infrastructure. Through KDCFT, the Agency and its community partners coordinate upstream services for families in need of support, including families that have been reported for abuse or neglect and families involved in a foster care case. Recognizing that each family defines itself differently, KDCFT takes a family-led and Agency-supported approach, leveraging the perspective of individuals with lived experience to drive discussions about the nature, scope, and delivery of services. While developed to identify and address individual needs, KDCFT also advances the District's vision for the transformation of the current child welfare system (synonymous with Agency intervention) to a child and family well-being system. Such a well-being system will integrate the benefits of all agencies, organizations, and community members to share responsibility for supporting and nurturing children and families in their communities. The child and family well-being system will achieve a unified, equitable, and prevention-focused approach for prevention and empowerment of families in the District.

Integral to the evolution of a child and family well-being system is the creation of a citywide 211 Warmline and Community Response (WL/CR) model, which will allow for voluntary linkages of children, families, and individual community members to the District's governmental systems of care and community-based services before individuals or families come to the attention of the Child Protective Services (CPS) Hotline. Although Warmline triage protocols may result in a call to the CPS Hotline, there may also be instances where CPS referrals are redirected to the Warmline. The creation of a citywide WL/CR model fundamentally transforms the District's approach to child welfare and community prevention by getting ahead of the challenges that individuals and families

experience, instead of reacting to or penalizing families in crisis.

In January 2023, the District enacted the Educator Background Check Streamlining Amendment Act of 2022, which includes amendments to the current Child Protection Register (CPR) expungement statute. Placement on the CPR register often has negative consequences for the very children and families the Agency seeks to protect. For example, a teen parent's poor decision might meet the legal definition of abuse or neglect, resulting in placement on the CPR database for the rest of her or his life, even if that decision was not severe enough to warrant separation of the child from the home. Additionally, employers have the right to terminate a parent's employment or rescind employment offers after learning that the individual's name showed up in the CPR database. Unemployment can cause stress and instability that reduces a parent's capacity to provide a safe and stable home. Inclusion in the CPR database can also prevent a child's grandparent or other close relative from becoming a much-needed kinship caregiver, based on substantiated allegation that occurred decades ago. The new law, which became effective on March 10, 2023 (with an October 1, 2023 implementation date), creates a three-tiered approach to decisions regarding the CPR database. An individual's name can now be expunged after 1, 3, or 5 years for certain substantiated or inconclusive reports of child abuse or neglect. The tiers establish a critical distinction from more serious substantiations that can never be expunged (i.e., severe physical abuse, child fatality, sexual abuse, and sex trafficking) from past substantiations that may have been related to housing issues or substance use of a parent who never received treatment. In prescribing a more equitable CPR standard, the new legislation will help serve the District's objectives of keeping families together and promoting the safety, stability, well-being, and permanency of children separated from their home of origin.

Assessment of Safety Outcomes

SAFETY OUTCOME 1: ITEM 1

Safety Outcome 1:	Children are, first and foremost, protected from abuse and neglect.
Item 1:	Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

STANDARD

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

POLICY AND PRACTICE

Per the Code of the District of Columbia § 4–1301.04 (b)(1) (2) and (3) the Agency shall conduct a thorough investigation of a report of suspected child abuse or neglect to protect the health and safety of the child or children when a report involves a child fatality, suspected sex abuse, or the Agency suspects a child is at imminent risk of or has experienced abuse or neglect that the Agency determines to be severe. Relatedly, CFSA's Investigations Policy states that accepted Hotline reports of alleged child maltreatment shall be investigated in a timely fashion that ensures child safety and well-being. The initial phase of an investigation shall be completed within 24 hours. The initial phase includes seeing and interviewing all children living in the home outside of the presence of their caregivers and completing an assessment of safety and risk, not only to the identified alleged child victim, but also to all children residing in the home. Investigations and assessments shall comply with best practice standards.

In addition to the policy, the Child Protective Services (CPS) Procedural Operations Manual, CPS IPOM details CPS practices and clearly outlines the DC Municipal Regulations mandate for response times and timely initiation of investigations to determine child safety. The IPOM reinforces assignment of and initiation by an investigative social worker within 2 hours of the Hotline report if there is an indication that the child's safety or health is in immediate danger and as soon as possible but no later than 24 hours if the child is not deemed to be in immediate danger. To reinforce these CPS policies and procedures, CFSA's Child Welfare Training Academy (CWTA) provides pre-service and in-service training related to mandatory response times to reports of suspected child abuse or neglect.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Child Protective Services	▪ CFSR Round 4 Statewide Data Indicator ▪ CFSR Round 4 Sample Case Review OSRI Report ▪ FY22 Four Pillars Framework Report ▪ June 2023 Timely Initiations Review ▪ FY24 Annual Progress and Services Report	In-Home and Out-of-Home Managers	Focus Group
		Hotline and Investigations Supervisors and Managers	Focus Group

PERFORMANCE DATA HIGHLIGHTS

Round 3 CFSR

During the 2016 CFSR, The District of Columbia received an overall rating of Area Needing Improvement for Item 1 because 73 percent of the 26 applicable cases were rated as a Strength. The standard requires that 95 percent of all investigations be investigated within 48 hours. It was

determined that during the period under review the District did not meet the mandatory timeframes for initiating investigations of child maltreatment reports or having face-to-face contact with children.

Round 4 CFSR Sample Cases

In the Round 4 sample case review, the sample size for this item included 10 applicable cases. Although the sample was small, eight Strength ratings did not meet the 95 percent benchmark for Item one. For the two cases determined to be Areas Needing Improvement (ANI), one had no documented efforts to see the children within the required timeframes, nor did the social worker identify any barriers. With the second case, although the investigative social worker attempted to initiate the investigation within the required timeframe, face-to-face contact with the child did not occur until 2 days later as the address provided did not exist.

BRIEF ANALYSIS

The methodology for this measure has been updated for FY 2022. Under the previous *LaShawn* v. Bowser lawsuit, this measure looked at initiations as in-person contact with identified victim children within 48 hours. The unit of analysis was then at the referral level, i.e., all children identified in the referral had to be seen in person and interviewed within the specified timeframe for the referral to count as having received a timely initiation. DC Code states that all children identified as being in the household must be interviewed face-to-face within 24 hours.[1] For FY 2022 and beyond, CFSA is reporting on the number of children interviewed within 24 or 48 hours with the unit of analysis being at the child level, i.e., each child is counted individually. The new measure does not currently have a performance target but reports on observed performance and provides supplemental information regarding efforts made to interview children who were not seen within the 24-to-48-hour period for a timely initiation. The new measure did not change practice or documentation protocols.

The following table indicates the District's recent performance with respect to the 24-hour initiation requirement.

Month	Total # of Children with Whom Contact Was Required	# of Children Where Contact was Initiated within 24 hours	Initiation Measure
Sep 2022	490	251	51%
Jun 2023	631	347	55%
Sep 2023	442	210	48%
Dec 2023	412	213	52%[2]

[2] Source: FACES.NET Management Report INT 052

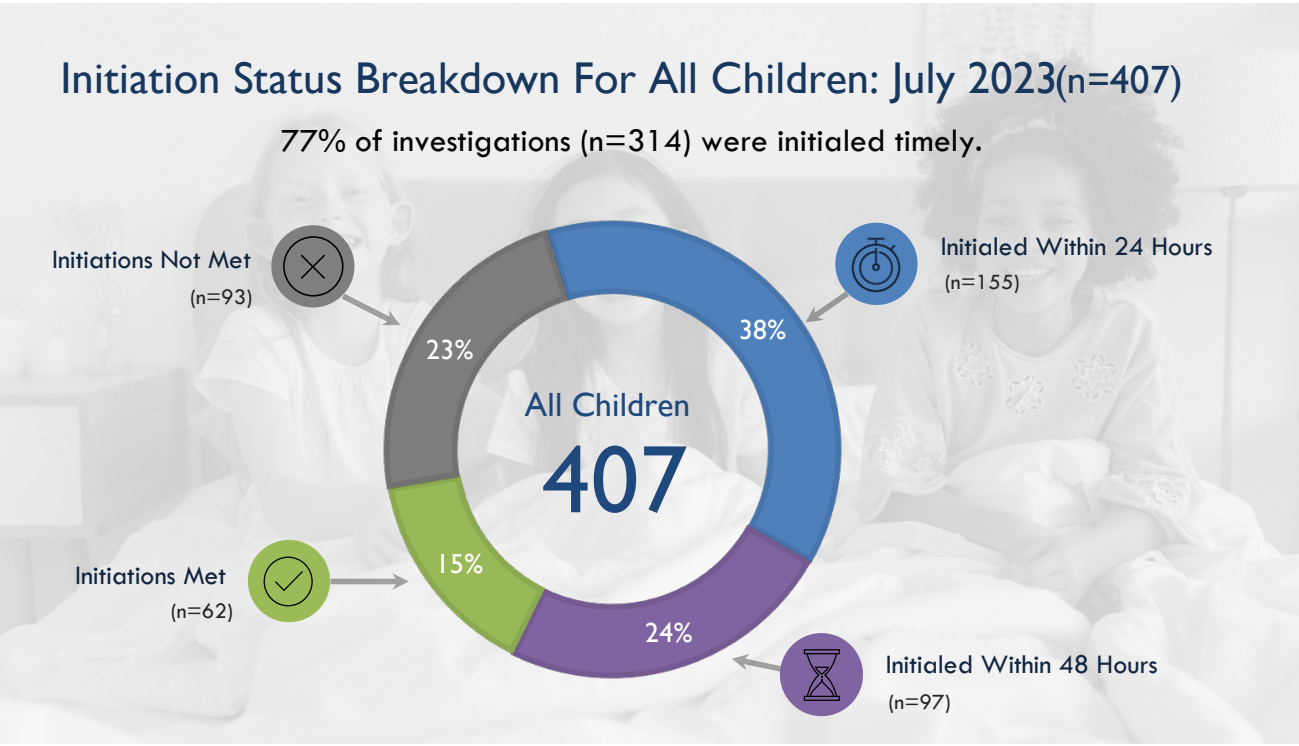
[2] Source: FACES.NET Management Report INT 052

The October 2023 focus group of 21 CPS Hotline and Investigations managers discussed common challenges that impacted performance over the past year related to timely initiation of investigations. Like other jurisdictions across the United States, CFSA experienced a significant number of resignations during the global health pandemic, resulting in increased vacancies and turnover. Unfortunately, this decrease in social workers subsequently led to an increase in caseloads and a rise in employee burnout. As more social workers left the workforce, there were also challenges with recruitment. As of January 2024, CPS has 42 vacancies comprising 28 social workers, nine supervisory social workers, one program manager, one investigator (Diligent Search Unit), one intake Hotline worker and two family support workers.

RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREAS

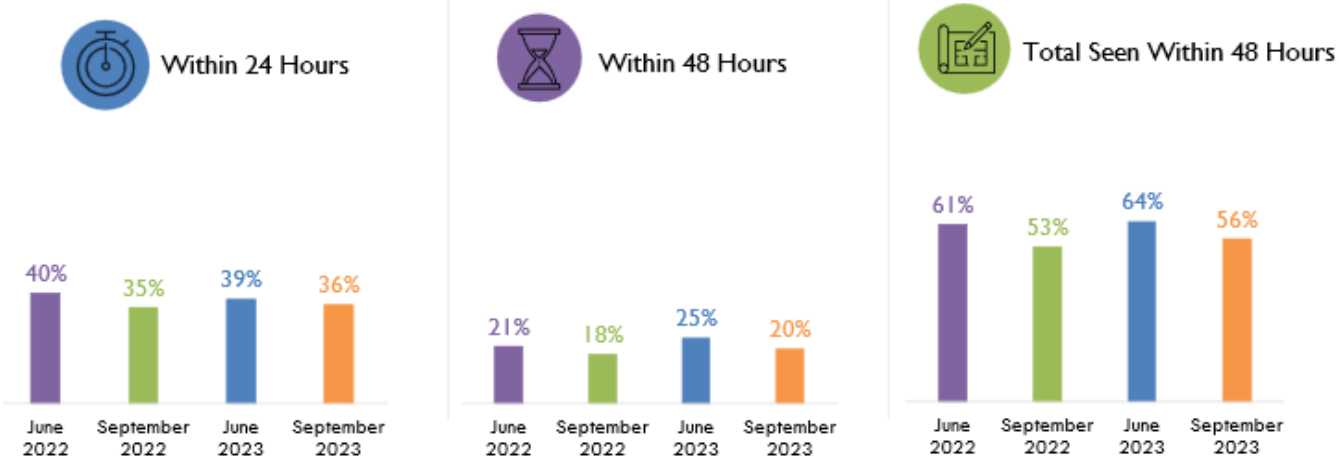
The Quality Assurance (QA) Unit, in collaboration with the Office of Hotline and Investigations, conducts reviews to determine whether contacts and interviews for both victim and non-victim children were achieved within the timeframe for timely initiations. In addition, the reviews determine whether CPS Supervisors accurately completed the Supervisory Assignment Consultation and Clinical Discussion note template in FACES.NET indicating that timely initiations were made.

This section covers performance from March 2022 to September 2023. Out of 407 children, 77 percent (n=314) of investigations were initiated within the expected time frames.



Initiations for Breakdown Within 24 Hours and 48 Hours
June 2022 to September 2023

CPS Investigations had a slight decline in initialing referrals during the 24 hour window from the September 2022 review to the September 2023 review. CPS Investigations had an 8 percentage point decrease in initialing referrals within the 48-hour timeframe per the INT052 report.



Assignment Consultation and Clinical Discussion Completion Rates by Timely Initiation Status – All Children (n=164)

AC

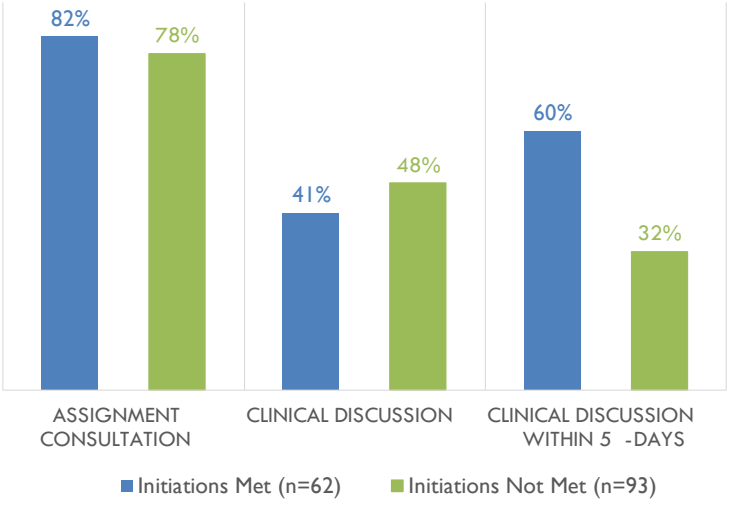
Assignment Consultation

Assignment Consultations had a 3-percentage point improvement in the September 2023 review from June 2023. A higher rate of assignment consultations were completed 82 percent for investigations where initiation was "met" compared to " not met" 78 percent.

CD

Clinical Discussion

Completion rates of the clinical discussion within the 5-day window following the initiation timeframe were completed at a significant higher rate of 60 percent where initiations was "met", compared to 32 percent for all investigations where initiations was "not met". Clinical Discussion completion rates for investigations where initiation was "met" were 7 percentage points lower than those where initiation was "not met".



For the cases reviewed, investigative social workers noted common barriers to initiating referrals, including an inability to access or locate children and family members, despite multiple and varied contact attempts; incomplete contact referral information at the time of intake; parents who would not engage the Agency; locked residential buildings; children or family members residing outside the

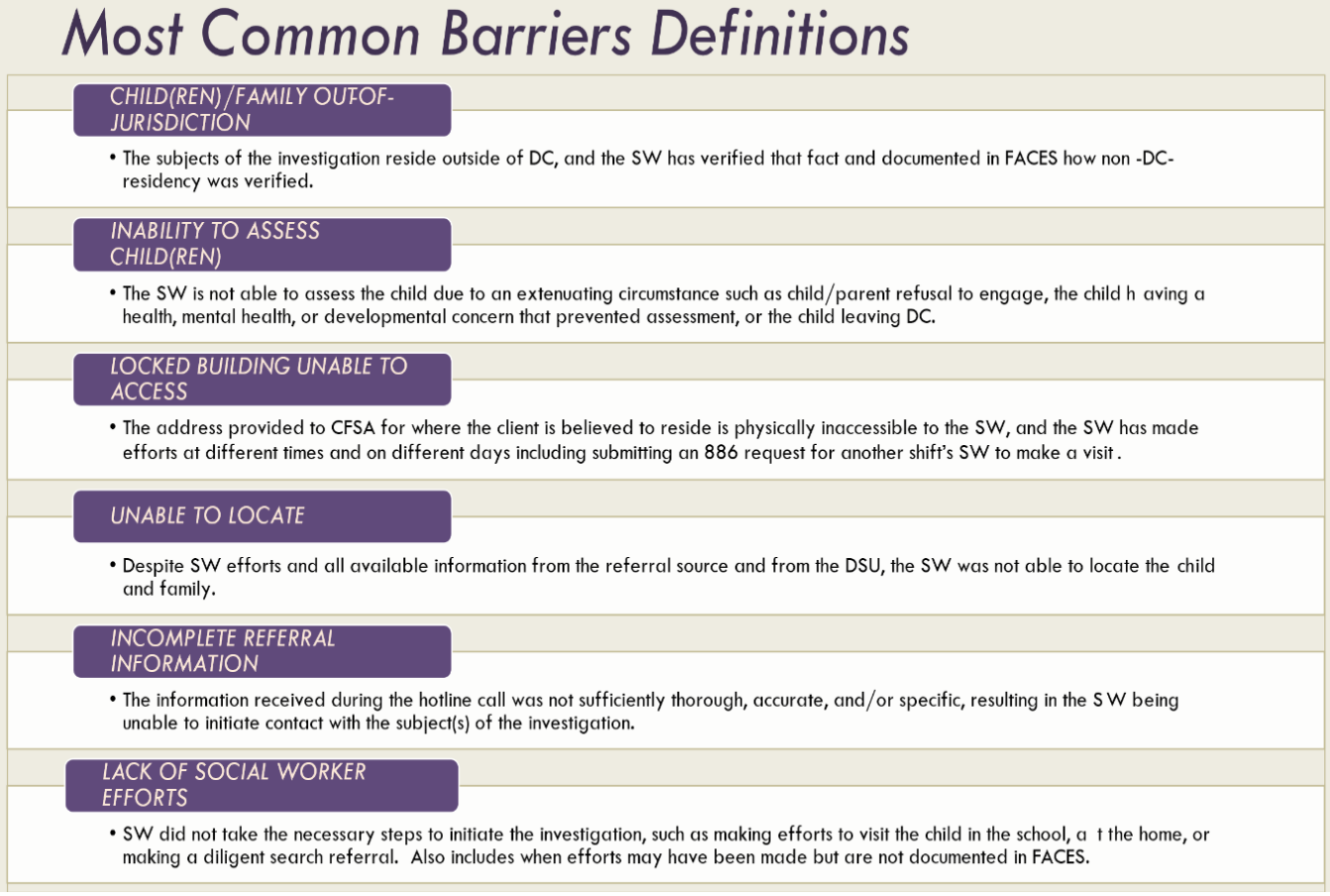
jurisdiction; and a lack of staff coverage necessary to initiate referrals during a given shift. Reports of limited coverage are supported by recent Agency documentation that shows a continued decrease in CPS personnel. Against a standard that 90 percent of investigative social workers have caseloads of 12 or fewer, the rate has fallen from 76 percent in October 2022 to 43 percent in March 2023.

In line with the more recent practice changes, the June 2023 Timely Initiations Review noted efforts to initiating referrals included but were not limited to the following attempts:

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

The review also notes the most common barriers to initiating referrals:

- Inability to access children and family.
- Unable to locate children and family.
- Incomplete contact referral information provided at time of intake.
- Parent would not engage with Agency.
- Locked building unable to access family.
- Children and family out-of-jurisdiction.
- Lack of staff coverage needed to initiate referrals.



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

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

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

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

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

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

CFSA's qualitative review of timely investigations, which removed 63 children from the sample due to exclusionary criteria, included documented barriers to initiation.

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

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

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

In October 2020, CFSA implemented new practice changes for initiating investigations and assessing child safety within 48 hours of a report. The new practice shifted away from the good faith efforts checklist to utilizing clinical decision-making to guide the investigative social worker's efforts to locate and interview children and family within 48 hours of the referral being received by the Hotline. There were no changes in practice in efforts to interview all children (i.e., initiating the investigation). The practice changes included more frequent check-ins with supervisors prior to going into and while in the field. These check-ins supported an increase in collaborative problem-solving and decision-making. In addition, investigative social workers and CPS supervisors participated in focused clinical discussions after the close of the 48-hour initiations window to examine any barriers to initiation and to plan next steps for assessing the safety and well-being of victim children.

To address staffing shortages, CFSA has implemented various recruitment strategies over the past several years, including a designated staff member who focuses primarily on investigative social worker recruitment, attending local career fairs, and partnering with local colleges, universities, and related professional organizations. The recruitment efforts also included advertising job openings on campuses, enhancing the onboarding process, and establishing a pipeline of candidates who were willing and able to be ready for hire, e.g., candidates pending licensure, and relocation.

CONCLUSION

Due to ongoing barriers to initiating referrals and significant staff shortages, the District continues to fall below targeted rates of compliance with the 24-hour investigation initiation benchmark. As noted above, the District recognizes the impact of CPS staff shortages and therefore continues to explore recruitment strategies to improve staffing numbers.

SAFETY OUTCOME 2: ITEM 2

Safety Outcome 2:	Children are safely maintained in their homes whenever possible and appropriate.
Item 2:	Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

STANDARD

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

POLICY AND PRACTICE

District law, CFSA policy, and best practice standards require that social workers make reasonable efforts to keep children safely in their homes whenever possible and offer services that address the immediate needs of the family.

For determining and making reasonable efforts, per District law, a child's safety and health is the paramount concern, and the Agency must make reasonable efforts to preserve and reunify the family. These reasonable efforts must be made prior to the separation of a child from the home unless the provision of services would put the child in danger.

CFSA's Investigations Policy requires the investigative social worker to make reasonable efforts to prevent removal and to protect the child's ability to safely remain in their own home, including developing a safety plan that incorporates a broad range of safety-oriented responses and initiating an At-Risk Family Team Meeting (FTM). The At-Risk FTM is a family driven meeting designed to assist the family in making a family plan that will resolve crises and prevent the removal of the children. During this FTM, the family members express their concerns, and with the help of CFSA, the family develops a plan to ensure both the safety of the children and the stabilization of the family.

As it relates to efforts to provide services, the Agency's Investigations Policy states that the investigative social worker shall assess the family to determine which specific referrals for services may be needed to protect the safety and well-being of the children and the stability of the family.

a. *Every family with an open investigation shall be offered services that address immediate needs, including but not limited to assistance in obtaining clothing or food and medical or mental health evaluations.*
b. *The investigative social worker shall make every effort possible to initiate referrals for supportive services within the 30-day investigation time frame, including referrals to the Healthy Families/Thriving Communities (HFTC) Collaboratives and EBPs [evidence-based programs] through FACES.net.*

The Agency's responsibility to assess and render appropriate services to families is a fundamental component of the reasonable efforts that must be demonstrated in all in-home and out-of-home cases. To this end, social workers, nurse care managers, and other clinical specialists are trained and supported to administer formal caregiver assessments and to make informal assessments during visits to the family. Based on the needs presented, social workers may provide supportive counsel, or they may recommend or refer families for Agency-based or community-based services in areas such as substance use support, mental health, domestic violence, public benefits, legal advocacy, parenting classes, anger management classes. The CPS Investigations Procedural Operations Manual (IPOM) provides comprehensive practice guidance to staff concerning the removal of children from their homes.

CFSA's In-home Services Policy recognizes that families who come into contact with the Agency often face numerous and complex challenges that require services provided through CFSA, other District agencies and community resources. The goal of in-home services is to work collaboratively with families so that children can remain safely at home. CFSA's In-home Procedural Operations Manual (In-Home POM) is a reference tool designed specifically for the In-Home Services social worker to support families not entering foster care. Prior to case closure, the in-home social worker discusses collaboratives, other District agencies and community-based organizations services prior to case closure and develops sustainability plans with families.

CFSA's Permanency Practice Policy states that a child or family who is in need of continued support after case closure, that a referral for community services through a Collaborative or an EBP can be completed. The goal is to maintain family cohesion and family well-being and to prevent re-entry into foster care.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Safety	▪ CFSR Round 4 Statewide Data Indicator ▪ Focus Group ▪ FY 2024 Annual Progress and Services Report ▪ CFSR Round 4 Sample Case Review OSRI Report ▪ FY 2022 Four Pillars Framework Report ▪ June and September 2023 Timely Initiations Review	Hotline and Investigations Supervisors and Managers	Focus Group
		In-home and out-of-home Supervisors and Managers	Focus Group

PERFORMANCE DATA HIGHLIGHTS

Round 3 CFSR

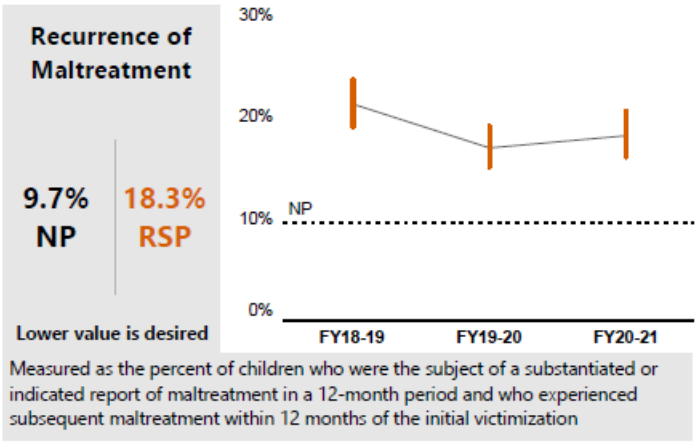
During the 2016 CFSR, the District of Columbia received an overall rating of Area Needing Improvement (ANI) for Item 2 because only 72 percent of the 25 applicable cases were rated as a Strength.[3] Item 2 was rated as a Strength in 86 percent of the 14 applicable foster care cases, and 55 percent of the 11 applicable in-home services cases. No in-home services differential response cases were applicable for assessment.

[3] For Items 2 through 18, child welfare jurisdictions must receive a Strength rating in at least 90 percent of reviewed cases to receive an overall Strength rating for that item.

Statewide Data Indicator

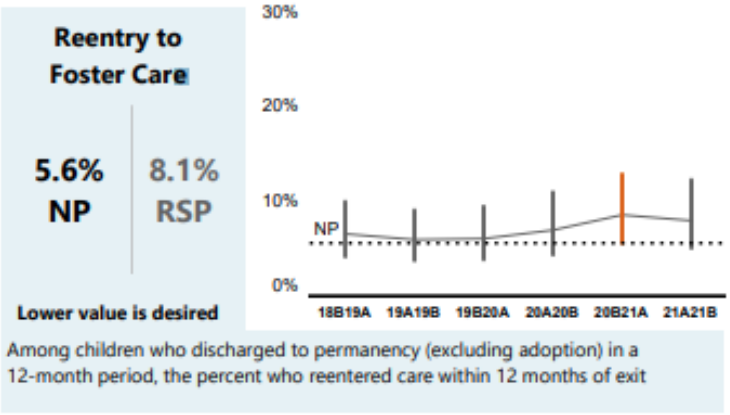
Recurrence of Maltreatment

The CFSR Round Four Data Profile measures all children who were subject of a substantiated report of maltreatment in a 12-month period and experienced a recurrence of maltreatment within a 12-month period. The District's recurrence rate (when adjusted to reflect similar jurisdiction-based criteria) of 18.3 percent was almost twice the national average of 9.7 percent. One way to determine whether families received sufficient services to maintain children safely in the home is to measure the recurrence of maltreatment. Studies on predictors of recurrence of maltreatment reveal that recurrence of maltreatment is less likely when the family is receiving child welfare and other related services.



Re-entry into Foster Care

The District's performance regarding re-entries into foster care has been statistically similar to the national performance between 2018 and 2021. An exception included slightly higher re-entry levels during the second half of 2020 and the first half of 2021. During FY 2021, the District saw an approximate average of 8.1 percent of children re-entering foster care compared to the national performance of 5.6 percent. Overall, however, the District has seen a decline in re-entries into foster care from 80 in FY 2016 to 41 in FY 2023.



Round 4 CFSR Sample Case Reviews

The Round 4 CFSR On-Site Review Instrument (OSRI) sample reviews indicated that only 16 of the 31 finalized cases were applicable for Item 2. Of this number, 88 percent (n=14) were rated as a Strength. In one of the cases which received an ANI, the Agency failed to provide additional notification to the child welfare agency in the neighboring jurisdiction to request a safety assessment and ensure the child did not return to the mother's care. As a result, the family did not receive the needed support and services when they returned to the District. Three months later the child was separated from the home for similar concerns compounded by substance abuse, and the child was subsequently placed in kinship care.

BRIEF ANALYSIS

Substantiated Reports after Families Receive Community-Based Services

CFSA's Office of Thriving Families tracks monthly referral and service activity pertaining to community-based prevention services. In a March 2023 report, Thriving Families' Evaluation and Data Analytics team (EDA) noted that the five Health Families/Thriving Communities Collaboratives collectively provided primary prevention services to a total of 60 families during the month of February 2023. The EDA team also reported that in the month of March 2023, the Collaboratives collectively served a total of 133 families that were referred from CFSA due to identified risk factors or to mitigate the impact of prior child maltreatment. Against a benchmark that 90 percent of families will not have a substantiated neglect report for up to 6 months after Collaborative case closure, the EDA team found overall compliance with 92 percent (n=349/379) of families whose cases closed in FY 2021.

For the February 2024 Performance Oversight Hearing, CFSA presented the following data to the DC Council Human Services Subcommittee:

Substantiation after six months:
CFSA assessed that only nine percent of all Front Porch and Front Door families who had a Collaborative case closure between October 1, 2021 and September 30, 2022 also had a CPS referral and substantiation within 6 months of a Collaborative case closure.

Collaborative Name	FY22 Case Closures	Substantiation within 6 months	Ratio substantiation/case closures
East River Family Strengthening Collaborative (ERFSC)	84	9	11%
Far Southeast Family Strengthening Collaborative (FSFSC)	129	9	7%
Edgewood/Brookland Family Support Collaborative (EBFSC)	85	10	12%
Collaborative Solutions for Communities (CSC)	42	4	10%
Georgia Avenue Family Support Collaborative (GAFSC)	29	2	7%
Total	**369**	**34**	**9%**

Note: Our sample revolves around FY22 closures to assess if families returned to CFSA's attention within a six-month window, encompassing FY23.

Substantiated Reports during Open In-Home Cases

The Four Pillars Performance Framework includes metrics related to new reports received on families with an open in-home case. The standard requires that no more than 9.5 percent of open in-home cases will experience a substantiated investigation while the case is open. From July 2021 to September 2022, new reports led to substantiated investigations in 7 percent of open in-home cases.

The District of Columbia Mayor's Performance Plan measures the number of separations of children from their homes within 1 year. CFSA met its target of 100 or fewer entries in FY 2022 with 77 children entering foster care and in FY 2023 with 58 entries.

Stakeholder Feedback

An October 2023 focus group with CFSA's Out-of- Home and In-Home Services management staff shared that although the District has numerous resources for families, there are often long waiting times or very specific and often unclear requirements. Some of these requirements prevent families from getting needed services in a timely manner. The staff report that referrals for food is one of the easier services that can be provided, but for areas such as therapy there can be long waits (e.g., set number of counseling hours required to receive housing). Housing waits can be long or even impossible. Focus group members stressed that being able to help families meet basic needs such as

safe and stable housing is key to reducing stressors and opens them up to being more receptive to services which can decrease the likelihood of child maltreatment.

Also in the October 2023 focus groups, 20 Hotline and Investigations managers and 7 In-Home and Out-of-Home Services supervisors and managers provided feedback on services that are critical to preventing entry or re-entry into foster care. When asked what challenges and barriers impact access to services to families, respondents offered the following examples:

- There is a disconnect between the notion that the District has a lot of services and the reality of limitations in accessing those services, such as wait times.
- For non-English-speaking residents, there are limitations to language access, including multi-lingual resources and available interpreters.
- The Access Helpline has increasingly longer hold times for both staff and families, which is particularly unacceptable for families in crisis.
- Location can be an issue; the location of some services is difficult for families to access.
- There are long wait times for families to receive mental health services due to reported staff shortages.
- There is a need for services for the domestic violence abusers.
- Housing is at the top of the hierarchy of needs. If families do not have safe and stable housing, it makes it difficult to address other areas.
- Teens are often engaged individually without consideration for the fact they exist within a family that can potentially provide needed support.
- Eligibility requirements are not always clear.
- It can be hard to keep up with programs as they are always starting and stopping with no notification.

The supervisors and managers also provided the following responses when asked what strategies have helped get families to engage in services or programs:

- Knowledgeable and skillful caseworkers are vital to identifying appropriate resources and confirming families can access them.
- Rapport-building with families will promote buy-in when services are suggested.
- Family Team Meetings can help.
- Actively connecting families with the Collaboratives.
- Warm hand off.
- Motivational Interviewing – this should be occurring at the city-wide level.

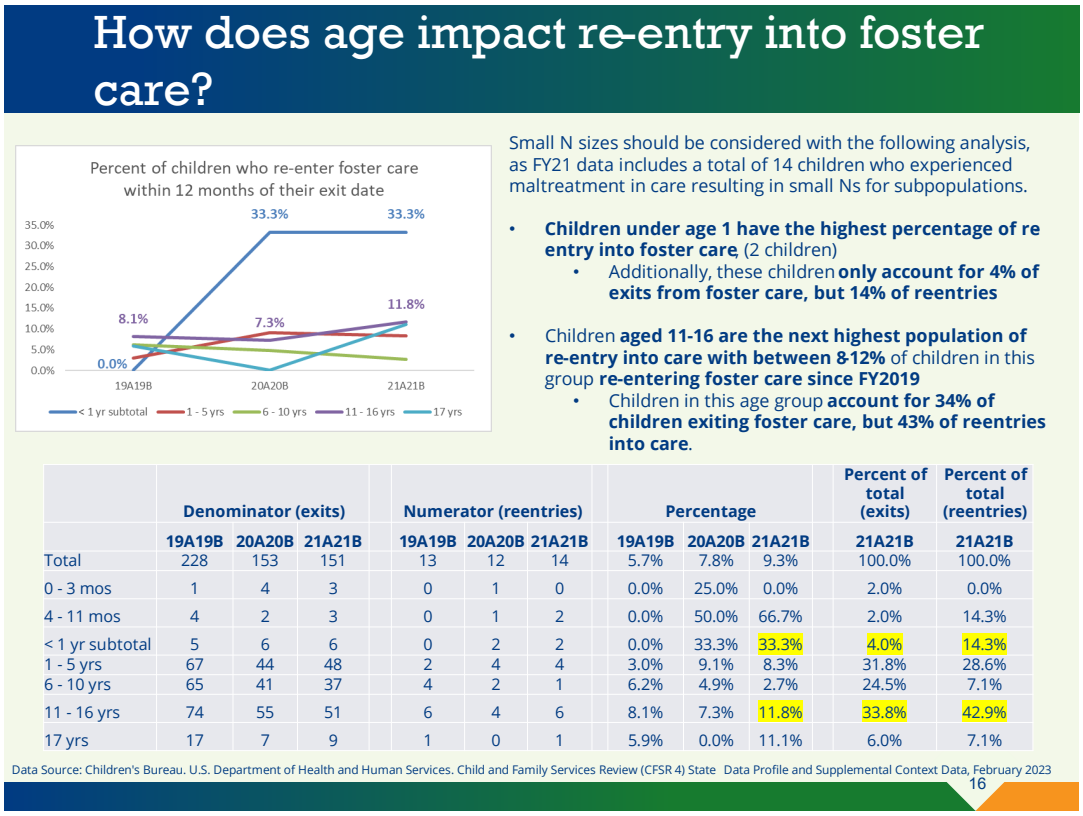
The supervisors and managers also suggested the development of an accessible, centralized information resource for services citywide.

CFSA's approach to family preservation and child welfare prevention is comprehensive and constantly evolving. From building a supportive community-based infrastructure for upstream diversion to enhancing the skills, practices, models, and resources among the Hotline, CPS, and In-Home teams, CFSA operates within the fundamental framework of Keeping DC Families Together. With this understanding, the Agency monitors service delivery to children and families through the Quality Service Reviews (QSRs).

RESULTS OF DEEPER DATA EXPLORATION AND PRIORITY FOCUS AREAS

Statewide Data Indicator – Contextual Information

As part of the Round 4 CFSR data consult, the Capacity Building Center for States provided the District with the contextual information regarding the Statewide Data Indicator for re-entry into foster care, notably that children less than one year of age have the highest percentage of re-entries.



How does age impact re-entry into foster care?

Small N sizes should be considered with the following analysis, as FY21 data includes a total of 14 children who experienced maltreatment in care resulting in small Ns for subpopulations.

- **Children under age 1 have the highest percentage of re entry into foster care** (2 children)
  - Additionally, these children **only account for 4% of exits from foster care, but 14% of reentries**
- Children **aged 11-16 are the next highest population of re-entry into care with between 8-12%** of children in this group **re-entering foster care since FY2019**
  - Children in this age group **account for 34% of children exiting foster care, but 43% of reentries into care**.

	Denominator (exits)			Numerator (reentries)			Percentage			Percent of total (exits)	Percent of total (reentries)
	19A19B	20A20B	21A21B	19A19B	20A20B	21A21B	19A19B	20A20B	21A21B	21A21B	21A21B
Total	228	153	151	13	12	14	5.7%	7.8%	9.3%	100.0%	100.0%
0 - 3 mos	1	4	3	0	1	0	0.0%	25.0%	0.0%	2.0%	0.0%
4 - 11 mos	4	2	3	0	1	2	0.0%	50.0%	66.7%	2.0%	14.3%
< 1 yr subtotal	5	6	6	0	2	2	0.0%	33.3%	33.3%	4.0%	14.3%
1 - 5 yrs	67	44	48	2	4	4	3.0%	9.1%	8.3%	31.8%	28.6%
6 - 10 yrs	65	41	37	4	2	1	6.2%	4.9%	2.7%	24.5%	7.1%
11 - 16 yrs	74	55	51	6	4	6	8.1%	7.3%	11.8%	33.8%	42.9%
17 yrs	17	7	9	1	0	1	5.9%	0.0%	11.1%	6.0%	7.1%

Data Source: Children's Bureau. U.S. Department of Health and Human Services. Child and Family Services Review (CFSR 4) State Data Profile and Supplemental Context Data, February 2023

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Family Court Data

The FY 2022 Family Court Annual Report to Congress provides data on the percentage of children who re-enter foster care pursuant to a court order within 12 and 24 months of being returned to their families. In 2022, of the 92 cases that closed to reunification, one child returned to foster care within 12 months. In 2021, three children returned to foster care. All re-entry rates are based on the number of children returned to care in the District of Columbia. Excluded are those children returned to care in other jurisdictions.

Number of Children Re-Entering Foster Care after Reunification, 2018-2022

Year	# of Cases Closed by Reunification	# of Children Returned to Foster Care After Reunification	# of Children Returned Within 12 Months	# of Children Returned Within 13-24 Months
2018	164	20	16	4
2019	201	10	5	5
2020	116	6	5	1
2021	96	3	2	1
2022	92	1	1	0

In 2022, 26 cases closed to guardianship with no disruptions. In 2021, five guardianship cases were disrupted within 24 months. In many instances, guardianship placements disrupt due to the death or incapacity of the caregiver. Consistent with statutory requirements, successor guardians are named, and those placements are reviewed by the Family Court. The cases are reopened to conduct home studies and background checks to ensure child safety prior to placement with the successor guardian.

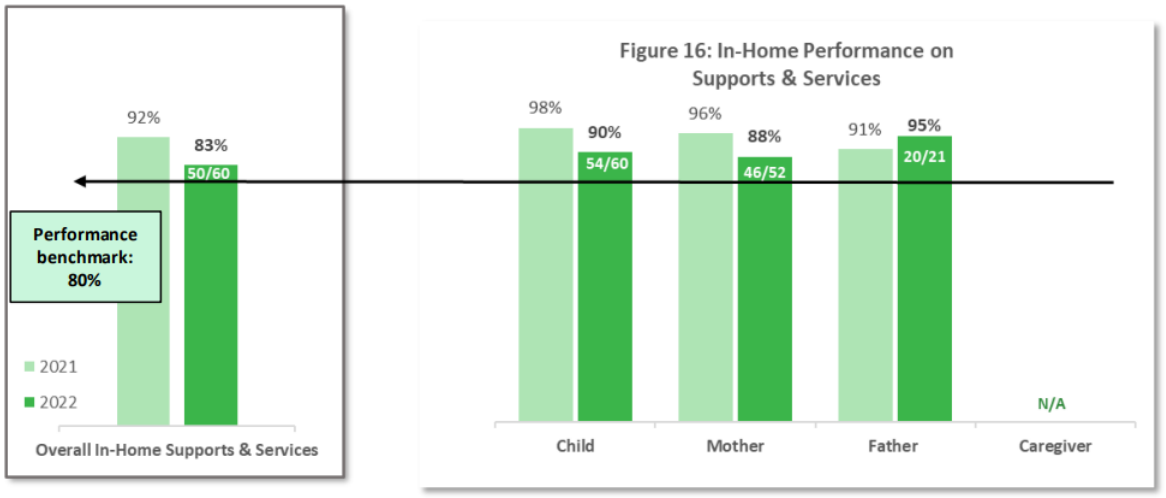
Number of Children Re-entering Foster Care after Placement with a Permanent Guardian, 2018-2022

Year	# of Cases Closed by Guardianship	# of Children Returned to Foster Care After Guardianship	# of Children Returned Within 12 Months	# of Children Returned Within 13-24 Months
2018	76	14	8	6
2019	50	3	2	1
2020	59	5	3	2
2021	40	5	4	1
2022	26	0	0	0

Quality Services Review (QSR) Data

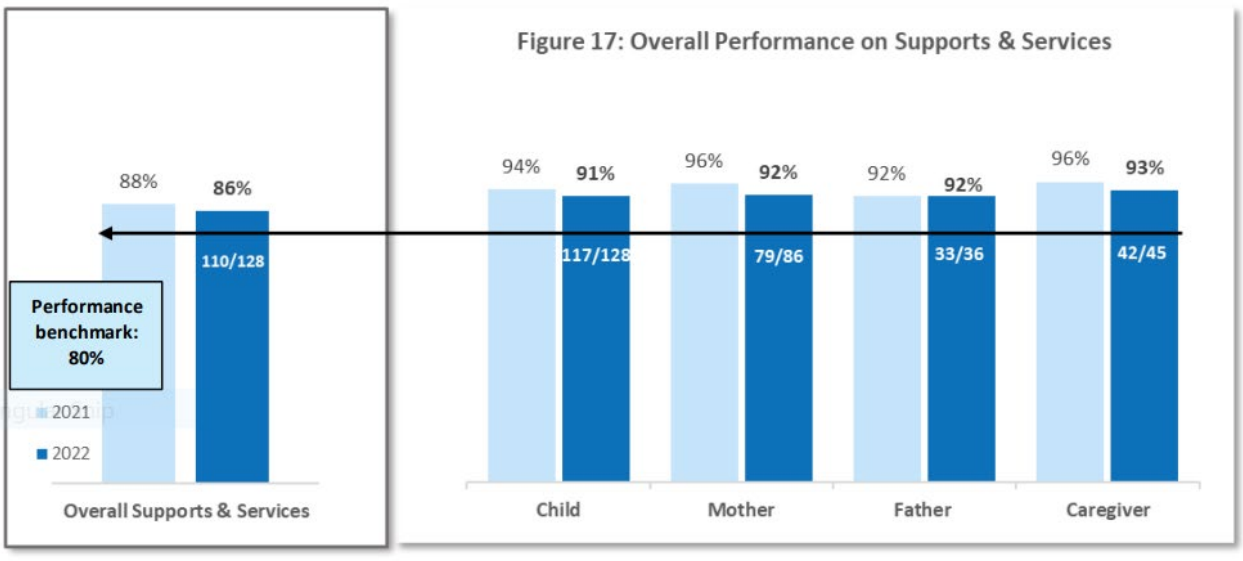
Performance: In Home Supports & Services

Despite a 9 percentage-point decrease for overall In-Home Support and Services (from 92 percent acceptable in 2021 to 83 percent acceptable in 2022), both years exceeded the benchmark.



Performance: Overall Agency Support & Services

Overall Agency performance ratings for implementation of support and services decreased by 2 percentage points from 88 percent in 2021 to 86 percent in 2022. Every 2022 subset for the support and services indicator exceeded the 80 percent Performance Framework benchmark, despite decreases from 2021 by 3, 4, and 3 percentage points for children, mothers, and substitute caregivers (respectively). Services for fathers remained stable at 92 percent between 2021 and 2022.

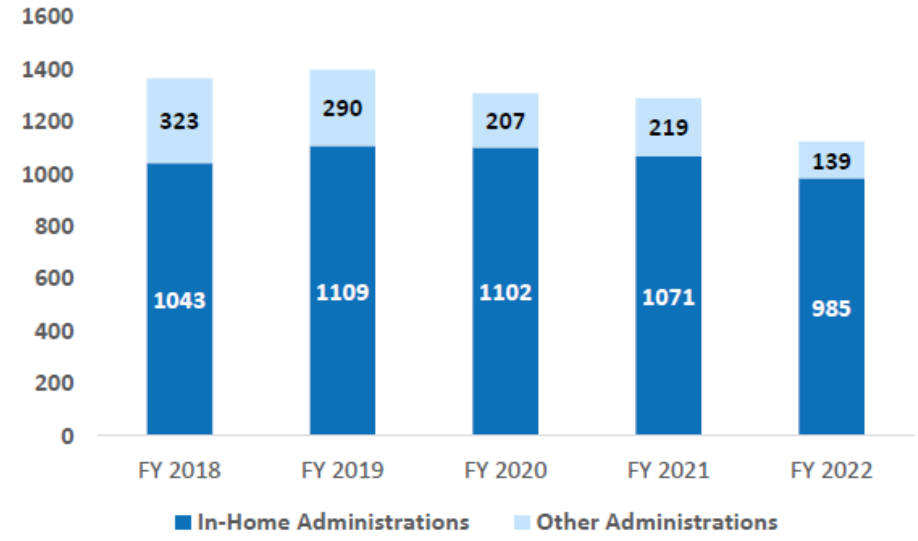


Children Served In-Home

Between 2017 and 2022, CFSA monitored a range of 1,124 to just under 1,400 children each year (as of September 30th of each year) residing at home with their biological families. The children served by

the In-Home Administration comprise most of these children with a range of just under 1,000 children served as of the end of 2017 to a high of just over 1,100 children served as of the end of FY 2019. By the end of FY 2022, the In-Home Administration was serving 985 children in their homes.

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

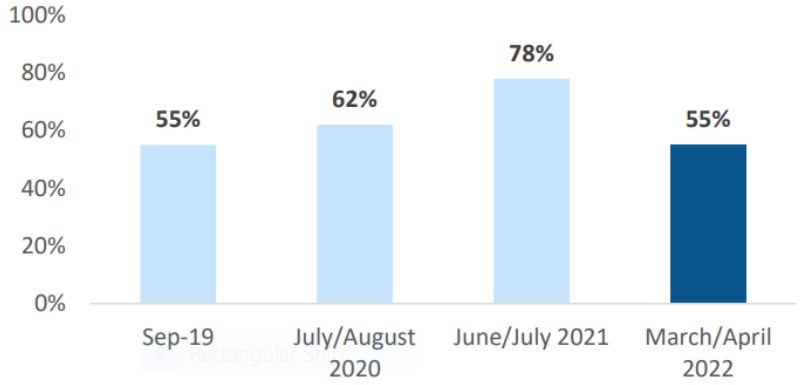


Source: FACES.NET report CMT404

Performance: Community Based Service Referrals

In March and April 2022, CFSA submitted referrals for services for 55 percent (n=30/55) of families who needed and agreed to services at the closing of a CPS investigation and who had a low or moderate risk level. Entry Services' management indicated that the drop in service linkage was most likely due to staff shortages, both of investigative social workers and support staff, caused by the ongoing COVID-19 pandemic.

Figure 8. Percentage of Families Linked to Needed Services



Source: CFSA Administrative Data

The CY 2022 Annual QSR Report highlights that implementation of support and services is a practice strategy for ensuring that families have sufficient and appropriate opportunities to address the reasons

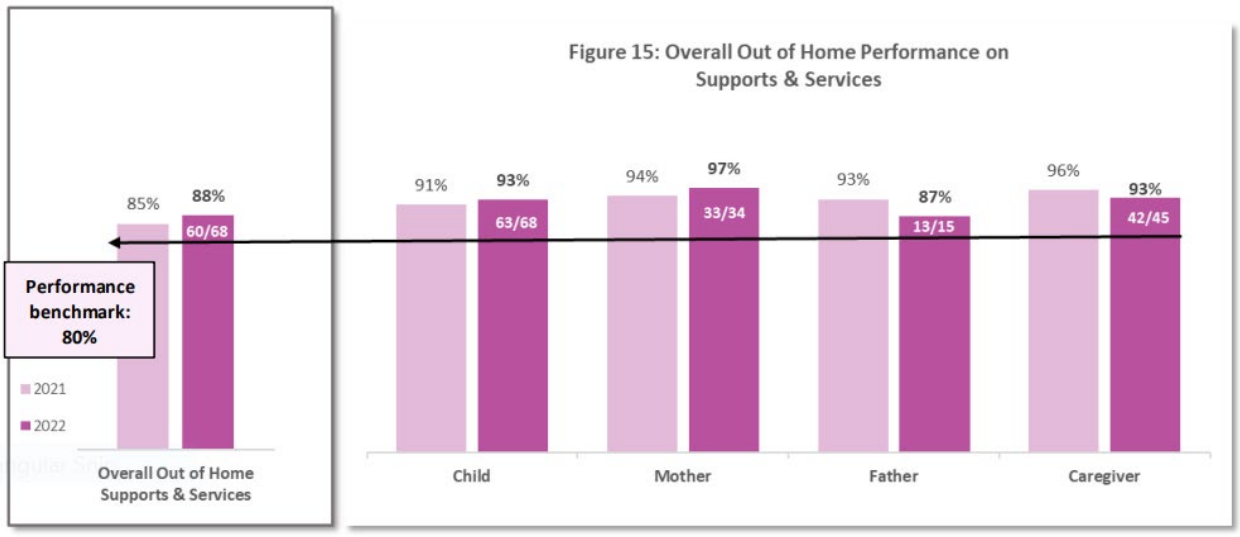
for coming to the Agency's attention. This indicator applies to the array of services potentially needed by a child, a mother, a father and, when applicable, a resource parent for children in out-of-home care. Services range from behavioral health services (e.g., individual or family functioning therapy) to academic services (tutoring and individualized educational plans) to medical services (i.e., medical equipment) for children diagnosed as medically fragile.

In the CY 2022 QSR report, QSR specialists examined child and family status indicators. For 2022, all Child and Family Status safety ratings were above the 80 percent standard. Reviewers rated the crucial indicator of safety of children at home at 98 percent.

Overall Acceptable Ratings for 2021 Child and Family Status Indicators

Indicator	2020	2021	2022	2022 # Cases/Applicable Cases
1a. Safety: Home	98%	97%	98%	126/128

Performance: Out-of-Home Support & Services
The figure below reveals that families receiving out-of-home care continued to meet the 80 percent benchmark during 2022. These items have an impact on children's ability to remain or return home safely (further details can be found in the Permanency and Well-being Outcomes).



Overall planning interventions performance for families receiving both Out-of-Home and In-Home Services in 2022 indicates planning was successful. At 92 percent, the overall ratings were 12 percentage points above the 80 percent benchmark. Safety ratings as shown also continued to surpass the 80 percent benchmark.

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

There are several strategies that were developed to aid in keeping children in their homes when safe to do so, of highlight is the safety net of prevention services along the front door continuum, aimed at continued efforts to move towards a downward foster care population trend and enhancing the array and quality of services that children receive in their own homes that support safety and family strengthening. This work continues today through the Agency's Family First Prevention Plan with the aim of increasing availability and access to services to keep children safely with their families and out of foster care.

The District has seen a substantial reduction in its foster care population over the past 10 years. At the end of FY 2013, there were 1,318 children in foster care, compared to 496 children in foster care at the end of FY 2023. The prevention efforts that provide services to families upstream through the Collaboratives and the 11 Family Success Centers have decreased many families' CFSA involvement. In addition, families assessed at moderate to higher risk with no safety concerns receive family preservation services through CFSA's In-Home Administration. As a result of these efforts, CFSA is serving an increasing proportion of families in the home, i.e., in FY 2013, 56 percent of the overall CFSA population received In-Home Services while at the end of the third quarter of FY 2023, families served in their homes represented 69 percent of the overall population.

In addition to a reduced foster care population, the District has seen a decline in the rate of foster care entries, both overall and in relation to national levels. In 2013, the foster care entry rate for children in the District of Columbia was four entries for every 1,000 children in the population, while the national rate was three entries per 1,000. By 2020, the District's rate had dropped by half to two entries per 1,000 children, while the national rate remained at three entries per 1,000.[4] Additionally, the District's proportion of investigations that resulted in a foster care case had been comparatively small. In 2019, Child Protective Services investigated 12,312 cases of children in the District. Of those cases investigated, 3 percent (n=357) entered foster care. This entry rate of 29 foster care entries for every 1,000 investigations is well below the national average of 71 entries for every 1,000 investigations.[5]

In FY 2022, the District experienced a total of 160 new entries into care. Not only is this lower than the target of 185 or fewer entries, but it represents a substantial decrease from the FY 2016 total of 325 entries.

The District's performance can be at least partially attributed to CFSA's high threshold for foster care entry described earlier. Families with children who do enter the District's foster care system must display elevated risk factors related to a child's safety and well-being, as well as heightened service

[4] 1 Kids Count data on District of Columbia and national foster care entry rates available at datacenter.kidscount.org, retrieved August 2022.

[5] 2 Casey Family Programs data available at casey.org, retrieved July 2022

needs in such areas as substance use, behavioral health, domestic violence, or effective parenting. Although CFSA focuses efforts both on the prevention of maltreatment and the recurrence of maltreatment, elevated risk factors often increase the chance that children will experience maltreatment.

As one method for addressing this issue, CFSA is currently developing a Family Stabilization Unit that will serve as a step-down resource from the In-Home Administration. Consisting of four social workers and one supervisor, the unit will help families transition to community-based resources, including the Collaboratives, Family Success Centers, or other individual providers. The Agency expects to implement the unit in FY 2024.

CONCLUSION

CFSA makes concerted efforts to provide services to families to prevent children's entry into foster care. These efforts are in line with District law, Agency policy, and best practices which require that social workers make reasonable efforts to keep children safely in their homes whenever possible. From FY 2016 to FY 2022, initial entries into foster care over a 12-month period declined from 325 to 160. Re-entries declined from 80 to 41. The District has also seen a decline in the rate of foster care entries relative to national levels. Although the District's data profile still shows higher levels of recurrence of maltreatment relative to other child welfare jurisdictions, CFSA continues to balance this consideration against the value of maintaining a high threshold for foster care entry and exploring all options to keep children safely in the home.

SAFETY OUTCOME 2: ITEM 3

Safety Outcome 2:	Children are safely maintained in their homes whenever possible and appropriate.
Item 3:	Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

STANDARD

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

POLICY AND PRACTICE

CFSA makes concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care. These efforts are in line with Agency policy and best practices around the use of formal and informal risk and safety assessments.

CFSA's Investigations Policy requires that all investigations and assessments comply with best practice standards. The policy establishes guidelines for assessment protocols and decision points, including the following required tasks for completion by Child Protective Services (CPS) investigators:

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

Thorough assessments of risk and safety, along with the completion of the SDM and DAS tools, play a significant role in assessing current and future harm to children. CFSA's CPS, in-home, and out-of-home social workers utilize these tools, coupled with their clinical skills, to assess and address the risk and safety of children while in their homes or in foster care.

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

CFSA revised its Safety Plan Policy in July 2022. Additional safety measures include petitions for Family Court involvement to allow the Agency authority to further monitor families in the home, in addition to best practice completion of formal caregiver assessments, informal child assessments during visitation, and family team meetings.

CFSA's In-Home Procedural Operations Manual (In-Home POM), which provides practice guidance for in-home social workers, includes a section on assessing families with the use of motivational interviewing. The In-Home POM also provides a discussion of each of the tools used to assess families throughout the life of a case, and strategies for in-home social workers to support the families they serve.

Assessment Tools at a Glance

Circumstance	Purpose	Decisions
SDM® Danger and Safety Assessment		

Circumstance	Purpose	Decisions
• Within the first 30 days of a case being opened. • Whenever the safety situation changes. • When recommending case closure to determine that there are no outstanding threats to safety. • Following a Hotline report alleging abuse or neglect that requires a CPS response on an open case.	• Determination of any immediate threat or danger of harm to the child • Assessment of the need for immediate interventions	• The child may remain in the home with no intervention. • The child may remain in the home with a safety plan in place. *Note: Parents or caregivers participate in the development of and sign the final safety plan.* • The Agency separates the child from the home to ensure the child's safety.
SDM® Risk Reassessment		
• High or intensive level of care at onset until assessed otherwise • Within the first 30 days of a case being opened. • New allegation or substantiation • Updated a minimum of every 90 days Within 30 days prior to case closure	• Likelihood that a child may be abused or maltreated in the future • Frequency of visits • Determine intensity, extent, and duration of case management services for In-Home Services cases	• If case remains open, determines level of service (Intensive, high, moderate, or low), including contact guidelines • Whether or not to close a case • Need for referral to the neighborhood Collaborative • May override as needed
SDM® Caregiver Strengths and Barriers Assessment (CSBA)		
• Within the first 30 days of a case being opened and every 90 days thereafter	• Assessment of caregiver's functioning over time, including progress or the need to address challenges • To help guide goals and services in the family service plan	• Determination of safe case closure • What priority strengths and barriers should be included and addressed in the family service plan
Parent's Evaluation of Developmental Status (PEDS)		
• At the time of initial case opening • Within the first 30 days of case assignment	• Each child in the household aged 3 to 5 years of age receives an early intervention screening • The social worker submits a referral (as necessary) to the Office of The State Superintendent of Education (OSSE) Strong Start Program	• Whether further developmental evaluation is needed • Whether the child needs additional supports and services

CPS, in-home, and out-of-home social workers all receive training on informal and formal assessments through CFSA's Child Welfare Training Academy, including the array of SDM tools and various other

assessment tools completed by social workers throughout the course of an investigation, the former Differential Response Family Assessment (FA) process, and delivery of in-home and out-of-home services.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Safety	▪ CFSR Round 4 Statewide Data Indicator ▪ Focus Group Results ▪ FY 2024 Annual Progress and Services Report ▪ CFSR Round 4 Sample Case Review OSRI Report ▪ FY 2022 Four Pillars Framework Report ▪ June and September 2023 Timely Initiations Review	Hotline and Investigations Supervisors and Managers	Focus Group
		In-home and out-of-home Supervisors and Managers	Focus Group

PERFORMANCE DATA HIGHLIGHTS

Round 3 CFSR

During the 2016 CFSR, the District of Columbia received an overall rating of Area Needing Improvement (ANI) for Item 3 because 55 percent of the 65 applicable cases were rated as a Strength. Item 3 was rated as a Strength in 60 percent of the 40 applicable foster care cases, and 58 percent of the 19 applicable in-home services cases with 17 percent rated for the six applicable in-home cases and FA cases.

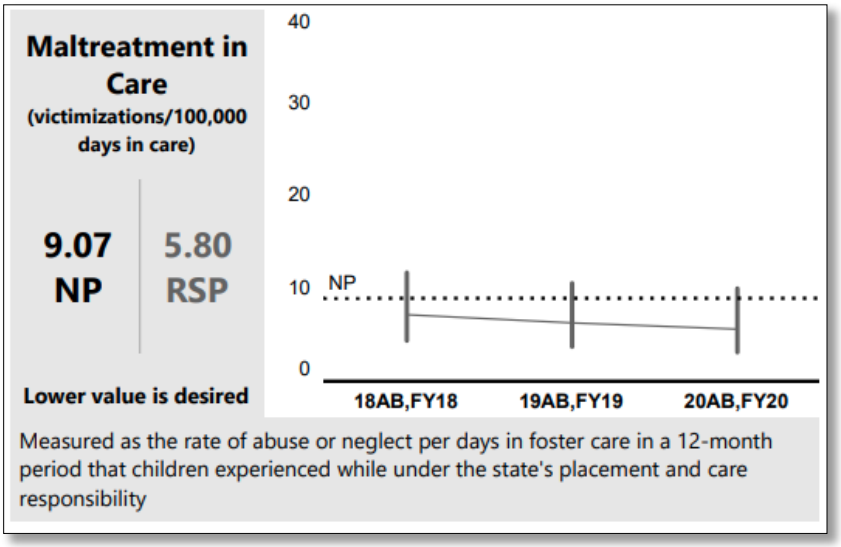
In Item 3, only one out of six FA cases were rated as a Strength. Although the responsibilities for investigative social workers and FA social workers were similar, FA cases were found to lack concerted, consistent efforts to respond to reports in accordance with District policy, or to conduct a comprehensive safety and risk assessment of the family. As a result, families did not always receive the most appropriate services to address the identified needs.

Accordingly, CFSA incorporated the benefits of the FA process into the CPS investigation process and discontinued the FA Unit in 2019. With one CPS administrative unit, CPS has been able to develop a common culture of quality investigations while simultaneously improving consistency of practice.

Statewide Data Indicator

The CFSR Round Four Data Profile measures the rate of abuse or neglect per days in foster care in a 12-month period that children experienced while under the District's placement and care responsibility.

The Data Profile indicates that the District experienced approximately 5.8 victimizations for every 100,000 days in care, compared to the national performance of 9.07 victimizations.



Round 4 CFSR Sample Case Reviews

The Round 4 CFSR OSRI sample reviews indicated on the item rating summary that 86 percent (n=18/21) of the finalized cases were a Strength for Item 3. In one review that resulted in an ANI, the Agency did not complete formal and informal assessments of risk and safety on an ongoing basis during the period under review. This gap was in part due to the mother's refusal to participate, and in part due to the mother not informing the Agency that the family moved to another location.

BRIEF ANALYSIS

Stakeholder Feedback

During an October 2023 focus group, staff emphasized the importance of the use of clinical expertise and consultation when assessing families, in addition to the formal assessment tools. Respondents acknowledged the value of the SDM process but viewed several issues with the tools that the Agency anticipates will be addressed as part of the STAAND migration process. The comments and issues noted below were discussed during the focus group:

- Tools are only as effective as the user.
- The tool is outdated and many risk factors include implicit bias.
- There is insufficient room to impose clinical judgment.
- Family history can elevate the risk status; subsequent stability/improvements will not lower the risk level.
- Other factors may inappropriately elevate risk status: e.g., a large sibling set provides an automatic basis of elevation and does not consider whether there may be sufficient family support in the home.

- There are many definitions, and coding can be confusing.

RESULTS OF DEEPER DATA EXPLORATION AND PRIORITY FOCUS AREAS

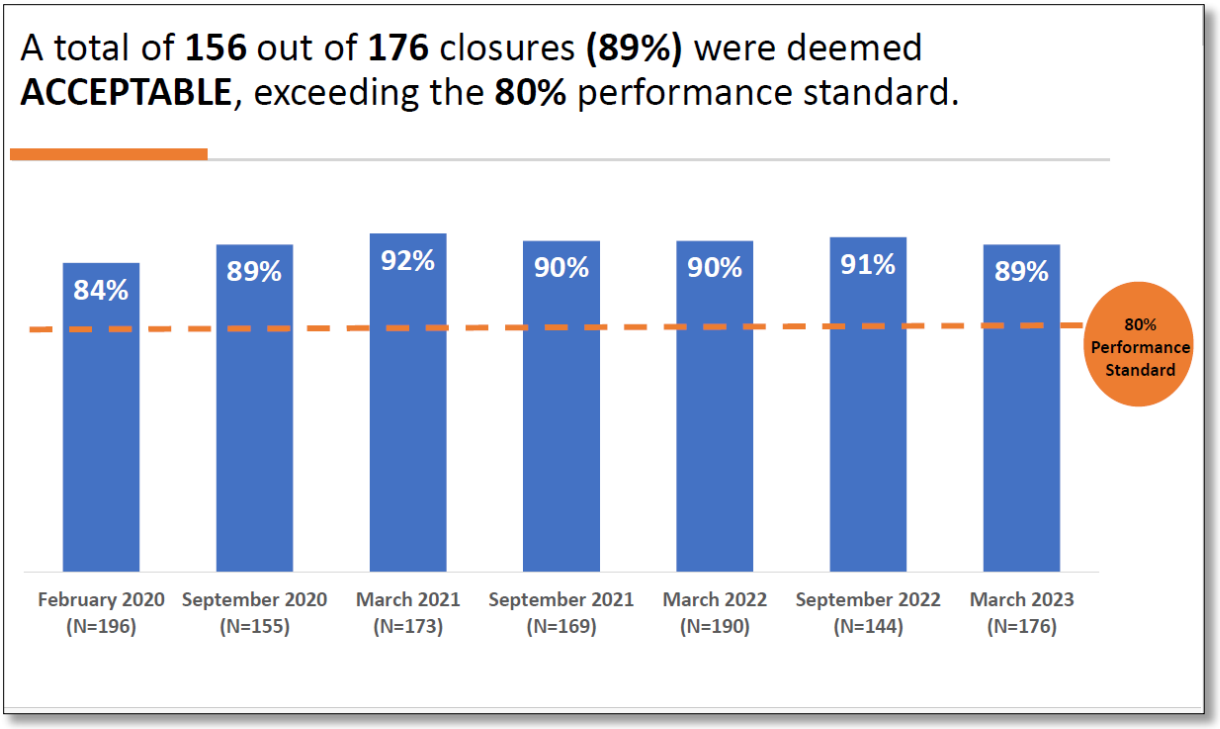
Four Pillars Performance Data

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

The Agency conducted two AI qualitative reviews during 2022. In terms of completing safety and risk assessments, 90 percent (n=171/190) of the investigations that closed in March 2022 were of acceptable quality, while 91 percent (n=131/144) that closed in September 2022 were of acceptable quality. In a March 2023 review, 89 percent (n=156/176) of investigations that closed were of acceptable quality.

- Of the 19 investigations in March 2022 that were not of acceptable quality, the two most frequent reasons included (1) investigative social workers not interviewing one or more (n=10) key collateral contacts, and (2) information obtained during interviews with core contacts was insufficient (n=8). Of the 13 investigations in September 2022 that were not of acceptable quality, the two most frequent reasons included (1) investigative social workers not interviewing one or more (n=8) core contacts, and (2) investigative social workers not interviewing one or more (n=7) key collateral contacts.
- For the 19 referrals rated as unacceptable in March 2022 and the 13 referrals rated as unacceptable in September 2022, reviewers could identify multiple reasons for unacceptability. Consistent with the 2022 qualitative reviews, one of the top reasons for unacceptable practice was not interviewing one or more key collateral contacts.
- For the 20 referrals rated as unacceptable in March 2023, as in the 2022 investigations reviewed, not interviewing one or more key collateral contacts remained the top unacceptable practice.

CFSA continued to exceed the AI standard during 2022 and in March 2023, even though there has been a significant social worker shortage. While the social worker shortage has impacted achievement of the CPS caseloads measure, as well as timely initiation and timely closure measures, the results of these qualitative reviews demonstrate that expectations for quality investigative practices continue to be met.



Initial Assessments

CFSA's internal standard and Four Pillars Performance Framework both require 80 percent acceptable reviews for child safety. Similar to acceptable reviews, CFSA considers data from the OSRI tool, the QSR reviews, and the AI reviews. For QSR reviews, CFSA again looks at the Agency's practice performance during intervention planning. When evaluating AI practice, CFSA considers assessments of risk and safety among the primary activities for review. For children involved in a safety plan, CFSA tracks whether the child experienced a separation within 30 or 60 days; whether the child had a subsequent Hotline call within 30 or 60 days, if the call was screened in, and the result of the investigation; and whether the child has a case currently open with CFSA.

The Agency conducted two AI qualitative reviews during 2022. In terms of completing initial safety and risk assessments, 90 percent (n=171/190) of the investigations that closed in March 2022 were of acceptable quality, while 91 percent (n=131/144) that closed in September 2022 were of acceptable quality.

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

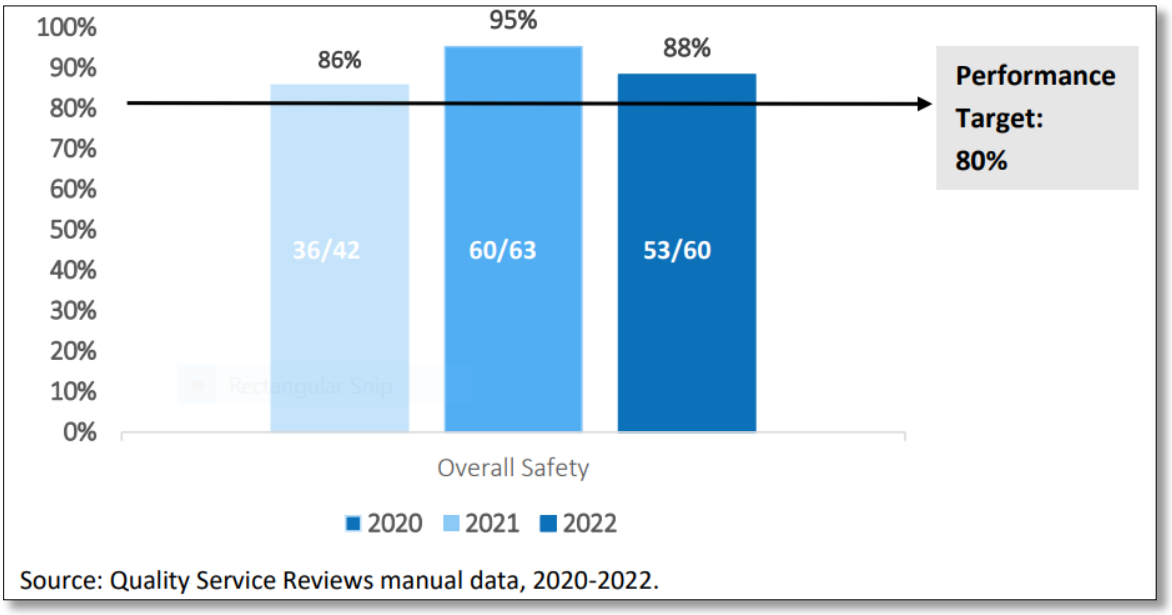
Consistent with the 2022 qualitative reviews, one of the top reasons for unacceptable practice was not interviewing one or more key collateral contacts.

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

Ongoing Assessments

CFSA's FY 2022 Four Pillars Performance Report sets a standard that 80 percent of cases reviewed in the annual QSR sample will receive an overall acceptable rating for safety. In FY 2022, QSR reviewers rated 88 percent (n=53/60) of the in-home sample cases as acceptable for the *Child Safety* and the *Planning Interventions*: *Safety and Protection* indicators.

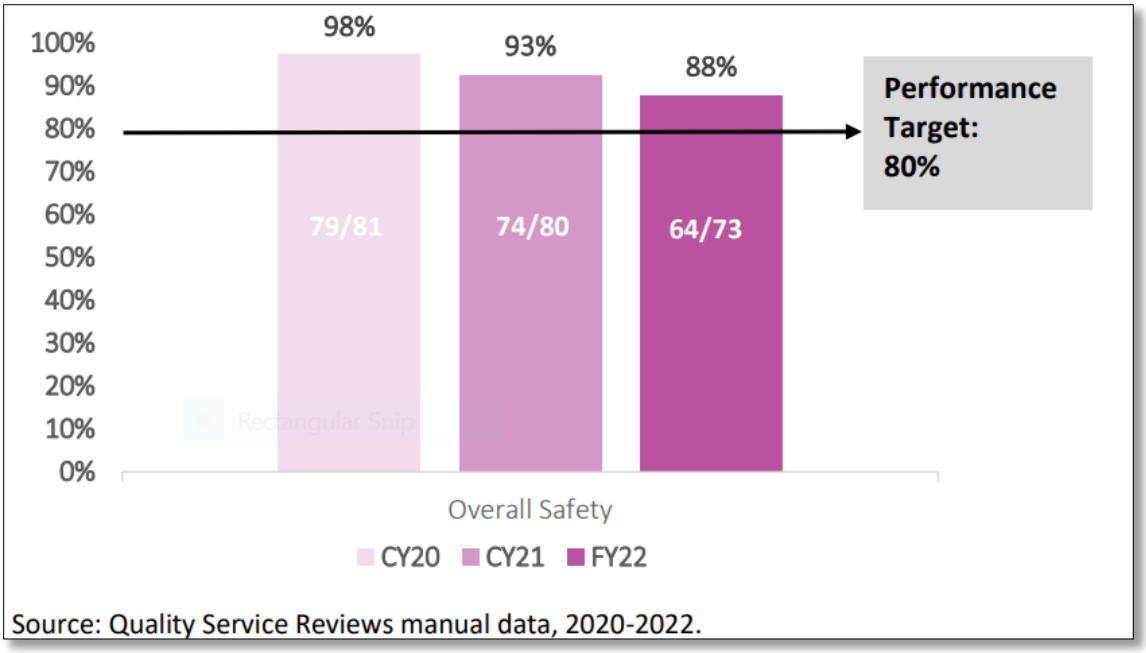
In-Home Safety Assessments 2020-2022



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

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

Out-of-Home Performance on Safety Assessments CY 2020 to FY 2022



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

Safety Plans

CFSA social workers develop appropriate safety plans with families when they have identified specific indicators of danger to the child. The safety plans clearly describe any immediate threats to the child's safety and detail steps to mitigate or eliminate the child's risk of being unsafe. Safety plans are monitored and updated as needed.

In July 2022 CFSA updated its policy on safety planning. In September 2022, the Child Welfare Training Academy partnered with the Office of Hotline and Investigations (formerly Entry Services) to develop training on the Agency's updated Safety Planning Policy. Supervisors and program managers received a "training of trainers" course to ensure that all CPS personnel were educated on the policy and administrative issuance. Supervisors and program managers were equipped to provide clinical supervision and facilitate discussions regarding safety planning.

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

- 6 children experienced a separation within 60 days of the plan taking effect.
  - ☐ 3 children experienced a separation within 30 days.

- ☐ 3 children experienced a separation between 31-60 days.

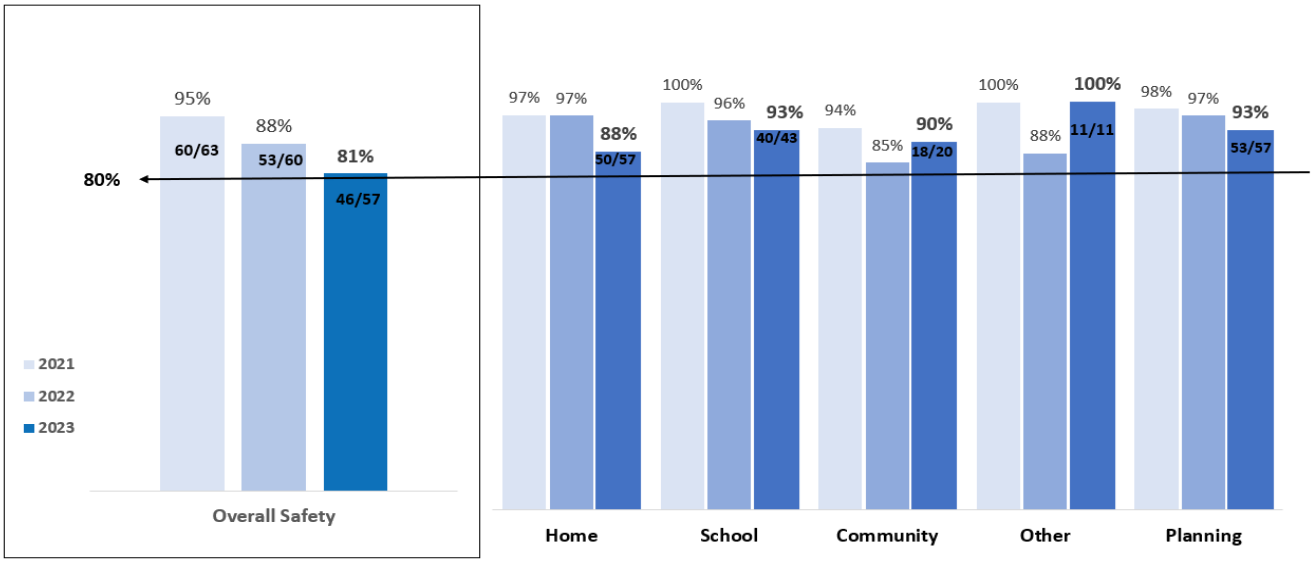
- 12 children were involved in a new Hotline call within 60 days of the safety plan.
  - ☐ 11 were screened out. The one screened-in referral was linked to an ongoing investigation, which ultimately resulted in a separation.
- 37 have a case open with CFSA (31 in-home, 6 out-of-home) as of February 9,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

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

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

In August 2023, as shown below, a joint QSR and In-Home Administration data presentation included child safety data for in-home cases from January to May 2023. Regarding overall performance for safety, acceptable practice accounted for 81 percent (n=46/57) of the cases. Although meeting the benchmark, this percentage represented a slight decline from prior reporting periods.

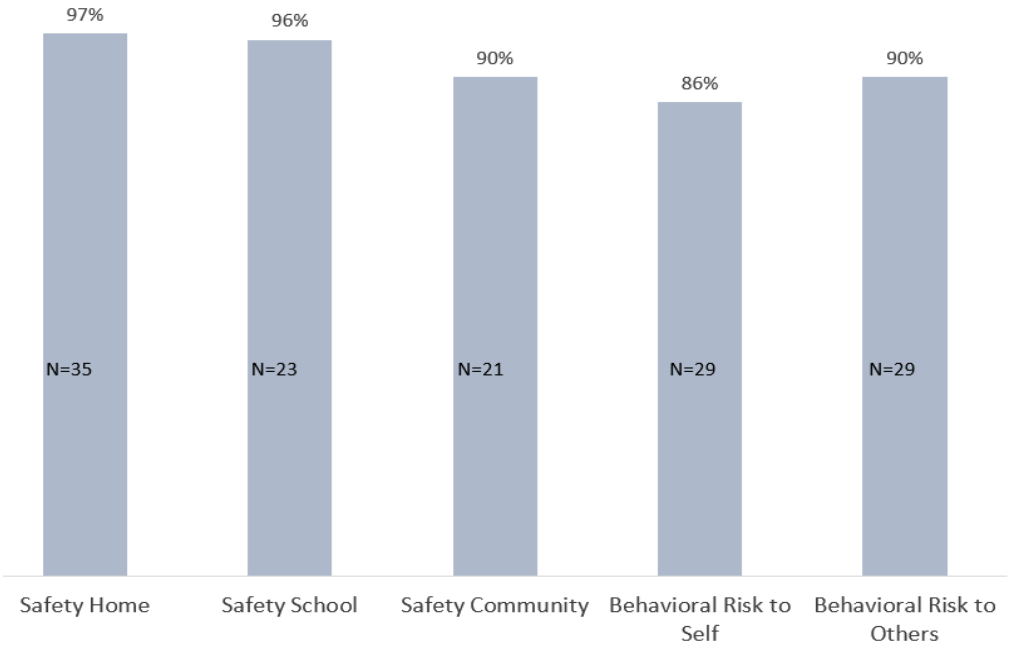
Performance on Safety Indicator



In December 2023, the QSR Unit worked with Out-of-Home Administration data analysts to present safety data from July to September 2023. The *Child/Youth Safety Status* indicator showed that children

were generally safe in all areas. Of the applicable cases, acceptable ratings for ongoing planning around safety supports and services were categorized and summarized as follows:

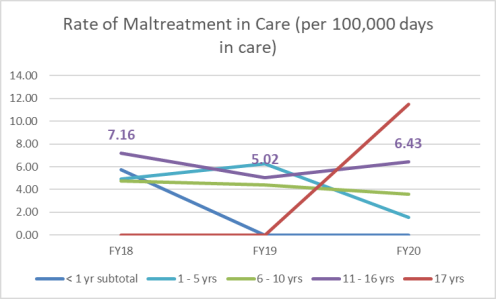
Performance on Child/Youth Safety Status



Statewide Data Indicator – Contextual Information

As part of the Round 4 CFSR data consult, the Capacity Building Center for States provided the District with contextual information regarding the Statewide Data Indicator for the impact of age on maltreatment in care and on the recurrence of maltreatment. The data highlighted the relative frequency of maltreatment among children aged 11-17.

How does age impact maltreatment in care?



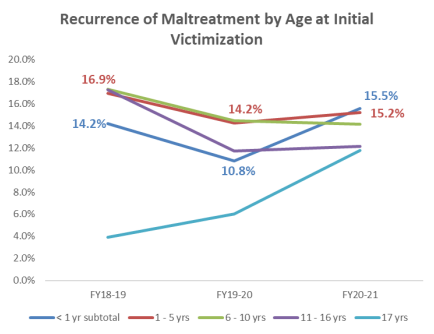
Small N sizes should be considered with the following analysis, as FY2020 includes a total of 9 children who experienced maltreatment in care

- Children **aged 11-16 have the highest rate of maltreatment in care** across all three years
  - Note: children aged 17 have a higher rate in FY20, however this rate reflects one child.
  - Children **aged 11-16 account for more than half of victimizations (56%) while only accounting for 35% of days in care**
- Children **aged 17 account for 11% of victimizations while only accounting for 4% of days in care**

	Denominator (days in care)			Numerator (victimizations)			Victimization/ 100,000 days			Percent of total (days in care)	Percent of total (victimizations)
	FY18	FY19	FY20	FY18	FY19	FY20	FY18	FY19	FY20	20AB,FY20	20AB,FY20
Total	254,756	255,167	223,386	14	12	9	5.50	4.70	4.03	100.0%	100.0%
0 - 3 mos	5,533	6,618	7,921	0	0	0	0.00	0.00	0.00	3.5%	0.0%
4 - 11 mos	11,961	10,025	9,061	1	0	0	8.36	0.00	0.00	4.1%	0.0%
< 1 yr subtotal	17,494	16,643	16,982	1	0	0	5.72	0.00	0.00	7.6%	0.0%
1 - 5 yrs	80,823	79,512	63,964	4	5	1	4.95	6.29	1.56	28.6%	11.1%
6 - 10 yrs	63,313	68,293	55,986	3	3	2	4.74	4.39	3.57	25.1%	22.2%
11 - 16 yrs	83,766	79,739	77,741	6	4	5	7.16	5.02	6.43	34.8%	55.6%
17 yrs	9,360	10,980	8,713	0	0	1	0.00	0.00	11.48	3.9%	11.1%

Data Source: Children's Bureau. U.S. Department of Health and Human Services. Child and Family Services Review (CFSR 4) State Data Profile and Supplemental Context Data, February 2023

Recurrence of Maltreatment by Age at Initial Victimization



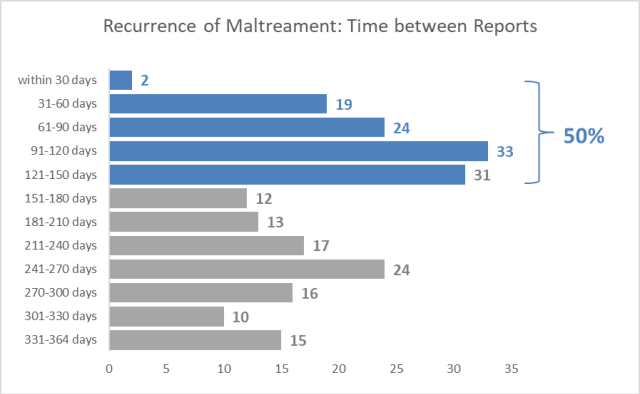
- **Young children have the highest percentage of recurrence of maltreatment** (under 1, 15.5% and aged 1-5, 15.2%) , followed closely by children aged 6-10 years (14.2%)
- Children **aged 1-5 account for the most recurring victims** system wide (33%), followed by children aged 6-10 (30%)
- There was an increase of recurrence of victims aged 17+, but this appears to be due to both a decrease in the number of initial victims in FY20-21 (51 compared to 34 initial victims), and an increase in the number of recurring victims (2 compared to 4 recurring victims)

Age at initial victimization	Denominator (initial victims)			Numerator (recurring victims)			Percentage			Percent of total (initial victims)	Percent of total (recurring victims)
	FY18-19	FY19-20	FY20-21	FY18-19	FY19-20	FY20-21	FY18-19	FY19-20	FY20-21	FY20-21	FY20-21
Total	1,738	1,836	1,531	286	240	216	16.5%	13.1%	14.1%	100.0%	100.0%
0 - 3 mos	*109*	*126*	*125*	*14*	*13*	*19*	*12.8%*	*10.3%*	*15.2%*	*8.2%*	*8.8%*
4 - 11 mos	*74*	*77*	*68*	*12*	*9*	*11*	*16.2%*	*11.7%*	*16.2%*	*4.4%*	*5.1%*
< 1 yr subtotal	183	203	193	26	22	30	14.2%	10.8%	15.5%	12.6%	13.9%
1 - 5 yrs	520	534	474	88	76	72	16.9%	14.2%	15.2%	31.0%	33.3%
6 - 10 yrs	549	588	459	95	85	65	17.3%	14.5%	14.2%	30.0%	30.1%
11 - 16 yrs	435	461	371	75	54	45	17.2%	11.7%	12.1%	24.2%	20.8%
17 yrs	51	50	34	2	3	4	3.9%	6.0%	11.8%	2.2%	1.9%

Data Source: Children's Bureau. U.S. Department of Health and Human Services. Child and Family Services Review (CFSR 4) State Data Profile and Supplemental Context Data, February 2023

What do we know about recurrence of maltreatment?

- In half of the instances of recurring maltreatment, the second report was made within 150 days of the initial report



Data Source: Children's Bureau. U.S. Department of Health and Human Services. National Child Abuse and Neglect Data System (N CANDS), FY2020 (10/1/2019-9/30/2020) and FY2021 (10/1/2020 -9/30/2021) for children applicable to the CFSR Recurrence of Maltreatment indicator

9

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

In FY 2022, CFSA contracted with Evident Change (formerly called the National Council on Crime & Delinquency and Children's Research Center)[86] to review and enhance the SDM tools, including the Hotline Intake Assessment, the Danger and Safety Assessment, and the SDM Family Risk Assessment.

To maximize use of the tool and holistically improve its work with families, CFSA plans to incorporate the SDM assessment tools as part of the ongoing software development of the Agency's new federally compliant Comprehensive Child Welfare Information System (CCWIS), which will replace the current Statewide Automated Child Welfare Information System (SACWIS). CFSA's new CCWIS is known as STAAND (Stronger Together Against Abuse and Neglect in DC). As part of this upgrade, CFSA intends to partner with Evident Change to ensure fidelity to the SDM practice model such that the tools are automated correctly.

In FY 2023, SDM improvement efforts will include design updates and customization to the Child Abuse and Neglect Screening Assessment Tool at the Hotline level, and the Danger and Safety Assessment completed during an investigation. Improvements will also include conditional and final certification of both tools in the new CCWIS system.

CONCLUSION

Social workers from the CPS, In-Home, and Out-of-Home Administrations continue to use formal safety and risk assessment tools in their work with families. In line with best practices, the social workers also

continue to conduct ongoing, informal risk and safety assessments during each regular contact and all visits with the families throughout the investigation and throughout the life of a case for those families that require additional support and services. For children who remain in their homes, safety plans are created with the families to ensure the children can safely stay in their homes.

Assessment of Permanency Outcomes

PERMANENCY OUTCOME 1: ITEM 4

Permanency Outcome 1:	Children have permanency and stability in their living situations.
Item 4:	Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

STANDARD

Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goals?

POLICY AND PRACTICE

CFSA and its contracted private agency providers adhere to placement matching philosophies and practices as described in the Placement and Matching Policy. In particular, case managers and placement specialists are directed first to look to kinship providers, to place siblings together where appropriate, to prioritize family-based settings, and to identify placements near the child's community. The policy also instructs Agency staff on thorough assessment practices and the provision of as much information about the child as possible to the resource parent.

The policy also includes best practices for maintaining placement stability including teaming, shared parenting, continuous assessment, and a child-and-family-centered approach. The Agency's Business Process, Placement Stabilization Staffing further guides staff in identifying and addressing concerns that may lead to a placement disruption, including a youth's behaviors and a resource parent's reactions.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Placement	▪ CFSR Round 4 Statewide Data Indicator ▪ CFSR Round 4 Sample Case Review OSRI Report ▪ FY22 Four Pillars Framework Report ▪ FY22 Needs Assessment ▪ FY24 Diligent Foster and Adoptive Recruitment Plan	Resource Parents	Survey Focus Group
		Older Youth in Foster Care	Survey Focus Group
		Family Court Judges	Focus Group
		CFSA In-Home and Out-of-Home Managers	Focus Group
		CFSA Out-of-Home Social Workers and Supervisors	Survey Focus Group

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
		CFSA Out-of-Home Social Workers and Supervisors	Survey Focus Group

PERFORMANCE DATA HIGHLIGHTS

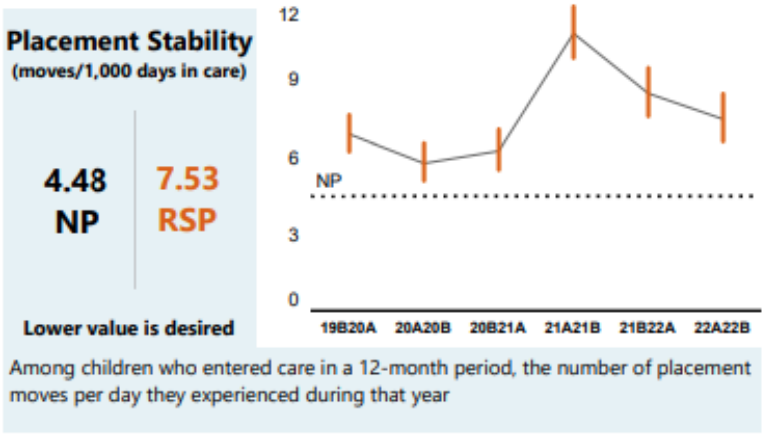
Round 3 CFSR

For the Round 3 CFSR, the District received an overall rating of Area Needing Improvement (ANI) for Item 4 because 68 percent of the 40 applicable cases were rated as a Strength.

Despite ongoing efforts to provide stabilization supports for children and resource parents in out-of-home placements, inherent restrictions in the District's placement array continue to impact the placement matching process. Specifically, socioeconomic trends in the District, described later in this report (Item 35) limit the amount of qualified resource parents who can reflect the characteristics of children in care, can provide placement near the child's community of origin, and can manage behaviors that children commonly express when they have experienced trauma.

Statewide Data Indicator

According to data from the February 2023 CFSR Round 4 Statewide Data Indicator for Placement Stability, the District continues to experience higher rates of placement moves than the national average.



The District's risk-standardized performance (RSP) has decreased in the last two data periods but remains above the National Performance (NP).[6] The District's RSP was 7.53 in FY 2022, which is higher than the NP of 4.48.

[6] RSP is derived from a multi-level statistical model and reflects the state's performance relative to states with similar children and considers the number of children the state served, the age distribution of these children, and, for one indicator, the state's entry rate. It uses risk adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a fairer comparison of state performance against the national performance.

For internal reporting purposes, however, CFSA excludes decidedly positive placement changes from its calculation of placement disruptions. For example, at the end of FY 2023, there were 496 children in foster care. During FY 2023, there were a total of 588 placement moves (involving 221 unique children), not counting temporary periods where children required respite care or were otherwise absent from placements. Of this number, 134 were decidedly positive, as they included moves to the home of an adoptive resource, placement of siblings together, or discharge to a less restrictive environment. An additional 82 moves were entered in to FACES.NET as "proximity to family."[7] The 372 disruptions that occurred in FY 2023 are described in the data exploration section below.

Round 4 CFSR Sample Case Reviews

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 4 was rated as a Strength in 62 percent (n=8/13) of applicable cases. Strengths included cases were the child remained in one placement throughout the period under review (PUR) or had minimal moves that were either out of the control of the Agency or were for positive reasons. Reasons for ANI ratings included a caregiver who reported not being able to manage a child's behaviors, a relative caregiver who expressed frustration with the childcare voucher application process, a group home whose Agency contract expired, a youth who transitioned from a group home to a residential treatment center, and insufficient efforts to explore alternative options while a child was awaiting placement with a sibling.

BRIEF ANALYSIS

Stakeholder Feedback

Resource Parents

CFSA's Kinship and Placement Administration surveyed 64 resource parents in February 2022. The survey included questions about placement matching practices and placement stability supports. Most respondents gave favorable ratings to the Agency's resource parent support workers and the resource parent peer-support clusters, known as the Bridge, Organize, Nurture, Develop (BOND) network. However, resource parents offered mixed responses to the placement matching process and the availability of such critical supports as respite.

In a December 2023 survey, 15 resource parents were asked to provide feedback not just on stabilization supports but also on such pre-emptive strategies as effective placement matching. In response to the statement, "The Agency overall makes concerted efforts to appropriately match children with resource parents," one resource parent strongly agreed, three agreed, one indicated "neutral," six disagreed and four strongly disagreed. Despite this negative response, resource parents did acknowledge the occasional necessity of sub-optimal placement matches. In response to the

[7] Source: FACES.NET Management Reports PLC 010 and PLC 157. The placement change category "Proximity to Family" is not counted, here, as "decidedly positive" due to ambiguous coding implications. Social workers may enter this reason when the positive outcome of moving a child closer to the parents is achieved or when a child's best interests warrant movement further away from the birth family.

statement, “There are situations when it is appropriate for the Agency to contact a resource parent about placing a child that doesn’t reflect the resource parent’s express preferences,” two strongly agreed, six agreed, four indicated “neutral/unsure,” two disagreed and one strongly disagreed. When asked to select factors that contributed to the placement, four selected “Child needed immediate placement,” six selected “The Agency did not have all of the child’s information,” and six selected “The Agency did not clearly or completely describe the child’s needs.”

Among the eight resource parents who reported accepting a child that did not reflect their express preferences or limitations, there was little sentiment regarding sufficient support. When asked to respond to the statement, “When you accepted the placement, the Agency provided the necessary support to ensure the child’s needs and your needs were met,” one resource parent indicated “neutral,” while four disagreed and three strongly disagreed.

When asked what the Agency can do to make sure placement matches are appropriate for children and resource parents, respondents offered the following suggestions:

- Work on appropriate placements for children with special needs.
- Be honest with resource parents about the children’s level of need.
- Provide as accurate and complete information as possible.
- Update resource parents’ preferences as they become more experienced and better understand their strengths and limits.
- If possible, find a way to match parenting styles to the children.
- When resource parents are flexible in accepting a child outside their preferences/capacity, provide additional supportive resources.
- Do not make resource parents feel pressured to take a placement.

Resource parents expressed unfavorable assessment of Agency supports around placements, when responding to the statement, “The Agency, overall, makes concerted efforts to provide services to children and resource parents to maintain a safe, stable, and positive placement.” Only three resource parents agreed, three indicated “neutral,” six disagreed, and three strongly disagreed.

When asked to identify services that have proven helpful, several resource parents indicated practical support such as transportation, supplies, and daycare vouchers. Others indicated personnel support, including a mentor and resource parent support worker. When asked what services should be added or improved, resource parents indicated a need for more flexible funding, more mental health services for children, more respite opportunities, more timely responses and support when children present with service needs, especially escalated behaviors, and better all-around communication from Agency staff.

A September 2023 focus group of 25 resource parents produced mixed responses to questions about placement matching practices, and included a couple examples of placements of children about whom insufficient information was provided, as well as a couple examples of extremely inappropriate matches based on the child’s behavioral needs and the resource parent’s capacity. Key strategies to

promote placement stability were identified to be childcare and respite. *Additional details on the survey and focus group feedback can be found in Item 12C. Resource Parent Supports.*

Out-of-Home Social Workers and Managers

In a December 2023 survey, 17 social workers responded to the statement, "When children and youth present with behavioral challenges in their out-of-home placements, they and their resource provider receive sufficient support to promote placement stability." Responses were mixed. One social worker indicated "always," seven indicated "usually," eight indicated "sometimes," and one indicated "rarely." In an October 2023 focus group, eight managerial staff from CFSA's Office of In-Home and Out-of-Home Care similarly discussed the extent to which placement-related issues are attributable to availability. The managers pointed to logistical barriers, such as the need to maintain a child near the school of origin and the limited options for daycare. They also indicated that resource parents aren't always provided with the necessary information to properly meet the need of children placed in their home. One manager has also observed situations where stabilizing supports may be available, but issues are difficult to observe and anticipate when there is an undetected source of friction which suddenly leads to an outburst that causes disruption. Another manager noted that unintended consequences of respite care may occur. For example, a child who experiences a relatively positive respite experience may return to the resource home of origin and subsequently view that home in a more negative light, which may in turn impact placement stability.

Family Court Judges

In an October 2023 focus group, seven Family Court judges discussed barriers to placement stability and the impact it has on permanency timelines. Several judges expressed that regardless of Agency efforts to identify suitable matches and provide necessary services, the District simply doesn't have enough placement resources. In particular, the judges expressed a need for more homes to accommodate teens, as well as youth with juvenile justice involvement and parenting youth. Additionally, the 18-to-21-year-old population will benefit from more transitional housing opportunities, and the Agency must recognize that some youth actually have more success in congregate care settings.

Children's Attorneys (GAL)

In a December 2023 survey, eight guardians *ad litem* (GALs) responded to questions about placement matching and placement stability supports. When asked to respond to the statement, "The Agency places children in safe, stable, and supportive foster care environments," three GALs indicated "usually," four indicated "sometimes," and one indicated "rarely." When asked to select the factors that commonly impact the placement matching process, eight GALs selected "Array of available foster care placements," and three selected each of "Emergent circumstances," "Placement matching practices (efforts to consider characteristics and practices)," and "Distance to community/school."

When asked about factors that commonly lead to placement instability, all eight GALs selected "foster parent-child relationship," seven selected "foster parent's parenting practices," six selected "child's behavior," and five selected each "case management team support for foster parents," and "timely provision of services."

When asked about strategies that have proven effective in placement matching and responding to potential disruptions, GALs provided the following responses:

- Giving the youth and foster parent opportunity to meet prior to placement
- Discussion of expectations ahead of time
- Communicating input from youth and GAL during the matching process
- Additional support for foster parents, including training and respite care
- Additional behavioral supports for children
- Transparency – direct communication from the placement unit to the child and GAL

RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREAS

CFSA Management Report

The 372 placement moves that occurred in FY 2023 and that can be classified as "disruptions" for reporting purposes include instances in which the child requested a placement change, the provider requested a change, the placement provider could not meet the child's needs, the provider was temporarily unavailable, there was a change of service, the child required a different level of care, or the provider's contract ended.

The table below indicates that traditional foster homes accounted for the majority of placement disruptions in FY 2023. While this might be expected in light of the fact that the majority of children are placed in traditional homes, this placement type also shows the highest proportion of FY 2023 disruptions compared to its end-of-fiscal-year-population. By contrast, kinship placements accounted for only 6 percent of disruptions and, at the end of FY 2023, accounted for 22 percent of the out-of-home population.

FY 2023 Placement Disruptions by Placement Type (as of 9/30/23)				
Placement Type	**Disruptions**	**% of total Disruptions**	**# of Children in Placement Type**	**% of Total Foster Care Population**
Foster Homes (Kinship)	22	6%	107	22%
Foster Homes (Traditional)	244	66%	270	54%
Congregate Care/Independent Living Program	30	8%	31	6%

Other (not in legal placement, secure institution, residential treatment facility)	76	20%	88	18%
Total	**372**	**100%**	**496**	**100%**

Source: FACES.Net Management Report: PLC 010 and PLC 257

FY 2022 Placement Stability Needs Assessment

In FY 2022, CFSA completed a Placement Stability Needs Assessment to understand the dynamics contributing to placement disruptions and to determine the best course of action. CFSA believes that placing children in the most appropriate placement upon entering care promotes placement stability and ultimately enhances timely permanency for children and their families, biological, kin, and foster parents. A stable placement cannot be achieved, however, without an adequate, diversified placement array suited to meet the needs of the children. In conjunction, the children, families, placement providers and child welfare professionals interacting with the Agency may also require specific services and supports to ensure placement stability.

The Placement Stability Needs analysis starts by explaining how CFSA has operationalized a definition for placement stability, and an examination of other definitions of placement stability used nationally. The analysis continues with a historical perspective of population changes, racial and economic disparity and other factors that impact the availability of foster care placements in the District of Columbia, as well as an examination of the types of placements and placement supports provided by the Agency over the past 10 years. Following the historical perspective are quantitative and qualitative analyses examining the Agency's current placement array, placement supports, and placement needs. CFSA utilized cohort data instead of a point-in-time data analysis on the children served from October 1, 2020, through March 31, 2022. Included in the analysis of placements within this time frame are three cohorts based on a child's length of stay:

- Children in care at least 8 days and up to 12 months
- Children in care 12 months to 23 months
- Children in care 24 months or longer

For the first two cohorts, analysts examined the total number of a child's placements since entering foster care. For the third cohort, analysts examined the total number of a child's placements within the last 12 months. For each cohort, the analysts compared children who experienced two or fewer placements to the children who experienced three or more placements.

- **Placement Stability for Children Entering Care:** This measure uses entry cohort methodology and groups children by the year they were separated from their parents. This will also be accompanied by a step-up, step-down analysis that will look at what the second placement was for those children who did experience a placement change-for example did they go from a resource parent home to a kinship home. At this time, the Agency is collecting baseline data and no performance targets are set. This measure uses the Chapin Hall Foster Care Data

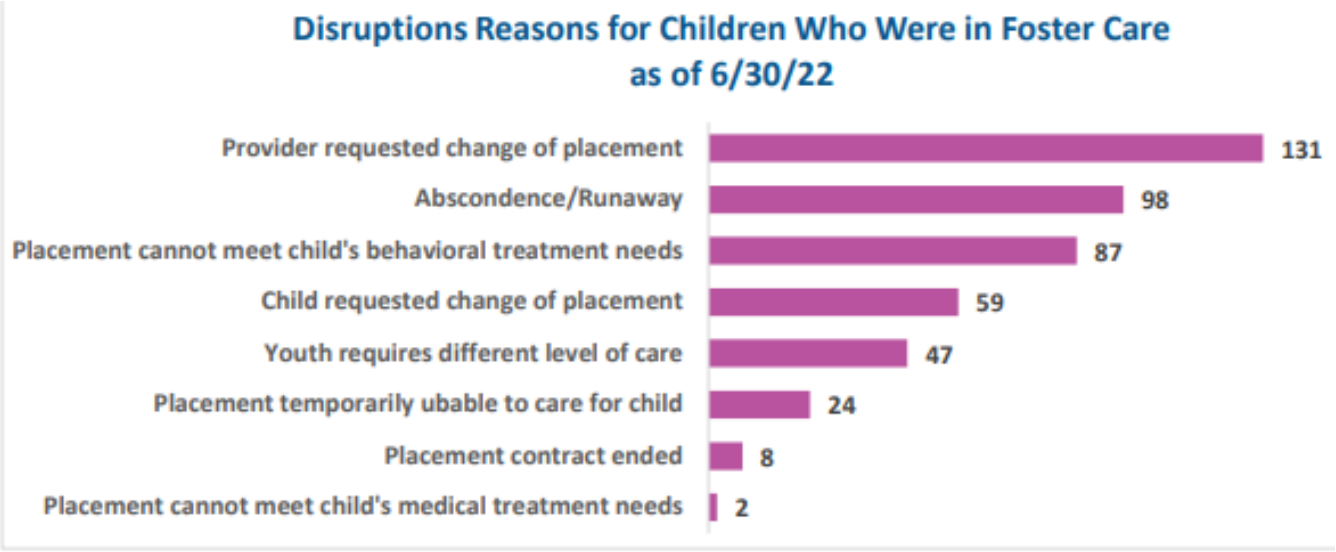
Archive,[2] looking at the percentage of children entering care who did not have a change in placement during the first 0-3 months in care, 4-6 months in care, 7-9 months in care and 10-12 months in care.

- **Placement Stability for Children in Care:** This point-in-time analysis includes two groups: first, among children in care as of the first day of the fiscal year, how many had one, two, or three+ placements. This analysis will also be disaggregated by the child's length of stay in care (0-3 months, 4-6 months, 7-9 months, 10-12 months, 13-15 months, 16-18 months, 19-23 months, and 24+ months). Second, among children who enter care during the fiscal year, the number of children with one, two, or three+ placements broken down by duration of time in care (0-3 months, 4-6 months, 7-9 months, or 10-12 months). Placement stability is defined as children with two or fewer placements. A qualitative evaluation will be completed for those youth who had placement instability (three or more placements) to provide additional information regarding what led to the placement changes.

In October 2022, CFSA's Performance Accountability and Quality Improvement Administration (PAQIA) data team conducted a special data pull from FACES.NET to identify placement trends among certain cohorts of children in care. The findings, which can be found in the FY 2022 Four Pillars Framework Report, include the following highlights:

- Cohort 1: The Agency had served a total of 616 children as of October 01, 2021. By September 30, 2022, 58 percent (n=355) of the children had three or more placements, while 24 percent (n=149) and 18 percent (n=112) of the children had one placement or two placements, respectively.
- Cohort 2: A total of 177 children entered or re-entered foster care during FY 2022. By the end of FY 2022, 46 percent (n=82) of the children had one placement, while 29 percent (n=51) and 25 percent (n=44) of the children had two placements or three or more placements, respectively.

To further understand the basis for frequent placement moves, PAQIA analysts pulled a random sample of 80 children who experienced three or more moves during FY 2022. For 58 percent (n=46) of the children, analysts determined that "some" of the moves were positive (i.e., moving towards children's case or permanency plan goals). Of the remaining youth, 26 percent (n=21) of the children experienced moves which were "all" or "mostly" positive, and 16 percent (n=13) experienced moves in which "none" were "positive". Overall, 60 percent (n=252) were negative moves, either due to disruption or a planned move to a more restrictive environment.
PAQIA also documented disruption reasons for children who were in care as of June 30, 2022:



Source: CMT 407 pull date July 1, 2022

PAQIA conducted a similar analysis of disruptions from kinship placements from FY 2021 through the second quarter of FY 2022:

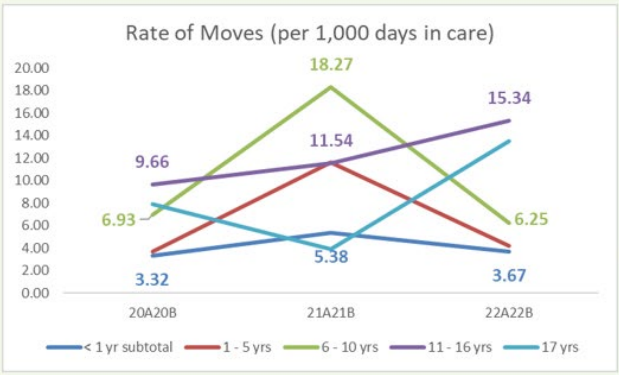
Kin Disruption Reasons	Count	Percentage
Unwilling/Overwhelmed	8	30%
Behavioral/Physical and Verbal Aggression	7	26%
Family Conflict within the Home	5	19%
Medical/Behavioral Concerns	3	11%
Kin Did Not Complete Licensing Requirements	3	11%
Transition to Teen Parent Program	1	3%
Total:	**27**	**100%**

Source: FACES Management Report PLC 257 (qualitative review)

Statewide Data Indicator – Contextual Information

As part of the Round 4 CFSR data consult, the Capacity Building Center for States provided the District with the following contextual information regarding the Statewide Data Indicator for Placement Stability:

How does age impact placement stability?



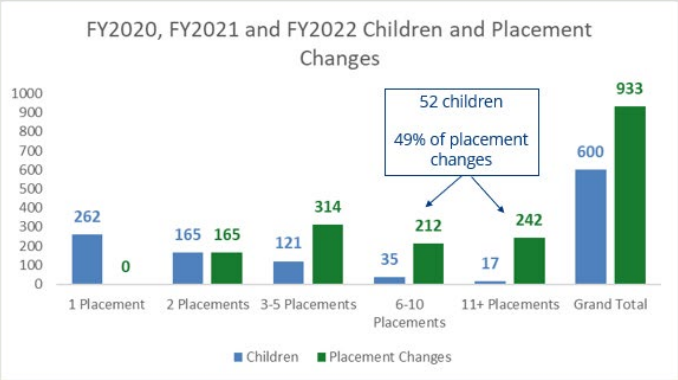
- Across FY2020-FY2022, **children aged 11-16 have the highest rate of placement instability**
  - There has been **an increase in the rate all three years**
  - Children in this age group account for **28% of days in foster care, but more than half (56%) of the placement moves**
- Children aged 6-10 had an increase in rate of placement moves in FY2021 with a rate of 18.27 moves per 1,000 days. The rate returned to 6.25 in FY2022

	Denominator (days in care)			Numerator (moves)			Moves/1000 days			Percent of total (days in care)	Percent of total (moves)
	20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	22A22B	22A22B
Total	38,052	38,231	31,796	237	448	248	6.23	11.72	7.80	100.0%	100.0%
0 - 3 mos	7,189	4,606	5,050	23	24	24	3.20	5.21	4.75	15.9%	9.7%
4 - 11 mos	2,454	2,453	3,117	9	14	6	3.67	5.71	1.92	9.8%	2.4%
< 1 yr subtotal	9,643	7,059	8,167	32	38	30	3.32	5.38	3.67	25.7%	12.1%
1 - 5 yrs	9,407	10,224	8,629	35	119	36	3.72	11.64	4.17	27.1%	14.5%
6 - 10 yrs	3,896	8,482	5,116	27	155	32	6.93	18.27	6.25	16.1%	12.9%
11 - 16 yrs	13,454	11,437	8,997	130	132	138	9.66	11.54	15.34	28.3%	55.6%
17 yrs	1,652	1,029	887	13	4	12	7.87	3.89	13.53	2.8%	4.8%

Data Source: Children's Bureau. U.S. Department of Health and Human Services. Child and Family Services Review (CFSR 4) State Data Profile and Supplemental Context Data, February 2023

20

How many placement changes were there per child?



- Across all three years, **52 children account for nearly half of all placement changes (49%)**
  - **17 children** (3%) account for **26% of placement changes**
- 44% of all children had no placement changes

	2020				2021				2022				Total			
	Number		Percent		Number		Percent		Number		Percent		Number		Percent	
Number of Placements	Children	Placement Changes	Children	Placement Changes	Children	Placement Changes	Children	Placement Changes	Children	Placement Changes	Children	Placement Changes	Children	Placement Changes	Children	Placement Changes
1 Placement	87	0	44%	0%	92	0	41%	0%	83	0	47%	0%	262	0	44%	0%
2 Placements	69	69	35%	29%	56	56	25%	13%	40	40	23%	16%	165	165	28%	18%
3-5 Placements	32	79	16%	33%	48	132	21%	29%	41	103	23%	42%	121	314	20%	34%
6-10 Placements	8	49	4%	21%	16	94	7%	21%	11	69	6%	28%	35	212	6%	23%
11+ Placements	3	40	2%	17%	12	166	5%	37%	2	36	1%	15%	17	242	3%	26%
Grand Total	199	237	100%	100%	224	448	100%	100%	177	248	100%	100%	600	933	100%	100%

Data Source: Children's Bureau. U.S. Department of Health and Human Services. Adoption and Foster Care Analysis and Reporting System (AFCARS), FY2020 (20A data as of 05/21/2020 and 20B data as of 11/22/2020), FY2021 (21A data as of 05/18/2021 and 21B data as of 11/16/2021), and FY2022 (22A data as of 05/20/2022 and 22B data as of 11/15/2022) for children applicable to the CFSR placement indicator.

21

How many placements did each child have?

Number of Placements	2020 Number of Children	2021 Number of Children	2022 Number of Children	Total Children Across Years
1 Placement	87	92	83	262
2 Placements	69	56	40	165
3-5 Placements	32	48	41	121
3 placements	21	24	25	70
4 placements	7	12	11	30
5 placements	4	12	5	21
6-10 Placements	8	16	11	35
6 placements	2	7	3	12
7 placements	3	6	4	13
8 placements	3	2	2	7
9 placements	0	0	2	2
10 placements	0	1	0	1
11+ Placements	3	12	2	17
11 placements	1	1	0	2
12 placements	0	1	1	2
13 placements	0	1	0	1
14 placements	1	6	0	7
17 placements	0	1	0	1
18 placements	1	0	0	1
20 placements	0	1	0	1
21 placements	0	1	0	1
26 placements	0	0	1	1
Total	199	224	177	600

Data Source: Children's Bureau. U.S. Department of Health and Human Services. Adoption and Foster Care Analysis and Reporting System (AFCARS), FY2020 (20A data as of 05/21/2020 and 20B data as of 11/22/2020), FY2021 (21A data as of 05/18/2021 and 21B data as of 11/16/2021), and FY2022 (22A data as of 05/20/2022 and 22B data as of 11/15/2022) for children applicable to the CFSR placement indicator.

22

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

As a result of ongoing data collection and analysis, the District has implemented numerous continuous quality improvement efforts to broaden, strengthen, and further support the placement array. To meet individualized needs and to reduce disruptions, CFSA added to the placement array an intensive foster care provider, additional trauma-informed professional resource parents, a therapeutic group home, and the Bridge program for youth who need additional observation and assessment to help determine the best placement type and resources. See Systemic Factor 35 for more information.

In addition to the environmental factors that impact the placement array, CFSA recognizes that several practices are fundamental to placement stability, particularly for traditional foster and adoptive parents. The most recent Statewide Assessment outreach activities underscored the importance of deliberate placement matching, detailed information exchange, timely clinical interventions, and appropriate services.

CFSA and its collaborative partners continuously explore, implement, evaluate, and enhance a variety of strategies to support foster parents, including information sharing, practical supports, motivational activities, advocacy, and community supports.

Informational Supports

- **Placement Passport** – The passport helps resource parents to understand the characteristics and needs of the child being placed in their home. It contains copies of the child's birth certificate, Social Security card, Medicaid card, court orders, and medical history, as well as important contact information and protocols for responding to such situations as medical or mental health emergencies.
- **Placement Stability Staffings (PSS)** – For children entering foster care, re-entering care, or changing placements, resource parent support workers schedule a meeting with the resource parent, social worker, and other team members as necessary. Participants identify and discuss the child's medical, educational, social, and behavioral characteristics and needs, as well as the strategies, services, and supports that will promote a positive and stable placement experience.
- **360 Strategizing for Stability Meeting (360 Mtg)** – In FY 2023, CFSA launched the 360 Meeting; a multi-disciplinary teaming model led by an FTM facilitator. The model provides a formal and organized way to foster collaboration and long-lasting partnerships with internal and external stakeholders. These meetings are intended to support high-needs children who have experienced a long history of placement moves and aid in developing shared goals. This effort is also meant to prevent placement disruptions and institute effective team communication to stabilize the child overall. This model creates a system of care that focuses uniquely on the specific individuals, their families, and the communities that support them.
- **Placement Transition Information Exchange (PTIE)** – To support the "warm handoff" of a child into a new foster home, resource development specialists from the Placement Administration utilize the PTIE. PTIE is a formatted conversational guide, which is based on information the social worker has provided about the child. The PTIE is shared with the resource parent support worker as well as the assigned social worker to ensure that the agency personnel have shared language and understanding when engaging the child and parent.
- **Resource Parent Handbook** – The Resource Parent Handbook serves as an accessible and comprehensive guide to foster care resources, rights, responsibilities, and best practices. The Resource Parent Handbook is a "living document" that CFSA will revise as practice changes to ensure the information is current and relevant to the needs of the resource parent population. The handbook can be found on the CFSA website as well as the www.fosterdckids.org website.
- **Newsletters** – CFSA publishes the bi-monthly Fostering Connections Newsletter to celebrate particular resource parents, profile specific children in need of a forever home, share relevant articles, announce upcoming activities, and respond to feedback received from the resource parent community.
- **Statement of Rights and Responsibilities** –Currently available online and in booklet form, the document explains foster parents' rights to fair treatment, timely information, support from the case management team, training, timely payment for services, and clear channels for elevating concerns and complaints. This statement can be found on the CFSA website as well as the www.fosterdckids.org website.
- **Training** – CFSA's Child Welfare Training Academy uses the NG-PRIDE to train resource parents. Professional parents must complete a Trauma-Informed Professional Parents (TIPP) training,

which details concepts related to trauma, caring for specialized populations, de-escalation, secondary traumatic stress, and grief and loss. More information about resource parent training is available in this year's Annual Progress and Services Report.

- **Shared Parenting** – Encouraged and facilitated by CFSA's Kinship and Placement Administration, Shared Parenting refers to the ongoing, active, supportive relationship between birth and resource parents.

Practical Supports

- **Support Workers, Coaches, and Specialists** – CFSA assigns a resource parent support worker (RPSW) to each resource parent to provide information, support, and advocacy. Among other things, the RPSW facilitates access to resource parent training and provides information about the child, case details, and available services; serves as a point of contact for communication and remediation of concerns; works with the social worker to initiate team meetings to resolve matters that may impact placement stability and resource parent retention; and assists the resource parent with the navigation of relevant systems (e.g., CFSA, school, childcare, court, and medical systems). Each RPSW receives a minimum of 30 annual hours of continuing education that helps keep the RPSW abreast of relevant social, cultural, and child welfare trends. The Agency is also requiring trauma-informed trainings for RPSWs to reinforce the TIPP Unit's expansion. CFSA's contracted child-place agency in Maryland, the National Center for Children and Families, assigns seasoned employees to serve as foster parent coaches and to provide comparable supports.
- **Respite –** CFSA's respite services provide resource parents, guardians, and children with a period of temporary, short-term, planned, or unplanned relief from the ongoing care arrangement. Respite services are designed to reduce the possibility of crisis and disruption of the placement. Respite care is agency-arranged (CFSA or private), and provided by licensed, approved respite care resources, and should be for less than 30 days.
- **Resource Parent Support Networks (Hubs)** –The BOND program, noted above, serves as CFSA's "hub" model for resource parent engagement, networking, peer support, and respite care. CFSA assigns resource families to a BOND "squad" of 8-12 peer resource parents. Each squad has an assigned BOND leader, who is an experienced and committed resource parent who provides or arranges for peer support, coordinates special activities, and provides or arranges for respite care. The BOND leader has one bed available for respite stays for families within their squad. When the bed is unavailable, the BOND leader arranges for respite within the squad, or coordinates with the leader of another squad, if necessary. NCCF launched its own comparable BOND program in 2021.
- **In-House Crisis and Stabilization Services** – Since the Round 3 CFSR, the Agency developed an in-house mobile crisis and stabilization program to include the REACH Resource Parent Support Line,[8] which is staffed after normal business hours by two dedicated RPSWs. Available on weekdays between 5:00 pm and 1:00 am, and on weekends and holidays between 9:00 am and 1:00 am, these crisis intervention services provide an additional layer of support to address

[8] REACH stands for Recruit, Engage, Advocate, Collaborate, and Help.

escalating behaviors presented by children and youth placed in CFSA resource homes. Additionally, the Agency will refer families, as needed, to the community-based Children and Adolescent Mobile Psychiatric Service (ChAMPS), which provides emergency interventions 24 hours a day, 7 days a week. For children placed in Maryland, NCCF utilizes a Call Center that receives and dispatches all emergency calls after hours to their trauma specialist who contacts the individual directly to offer support and an emergency response.

- **Transportation** – CFSA provides time-limited transportation assistance when all alternative means of transportation supports have been deemed unavailable. Additionally, the child's case management team coordinates with the resource parent for the social worker or family support worker to provide transportation to medical, court, and other appointments as needed.
- **Childcare** – Resource parents can apply for a subsidy for a pre-determined rate that CFSA will pay to defray the cost of a licensed childcare provider. The subsidy rates vary depending on the age of the child and the location and type of facility. If the rate offered does not cover the full cost of childcare, the resource family makes up the difference. Additionally, resource parents in the District can obtain a voucher, through the Department of Human Services or the Office of the State Superintendent of Education.

Motivational, Advocacy, and Community Supports

- **Fellowship and Feedback** – Fellowship and Feedback is a virtual, monthly resource parent information session that provides a solution-focused platform for resource parents to learn about topics related to their service as foster parents. These monthly session topics are selected based on resource parent feedback and internal staff suggestions; internal and external stakeholders present them. These information sessions are open to all resource parents caring for a youth supported by CFSA.
- **Networking, Wellness, and Celebration** – CFSA conducts regular events, including celebratory lunches, river cruises, game-nights, awards ceremonies, and seasonal gatherings. The BOND Lead families receive funding to arrange similar events among their BOND squads. NCCF similarly celebrates its resource parent community on a monthly basis.
- **DC Foster and Adoptive Parent Advocacy Center (FAPAC)** – FAPAC is a local nonprofit organization that seeks to strengthen, support, and empower foster, adoptive, and kinship parents to serve as advocates for the needs of children in their care. Under the direction of a board comprising mostly current and former foster parents, FAPAC activities include advocacy in stakeholder meetings, resource parent training, the facilitation of peer support activities, and the dissemination of informational resources.
- **DC Metropolitan Foster and Adoptive Parent Association (DCMFAPA)** – DCMFAPA works to increase awareness of the role of foster, adoptive and kinship parents. DCMFAPA also collaborates with government and community organizations to strengthen foster and adoptive care systems. Resource parent services provided DCMFAPA include peer mentoring, training seminars, and loss, grief and healing services for foster families that have suffered the loss of a foster child or parent.

- **Foster Parent Advisory Board** (NCCF - Maryland) – Each member of NCCF's Foster Parent Advisory Board is a foster parent who is responsible for reaching out on a monthly basis to an assigned group of foster parents to check in and to obtain feedback. The Board then meets with NCCF staff to share the feedback, which typically involves support needs and administrative issues.

CONCLUSION

CFSA continuously addresses placement stability by changing the placement array and providing support for children and resource parents to increase placement stability.

PERMANENCY OUTCOME 1: ITEM 5

Permanency Outcome 1:	Children have permanency and stability in their living situations.
Item 5:	Did the agency establish appropriate permanency goals for the child in a timely manner?

STANDARD

Did the agency establish appropriate permanency goals for the child in a timely manner?

POLICY AND PRACTICE

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

CFSA's policy on Permanency Practice reflects the need for the Agency to begin permanency planning activities well before the 105-day mark. From the time the child is placed in a resource home, CFSA and contracted foster care provider agencies engage families in a series of interventions aimed at achieving permanency through safe reunification. If there are any concerns regarding the viability of a reunification goal, the Agency pursues concurrent, alternative permanency goals. To ensure that the child's permanency goal is up to date, irrespective of the type of goal, CFSA's business process on Case Planning requires that all case plans include a description of the achievable steps for reaching the identified primary permanency goal.

If CFSA determines the necessity to change a child's primary permanency goal, the change is most commonly from reunification with the birth family to adoption, guardianship, or Another Planned, Permanent Living Arrangement. CFSA's business process on Permanency Goal Changes describes a team-based process for identifying and moving toward alternative goals. This process includes an internal case review, formal communication of decisions to all impacted parties, and an evidentiary hearing. The hearing provides birth parents with an opportunity to hear and respond to the Agency's

showing of reasonable efforts to achieve the goal identified in the case plan for each parent and to address any assertions about the parent's progress.[9] In adoption cases, the Agency and the OAG must motion for a TPR. More information about TPR matters and the District's compliance with related ASFA timelines can be found in Item 23.

STATEWIDE ASSESSMENT INFORMATION-GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency - Legal	▪ 2022 Family Court Annual Report ▪ FACES.NET Management Reports ▪ CFSR Round 4 Sample OSRI Report	Family Court Judges	Focus group
		Children's Attorneys	Survey Focus group
		Birth Parents' Attorneys	Survey
		OAG Attorneys (AAGs)	Survey Focus group

PERFORMANCE DATA HIGHLIGHTS

CFSR Round 3 Case Reviews

For the Round 3 CFSR, Item 5, the District received an overall rating of an Area Needing Improvement (ANI) because just 55 percent of the 40 applicable cases were rated as a Strength.

CFSR Round 4 Sample Case Reviews

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 5 was rated a Strength in 69 percent (n=9/13) of all applicable cases. ANI cases either involved goal changes that were not achieved on a timely basis, according to ASFA criteria, or a lag existed between the time a goal change became clinically appropriate and the time it actually occurred.

BRIEF ANALYSIS

Each child's permanency goal must be entered and updated in the case plan on a timely basis. These criteria impacted the District's case plan performance for Item 5. On September 30, 2023, there were 496 children in out-of-home placements, 491 of whom were eligible for case plan performance measurement across CFSA and the private foster care provider agencies. Of the 491 eligible cases, 425 (87 percent) had a current case plan and 56 (11 percent) had an expired case plan. Additional data about case plan performance is available in Item 20.

[9] The evidentiary hearing is referred to as a Ta.L hearing based on a December 2016 case whereby the DC Court of Appeals held that parents have the right to such a hearing prior to the court changing the goal of reunification to adoption.

During Statewide Assessment focus groups, Family Court judges and attorneys discussed various reasons for extending reunification goals beyond ASFA timelines. Clinical and procedural factors impacting goal establishment and goal change timelines are further explored in Item 6, *Concerted Efforts to Achieve Permanency*.

RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREAS

Family Court Annual Report

As noted, the child's initial permanency goal is formally established by the Family Court during the disposition hearing. According to data from the Family Court 2022 Annual Report to Congress, the Family Court held disposition hearings for 68 percent of out-of-home cases filed in 2022 within the District's required 105-day timeline. The median time to reach disposition was 77 days. This timing represents a decline in performance relative to previous reporting periods. Between 2018 and 2021, disposition hearings occurred on a timely basis between 72 percent and 79 percent of the cases. Family Court analysts attributed the decrease in performance to scheduling issues. Additionally, the legal complexities in some cases caused disposition delays as parties worked to resolve issues prior to trial.

While the child's initial permanency goal may be formally established by the Family Court during the disposition hearing, the actual implications for children and families are more directly linked to case practice and the goals that the team begins working toward from the time the child is separated from the home. Through a series of team meetings, the case management team immediately begins identifying strategies and resources for the family to promote reunification or, where appropriate, the team begins exploring alternative individuals who can provide a viable permanency option.

CONCLUSION

From a clinical perspective, the District's performance in the initial setting of and working toward a permanency goal throughout the life of a case constitutes effective practice. From the moment a child is separated from home, teaming efforts are geared toward reunification supports or, where appropriate, the identification and preparation of alternative caregivers who can provide a permanent placement. From a formal perspective, the timing of the Family Court's first disposition hearing (i.e., within 105 days) extends beyond the federal standard of 60 days. At this point, the philosophical and procedural considerations for changing a goal away from reunification (described later in this report) do not always comport with the ASFA timelines for TPRs.

PERMANENCY OUTCOME 1: ITEM 6

Permanency Outcome 1:	Children have permanency and stability in their living situations.
Item 6:	Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

STANDARD

Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

POLICY AND PRACTICE

The District's formal requirements for establishing and reviewing permanency goals are set forth in DC Code § 16–2323. Review of dispositional orders and the Superior Court Rules for Neglect and Abuse Proceedings. A permanency hearing must be held within 12 months after a child's entry into foster care, and no less frequently than every 6 months thereafter. Among other items, hearings include discussion of the permanency goal, review of Agency efforts to help the family achieve the goal, and justification for maintaining or changing the goal.

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

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency - Legal	▪ 2022 Family Court Annual Report ▪ FACES.NET Management Reports ▪ CFSR Round 4 Sample OSRI Report	Family Court Judges	Focus group
		Children's Attorneys	Survey Focus group
		Birth Parents' Attorneys	Survey
		Assistant Attorneys General (AAGs)	Survey Focus group

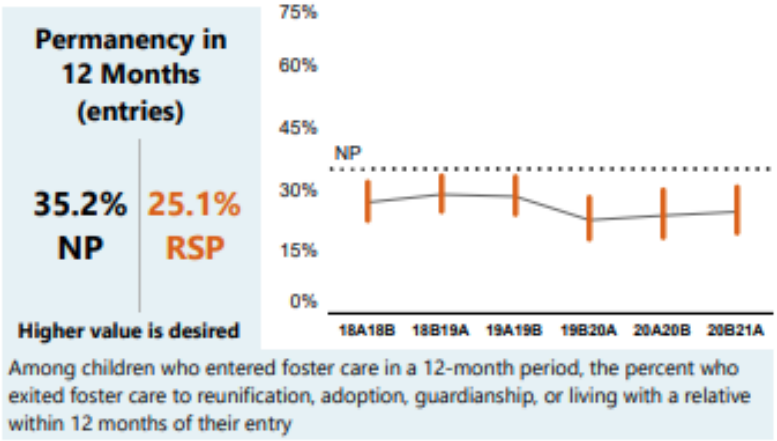
PERFORMANCE DATA HIGHLIGHTS

Round 3 CFSR

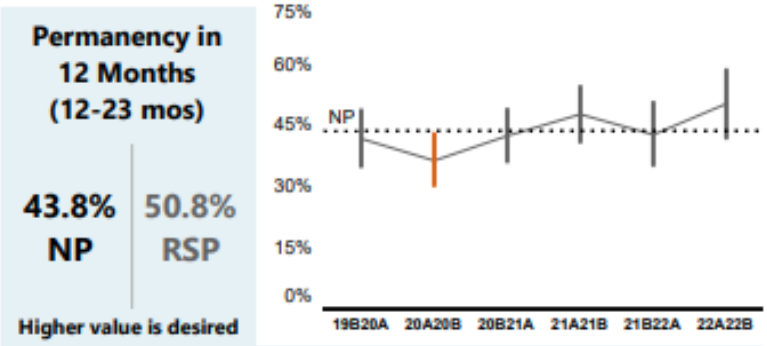
For the Round 3 CFSR, the District received an overall rating of Area Needing Improvement for Item 6 because 30 percent of the 40 applicable cases were rated as a Strength.

Statewide Data Indicator

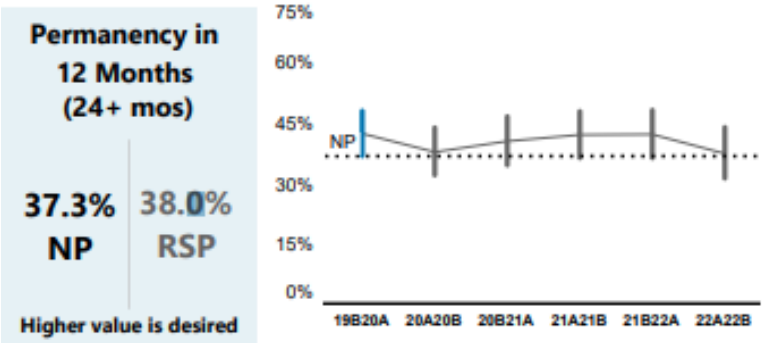
According to data from the February 2023 CFSR Round 4 Statewide Data Indicator for Permanency in 12 Months, the District is performing slightly below the national standard for children who entered foster care within the previous 12 months, but at the national average for children that have been in care for 12 months or longer.



Among children who entered foster care in a 12-month period, the percent who exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of their entry



Among children in foster care at the start of the 12-month period who had been in care for 12 to 23 months, the percent who exited to permanency in the subsequent 12 months



Among children in foster care at the start of the 12-month period who had been in care 24 months or more, the percent who exited to permanency in the subsequent 12 months

Round 4 CFSR Sample Case Reviews

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 6 was rated as a Strength in 62 percent (n=8/13) of applicable cases. In two of the ANI cases, there was a reported

delay in processing ICPC and adoption paperwork. In other cases, there appeared insufficient effort in supporting a prospective adoptive parent in finalizing her divorce and assisting a birth mother through the drug testing process. In one case, the Agency reportedly did not respond quickly enough once it became clinically appropriate to stop pursuing reunification with a father.

BRIEF ANALYSIS

National Trends

The national, independent research organization, Child Trends, issued a State Level Data report that evaluated length of time in foster care by exit reason for all children who exited care in FY 2021. The District's averages are compared to the national averages below:

Exit Reason	District of Columbia	United States
Reunification	15.9 months	13.4 months
Adoption	33.6 months	34.2 months
Guardianship	33.0 months	22.0 months

Family Court Data

The Family Court 2022 Annual Report to Congress provides a breakdown in months of the median time that children spent from the time of separation from the home to the achievement of permanency.

Year	Reunification	Adoption	Guardianship	Custody
2018	20.4	31.5	36.0	21.6
2019	18.0	33.6	34.8	15.3
2020	20.4	37.0	24.0	21.6
2021	22.8	30.2	32.9	20.7
2022	20.7	33.8	18.4	22.7

Stakeholder Feedback

Birth Parents

In the Statewide Assessment survey, 10 birth parents with current Agency involvement responded to the statement "CFSA works to ensure your child(ren) return to your home as quickly as possible." Responses were positive, as eight birth parents strongly agreed, one agreed, and one indicated "neutral/unsure." During the birth parent focus group, responses were mixed. When polled, only two of six parents "strongly agreed" with the statement, three indicated "neutral/unsure" and one "strongly disagreed." The focus group discussion, which will be further summarized in other items, included an emphasis on the need for more visitation with their children in order to demonstrate their parenting skills and to sustain connections. Additionally, several parents expressed uncertainty and confusion based on their perception that they were doing everything that was expected of them, and their efforts were not being reflected in Agency decisions regarding case closure. One parent indicated

his case moved to closure too quickly, and that his child was struggling with a mental health condition that was difficult to control.

Legal Community

In December 2023, Agency assistant attorneys general (AAGs), children's attorneys (guardians *ad litem* or GALs) and birth parents' attorneys (BPAs) and 32 responded to the following questions on permanency timelines.

Children Achieve Reunification in a Timeframe that Reflects their Best Interests

Frequency	AAG	GAL	BPA	Total #	%
Always	0	0	0	**0**	**0%**
Usually	7	1	1	**9**	**28%**
Sometimes	12	5	3	**20**	**63%**
Rarely	0	2	1	**3**	**19%**
Never	0	0	0	**0**	**0%**
Total	**19**	**8**	**5**	**32**	**100%**

The 32 attorneys (19 AAGs, 8 GALs, and 5 BPAs) were also asked to select from a list of clinical factors that commonly impact reunification timelines beyond a period of 3 months.

Factors that Most Commonly Impact Reunification Timelines

Clinical Factors	AAG (19)	GAL (8)	BPA (5)	Attorneys who selected the factor	
				#	%
Mental/behavioral health -parent	19	6	5	30	94%
Substance use - parent	16	6	5	27	84%
Housing stability	12	6	3	21	66%
Domestic violence	9	5	3	17	53%
Case planning engagement - parent	7	5	2	14	44%
Mental/behavioral health – child	9	0	1	10	31%
Substance use – child	0	5	0	5	16%
Criminal history/activity - child	3	1	1	5	16%
Criminal history/activity -parent	2	0	0	2	6%
Case planning engagement - child	0	0	1	1	3%

When asked for strategies and resources that have proven effective in addressing clinical barriers, the attorneys offered the following responses:

- In-house behavioral health therapists
- Recovery specialists
- PEER supports
- Court Appointed Special Advocates
- Supportive family members
- Team meetings that include parents and children's attorneys as well as outside service providers
- Early referrals for mental health evaluations and services
- Close collaboration between social team and mental health professionals
- Agency decisions to change service providers when they are non-responsive to parent or agency.
- Connecting parents to domestic violence (DV) services rather than asking that they address DV in individual therapy
- Opening lines of communication between the Agency and therapist to ensure DV is being addressed
- CFSA's housing programs, including Agency collaboration with housing case managers, and supporting parents in completing housing applications
- Keeping parents' attorneys updated or asking for assistance to remind their client to follow through with housing applications, as important to overall reunification plan

AAG Focus Group

Several AAGs described how it is difficult to quantify timeframes due to clinical considerations. They indicated it is hard to put families in strict boxes because they encounter different types of challenges that take varying time efforts to address. For some, 12 to 15 months is an appropriate amount of time, but for others it is longer. Several AAGs discussed the long wait times for mental health services and the need for more DV supports. One attorney has observed that 12 months is simply not an appropriate timeframe for substance use treatment since relapses are commonplace in the recovery process. If parents are rushed in their treatment in order to comply with permanency timelines, they may not be strong enough in their sobriety when the case closes. A short timeframe can thus promote relapse and have a negative long-term impact.

Guardians Ad Litem (GAL) Survey

- Consistent and effective social work; teaming and rapport building with parents
- Pushing for regular (at least 4-6 weeks) team meetings with parents and attorneys – with clear next steps
- Outside-the-box services

- Advocacy to move parents to the top of therapy wait lists
- Tailored and creative community supports

Birth Parents' Attorneys Survey

- Strong social workers who frequently communicate with parents
- Bending rules, when possible, to fit a client's needs

Family Court Judges Focus Group

Several judges discussed the appropriateness of granting additional time to families that only begin to demonstrate progress as the 12-month mark approaches. Similarly, they described cases where parents make slow, but steady and positive progress, and how it is inappropriate to rush a goal change. Several judges observed complexities in cases where parents present with moderate mental health conditions, particularly related to depression and anxiety, noting that goal change decisions can be less clear than when parents present with extreme mental health issues. Additionally, the judges expressed that when children are still visiting with their parents, and no permanent resource has been identified, a termination of parental rights order and the loss of contact does not serve their best interests. Notably, these sentiments comport with the Statewide Data Indicator trends provided above. The District's performance may be lower than other jurisdictions for children who exit within 12 months, but performance improves for children who have been in care for 12 to 23 months.

The attorneys selected from a list any of the case management factors that commonly impact reunification timelines beyond a period of 3 months.

Case Management Factors

Factor	AAG (19)	GAL (8)	BPA (5)	Attorneys who selected the factor	
				#	%
Social worker staff changes	17	7	2	**26**	81%
Case management team efficacy in helping families engage and complete service2025 europe	10	7	3	**20**	63%
Social worker relationship with parent	8	6	5	**19**	60%
Case management team efficacy in identifying and referring families for services	7	4	1	**12**	38%
Case plan accuracy – reflective of parent's needs	4	2	1	**7**	22%
Social worker relationship with child	0	4	0	**4**	13%
Case plan accuracy – reflective of child's needs	0	2	0	**2**	6%

* Based on survey additions by the Children's Law Center, two children's attorneys selected the factor "Case plan flexibility and creativity," three selected "limited opportunities for quality visitation," and three selected "excessive burden on parents to move case planning efforts."

** In the OAG survey, seven attorneys selected the additional factor "social worker caseloads."

When asked for strategies and resources that have proven effective in addressing case management barriers, attorneys offered the following responses:

AAG Survey

- Staff continuity and staff engagement with families – including hand-holding
- Social workers having fewer high-needs children on their caseloads
- Speaking with CFSA management about the importance of consistency with the social work team
- When there are social work team changes, spending time with the incoming team to discuss case history and challenges encountered
- Regular check-ins between the AAGs and CFSA; AAGs sharing information with the social worker when they learn of new services
- Engaging the parent's attorney to assist with parent engagement
- Ongoing communication with service providers
- Close review of the case plan to mirror court orders
- Timely referrals and follow-up with engagement
- Early teaming efforts with a clear focus on next steps
- Involving a supervisor or management, to reinforce that the parent is being heard

AAG Focus Group

Consistent with the survey responses, several AAGs discussed the impact of social worker turnover. In addition to having to start over in terms of building a relationship with the family, the new social worker may lack institutional knowledge and there may be a disconnect between case status and case management activities, as well as a loss of expertise when it comes to representing the Agency's position in court, depending on the family's individual circumstances.

GAL Survey

- Regular team meetings to update parties, brainstorm creative services, and ensure everyone is working toward shared goals
- Advocacy for more liberal visitation (frequency, location, duration)
- Ensuring the same supervisor remains when the social worker transitions

GAL Focus Group

Several GALs emphasized the importance of visitation to reunification, noting that the Agency has a very high threshold for unsupervised visits and needs to better identify the difference between

standards that promote safety and standard that require perfect parenting. Additional feedback has been summarized in Item 11.

Birth Parents' Attorneys Survey

- Keeping the same supervisor when the social worker changes
- Providing transportation to services/case activities
- Frequent response to client inquiries, copying parent's counsel

Court-Related Factors

Survey Overview

When asked about court-related factors that significantly impact permanency, 15 of the 27 attorneys selected "Goal extensions based on the Court's assessment of a parent's progress," and 17 of the 27 attorneys selected "Court scheduling issues." In response to an additional statement added by the Children's Law Center, four out of eight GALs also selected "Court not holding the Agency accountable."

Family Court Judges Focus Group

Among the six Family Court judges, several observed that the reduction in foster care intake has resulted in their concurrent assignment to different dockets. Scheduling issues stem from the number of matters that the judges hear, the time required (particularly when there are trials), and the judges' limited availability. Additionally, there is currently a 5-week rotation for judges to preside over initial hearings, which requires a significant amount of "blocked" time. Termination of parental rights and adoption matters similarly require more time due to the nature of trial activities.

AAG Focus Group

The AAGs shared similar scheduling observations as the judges. Notably, availability of attorneys and judges is impacted by other dockets and the time commitments associated with trials. However, one AAG observed that some judges are very effective in finding time to hear parties prior to the next 6-month hearing, particularly when there is an opportunity for a family to be reunited under protective supervision.

Out-of-Home Social Workers – Survey

When asked to respond to the statement, "When the goal is reunification, children achieve permanency in a reasonable amount of time," 7 of 17 social workers indicated "Usually" and 10 indicated "sometimes." The social workers offered examples of factors that commonly impact reunification, including complex child trauma, the relationship between the child and parent, parent's engagement in case planning or services, parent's adherence to court orders and the case plan directives, and limitations in the service array.

Children Achieve Guardianship in a Timeframe that Reflects their Best Interests

Response	AAG	GAL	Total #	Total %
Always	0	0	**0**	0%
Usually	5	1	**6**	22%
Sometimes	9	6	**15**	56%
Rarely	5	1	**6**	22%
Never	0	0	**0**	0%
Total	**19**	**8**	**27**	**100%**

In the survey, the attorneys were asked to select the factors that most commonly impact guardianship timelines beyond a period of three months.

Factor	AAG (19)	GAL (8)	Total attorneys who selected the factor	
			#	%
Availability of appropriate guardians	17	6	23	85%
Children's needs (behavioral, medical)	12	4	16	59%
Capacity of guardian to provide placement (physical space, parenting skills, service needs)	5	3	8	63%
Court scheduling issues	2	1	3	11%

Based on an additional question provided by the Children's Law Center (CLC), five out of eight GALs indicated, "Agency not supporting guardianship goals/focusing on adoption." This sentiment was further explored during the CLC focus group, in which several attorneys indicated that the Agency and OAG "push" for adoption can sometimes seem more policy-driven than family-centered. One GAL alluded to social science data that indicates the psychological that TPR causes to children, and thus warrants further consideration of guardianship as an alternative.

Out-of-Home Social Workers - Survey

In response to the statement, "When the goal is guardianship, children achieve permanency in a reasonable and appropriate amount of time," 10 of 17 social workers indicated "usually," 6 indicated "sometimes," and 1 indicated "rarely." Commonly observed factors included the need to identify a suitable and willing guardian, court scheduling issues, family dynamics, resource parent willingness to pursue the guardianship goal, and the prospective guardian's request for additional services.

Resource Parents – Survey

Two of the resource parents who completed the December 2023 survey indicated they were pursuing guardianship. In response to the statement, "The case is moving toward guardianship in a reasonable

timeframe," one resource parent agreed and one strongly disagreed. The negative response came from a resource parent who has been caring for children for over two years in a case where guardianship was only recently raised by the judge as a possibility. The resource parent indicated that nothing further has been said about it, even though it seems like a good option based on the circumstances of the case.

Children Achieve Adoption in a Timeframe that Reflects their Best Interests

Response	AAG	GAL	Total #	Total %
Always	0	0	0	0%
Usually	7	1	8	30%
Sometimes	12	5	17	63%
Rarely	0	2	2	7%
Never	0	0	0	0%
Total	**19**	**8**	**27**	**100%**

In the survey, the attorneys were asked to select the factors that most commonly impact guardianship timelines beyond a period of three months.

Factor	AAG (19)	GAL (8)	Total attorneys who selected the factor	
			#	%
Availability of appropriate adoptive parents	12	5	17	63%
Capacity of adoptive parent to provide placement	1	2	3	11%
Child's needs	9	4	13	48%
Court scheduling issues	10	2	12	44%
TPR considerations and protocols	5	3	8	30%

Based on an addition to the GAL survey, five of eight attorneys indicated "Inability of kin to obtain license."

The additional survey responses and focus group discussion focused on the connection between adoption and Termination of Parental Rights, which has been summarized in Item 23.

Out-of-Home Social Workers - Survey

In response to the statement, "When the goal is adoption, children achieve permanency in a reasonable and appropriate amount of time," 1 of 17 social workers indicated "always," ten indicated "usually," and 6 indicated "sometimes." Noted factors included the need to identify adoptive parents, timeframes around goal change requests, and court scheduling issues.

Resource Parents- Survey

Of the three resource parents who indicated they are working toward adoption, two agreed with the statement, "The case is moving toward adoption in a reasonable timeframe," and one disagreed. In two cases, pre-adoptive parents pointed to complexities that arose due to recently identified family members who could serve as kinship caregivers. Survey respondents shared the following:

- The kinship division needs to work harder to explore all kin in the first 90 days. I have now had kin put forward over a year into placement on multiple cases. This is not good for the child's attachment and burns out foster-to-adopt foster parents. Kinship should work diligently early and not wait for a goal change to truly explore kin.
- I understand that the agency's policy is to keep children with bio family members when it is possible. However, we must take into consideration the impact that placing a child with bio family members that the child does not know is a form of trauma and could have a horrific impact on the child's emotional development.

RESULTS OF DEEPER DATA EXPLORATION AND PRIORITY FOCUS AREAS

Four Pillars Performance Data

CFSA's Four Pillars Performance Framework measures the percentage of children who achieve timely permanency within three cohorts:

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

Statewide Data Indicator – Contextual Information

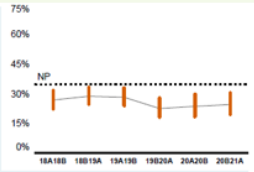
As part of the Round 4 CFSR data consult, the Capacity Building Center for States provided CFSA with the following contextual information regarding the District's Statewide Data Indicator for Permanency, which tracks performance at 12 month intervals.

Permanency in 12 months

- **Children in care less than 12 months exit to permanency** in the subsequent 12 months **at a lower rate than the national performance**
- Children in care 12-23 months and 24+ months exit to permanency in the subsequent 12 months at similar rate to the national performance.

Permanency in 12 Months (entries)

35.2% NP | 25.1% RSP

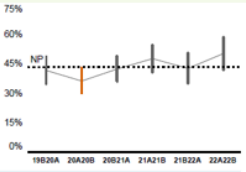


Higher value is desired

Among children who entered foster care in a 12-month period, the percent who exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of their entry

Permanency in 12 Months (12-23 mos)

43.8% NP | 50.8% RSP

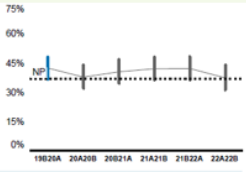


Higher value is desired

Among children in foster care at the start of the 12-month period who had been in care for 12 to 23 months, the percent who exited to permanency in the subsequent 12 months

Permanency in 12 Months (24+ mos)

37.3% NP | 38.0% RSP



Higher value is desired

Among children in foster care at the start of the 12-month period who had been in care 24 months or more, the percent who exited to permanency in the subsequent 12 months

In looking at the Observed Performance (table below):

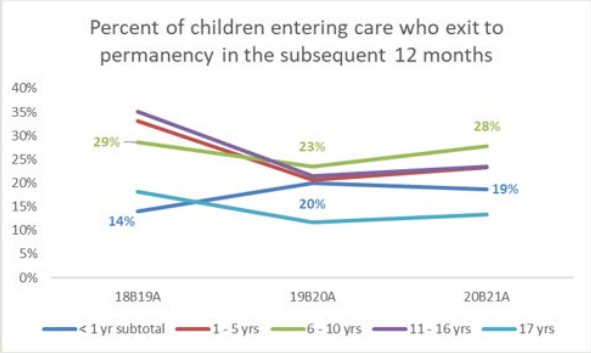
- There **was a dip in performance around the start of the COVID-19 pandemic** (*20A: 10/1/2019-3/30/2020, 20B: 4/1/2020 – 9/30/2020*) which may be due to court delays because of closures. However, performance rebounded in 20B/21A for all three measures.
- For Permanency in 12 months, permanency dipped again in 21B/22A but increased in 22A/22B to the highest percentage observed.
- However, for Permanency of **children in care 24+ months exits to permanency has decreased since 20B/21A with the lowest percent of children exiting to permanency in 22A/22B (36%)**
  - The number of applicable children has decreased 19% from 19B/20A (219 children to 178 children) while children exiting to permanency decreased 35% (98 children to 64 children)

Start of COVID-19 Public Health Emergency at the end of 20A (10/1/2019-3/30/2020)

		18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Permanency in 12 months (entries)	Denominator	323	387	349	246	202	218			
	Numerator	86	113	98	51	42	49			
	Observed performance	26.6%	29.2%	28.1%	20.7%	20.8%	22.5%			
Permanency in 12 months (12-23 mos)	Denominator				161	188	202	179	136	110
	Numerator				67	67	85	85	56	56
	Observed performance				41.6%	35.6%	42.1%	47.5%	41.2%	50.9%
Permanency in 12 months (24+ mos)	Denominator				219	193	184	209	201	178
	Numerator				98	75	78	92	86	64
	Observed performance				44.7%	38.9%	42.4%	44.0%	42.8%	36.0%

Data Source: Children's Bureau, U.S. Department of Health and Human Services, Child and Family Services Review (CFSR 4) State Data Profile and Supplemental Context Data, February 2023

For children in care less than 12 months at the start of the period under review, how does age impact their exits to permanency in the subsequent 12 months?



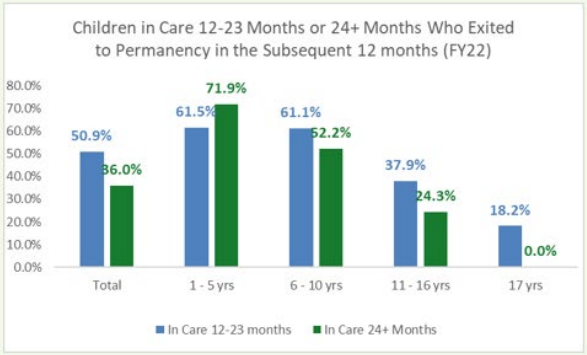
- For children in care less than 12 months, children **aged 6-10 years old exit to permanency at a higher percentage** than children in other age groups
  - Similarly, these children account for about 17% of entries but 20% of exits in 20B/21A.
- For children in care less than 12 months, **children under 1 year old have the biggest increase in exits to permanency** between the 18B/19A and 20B/21A periods
  - Despite this increase, **children under 1 account for about 20% of entries into care and only 16% of exits** to permanency in the subsequent 12 months.

Age at Entry	Denominator (entries)			Numerator (exits)			Percentage			Percent of total (entries)	Percent of total (exits)
	18B19A	19B20A	20B21A	18B19A	19B20A	20B21A	18B19A	19B20A	20B21A	20B21A	20B21A
Total	387	246	218	113	51	49	29.2%	20.7%	22.5%	100.0%	100.0%
0 - 3 mos	29	30	28	3	7	6	10.3%	23.3%	21.4%	12.8%	12.2%
4 - 11 mos	21	15	15	4	2	2	19.0%	13.3%	13.3%	6.9%	4.1%
< 1 yr subtotal	*50*	*45*	*43*	*7*	*9*	*8*	*14.0%*	*20.0%*	*18.6%*	*19.7%*	*16.3%*
1 - 5 yrs	106	58	60	35	12	14	33.0%	20.7%	23.3%	27.5%	28.6%
6 - 10 yrs	98	47	36	28	11	10	28.6%	23.4%	27.8%	16.5%	20.4%
11 - 16 yrs	111	79	64	39	17	15	35.1%	21.5%	23.4%	29.4%	30.6%
17 yrs	22	17	15	4	2	2	18.2%	11.8%	13.3%	6.9%	4.1%

Data Source: Children's Bureau. U.S. Department of Health and Human Services. Child and Family Services Review (CFSR 4) State Data Profile and Supplemental Context Data, February 2023

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For children in care more than 12 months at the start of the period under review (PUR), how does age impact their exits to permanency in the subsequent 12 months?



- For children in care 12 months or more, children **aged 1-5 years old exit to permanency at a higher percentage** than children in other age groups
  - Of 1–5-year-olds, a higher percentage of children in care 24+ months exit to permanency
- Children aged 11-16:
  - Accounted for **26% of children in care** 12-23 months, **but only 20% of exits to permanency** for those children
  - Accounted for **39% of children** in care 24+ months, **but only 27% of exits to permanency** for those children

Time in Care On First Day of PUR	Age on First Day of PUR	Denominator (in care)			Numerator (exits)			Percentage			Percent of subtotal (in care)	Percent of subtotal (exits)
		20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	20A20B	21A21B	22A22B	22A22B	22A22B
In Care 12-23 Months	Total	188	179	110	67	85	56	35.6%	47.5%	50.9%	100.0%	100.0%
	1 - 5 yrs	78	68	52	41	43	32	52.6%	63.2%	61.5%	47.3%	57.1%
	6 - 10 yrs	45	49	18	11	24	11	24.4%	49.0%	61.1%	16.4%	19.6%
	11 - 16 yrs	57	49	29	15	16	11	26.3%	32.7%	37.9%	26.4%	19.6%
	17 yrs	8	13	11	0	2	2	0.0%	15.4%	18.2%	10.0%	3.6%
In Care 24+ Months	Total	193	209	178	75	92	64	38.9%	44.0%	36.0%	100.0%	100.0%
	1 - 5 yrs	42	41	32	27	30	23	64.3%	73.2%	71.9%	18.0%	35.9%
	6 - 10 yrs	58	61	46	31	34	24	53.4%	55.7%	52.2%	25.8%	37.5%
	11 - 16 yrs	70	87	70	16	27	17	22.9%	31.0%	24.3%	39.3%	26.6%
	17 yrs	23	20	30	1	1	0	4.3%	5.0%	0.0%	16.9%	0.0%

Data Source: Children's Bureau. U.S. Department of Health and Human Services. Child and Family Services Review (CFSR 4) State Data Profile and Supplemental Context Data, February 2023

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CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

Since the Round 3 Statewide Assessment, CFSA, the Office of the Attorney General, and administrators from the Family Court have collaborated in a Court Improvement Project (CIP) Data Subcommittee to review sample cases for trends and common environmental, clinical, case practice, and court-related barriers to timely permanency. In 2018, a case review of 60 cases (20 cases each for reunification, guardianship and adoption) indicated that the most commonly observed delays across all reviewed cases were goal extensions, late goal changes, court personnel changes, placement issues, and Ta.L hearing delays, which were found in 30 to 35 percent within each permanency goal of the cases reviewed. A subsequent review in 2019 revealed that the court was improving its Ta.L. hearing process and resolving cases more quickly.

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

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

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

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

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

- Permanency Mediation Program– To reduce delays in reaching permanency, any participant in a neglect case may refer the case for permanency mediation prior to the first permanency hearing or at any time CFSA recommends a goal change from reunification to adoption.
- Parent Engagement –CFSA refers all families to the Collaboratives for supportive services during the family's reunification process, either while the family is approaching or during the family's status under protective supervision. To promote successful parent engagement during this transition, the Agency ensures a warm hand-off between the CFSA permanency social worker and the assigned Collaborative social worker, increasing the potential for sustainable reunification outcomes.

- Adoption Reports – CFSA's adoption report template was reviewed and met legal sufficiency in FY 2022. At least every six months, the social worker submits an adoption report to the Family Court. The reports outline the child's adjustment and the status of the adoption process.
- Attorney Vouchers – CCAN maintains an extensive list of attorneys who are willing to accept payment through the CFSA voucher program when representing parents during the adoption process. In FY 2021, the Agency expanded the voucher program to also include payment for attorneys representing parents in guardianship matters.

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

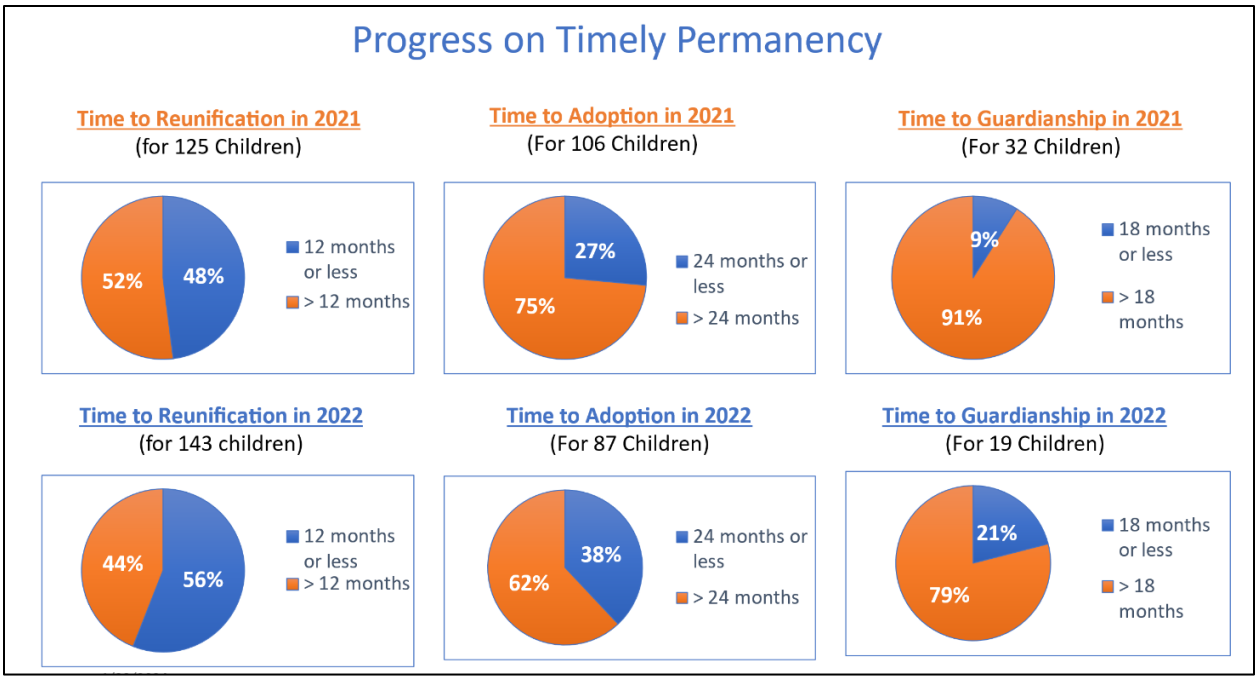
- A Ta.L evidentiary hearing must be held within 2 months of a goal change recommendation. However, across courtrooms this hearing is taking 5 months on average.[10]
- An adoption petition must be filed within 2 months from the establishment of the goal. Across courtrooms, filings are taking 10 months on average.
- An adoption trial must be held within 5 months of a petition filing. Across courtrooms, trials were 6 months on average.

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

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

While the Agency does not currently have aggregated data on timeframes associated with subsidy and scheduling logistics, CFSA program analysts were, in FY 2023, able to report out on some overall timeframe trends that Permanency Tracker data captured over the previous 2 calendar years:

[10] The evidentiary hearing is referred to as a Ta.L hearing based on a December 2016 case whereby the DC Court of Appeals held that parents have the right to such a hearing prior to the court changing the goal of reunification to adoption.



As part of the Agency's preparation for transitioning to the new child welfare information system, STAAND, CFSA is reviewing tools to support children in reaching the goal of permanency. Through conversations with stakeholders, which included CFSA frontline staff and people with lived experience, CFSA determined that the case plan could be a more family-friendly document. A workgroup identified the concept of a "family roadmap" to make case planning simpler and more concise. The new roadmap will also serve to streamline multiple different "family plans" (e.g., CPS intervention plan, case plan, FTM plan) into one single plan. As part of that design effort, the team developing the roadmap consulted with stakeholders from across the Agency, along with CFSA's PEER team and with birth parents. Agency efforts also focused on expediting and streamlining processes by allowing for autofill of frequently used forms, such as adoption and guardianship reports, and establishing electronic notifications to participants across events to ensure enhanced timeliness and higher quality data for CFSA teams.

To further promote practice improvements and timeliness for various court-related functions, STAAND was updated to include full mechanization of all court reports. A CFSA-OAG working group is currently developing new report templates as part of a substantially expanded integration between the CFSA and DC Superior Court data systems. Also in FY 2022, a CFSA workgroup developed a way to significantly simplify the adoption and guardianship subsidy referral processes to expedite completion and reduce their impact on permanency timelines.

As noted earlier, CFSA's emphasis on prevention and family preservation has led to a substantial reduction in the population of children being served out of the home. As a result, families with children who pass through the "Front Door" to foster care are, compared to prior years, displaying elevated risk factors related to a child's safety and well-being, as well as heightened service needs in areas such as

substance use, behavioral health, domestic violence, and effective parenting. Despite this natural byproduct of a higher barrier for foster care entry, the Agency has managed, over the past decade, to reduce children's time in out-of-home placements. When comparing length of time in foster care between the 1,552 children who were in out-of-home placements as of the end of FY 2012 with the 537 children who were in out-of-home placements as of the end of FY 2022, the average length of time in care decreased by 35 percent (46 months to 30 months) and the mean length of time decreased by 33 percent (30 months to 20 months).

CONCLUSION

The District continues to move children toward permanency in a deliberate manner, increasing more reflective clinical determinations of children's best interests than strict adherence to ASFA timelines.

PERMANENCY OUTCOME 2: ITEM 7

Permanency Outcome 2:	The continuity of family relationships and connections is preserved for children.
Item 7:	Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

STANDARD

Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

POLICY AND PRACTICE

CFSA's Placement and Matching policy prioritizes sibling placement unless circumstances indicate that a separate placement is in a sibling's best interests. As noted in Systemic Factor 7, the District has the option to waive licensure space limitations, as appropriate, in order to allow siblings to be placed with relatives or with traditional foster parents as long as the foster parent has no other children in the home. Further, CFSA has targeted recruitment activities to secure family-based foster care placements for sibling sets.

To help achieve Agency priorities regarding sibling placement, CFSA first makes a clinical decision on the appropriateness of placing siblings together by ruling out such factors as prior history of violent or inappropriate conduct between the siblings. Once the Agency confirms that placing them together reflects the best interest of all siblings, a placement resource development specialist will use the placement matching tool to find a home to accommodate the sibling group. Due to the prohibitive housing costs in the District, the resource development specialists will also consider placements in Maryland, where larger homes are more available. The placement team will also try to place several siblings together in two separate foster homes if the foster parent cannot accept the placement of the

entire sibling group. In addition, the placement team will continually monitor potential homes in the event an opportunity arises to place the siblings together when such placement was not initially viable due to housing issues.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Placement	▪ FY 2022 Needs Assessment ▪ CFSR Round 4 Sample OSRI Report ▪ FY 2024 Diligent Foster and Adoptive Recruitment Plan	CFSA Recruitment Supervisor	Interview
		CFSA Placement Program Manager	Interview

PERFORMANCE DATA HIGHLIGHTS

For the Round 3 CFSR, the District received an overall rating of Strength for Item 7 because 96 percent of the 23 applicable cases were rated as a Strength.

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 7 was applicable in five cases. In addition to four strength ratings, the one ANI rating involved siblings who were placed in two separate sections of a group home, which imposed unnecessary restrictions on their contact.

Agency strength ratings are based on the diligent efforts that align the District's priorities around sibling placements. However, as detailed in Item 35, Foster Parent Recruitment, the District's housing landscape poses significant challenges to sibling placement. The majority of children in foster care are Black or African American, and they come from the regions of the District (known locally as "Wards") that experience higher rates of poverty and housing instability.

BRIEF ANALYSIS

As of September 30, 2023, a total of 63 percent (n=130/206) of the children in foster care was placed with one or more siblings.

Children Placed with Siblings in Foster Care as of September 20, 2023

Sibling group size	Children placed with one or more siblings	Children not placed with siblings	Total
2	56	40	96
3	44	22	66
4	15	9	24
5	7	1	8

Sibling group size	Children placed with one or more siblings	Children not placed with siblings	Total
6+	8	4	12
Total	**130**	**76**	**206**

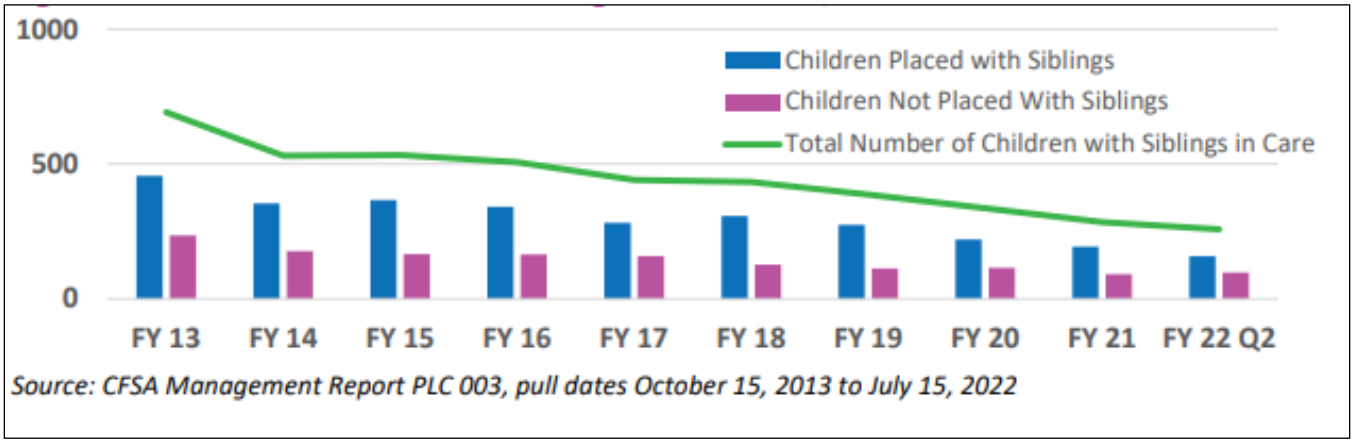
Source: FACES.NET Management Report PLC 003

According to the FY 2022 Four Pillars Framework Report, from January 2022 to September 2022, there was a monthly range of 73 percent to 78 percent of applicable children being placed with one or more siblings.

RESULTS OF DEEPER DATA DIVE FOR PRIORITY FOCUS AREAS

According to 2020 United States Census Bureau Data, only 13 percent of homes in the District and only 7 percent of the homes in Wards 7 and 8 had four or more bedrooms compared to the national average of 23 percent. In 2019, the Office of the Deputy Mayor for Planning and Economic Development published a DC Housing Survey Report that indicated over one third of low-income, large households in the District faced a bedroom shortage. The survey also found that Black residents were over three times more likely than White residents to have last moved to a new residence due to an inability to pay a bank or landlord. In addition, 20 percent of Black residents in Ward 7 and Ward 8 believe they will need to move within 3 years due to an inability to pay housing costs. This housing challenge impacts the pool of kinship providers, as well as traditional foster parents, capable of providing placements for sibling groups close to their birth family, community, and school.

Children Placed with Siblings in Foster Care, FY 2013 to FY 2022 – Q2



Source: CFSA Management Report PLC 003, pull dates October 15, 2013 to July 15, 2022

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

A key strategy that CFSA uses to address the housing situation involves contracting with private agencies to provide out-of-home placements in Maryland, particularly in the neighboring county that borders Wards 7 and 8. Whereas the overall rate of sibling placement was 63 percent as of September 30, 2023, it was 59 percent in the District and 66 percent in Maryland.

CONCLUSION

Despite socioeconomic challenges and housing limitations, the District continues to make concerted efforts to place siblings together when appropriate, both at the individual case level and through such systemic strategies as contracting for foster homes in neighboring communities.

PERMANENCY OUTCOME 2: ITEM 8

Permanency Outcome 2:	The Continuity of Family Relationships and Connections Is Preserved for Children
Item 8:	Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

STANDARD

Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

POLICY AND PRACTICE

CFSA's Visitation policy reflects the Agency's philosophy that maintaining family relationships can provide a sense of stability to children who have been removed from their homes, while also providing birth parents with the opportunity to demonstrate they can meet their children's safety and developmental needs. The policy directs social workers to arrange for parent-child visits within the first week of removal and at least once per week unless clinically inappropriate or otherwise prohibited. The policy also directs siblings placed separately to have a visit within 48 hours of separation from the home and at least twice monthly thereafter. In practice, the Agency not only strives to meet the required timeframes but looks for ways to promote quality visits to the extent that safety considerations will allow. This involves working with parents and providing services to help them reach a point where unsupervised visits are appropriate, and in the case of supervised visits, providing a family-like setting whenever possible.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency - Clinical	▪ FY22 Four Pillars Performance Framework ▪ 2022 Annual QSR Report ▪ CFSR Round 4 Sample OSRI Report	Youth	Survey Focus Group
		Birth Parents	Survey Focus Group
		Social Workers	Survey

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
		PEERS	Interview
		Birth Parents' Attorneys	Survey
		GALs	Survey Focus Group

PERFORMANCE DATA HIGHLIGHTS

For the Round 3 CFSR, the District received an overall rating of Area Needing Improvement (ANI) for Item 8 because 56 percent of the 25 applicable cases were rated as a Strength.

- In 78 percent of the 23 applicable cases, the Agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her mother was sufficient to maintain and promote the continuity of the relationship.
- In 36 percent of the 11 applicable cases, the Agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her father was sufficient to maintain and promote the continuity of the relationship.
- In 80 percent of the 10 applicable cases, the Agency made concerted efforts to ensure that both the frequency and quality of visitation with siblings in foster care who were in a different placement setting was sufficient to maintain and promote the continuity of the relationship.

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 8 was applicable in seven cases. In addition to five strength ratings, the two ANIs were based on the quality of the visits between the child and father. One of these cases also included insufficient efforts to maintain visits between siblings placed separately.

BRIEF ANALYSIS

Parent-Child Visits

In the FY 2022 Four Pillars Performance Report, CFSA evaluated parent-child visitation based on the number of children with a goal of reunification who had weekly visitation with the parent with whom reunification was sought. To assess performance, CFSA collected monthly data, using FACES.NET reports to identify which cases had the required number of visits. The children with the goal of reunification who completed at least four visits during the month fulfilled the compliance measure for that month. For the monthly range between January 2022 and September 2022, the measure was achieved between 42 and 61 percent of the time. Additional cases were nearly compliant. For example, a range of 14 to 24 percent of children had two-to-three visits each month. In the FY 2023, the weekly parent-child visitation measure ranged between 42 and 52 percent.

An additional explanation for performance indicators could involve changing trends among children and families with child welfare involvement in the District. The significant decline in the foster care

population is, in part, based on a higher clinical threshold for separating a child from the home. As a result, those in out-of-home placements and their families present with heightened clinical needs, which can impact commitment to and capacity for visitation.

Stakeholder Feedback

Youth

In a December 2023 survey, 13 youth responded to the statement, "You visit with your parents often enough to maintain your relationship." Responses were generally favorable as four youth "strongly agreed," four "agreed," three indicated "neutral/unsure," one "disagreed," and one "strongly disagreed." Responses were mixed among the 12 youth who responded to the statement, "When you visit with your parents, you have quality opportunities for bonding." Two youth "strongly agreed," four "agreed," two selected "neutral/unsure," two "disagreed," and two "strongly disagreed." When asked about barriers, four selected "location/transportation," two selected "length of visits," one selected "frequency of visits" and one selected "visiting room environment."

Birth Parents

In a December 2023 survey, 10 birth parents responded to statements about the frequency and quality of visits with their children in foster care. In response to the statement, "You visit with your child often enough to maintain your relationship," seven parents "strongly agreed," one "agreed," one selected "neutral/unsure" and one "disagreed." Almost as positive were the responses to the statement, "When you visit with your child, you have quality opportunities for bonding," where five parents "strongly agreed," four "agreed," and one selected "neutral/unsure." Additional survey statements included suggestions to keep parents aware of bonding opportunities, and to have parent-led visits outside the Agency.

The focus group of eight birth parents produced mixed responses to questions about visitation. When polled on the statement, "You visit with your child often enough to maintain your relationship," only two parents "strongly agreed," one "agreed," one selected "neutral/unsure" and two "strongly disagreed." In response to the statement, "When you visit with your child, you have quality opportunities for bonding," two "strongly agreed," two "agreed," one selected "neutral/unsure," and two "strongly disagreed." The most commonly identified issues had to do with frequency and duration of visits. Several birth parents indicated that in having 1 hour per week, they did not have a chance to maintain their relationship, improve/demonstrate their parenting skills to the social worker, or reduce some of the trauma that their children are experiencing as a result of living in the home of strangers. One parent indicated that too much power is given to her son, who gets to decide whether and when visits will happen. Two parents discussed their own trauma with not knowing the people their children are living with. Feedback around quality was largely focused on the presence of the social worker. Parents indicated they could not relax and be themselves when someone was watching them and documenting their actions.

PEERS

In an October 2023 focus group, seven Parent Engagement, Education and Resource (PEER) specialists discussed visitation. When asked about parent-child visits, the PEERs were mixed between finding that they were "sometimes" and "never" of sufficient quality or frequency to maintain the relationships. Responses were even more negative with regard to fathers. With regard to quality, several PEERS emphasized the need to understand the purpose and characteristics of intentional visits, as opposed to a compliance-driven approach that simply acknowledges whether the visit occurred.

Social Workers

When surveyed, 17 out-of-home social workers responded to the statement "The quality of parent-child visits is sufficient to promote the continuity of the relationships." While none of the respondents selected "always," 11 selected "usually," five selected "sometimes," and one selected "rarely." When asked to select common barriers to parent engagement, all 17 respondents selected "Parent mental/behavioral health" and "Parent substance use." Additionally 12 social workers selected "Parent-Agency relationship" and "Parent's whereabouts unknown." Nine social workers selected "Parent's housing stability," eight selected "Parent-child relationship," and six each selected "Parent-resource parent relationship" and "Child's mental/behavioral health."

In the November 2023 focus group, 16 out-of-home social workers and supervisors had given mixed responses between "sometimes" and "usually" when asked this question. The respondents described environmental barriers, such as the lack of privacy and limited opportunity for teachable moments that can be afforded in an Agency setting. The respondents also described barriers to observing the quality of visits for assessments of parenting skills and progress, including time constraints on the length of visits; the need to document the session, which may distract from the social worker's ability to commit to observing interactions; limited guidance to social workers on how to coach parents during visits; and limited guidance on what exactly to be assessing for. Acknowledging the potentially competing considerations of safety and quality, the respondents recommended visits in a home-like setting whenever possible and noted that enhancements to the Agency's visitation areas, known as wellness rooms, are a step in the right direction. The respondents also identified PEERs as a valuable resource when they are available to support visits.

Children's Attorneys

When surveyed, guardians *ad Litem* (GALs) provided a relatively negative response to the statement, "Parent-child visits are of sufficient quality to maintain the relationship and promote case goals." Only two of the eight respondents indicated this "usually," while two indicated "sometimes," three indicated "rarely," and one indicated "never." Regarding factors that impact parent-child engagement, seven GALs selected "Agency capacity to facilitate opportunities," five selected "Logistics," and four selected "Agency default to supervised visits." There were three selections each for "mental/behavioral health of parent," "Agency priorities (pending goal change)," and "Social worker modelling/support of quality visits."

Sibling Visits

When surveyed, 17 out-of-home social workers responded to the statement, "The quality of visits between siblings in different placements is sufficient to promote continuity of the relationships." Two social workers indicated "always," 10 indicated, "usually," four indicated "sometimes," and one indicated "rarely." Youth, birth parent, and advocate focus groups did not identify significant issues regarding sibling visits.

RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREAS

Parent-Child Visits

CFSA's FY 2022 Four Pillars Performance Report evaluated family engagement with their children in out-of-home placements, using the measure, "The number of children with the goal of reunification who have weekly visitation with the parent with whom reunification was sought." At the time of the review, a performance target had yet to be established.

To assess performance, CFSA collected monthly data, using FACES.NET reports to identify which cases had the required number of visits. A visit is defined by those children in foster care with a goal of reunification who engaged either in-person or virtually (according to their circumstances) with their primary or secondary caregivers. The number of children with the goal of reunification who completed at least four visits during the month fulfilled the compliance measure for that month.

From January to September 2022, the range was from 42 percent to 61 percent compliance. While the children who received all four of the required visits per month did not exceed 61 percent of the children applicable for this measure, many children still had one-to-three visits with their parents. For example, a range of 14 to 24 percent of children had two-to-three visits each month, thus not achieving full compliance with this measure.

Four Pillars data obtained immediately prior to the submission of this report indicated that in September 2023, compliance with parent-child visitation was achieved in 56 percent (n=95) of applicable cases.

Sibling Visits

The Four Pillars Performance Report also evaluated visitation between siblings who are placed separately in foster care. To assess performance, CFSA collected data from FACES.NET reports to identify cases in which siblings had at least monthly and at least twice monthly visits when visitation was in their best interests. From January 2022 to September 2022, monthly visitation ranged from 70 percent to 87 percent. Twice monthly visits ranged from 67 percent to 81 percent. These figures were at or just below the monthly performance targets of 80 percent and 75 percent respectively.

The report described common barriers, including youth declining ongoing visits with siblings, difficulties with engagement, age gaps among siblings, impacts related to Covid-19, out-of-District placements, and situations where siblings are incarcerated or have run away. The report also noted that successful achievement of the measure involved engagement of resource parents to set up video or in-person get togethers between separated siblings based on three considerations: (1) the assessment of safety or risk for the siblings' health during the pandemic, (2) the children's ability to see each other through parent-child visits for those with a goal of reunification, and (3) the established relationships between older youth siblings and their ability to see each other independent of the Agency.

Four Pillars data shows that in September 2023, of applicable children, 80 percent (n=87) had at least one monthly visit with siblings in care and 68 percent (n=74) had at least two monthly visits. Over the preceding year, cases with once-monthly visits ranged from 79 to 88 percent, and twice-monthly visits ranged from 68 to 86 percent.

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

The District's efforts to increase the frequency and improve the quality of parent-child visitation have been described in the context of broader parent engagement efforts, most notably in Items 12B, 13, and 20.

CONCLUSION

Sibling visitation is near the benchmark for CFSR standards. However, parent-child visitation, particularly with fathers, remains a challenge.

PERMANENCY OUTCOME 2: ITEM 9:

Permanency Outcome 2:	The Continuity of Family Relationships and Connections Is Preserved for Children
Item 9:	Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

STANDARD

Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

POLICY AND PRACTICE

As noted in the Placement and Matching policy, the Agency prioritizes placements that maintain a child's ties to the home, school, and community, whenever possible. This position is reinforced in an

Education Services policy that prioritizes maintaining children in their school of origin and ensuring transportation supports to help children remain connected to their community. In practice this includes case-specific considerations, based on information learned about the child's connections during family team meetings. System-wide, practice includes recruitment strategies geared toward securing an array of suitable placement providers in District neighborhoods with comparatively high rates of Agency involvement.

CFSA promulgated the Best Interest Determination (BID) Process for School Placement Administrative Issuance on September 28, 2023. The BID is an Agency-led process for determining whether it is in a child's best interest to remain in their school of last enrollment after their initial entry to foster care and after any changes in their foster care placement. The Agency must seek the input of the local education agency (LEA) and other stakeholders in making this decision via a discussion or a meeting that may occur in person, virtually, or via telephone or email. The BID Guide for School Placement form documents the decision-making process and final decision. Children should remain at their school of origin unless it is determined to be contrary to their best interests. Since the guidance was released, 37 children have required a BID as they entered care or changed placements. Of this number, 86 percent (n=32) remained in their school of origin. Three alternative school placement decisions involved youth entry into or exit from residential treatment or detention facilities, and the remaining two school placement decisions were based on proximity to the youth's placement.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Placement	▪ CFSR Round 4 Sample Case Review OSRI Report	Out-of-Home Social Workers	Survey Focus Group
		Children's Attorneys (GALs)	Survey

PERFORMANCE DATA HIGHLIGHTS

CFSR Round 3

For the Round 3 CFSR, the District received an overall rating of Area Needing Improvement (ANI) for Item 9 because 85 percent of the 40 applicable cases were rated as a Strength.

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

CFSR Round 4 Sample Case Reviews

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 23, Item 9 was rated as a Strength in 50 percent (n=6/12) of applicable cases. ANIs most commonly included undocumented or insufficient attempts to identify and facilitate contact with extended family members in the child's community of origin.

BRIEF ANALYSIS

Quality Service Review (QSR)

In the 2022 QSR Annual Report, the performance indicator, *Stability: School* was rated "acceptable" in 89 percent (n=90/101) of reviewed cases, which represents a slight decrease from 2020 (91 percent) and 2021 (93 percent). For the indicator, *Permanency: Relationships*, which includes a child's important connections, acceptable ratings were achieved in 95 percent (n=121/128) of cases, which is consistent with prior reporting periods, i.e., 2020 (95 percent) and 2021 (97 percent). The indicator, *Living Arrangement,* includes considerations around the child's need for connection with extended family, faith community, and social relationships. In 2022, acceptable ratings were achieved in 95 percent (n=121/128) of cases, which is only a slight decline from 2020 (96 percent) and 2021 (99 percent).

As observed with other items, discrepancies between CFSR-OSRI scores and QSR ratings are most likely attributable to the different rubrics. For example, mothers and fathers are rated separately in the QSR and rated together in the CFSR review. However, in the Round 3 CFSR, Item 9 was found to be a Strength in 85 percent of cases, and the Round 4 sample remains small as of this report.

Stakeholder Feedback

In a December 2023 survey, eight guardians *ad litem* (GALs) responded to the statement, "When children are separated from the home, the Agency makes concerted efforts to help them maintain important connections within their community of origin." Only one attorney indicated "usually," while two indicated "sometimes," four indicated "rarely," and one indicated "never." Notably, the same surveyed attorneys all pointed to the array of available foster care placements as a common factor implementing placement matching process.

In a December 2023 survey, 17 out-of-home social workers responded to a similar statement, "When children are separated from the home, their connections are preserved." Nine social workers indicated "usually," seven indicated "sometimes," and one indicated "rarely." Most commonly observed factors included foster care placement distance, and resource parent capacity to provide transportation. Several social workers also pointed to considerations regarding the appropriateness of the community environment for the child.

During a November 2023 focus group, 16 CFSA out-of-home social workers and supervisors were asked about whether children's connections are preserved when they are separated from the home. Responses were split between "usually" (n=7/16) and "sometimes" (n=9/16).

Participants agreed that the availability of transportation options has a direct and significant impact on the child's ability to stay connected the community of origin. While the District may only occupy a small geographic space, it can sometimes be an unrealistic expectation for a resource parent, social worker, or older youth to routinely schedule time to navigate traffic or transit systems.

On a clinical level, several social workers described the importance of maintaining a quality relationship between the birth parent and the resource parent. In cases where there is a disconnect or any degree of animosity, birth parents may be less inclined to facilitate opportunities for resource parents to engage their community. Conversely, resource parents may not feel comfortable in doing so. One social worker observed that some parents purposefully withhold information about extended relatives because they don't want their family to know about their child welfare system involvement. Also, some parents were observed to withhold information because they had a strained relationship with certain community members and did not want their children interacting with them.

RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREAS

CFSA Dashboard Data

According to CFSA's Data Dashboard, there were 509 children in out-of-home placements as of June 2023. Of this number, 56 percent (n=285) were separated from homes in Wards 7 and 8; CFSA placed 19 percent (n=97) of the children in these wards. As noted earlier, the District's housing landscape poses a variety of barriers to kinship and foster care placements within its boundaries, most notably in Wards 7 and 8 due to spatial restrictions and economic conditions. Fortunately, the District occupies a very small geographic space, and the Agency diligently works to identify placements in neighboring wards as well as neighboring counties in Maryland. In fact, 48 percent of children were placed in Maryland as of June 2023, many of whom are within the DC metropolitan area. As a result, considerations around maintaining connections, while sometimes involving geographic distance, typically focus on practical and clinical matters.

CFSA Internal Data

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

Of the 366 children in foster care who were enrolled in a K-12th school or a school-based pre-K (preschool) program in SY 2022-23 (as of February 2023), a total of 6 percent (n=21) had experienced a change of school since the start of the new academic year. Of the 26 youth who changed schools, 19 percent (n=4) changed schools to a school in closer proximity to a new foster care placement. The other 17 youth changed schools due to residential placement or detention, service needs, or by choice of a child or guardian.

CONCLUSION

The District continues to look for ways to procure out-of-home placements for children that are near their community of origin. Social workers partner with birth parents and resource parents to identify and maintain appropriate and necessary community connections. Given the social and environmental stressors impacting the communities from which most of the foster care population originates, the Agency is making concerted efforts to mitigate the impact of separation.

PERMANENCY OUTCOME 2: ITEM 10

Permanency Outcome 2:	The continuity of family relationships and connections is preserved for children.
Item 10:	Did the agency make concerted efforts to place the child with relatives when appropriate?

STANDARD

Did the agency make concerted efforts to place the child with relatives when appropriate?

POLICY AND PRACTICE

The list of placement considerations in CFSA's policy, Placement and Matching underscores the District's philosophy that placement with relatives (referred to more regularly in the District as "kin") is the first priority. The policy, along with the Family Team Meetings policy, direct the Agency to conduct diligent efforts to identify as many kin as possible, to determine their appropriateness for placement, and to encourage them to participate in planning. The prioritization of kin is also evident in the District of Columbia Municipal Regulations, DCMR 29-6027 Temporary License for Kin, which permits the Agency to place a child with kinship caregivers prior to the completion of certain tasks necessary for completion of foster care licensure.

For children being served in the home, CFSA develops a Concurrent Kin Plan to identify and designate other capable adults to provide care to children in the event of a family emergency or a separation due to ongoing child neglect and abuse.

During a CPS investigation, the investigative social worker asks the birth parent or caregiver for the names and contact information of any non-custodial parent or other maternal and paternal relatives

who can serve as a placement resource for children that may need to be separated from the home. The social worker will then submit a mandatory referral to the Diligent Search Unit (DSU), which functions under the purview of the Agency's Office of Hotline and Investigations. The DSU Unit helps to identify kin from the very beginning of a family's involvement with CFSA. Another effective vehicle for identification of kin is the Family Team Meeting (FTM), scheduled by an FTM coordinator upon receipt of a referral from the investigative social worker.

CFSA's Kinship Administration includes a unit of licensing social workers as well as a unit of resource development specialists (RDS) who support kin parents through the licensure process up until the time they are assigned an ongoing resource parent support worker. As needed, the RDS will also support the social worker assigned to the case. The Kinship Administration also oversees the newly developed Innovative Family Support Unit described later in this section.

As noted, the Temporary Licensing of Foster Homes for Kin policy expedites placement of children with kin in exigent situations. This policy allows CFSA to award a temporary licensure of foster homes for kin residing within the District of Columbia as well as a similar protocol in Maryland. Eligible kinship caregivers may receive a temporary license to allow immediate placement, per the policy, but all caregivers must still complete the full licensure process within certain guidelines and timeframes.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Placement	▪ CFSR Round 4 Sample Case Review OSRI Report ▪ FY22 Four Pillars Framework Report ▪ FY22 Needs Assessment ▪ FY24 Diligent Foster and Adoptive Recruitment Plan ▪ FY22 Oversight Hearing Responses	Youth	Survey
		Children's Attorneys (GAL)	Survey
		Children's Attorneys (GAL)	Survey

PERFORMANCE DATA HIGHLIGHTS

Round 3 CFSR

For the Round 3 CFSR, the District received an overall rating of Area Needing Improvement (ANI) for Item 10 because 64 percent of the 39 applicable cases were rated as a Strength.

In the FY 2022 Needs Assessment, CFSA looked back on placement-related trends over the past 10 reporting periods. As a proportion of all family-based foster homes, kinship grew from 25 percent in September 2013 to 30 percent in June 2022. During this same period, placement in kinship homes went from 20 to 23 percent of the overall out-of-home population.

Round 4 CFSR Sample Cases

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 10 was rated as a Strength in 85 percent (n=11/13) of applicable cases. The ANI ratings were based on insufficient evidence that the Agency did all it could to identify and explore all potential relative caregivers in a timely fashion.

BRIEF ANALYSIS

Four Pillars Framework Data

During FY 2022, 183 children entered or re-entered foster care for at least 8 days. Of those children, 28 percent (n=51) were placed with kin within 30 days, and another 20 children were placed with kin at some point thereafter. The average number of days was 105 for placement with kin.

Oversight Hearing Responses

In February 2024, as part of the DC Council's Oversight Hearing testimony, CFSA provided the following overview of placements by provider type as of September 30, 2023 to the DC Council Health and Human Services Subcommittee.

Placement Type	Total # of Children	Total % of Children
Kinship Foster Homes	107	21.57%
Non-Kinship Foster Homes	272	54.84%
Group Settings	48	9.68%
Other	69	13.91%
Total	**496**	**100%**

CFSA also presented performance data related to placing children with kin. Against a target of 30 percent of children being placed with kin within 30 days of separation from the home, CFSA only achieved this measure for 17 percent of children. Additionally, the Agency presented data regarding kinship providers as a first placement. In FY 2022, of the 201 children separated from their homes, the Agency placed 20 percent (n=31) first with kin. In FY 2023, the Agency placed 12 percent (n=22/179) first with kin. In FY 2023, a total of 165 children entered foster care and stayed for longer than 8 days. Of this number, 18 percent (n=29) were placed with kin within 30 days of entering foster care. Due to an increased number of children placed with kin within 90 days, this measure is being updated in FY 2024 to reflect placement with kin within 90 days of entering foster care.

FACES.NET Management Report Data

As of September 30, 2023, there were 496 children in out-of-home placements. Of this number, 76 percent (n=379) were living in family-based settings; 10 percent (n=48) were living in congregate care settings, and 14 percent (n=69) were in "other" settings, including college, a correctional facility,

developmentally disabled supportive facilities, hospitals, not in a legal placement, or in abscondence. The 107 children placed in kinship homes accounted for 22 percent of the overall out-of-home population.
Between January and March 2023, 40 families receiving in-home services volunteered relative contact information. Of these 40, five families were actively planning with kin.

Stakeholder Feedback

In a December 2023 survey, only 3 of 13 youth respondents indicated that they were living with relatives. When asked if they were in their preferred placement type, 3 of 10 respondents indicated that they were not, but only one respondent provided details and described an uncomfortable foster care environment.

In a December 2023 survey, eight GALs responded to the statement, "When children are separated from the home, the Agency makes concerted efforts to identify suitable relatives for placement." Three GALs indicated "usually" and five indicated "sometimes."

RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREAS

FY 2024 Foster and Adoptive Diligent Recruitment Plan

CFSA's Recruitment Plan includes updates on strategies to support identified kinship providers, as well as relevant data trends. The FY 2024 Recruitment Plan reported that kinship rates slightly declined relative to other placement types over the past several reporting periods. However, exits from kinship placements to permanency have a statistical impact on the kinship population. At the end of FY 2022, children living in kinship homes accounted for 24 percent of the overall foster care population. Yet, over the course of FY 2022, children in kinship care accounted for 27 percent of all exits. Moreover, exits from kinship placements are overwhelmingly positive. All FY 2022 exits from kinship placements were either to reunification, guardianship, or adoption. In FY 2023, the rate of exits to positive permanency was 95 percent (n=61/64) while three children exited from foster care at age 21.

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

The District recognizes that it is not enough to simply identify kin and verify their willingness to provide care. Many of the relatives of children who enter the District's foster care system are subject to the same environmental and socioeconomic stressors that impact the birth family, and thus require a supportive team and a properly functioning service infrastructure. To this end, CFSA implements and continuously explores and enhances strategies to promote safe and stable kin placements. CFSA provides the following supports to relatives through the Agency's Kinship Outreach and Support Units:

- **Kinship Caregiver Warmline:** Staffed by the Kinship Outreach and Support Unit during business hours, the line provides an opportunity for real-time facilitation or mediation of conflicts or issues that are occurring in the kinship caregiver's home. The Warmline further serves as a

mechanism for promptly linking kinship caregivers to nearby community-based resources. For messages left after-hours, the Kinship Unit responds by the next business day.

- **Kinship Navigator Website and Mobile Application:** Launched in FY 2022, the Kinship Navigator serves as a centralized information hub for relative caregivers to learn about subsidy programs, emergency assistance, event timelines, community resources, and other supports and activities. In addition to receiving information, relative caregivers can use the website to directly apply for subsidies and request emergency assistance. A mobile application is now also available to reinforce the purpose of the website and encourage engagement by kinship users.
- **Support Groups for Kinship Caregivers**: Since March 2022, the bi-monthly events occur both virtually and in-person. Topics address the unique circumstances often faced by kinship caregivers, including children's medication management, assisting children who have difficulty being separated from their parents, recognizing grief and loss, comprehending past child welfare experiences, realizing when there is a need for counseling and therapy for children, and various other challenging and isolating situations.
- **The Innovative Family Support (IFS) Unit**: In FY 2022, CFSA's Program Outcomes Unit conducted a kinship analysis to identify trends and needs related to separations and placements. The analysis found that 38 percent of FY 2022 separations occurred after business hours. In FY 2023, two additional IFS Units were created to increase kin placements for after-hours separations, and to support staff retention by having additional staff to perform tasks that must occur during evenings and weekends, to further support intentional family visitation outside of business hours, and to partner with CPS during investigations to assist with widening the family circle and safety planning. Twelve positions were repurposed to create these extra units. Each unit includes one supervisory social worker, one social worker, two resource development specialists, and two family support workers.

In FY 2022, CFSA's Child Welfare Training Academy developed continuing education units for case-carrying CFSA and CFSA-contracted social worker training on kinship resources. The training provides CFSA-contracted licensing staff with technical assistance for screening and assessing potential kinship resources and for completing kinship licensing packets. In addition, this training provides Entry Services staff with the skills to complete phone assessment screenings that help identify viable kin prior to or immediately upon a child's separation from the home.

CONCLUSION

Kinship placement rates and ratings remain slightly below targeted levels. However, through continued new and evolving support, the Agency and its partners are able to facilitate the identification of kinship caregivers and to provide support and resources for kinship foster parents in order to provide a safe and stable home for children.

PERMANENCY OUTCOME 2: ITEM 11

Permanency Outcome 2:	The continuity of family relationships and connections is preserved for children.
Item 11:	Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

STANDARD

Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

POLICY AND PRACTICE

As described in CFSA's Reunification business process, the Agency emphasizes a teaming approach to promoting and maintaining positive parent-child relationships. From as early as possible, parents are engaged in a proactive and strengths-based manner through Family Team Meetings, orientation sessions, and one-on-one meetings with a Parent Engagement, Education, and Resource (PEER) specialist. Additionally, CFSA encourages and supports resource parents to help maintain and nurture parent-child bonds through multiple strategies offered in the Resource Parent Handbook. Shared Parenting is an example. This team approach promotes ongoing, active, supportive relationships between birth and resource families. It is an evidence-based model that emphasizes listening, learning, sharing information, collaborating, and making joint decisions. Most importantly, the shared parenting model decreases loss and trauma for a child, increases placement stability and helps expedite permanency. The policy Educational Services directs social workers to involve parents in their children's education as much as possible, and CWTA offers the in-service training, Maintaining Family Connectedness, to help child welfare professionals understand how they can strengthen family ties throughout the life of a case.

Knowing that all families are different, social workers, on a case-by-case basis look for ways to help ensure children remain connected with their parents outside of visitation. Additionally, there are several Agency strategies that help preserve and nurture connections:

- Youth in care, aged 14 years and older are given iPhones, allowing them to maintain contact with their parents, extended families, and friends.
- Children and youth in kinship placements have regular access to their parents outside of agency-planned visits and events.
- Both kin and traditional resource parents are encouraged to maintain contact through text, calls, and video calls with parents for children who are too young to manage electronic

communication on their own. Resources parents regularly send pictures and updates related to development, educational, and emotional progress to parents.

- Social workers facilitate contact through text, calls, and video calls with parents of children too young to manage electronic communication independently. Social workers regularly send pictures and updates to parents related to development, educational, and emotional progress.
- Birth parents are invited to all medical appointments and educational meetings as they maintain decision-making rights and should be the lead in these areas despite the children not being in their care.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency - Clinical	▪ CFSR Round 4 Sample Case Review OSRI Report ▪ QSR 2022 Annual Report	Birth Parents	Survey Focus Group
		PEERS	Focus Group
		Birth Parents' Attorneys	Focus Group
		Children's Attorneys (GAL)	Survey
		Out-of-Home Social Workers	Survey Focus Group
		Deputy Director for In-Home and Out-of-Home Placement	Interview

PERFORMANCE DATA HIGHLIGHTS

Round 3 CFSR

For the Round 3 CFSR, the District received an overall rating of Area Needing Improvement for Item 11 because 65% of the 23 applicable cases were rated as a Strength.

In 78% of the 23 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother.

In 55% of the 11 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.

Round 4 CFSR Sample Review Cases

For the Round 4 CFSR sample case reviews completed during FY 22 and FY 23, Item 11 was only applicable in 7 cases. There were five Strength ratings and two ANI ratings, both of which were based on insufficient attempts to engage the father throughout the period under review.

BRIEF ANALYSIS

Stakeholder Feedback

Birth Parents

In a December 2023 survey, 10 birth parents responded to the statement, "In addition to visits, the Agency and/or resource parent make sure you have other opportunities to stay connected to your child." Responses were positive, as five birth parents strongly agreed with this statement, two agreed, and three indicated "Neutral/unsure."

Responses were less positive during the December 2023 focus group with eight birth parents. Two strongly agreed with the above statement, two agreed, one indicated "Neutral/Unsure," and one strongly disagreed. As an extension of the visitation discussion, which underscored the birth parents' desire for more quality time with their children, one birth parent discussed a missed opportunity to celebrate her child's birthday and another birth parent expressed resentment at the bonding that was occurring between her child and the foster parents, who were taking her son on trips and buying him gifts. One birth parent expressed appreciation for the role of his PEER in facilitating opportunities to stay connected. Responses were more favorable with regard to the role of resource parents in maintaining connections. Three birth parents strongly agreed with the statement, "Your relationship with your child's resource parent allows you to stay connected to your child and work toward case goals," one parent agreed, one disagreed, and one strongly disagreed. Two birth parents expressed particular gratitude for the role they have played, not only in the lives of their children, but in the birth parent's own progress. One birth parent indicated feeling distressed because she did not know the resource parent and had concerns about certain parenting practices.

PEERS

In an October 2023 focus group, seven Parent Engagement, Education, Resource (PEER) specialists discussed social worker efforts to promote parent-child relationships beyond visitation. The PEERs, in general, expressed that it does not appear to be a priority. Several PEERs felt that, due to high caseloads, social workers are operating from a compliance-driven framework, in that they need to check dashboard boxes for such tasks as visits or assessments. Consequently, less quantifiable activities can be overlooked.

Birth Parents' Attorneys

In a December 2023 survey, five attorneys responded to the statement, "Parents receive sufficient opportunities, beyond visitation, to maintain connections with their children." Two indicated this "Usually" happens, one indicated "Sometimes," one indicated "Rarely," and one indicated "Never." All five attorneys cited to the Agency's capacity/efforts to facilitate such opportunities as a common issue. Other noted factors included the Agency's priorities, particularly when a goal change away from reunification is pending, as well as parent substance use and parent mental/behavioral health.

Children's Attorneys (GALs)

In response to the December 2023 survey statement, "Children receive sufficient opportunities, beyond visitation, to maintain connections with their parents," only one of eight GAL's indicated "Usually" and only one indicated "Sometimes," while the remaining six indicated "Rarely." Similar to the parents' attorneys, the GALs focused on case management practices, as seven indicated "Agency capacity/efforts to facilitate opportunities" as a common issue. Several attorneys also pointed to logistical issues, parent's mental/behavioral health, parent's relationship with social worker, and the Agency's priorities when there is a pending goal change.

Out-of-Home Social Workers

In a December 2023 survey, 17 social workers responded to the statement, "Beyond visitation, parents engage in opportunities to maintain positive relationships with their children in out-of-home placements." One social worker indicated "Always," seven indicated "Usually," eight indicated "Sometimes," and one indicated "Rarely." Noted factors, which also applied to parent-child visitation, most commonly included parent's mental/behavioral health, parent's substance use, parent's relationship with the Agency, and parent's whereabouts unknown. Several social workers also indicated housing instability, the parent's relationship with the child, the child's mental/behavioral health, the parent's relationship with the resource parent, and case management team priorities.

In a November 2023 focus group, most of the 16 out-of-home social workers and supervisors indicated that parents have at least some opportunities, beyond visitation, to engage with their children to maintain positive relationships. Observed barriers (which also impact items involving services, community connections, visitation, and case planning involvement) include the following:

- Parents are sometimes unsure of the rights they retain in terms of what they can and cannot do with their children
- There can be confusion among non-custodial parents regarding their powers and the information they can access, conversely, school officials may not know which parents to notify or provide records to
- Parents may simply stop showing up because they feel like they are no longer the primary caretaker - this increases in proportion to the likelihood of a goal change away from reunification
- When they are no longer involved in day-to-day activities, parents can feel embarrassed or frustrated when they cannot answer or address situations regarding their child

When promoting parent-child relationships, strengths and strategies include the following:

- Being proactive in informing parents about their rights
- Providing guidance to parents about what legal rights they still retain for their children especially with respect to medical and educational rights
- Assuring parents that they are still PARENTS, even though the children are not in their care

CONCLUSION

Agency efforts to promote and maintain the parent-child relationship have met with mixed responses. While certain clinical factors based on the parent's circumstances and conditions have been noted, stakeholders have also identified practice gaps, which may be attributable to the capacity of the case management team to support activities that require additional effort, as well as the priority level of such activities when they are not quantifiable case plan objectives.

Assessment of Well-Being Outcomes

WELL-BEING OUTCOME 1: ITEM 12

Well-Being Outcome 1:	Families Have Enhanced Capacity to Provide for their Children's Needs.
Item 12:	Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

STANDARD

Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

POLICY AND PRACTICE

Per District law, the Agency's responsibility to assess and render appropriate services to families is a fundamental component of the reasonable efforts that must be demonstrated in all out-of-home cases. To this end, social workers, nurse care managers, and other clinical specialists are trained and supported to administer formal caregiver assessments and to make informal assessments during visits to the family. Based on the needs presented, social workers may provide supportive counsel, or they may recommend or refer families for Agency-based or community-based services in areas such as substance use support, mental health, domestic violence, public benefits, legal advocacy, parenting classes, and anger management classes.

CFSA recognizes that certain assessments help a family and the case management team recognize strengths, prioritize challenges, and shape the goals and strategies that can help achieve safe and stable permanency. As the Permanency Practice policy indicates, for in-home and out-of-home cases, the Agency completes a sequence of formal assessments of the child, which currently include the Child Adolescent Functional Assessment Scale (CAFAS) or the Preschool Early Childhood Functional Assessment (PECFAS). For the parents, the Agency currently completes the Caregiver Strengths and Barriers Assessment (CSBA). In addition, the Visitation policy directs the social worker to conduct and document findings of ongoing family assessments in FACES.NET. These assessments occur during every visit, often in consultation with other team members for ongoing determinations of safety, risks, needs, and strengths. Assessments begin with the Agency's initial contact with the family and continue throughout the life of the case to closure.

As detailed in the Agency's Case Planning business process, the Service Agreement (also known as a Service Plan) specifies the services and interventions offered and provided that will ensure the child receives safe and proper care. The plan serves either to prevent removal, to reunify the family, or to

help the child achieve alternative means of permanency, e.g., alternative planned permanent living arrangements. The Service Agreement outlines specific interventions, responsible parties for each action step, time frames for completion of those steps, the desired outcomes and updates on the family or child's progress, including descriptions of behavior changes. The Agency works to ensure that identified services are aligned across system partners and community-based providers so they are not duplicative and will facilitate families completing required tasks and meeting their goals.

For children and families served in the home, the Agency's In-Home Services policy indicates that throughout the life of the case, CFSA staff shall gather information and glean insights from the various members of the team (including and especially the family itself). These insights and information help to complete assessment tools that highlight family strengths, outline issues, inform case plan development, and help prioritize action steps and service interventions. In addition to the risk and safety assessment tools described in Item 3, CFSA currently administers the Structured Decision Making (SDM)® Caregiver Strengths and Barriers Assessment (CSBA) within the first 30 days of a case being opened and every 90 days thereafter in order to directly inform the family's case plan and determination of safe case closure.

For children in out-of-home placements, CFSA's Relationship with Resource Parents policy requires the inclusion of resource parents in the planning, scheduling, and assessing of services that directly impact the resource parent's ability to care for the child, as well as impacting the child's adjustment to foster care and progress towards permanency. The Placement and Matching policy instructs case managers to promote placement stability by continually assessing the needs of children and their caregivers. The Visitation policy also includes guidance to social workers for engaging resource parents in the assessment of the child's life skills and a discussion of services needed to reduce the risk of maltreatment and to promote well-being.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency – Clinical (12 A, B) Placement (12 C)	▪ CFSR Round 4 Sample Case Review OSRI Report ▪ FY22 Four Pillars Framework Report ▪ 2022 Annual QSR Report ▪ FY24 Annual Progress and Services Report ▪ Congregate Care Youth Interview Reports FY20-24	Youth	Survey Focus Group
		Birth Parents	Survey Focus Group
		Resource Parents	Survey Focus Group
		PEERS	Focus Group
		Children's Attorneys (GAL)	Survey Focus Group
		Birth Parents' Attorneys	Survey
		OAG Attorneys (AAG)	Survey Focus Group

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
		In-Home Social Workers and Managers	Survey Focus Group
		Out-of-Home Social Workers and Managers	Survey Focus Group

Item 12. Overall

CFSA requires that in 80 percent of cases, tailored services, including all services identified in a child or family's safety plan or case plan, shall be offered along with an offer of instruction or assistance to children and families regarding the use of those services.

The Quality Services Review (QSR) protocol's indicator, *Implementing Supports and Services*, measures CFSA's performance on appropriate service provision to families and children in order to promote their safety, permanency, and well-being. For the case to receive an overall acceptable rating, the QSR specialists must rate as acceptable the supports and services provided to the child, mother, father, and caregiver (when applicable). The Agency uses QSR data to assess this performance on a case-by-case basis both for in-home and for out-of-home cases. During the course of the QSR interviews with families and supporting team members, reviewers determine the appropriateness of the service referrals for meeting an individual family's needs, as well as the family's participation in the service and the service's effectiveness in promoting the achievement of permanency goals and family stabilization.

In FY 2022, QSR specialists rated 82 percent (n=109/133) of the combined sample of in-home and out-of-home cases as acceptable for the indicator, *Implementing Supports and Services*. Reviews included 73 out-of-home cases with an acceptable rating of 81 percent (n=59) and 60 in-home cases with an acceptable rating of 83 percent (n=50).

Item 12 A. Children and Youth

PERFORMANCE DATA HIGHLIGHTS

Round 3 CFSR

For the Round 3 CFSR, Item 12A was rated as an Area Needing Improvement (ANI) because 74 percent of the 65 cases were rated as a Strength for the District. Item 12A was rated as a Strength in 78 percent of 40 out-of-home cases, 68 percent of the 19 in-home services cases, and 67 percent of the six in-home services cases under Differential Response Family Assessments (FAs).

Round 4 CFSR Sample Cases

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 12A was rated as a Strength in 86 percent (n=18/21) cases. The ANI cases included barriers to informally assessing the child in the home, as well as delays in receiving identified therapy services.

BRIEF ANALYSIS

FY 2022 overall QSR performance for in-home and out-of-home cases was 89 percent (n=117/132) acceptable for supports and services provided to children, which represents a slight decline from the 94 percent acceptable rating in CY 2021.[11] Of the FY 2022 cases, 88 percent (n=63/72) of the out-of-home cases received acceptable ratings and 90 percent (n=54/60) of the in-home cases received acceptable ratings.

In FY 2023, QSR performance for the Out-of-home Clinical and Case Management Administration was 100 percent (n=35/35) for children. QSR performance for the In-Home Administration was 89 percent (51/57), which exceeded the 80 percent benchmark.

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

In the February 2024 Oversight Hearing before DC Council, 174 youth entered foster care and 68 of those youth were eligible for substance abuse screening. Of those 68 eligible youth, zero consented to substance abuse screening. In the first quarter of FY 2024 (FY 2024-Q1), 43 youth entered foster care with 12 of those youth being eligible for substance abuse screening. Of those 12 eligible youth, zero consented to a substance abuse screening. In FY 2023, 33 youth were referred for an assessment by an Adolescent Substance Abuse Treatment Program (ASTEP) provider. Of the 33 youth, seven agreed to an assessment, of which three completed the assessment. Four youth were no-shows. In FY 2024-Q1, eight youth were referred for an assessment by an ASTEP provider. Of the eight youth, one youth agreed to an assessment. However, the youth was a no-show. In FY 2023, three of the seven youth were assessed and successfully linked to services. In FY 2024 to date, no youth have been assessed or linked to services. Program data also indicates that 80 youth were linked with mentoring supports through the Credible Messenger mentoring program.

Stakeholder Feedback

Youth Currently or Recently in Foster Care

In a December 2023 survey, 13 youth responded to the statement, "Your social worker and team understand any additional needs (beyond education, medical, dental, behavioral health) you may have." Two youth "strongly agreed" with the statement, five "agreed," three indicated "neutral," and three "disagreed." In response to the statement, "The Agency connects you to appropriate additional services when you need them," one youth "strongly agreed," five "agreed," four indicated "neutral/not applicable" and three "disagreed." When asked to identify barriers, the most commonly selected (n=7)

[11] In 2022, the QSR unit transitioned from reviewing the prior calendar year to reviewing the prior fiscal year.

example was “Your team doesn’t truly understand what you need.” Four youth indicated long wait times for services, and two youth selected each of “services are not available,” “services are too far away,” “services are not helpful,” and “service staff keep changing.” Two youth recommended additional independent living programs, and one youth recommended additional housing and mental health supports.

During a December 2023 focus group, seven youth further discussed services. One youth credited his social worker and team for demonstrating complete commitment and knowing the balance between providing support and allowing the youth to take the lead. One youth appreciated receiving therapy for trauma and resources to attend the funeral of a family member. Another youth, who recently aged out of care, indicated that she had certain struggles that were necessary to help her become independent. She had to do things for herself, but she always had a roof over her head, an allowance, and supportive guidance.

Youth Residing in Group Homes

When interviewed by facility staff between FY 2020 and FY 2023, youth were asked if their program met all of their basic needs. In response, 99 percent (n=133/134) said “Yes” with the lone “No” respondent indicating a need for more clothes. Additionally, 91 percent (n=132/145) of respondents indicated their programs provided recreational activities, while 95 percent (n=138/145) indicated that their program encouraged activities of daily living, and 97 percent (n=143/147) indicated that their program provided life-skills training.

Children’s Attorneys (GALs)

In a December 2023 survey, eight GALs responded to the statement, “The Agency effectively assesses children’s needs to determine necessary services for achieving case plan and transition plan goals.” Only two GALs indicated “usually,” while five indicated “sometimes,” and one indicated, “rarely.” Similarly, in response to the statement, “When needs are identified, the Agency ensures children receive the appropriate services,” only one GAL selected “usually,” while five indicated “sometimes” and two indicated “rarely.” When asked to indicate common barriers, all of the GALs pointed to systemic issues, which are summarized in Items 29 and 30. One GAL noted that the Agency could provide more money and demonstrate more willingness to pay for non-contracted services. One GAL observed a lack of transportation to services by the Agency or caregivers.

12 B. Birth Parents

PERFORMANCE DATA HIGHLIGHTS

For the Round 3 CFSR, the District received an overall rating of ANI for Item 12B because 16 percent of the 57 applicable cases were rated as a Strength. Item 12 B was rated as a Strength in 13 percent of the 32 applicable foster care cases, 21 percent of the 19 applicable in-home services cases, and 17 percent of the six applicable in-home services alternative/Differential Response Family Assessment cases.

- In 45 percent of the 56 applicable cases, the Agency made concerted efforts both to assess and address the needs of mothers.
- In 14 percent of the 43 applicable cases, the Agency made concerted efforts both to assess and address the needs of fathers.

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 12B was rated as a Strength in 41 percent (n=7/17) of applicable cases. Among the ANI cases, there were findings of minimal documented attempts to contact birth parents, insufficient efforts to conduct assessments throughout the PUR, and inadequate follow-up to ensure parents engaged the identified services. As with prior reporting periods, efforts with regard to birth fathers and non-custodial parents remain a particular challenge.

BRIEF ANALYSIS

In CY 2023, the *Implementing Supports and Services* indicator received acceptable QSR ratings for mothers in 96 percent (n=45/47) of in-home cases, which represents an increase from the FY 2022 performance of 88 percent. Also in CY 2023, acceptable ratings were found in 100 percent (n=22/22) of the out-of-home cases, which represents an increase over the CY 2022 performance of 95 percent.

Of the in-home cases reviewed in CY 2023, acceptable practice with fathers was found in 100 percent (n=17/17) of the cases, compared to 95 percent in CY 2022. For out-of-home cases reviewed in CY 2023, acceptable practice for fathers was found in 83 percent (n=5/6) of applicable cases. This small sample represents a decline from the CY 2021 performance of 89 percent (n=8/9).

For fathers, the FY 2022 acceptable rating of 94 percent (n=31/33) represents a slight increase from 92 percent in CY 2021. In FY 2022, 92 percent (n=11/12) of the out-of-home cases and 95 percent (n=20/21) of the in-home cases were rated as acceptable.

Stakeholder Feedback

Birth Parents

In a December 2023 survey completed by 10 birth parents, the parents in general responded favorably to the statements “The Agency understands the services and supports you need to care for your children,” and “The Agency connects you to appropriate supports and services when you need them.” In each case, six parents “strongly agreed,” two “agreed,” one selected “neutral/unsure” and only one “strongly disagreed.”

Feedback was less positive during the December 2023 focus group of eight birth parents. When polled on whether the Agency understands the services and supports that they need, two of the six parents who responded strongly agreed, two indicated “neutral/unsure” one “disagreed” and one “strongly disagreed.” When polled on whether the Agency connects them to appropriate services when needed,

two “strongly agreed,” three indicated “neutral/unsure” and one “strongly disagreed.” Several parents raised issues related to housing and indicated the Agency should play a more direct role. One parent talked about the need to self-advocate, and another discussed the burden of having to undergo a mental health exam and take a program when she didn’t believe it related to the reason her child was in care. One parent noted that services are available and that parents have to show their willingness to work with the case management team.

PEERS

In an October 2023 focus group, seven Parent Engagement, Education, and Resource (PEER) specialists found practice and interventions to be inconsistent with respect to assessing and addressing the needs of birth parents. Several identified limitations in the service array. Relevant information on clinical barriers is detailed in Item 13 with regard to involving parents in case planning.

In a November 2023 Statewide Assessment focus group of 16 CFSA out-of-home social workers and supervisors, most participants felt that birth parents’ needs are either “usually” or “always” assessed sufficiently to address the issues relevant to a child’s entry into care. One noted barrier involves the potential for assessments to be driven by what the parent reports, which will not always correspond with the basis for Agency involvement. Regarding the frequency with which parents actually receive the services to address identified needs, the majority of responses ranged from “usually” to “sometimes” with a few respondents indicating that this “always” happens. Observed barriers involved whether parents had – or understood how to obtain – health insurance; the availability of specially trained mental health providers (e.g., trauma-informed, cognitive-behavioral therapy); and the availability of targeted services (e.g., family therapy, parent-centered services that directly relate to the reason for a child’s separation).

Birth Parents’ Attorneys

In response to the statement, “The Agency effectively assesses birth parents’ needs to determine necessary services for achieving case plan goals,” two of the five respondents indicated “usually,” two indicated “sometimes,” and one indicated “rarely.” In response to the statement, “When parents are connected with services, the Agency supports birth parents in engaging and completing programs,” two attorneys indicated “usually,” two indicated “sometimes,” and one indicated “never.” When describing barriers that a parent has, one attorney stated that social workers don’t always identify the issues in a timely manner, and that social workers should go to the home early in the case to get more information and be better prepared to address issues that arise later, all of which impacts reunification requirements. Two attorneys also pointed to limitations in the service array, including housing-related programs.

Social Workers

In a December 2023 survey, 17 out-of-home social workers and 17 in-home social workers responded to the statements, “Birth parents’ needs are sufficiently assessed to address the issues relevant to the

child's entry into care and to achieve case goals," and "When birth parents' needs are identified, they receive services to address the issues related to the child's entry into care and to achieve case goals." Responses were generally positive as 76 percent of all respondents either "agreed" or "strongly agreed." A detailed summary of the surveys is provided in Item 29, Service Array.

12 C. Resource Parents

PERFORMANCE DATA HIGHLIGHTS

For the Round 3 CFSR, the District received an overall rating of ANI for Item 12C because 58 percent of the 40 applicable foster care cases were rated as a Strength.

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 12C was rated a Strength in 91 percent (n=10/11) of applicable cases. Strength ratings included evidence of a positive relationship between the social worker and resource parents, based on open communication and the social workers' attentiveness and prompt response to the resource parents' needs. This positivity was particularly evident in cases where resource parents demonstrated heightened needs, including support through a foster parent's first-ever placement experience, as well as support through the numerous and, at times complex, adoption application protocols. The one ANI was based on insufficient efforts to truly understand the behavioral needs of a child and thus render appropriate support to the kinship caregiver.

BRIEF ANALYSIS

CY 2022 QSR performance was rated 95 percent (n=41/43) acceptable for the *Implementing Supports and Services* indicator for resource parents, which represented a slight decrease from 96 percent in CY 2021. CY 2023 QSR performance was rated at 96 percent (44/46) for *Implementing Supports and Services* for resource parents.

Stakeholder Feedback

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

The surveys produced favorable findings regarding the Agency's resource parent support workers (RPSW), noting that RPSWs are generally accessible and supportive, but in some cases, they could be

more knowledgeable of available supports, empowered to advocate for the resource parent's position (e.g., to the case management team), and accommodate the resource parent's schedule. The survey produced mixed responses to the clarity and efficacy of protocols for obtaining respite care for children placed in their homes, but generally favorable feedback on the peer-support system known as the Bridge, Organize, Nurture, Develop (BOND) network.

In September 2024, members from the Placement Workgroup joined 25 foster parents and advocates during a monthly meeting of the Foster and Adoptive Parenting Advisory Council to discuss recent experiences, needs, and recommendations from the resource parent community.

- Several participants indicated that issues arise when the Agency does not support the resource parent in enforcing house rules. Without a united front, children will either circumvent the rules or the relationship between the child and the resource parent can become strained.
- Many participants indicated that childcare remains a major issue. There can often be a disconnect with respect to what is already in place, what the Agency can promptly arrange, and what will be required of the resource parent.
- Several participants indicated they have had minimal recent contact from the lead parent of their BOND peer support cluster.
- Most participants described the critical importance of respite care, and many identified it as an area in need of improvement. Several participants suggested recruiting full-time respite care providers.
- Several participants reported receiving insufficient information and documentation about the children being placed in their home. This can lead to practical issues, e.g., when attempting to identify or address medical or educational needs. It can also impact placement stability if there's not enough information to verify that the child and provider are a suitable match.

As detailed in Item 4, Placement Stability, 15 resource parents surveyed had mixed experiences and opinions regarding the Agency's supports and services.

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

The various new and updated services and supports to resource parents have been detailed in Item 4, Placement Stability.

CONCLUSION

In totality, Item 12 underscores the extent to which CFSR evaluative measures can lead to different overall findings than more holistic approaches, such as the QSR. For example, the OSRI rubric may compel an ANI for Item 12B if a reviewer finds efforts lacking with regard to an incarcerated father, regardless of the efforts to assess and serve the mother, even if the Agency is pursuing reunification with the mother. Additionally, an ANI rating may be required in cases where initial assessments are effectively administered but are not ongoing, regardless of clinical barriers. The same holds true where

assessments are an area of strength but services are not. Although the OSRI tool permits and even encourages anecdotal evidence of strong clinical practice, Item 12 ratings are determined by the weakest component of multi-faceted case management activities.

WELL-BEING OUTCOME 1: ITEM 13

Well-Being Outcome 1:	Families Have Enhanced Capacity to Provide for their Children's Needs.
Item 13:	Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

STANDARD

Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

POLICY AND PRACTICE

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

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency - Clinical	▪ CFSR Round 4 Sample Case Review OSRI Report ▪ 2022 Annual QSR Report ▪ FY24 Annual Progress and Services Report	Older Youth in Foster Care	Survey Focus Group
		Birth Parents	Survey Focus Group
		Children's Attorneys (GAL)	Survey Focus Group
		Birth Parents' Attorneys	Focus Group
		PEERs	Focus Group

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
	▪ Congregate Care Youth Interview Reports FY20-24	CFSA Out-of-Home Social Workers and Supervisors	Survey Focus Group
		CFSA In-Home Social Workers	Survey

PERFORMANCE DATA HIGHLIGHTS

For the Round 3 CFSR, the District received an overall rating of Area Needing Improvement (ANI) for Item 13 because 40 percent of the 63 applicable cases were rated as a Strength.

- Item 13 was rated as a Strength in 42 percent of the 38 applicable out-of-home cases, 42 percent of the 19 applicable in-home services cases, and 17 percent of the six applicable in-home services Differential Response Family Assessment cases.
  - ☐ In 65 percent of the 43 applicable cases, the Agency made concerted efforts to involve children in case planning.
  - ☐ In 63 percent of the 54 applicable cases, the Agency made concerted efforts to involve mothers in case planning.
  - ☐ In 24 percent of the 37 applicable cases, the Agency made concerted efforts to involve fathers in case planning.

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 13 was rated as a Strength in 63 percent (n=12/19) of cases. Similar to Item 12, ANI ratings were based on insufficient documentation of efforts to connect with parents, as well as inadequate follow up to engage them in planning or secure the services that the case plan indicated. Notably, four of the seven ANI cases did note strength in practice regarding the child.

BRIEF ANALYSIS

Quality Service Reviews (QSR)

Voice and Choice

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

Participant	Acceptable Rating
Child	96% (n=77/80)
Mother	92% (n=66/72)
Father	88% (n=30/34)

Engagement

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

Participant	Acceptable Rating
Child	94% (n=91/97)
Mother	90% (n=84/93)
Father	85% (n=50/59)

Participant	Acceptable Rating
Caregiver	91% (n=43/47)
Other	87% (n=20/23)

Participant	Acceptable Rating
Caregiver	93% (n=43/46)
Other	88% (n =28/32)

Throughout 2023, CFSA's QSR Unit partnered with Office of In-Home and Out-of-Home Support analysts to collect and present recent data around birth parent engagement in randomly sampled cases. Father engagement was rated acceptable in 76 percent (n=25/33) of in-home cases and in 71 percent (n=17/24) of out-of-home cases. For birth mothers, engagement was acceptable in 98 percent (n=47/48) of in-home cases and 89 percent (n=25/28) of out-of-home cases.

Stakeholder Feedback

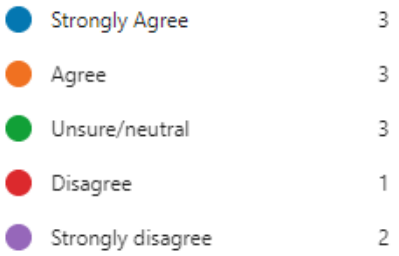
Older Youth

During interviews between FY 2020 and FY 2023, youth living in group homes were asked, "Do you participate in the development of your individual goals and behavior management plans?" In response, 94 percent (n=34/36) of respondents said "Yes." Youth were also asked, "Do you participate in the development of your care and/or case plan?" In response, 89 percent (n=93/104) said "Yes." Explanations to the "No" responses were limited, including one youth who indicated a desire not to participate, as well as two youth who indicated "unsure/do not recall."

In a December 2023 survey, 13 youth currently or recently in foster care provided responses to statements about their involvement in case planning.

4. Your social worker regularly works with you to review case plan or Youth Transition Plan goals and discuss progress.

More Details





5. Your requests and recommendations get put into the case plan.

More Details

Strongly Agree	2
Agree	5
Unsure/neutral	3
Disagree	1
Strongly disagree	1



6. Your requests and recommendations have an effect on actual case activities.

More Details

Strongly Agree	2
Agree	4
Unsure/neutral	2
Disagree	4
Strongly disagree	0



When asked to indicate some of the factors that impact their involvement in case planning, seven youth indicated "Relationship with social worker," and three indicated "Case plan topics and goals." When asked what the Agency could do to better involve them in case planning, several of the youth indicated practical supports, such as money or gift cards, others wanted assistance with looking for employment and educational opportunities. Four youth specifically recommended improved clinical practice:

- Talk about plans that are put in place.
- Actually listen to what I want and what is best for me.
- Explain what's going on to me and let me know things.
- Accept my feedback and allow me to try my ideas.

During the December 2023 focus group, seven youth further discussed the statements "Your social worker regularly works with you to review case plan or youth transition plan goals," and "Your requests get put into the case plan and you receive the supports and services you request." The participants provided examples based on individual experiences, six of which were favorable and one of which was unfavorable:

- Most of my communication is with my foster parent, who has regular contact with my social worker. My contributions are taken into account, like my college decision. I didn't like my school, but my team encouraged me to give it a chance.
- My social worker is always checking in. We have built something beyond a social worker relationship; she is like a big sister. I am very involved in planning – we have chemistry – we get a lot done above and beyond. We are a team. We all have a role.
- Our social worker does monthly visits in person to communicate with (my sister and me) about our plans. When we need something, we text her and she provides us with the help we need.
- My experience has been great with my team. They are very supportive and kind. They are always there to help in any way possible. I wanted to go on a tour for a university but didn't have anyone to go with, and one of my team members took me, and it was amazing.
- I knew what I wanted. I got what I needed. Everyone was helpful. My social worker promoted my self-advocacy and encouraged me to make my own plan. I took the lead, and received assistance as needed.
- I had a really helpful social worker, but I wasn't in the right mentality to plan. It was overwhelming. Each social worker is different. I recommend bringing humor and trying not to rush me.
- My social worker was terrible, not involved. Nobody was listening to my concerns. My team was just operating based on what they thought was best for me. They would talk with each other and then relate their decisions back to me. I requested a new social worker, who pushed me to advocate for myself, helped me to accomplish my goals, and always listened to me and advocated for me.

Children's Attorneys (GAL)

In the December 2023 survey, eight GALs responded to the statements, "The Agency makes concerted efforts to involve youth in the development and updating of case plans and youth transition plans," and "The Agency, in practice, makes concerted efforts to incorporate youths' input into case plan and transition plan activities." For each statement, two GALs indicated "usually," four indicated "sometimes," and two indicated "rarely."

During the December 2023 focus group, six GALs further discussed youth involvement in case planning. They provided the following observations:

- Involvement depends on the child's relationship with the social worker.
- Creativity and flexibility of the case plan is limited; for example, it may not accommodate the work schedule of an older youth.
- The structure and format of meetings can make it difficult to engage the youth when so many people are at the table taking notes and making formal inquiries.
- Meetings need to be child-centered and should not be focused on checking a box.
- Youth Transition Planning meetings should start earlier.

- The Agency needs to have more follow-through. Initially youth are engaged, but when their input is not seen in practice, they disengage. They stop attending meetings because they don't see the point.
- When meetings are scheduled at short notice, the GAL may not be able to attend.
- Youth are even less likely to engage in virtual meetings.

Birth Parents

The 10 birth parents who completed the December 2023 survey provided generally positive responses to statements regarding their involvement in case planning. The parents who disagreed with the statements did not provide context in response to open-ended questions.

2. Your child's social worker involves you in the development of your family's case plan goals.

More Details

Strongly Agree	8
Agree	1
Unsure/neutral	0
Disagree	1
Strongly disagree	0



3. Your child's social worker regularly works with you to review case plan goals and discuss progress.

More Details

Strongly Agree	7
Agree	0
Unsure/neutral	1
Disagree	2
Strongly disagree	0



4. Your needs and recommendations have an effect on case plan activities (e.g., requests involving services, visits, activities for your child).

More Details

Strongly Agree	7
Agree	2
Unsure/neutral	1
Disagree	0
Strongly disagree	0



During the December 2023 focus group, eight birth parents further discussed their involvement in case planning and their relationship with the case management team. When polled, there was mostly a balance between positive and negative responses to the above three questions. The birth parents demonstrated various levels of feeling involved in case planning, as well as various levels of understanding the content and purpose of the case plan itself. They shared the following individual experiences:

- Originally, I was uninvolved. When my social worker transferred, my new social worker had a new approach; she went over everything with me.
- I have been meeting all of my requirements, and my social worker is doing everything he is supposed to be doing.
- My social worker did not work on the case plan with me. I was accused of medical negligence but was being treated the same as parents that abuse their children or do drugs.
- Nobody knows my child better than I do. I am able to communicate with my social worker effectively, and we work together. If CFSA doesn't have resources, they connect us with those resources. My caseworker is effective, and I've had two great PEERs.
- My child returned, but I'm still working with my PEERs; they are very helpful. I am happy with how my caseworker handled my case.
- My social worker didn't include me in the making of my case plan. I felt like a guinea pig with services, like "let's test this out on her."

PEERs

In an October 2023 focus group, seven Parent Engagement, Education, and Resource (PEER) specialists discussed the engagement of birth parents in case planning. When asked about the frequency of quality of engagement, the PEERs indicated that appropriateness can only be determined on a case-by-case basis, but most felt that birth parents are "usually" involved, at least at some level. Regarding the actual creation of the case plan, one PEER observed that he had never been involved in a case where the social worker actively solicited the birth parent's input; he described the social worker's objective

as making sure the birth parent signs the case plan document. The PEERs agreed that when a common and significant barrier exists in cases where a birth parent is facing homelessness or housing instability, they cannot meaningfully engage in case planning if their fundamental needs are not secured. Several PEERs also indicated that social workers do not always effectively explain the case planning process to birth parents. The PEERs agreed that a successful recent strategy involves Motivational Interviewing, a process that really unpacks what a parent needs and can be more effective than, for example, the court-ordered components of a service plan.

Birth Parents' Attorneys

In the December 2023 survey, only five birth parents' attorneys responded to the statement, "The Agency makes concerted efforts to involve birth parents in the development of case plans." Two indicated "usually" and one indicated each of "sometimes," "rarely," and "never." There were only four responses to "The Agency makes concerted efforts to involve birth parents in the ongoing review and updating of case plans." There was one response each for "usually," "sometimes," "rarely," and "never." In response to the statement, "The Agency, in practice, makes concerted efforts to incorporate birth parents' input into case plan objectives and activities," one attorney selected "usually," two selected "sometimes," and one selected "rarely." Respondents did not elaborate on barriers or recommended practices.

Social Workers and Managers

In a December 2023 survey, 17 out-of-home social workers responded to the statement, "Older youth are meaningfully involved in case planning on an ongoing basis. One social worker indicated "always," five indicated "usually," nine indicated "sometimes," and two indicated "rarely." In response to the statement, "Parents are meaningfully involved in case planning on an ongoing basis." four social workers indicated "always," four indicated "usually," eight indicated "sometimes," and one indicated "rarely." When asked to identify factors that commonly impact case planning involvement, all 17 social workers selected "Parent substance use" and "Parent mental/behavioral health." Other commonly selected factors (n=12) included "Parent-Agency relationship" and "Parent's whereabouts unknown." Nine social workers indicated "Parent's housing instability," and five indicated "Case management priorities (e.g., goal change)."

Also surveyed in December 2023, 17 in-home social workers responded to the statement "Families are meaningfully engaged in case planning on an ongoing basis." Six social workers indicated "always," four indicated "usually," six indicated "sometimes," and one indicated "rarely." The most commonly selected factors included "Relationship with the Agency" (n=16), "Mental/Behavioral health" (n=15), and "Substance use" (n=14). When asked specifically about the frequency with which youth are involved in case planning on an ongoing basis, one social worker indicated "always," two indicated "usually," eight indicated "sometimes," and six indicated "rarely."

In an October 2023 focus group, eight managers from CFSA's Office of In-Home and Out-of-Home Support shared observations and strategies around family engagement. With regard to child involvement in case planning, one participant observed that, in general, social work practice can be child-focused when matters involve safety but parent-focused when it comes to case planning, particularly with regard to in-home cases.

Several participants noted that when a youth is age-appropriate for case planning, they may be entering a phase when they are difficult to engage. Beyond matters simply attributed to the nature of adolescence, some older youth may feel like they are in a constant state of crisis if they have not secured permanency supports or are contemplating pending issues related to housing or employment. Another participant observed that, in some cases, case planning discussions seem to serve as an unwelcome reminder to children and youth that they are in a system. Noting that it can be difficult to reach some children and youth, the participants suggested that visits should be utilized, to the greatest extent possible, to engage children and youth. One participant referenced a practice adopted by a congregate care provider, who uses the term "game plan" instead of "case plan" in order to establish a more youth-friendly and less clinical context. The participants also indicated that youth need to be held accountable for participating in their own planning, notably through consistent participation in court hearings. The participants did note that, in general, pregnant and parenting youth tend to be more actively engaged in case planning.

With regard to parents, the focus group participants discussed a variety of practical and clinical barriers. Consistent engagement cannot be achieved when parents are transient or are confronting certain levels of behavioral health or substance use issues. Additionally, engagement is not easy to achieve when there are time and protocol limitations. For example, when caseloads are high, social workers might not have the bandwidth to go beyond the one hour/one visit per week requirement. To the extent that these visits may be dedicated to safety assessments and any concerns that the parent wishes to discuss, there can be little time for meaningful case plan dialogue. The participants also discussed reasons why social workers may perceive a lack of cooperation or even hostility. In addition, some decline opportunities to work with the case management team based on the role they perceive the Agency to be playing in their lives. There are also parents who do not feel they need any case planning interventions. This is particularly true in cases where children entered care for behavioral issues, and parents believe the children are the only ones who need to change. Another complicating factor that the respondents raised involved situations where, due to trauma, children did not want to see their parents. These cases raise a series of competing factors, particularly in reunification cases, as well-being considerations have to be reconciled with permanency objectives.

In a November 2023 focus group, 16 CFSA out-of-home social workers and supervisors discussed family involvement in case planning. Most participants felt that birth parents are either "sometimes" or "usually" involved in case planning. A noted barrier is presented when parents do not recognize – or actively deny – the behaviors that led to the child's separation from the home (e.g., drug use.) A

suggested strategy involved giving parents ownership of the planning objectives by indicating, perhaps on a service plan template, the factors they believe led to the separation. These can be reconciled with the social worker's findings and help drive the case plan. Most respondents also expressed that children and youth are "sometimes" or "usually" involved in case planning with a small minority observing "always" and a small minority observing "rarely."

RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREAS

Family engagement and case plan practices are critical elements of CFSA's Quality Service Review and ongoing continuous quality improvement initiatives. Details about recent trends can be found in Item 20, Case Plan.

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

Since the Round 3 CFSR, the District has undertaken numerous initiatives to enhance quality family engagement including through the case planning process. Further detailed in Item 20, Case Plans, these initiatives include creating the Diversity and Equity Administration, developing targeted in-service trainings for staff geared toward family engagement and partnership, implementing the Motivational Interviewing case management model, and revising the actual case plan tool to be more streamlined and family friendly. See Item 20 for more information about the case plan redesign.

CONCLUSION

The youth who participated in Statewide Assessment activities expressed generally favorable views of their involvement in case planning, and QSR indicators also pointed to acceptable practice. However, birth parents, advocates, attorneys, and even some social workers continue to point to gaps, whether based on clinical considerations or case management demands. Additionally, recent sample CFSR cases indicate that work still needs to be done for families to consistently and authentically be involved in their case plans. The Agency's prioritization of this area is underscored by its continued emphasis on identifying and implementing programs, tools, and practices to ensure case planning is as inclusive, family-friendly, and family-driven as possible.

WELL-BEING OUTCOME 1: ITEM 14

Well-Being Outcome 1:	Families Have Enhanced Capacity to Provide for their Children's Needs.
Item 14:	Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

STANDARD

Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

POLICY AND PRACTICE

Upon the conclusion of the *LaShawn* lawsuit, CFSA modified its visitation practices to align with federal guidelines for social worker visits to children in foster care. The frequency of visits must reflect the circumstances and needs of each child. However, social workers must complete at least one visit per month. To ensure a safe and stable placement, at least 50 percent of visits must occur in the child's residence. CFSA's Visitation Policy is currently undergoing revision. However, the policy includes the following directions, which remain fundamental to quality visitation:

- During every visit, the social worker shall assess safety and risk of the children in the home (e.g., health, educational and environmental factors, as well as the initial safety concerns that brought this family to the attention of the Agency) by meeting with the child outside the presence of the caregiver. The social worker shall assess the safety of the family, household, and community through all of the following means:
  - ☐ Speaking with the child or youth about activities and how to remain safe outside the home (i.e., in the community or at school) with a focus on preventing future harm.
  - ☐ Speaking with youth about their ability to protect themselves from harm and practicing self-care, including health issues related to safe sex practices, avoiding use of drugs and alcohol, and taking steps to ensure gynecological health (for female youth).
  - ☐ Assessing caregiver-child interactions, and caregiver responsiveness to a child's basic needs.
  - ☐ Observing the physical environment of the home for potential hazards, provision of food, and operable utilities.
  - ☐ Identifying the factors that could make the child or youth at risk for child maltreatment.
  - ☐ Identifying caregiver strengths as well as protective factors that reduce a child or youth's risk of maltreatment.
  - ☐ Formulating a safety plan with the caregiver, if needed, to ameliorate immediate danger and risk in the future.
  - ☐ Determining accessibility and availability of services and activities needed to reduce risk of maltreatment and to promote well-being.
  - ☐ Engaging caregivers in the assessment of the child or youth life skills and create a plan for the caregiver that supports attainment of these life skills.
  - ☐ Discussing with the caregiver his or her relationship with the child or youth's biological parents, and the caregiver's potential role as a teaming partner or possible mentor for the biological parent.
  - ☐ Spending part of each home visit with the caregiver and child or youth together and part of it alone with each.
- Social workers shall discuss with caregivers all progress made on the case plan and identify next steps that need to be taken to move the case to permanency and safe closure.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency - Clinical	▪ FY22 Four Pillars Performance Framework ▪ FY24 Annual Progress and Services Report ▪ CFSR Round 4 Sample OSRI Report	In-Home Social Workers	Survey
		Out-of-Home Social Workers and Supervisors	Survey Focus Group

PERFORMANCE DATA HIGHLIGHTS

Round 3 CFSR

For the Round 3 CFSR, the District received an overall rating of Area Needing Improvement for Item 14 because 71 percent of the 65 cases were rated as a Strength. Item 14 was rated as a Strength in 80 percent of the 40 out-of-home cases, 63 percent of the 19 in-home services cases, and 33 percent of the six in-home services through Differential Response Family Assessment cases.

Round 4 Sample CFSR Cases

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 14 was rated a strength in 86 percent (n=18/21, Foster care 12/13, In-Home 6/8) of cases. Strength ratings included compliance with monthly benchmarks, as well as opportunities to assess the child outside the presence of the caregiver. Cases with ANI ratings included one initial period where the Agency could not contact a family who had moved, one case in which a social worker did not meet with a child with behavioral challenges in accordance with the twice-monthly benchmark, and one case where the reviewer found instances of cursory and compliance-driven visits despite the child's acute circumstances.

BRIEF ANALYSIS

Stakeholder Feedback[12]

Older Youth

When interviewed, older youth living in congregate care placements between FY 2020-2024 responded to the question, "You have twice monthly visits from your social worker." Of the respondents, 87 percent (n=118/135) indicated "Yes." Among the "No responses," only six youth provided details. Two youth provided a general statement that their social worker comes out less frequently than twice per month. One youth indicated speaking on the phone regularly, but rarely seeing the social worker in person. One reported only having seen the social worker one time. One youth saw the social worker the prior month, but only for a medical appointment. One youth indicated the social worker hardly

[12] To keep Statewide Assessment survey and focus groups to a manageable length, questions for youth and advocates relating to quality social worker-client visitation were absorbed into considerations around safety, assessment, and case plan engagement. Responses have been summarized in the corresponding items.

calls or texts to make sure "I am okay," and added that the social worker can be a good social worker but is not always there when needed.

In-Home Social Workers

In a December 2023 survey, 17 in-home social workers responded to the statement, "Social workers have sufficient opportunities to conduct quality home visits to assess for risk, safety, service needs, and family progress toward case goals." Responses were generally positive, as three social workers indicated "always," 11 social workers indicated "usually," and three indicated "sometimes." The context they provided overlapped with their responses to parent-child visitation, service engagement, and involvement in case planning. Notably, six respondents indicated that the child's mental or behavioral health was a common factor that impacted engagement.

Out-of-Home Social Workers and Supervisors

In a December 2023 survey, 17 out-of-home social workers responded to the statement, "The quality of social worker visits to children is sufficient to ensure safety, permanency, and well-being." Five social workers indicated "always," while 11 social workers indicated "usually," and one indicated "sometimes."

In an October 2023 Statewide Assessment focus group, a large majority of 16 CFSA out-of-home social workers and supervisors indicated that the quality of social worker visits to children is "usually" or "always" sufficient to promote the safety, permanency, and well-being of children in care and help advance toward case goals.

RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREAS

As part of the FY 2022 Four Pillars review, CFSA's data team learned from CFSA's In-Home Administration leadership that case reassignment and staffing turnover present challenges to completing visits. Social workers and supervisors resigning or going on extended leave, necessitating a higher-than-expected number of case reassignments and temporary coverage. Reassignment can disrupt the flow of case management activity and it takes time for new or covering social workers to establish good working relationships with families.

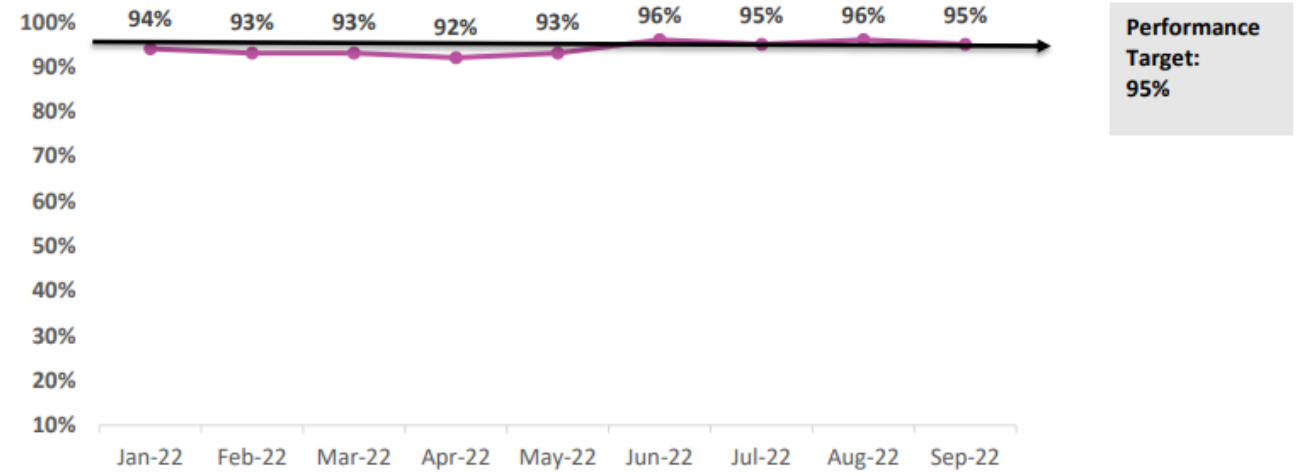
Visits to Children in In-Home Cases

In September 2023, the CFSA and private provider agencies met with children in the family home at least once in 89 percent (n=248/279) of cases. Performance over FY 2023 ranged from 84 percent to 90 percent. In September, children were visited at least twice in 84 percent (n=233/279) of cases. In FY 2023, twice-monthly visitation ranged from 75 percent to 84 percent.

Visits to Children in Out-of-Home Care

The Four Pillars Performance Framework includes a performance target that 95 percent of children in foster care shall have at least one visit per month. This standard is consistent with the conditions of federal Monthly Caseworker Visitation (MCV) funding, which helps cover costs associated with out-of-state visitation. During the January 2022-September 2022 timeframe, the performance target was met for 5 out of the 9 months. The range of performance for this measure was from 92 percent to 96 percent.

Completion of Monthly Visits by the Social Worker, January 2022-September 2022

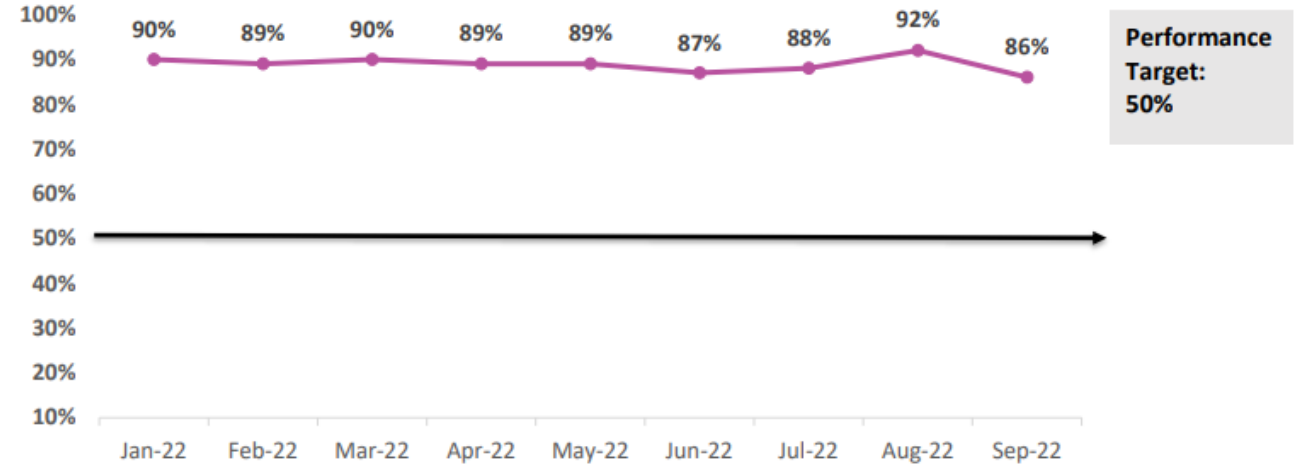


Source: CFSA Administrative Data, FACES.NET report CMT165

In September 2023, there were 496 children in out-of-home care, 464 of whom were eligible for visitation calculations based on having been in care for at least 8 days, living within 100 miles of the District, and not being in abscondence for the entire month. Of this number, 94 percent (n=436/464) of the children received at least one social worker visit. Over the preceding 12 months, this figure ranged from 93 to 98 percent.

A second component of the performance measures requires that at least 50 percent of all child visits will occur in the residence. The Agency achieved this target for each of the 9 months and exceeded the target by a minimum of 36 percent points.

Completion of Visits in the Home by the Social Worker, January 2022-September 2022



Source: FACES.NET report CMT165

In September 2023, 79 percent (n= 367/464) of the children applicable for this measure were visited in their foster care placement. Over the preceding year, visitation ranged from 77 to 84 percent for this measure.

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

As stated in other items, CFSA utilizes multiple continuous quality improvement forums. Available to all staff, and generally held monthly, the CFSA LAB (Learning with others, Accountable to DC Families, and Building performance systems) includes analysis and information on specific performance measures and practices. On May 17, 2023, the LAB presentation discussed social worker visits to in-home families and children in out-of-home care.

Social Worker Visits to Families Receiving In-Home Services

The visitation standard for social workers is to visit families twice a month. One of the visits should be at the home. As of May 17, 2023, the In-Home Administration was serving 939 children and 320 families. For two visits to the family by a social worker, prior to the pandemic, in FY 2019, visits occurred more than 85 percent of the time, and then hit a low in April 2020 at 24 percent during the pandemic. Visits increased in FY 2022 to 72 percent and continued to increase to 84 percent in March 2023.

Percentages for monthly visits were higher. Prior to the pandemic, in FY 2019, visits occurred about 95 percent of the time, and then hit a low in April 2020 to 39 percent during the pandemic. Visits increased in FY 2022 to 84 percent and continued to increase to 89 percent in March 2023.

The In-Home Administration began documenting information about barriers to visitation in 2021. The main two barriers are engagement challenges (37 percent), time management (20 percent), and unable to locate the caregiver or child (8 percent). Time management then became a less frequent barrier once the time barrier data collection began. March 2023 data shows a decrease to 20 percent.

Social Worker Visits to Children in Foster Care

The visitation standard for social workers is to visit children in out-of-home care at least one visit per month, and at least half of the visits should be in the placement provider's home. As of May 16, 2023, there were 521 children in foster care. As of March 2023, 98 percent of children were visited at least once with the range of performance occurring from 95 to 96 percent from September 2022 through March 2023. CFSA met the benchmark of 50 percent of children visited by a social worker in the foster home at least once in the month. FY 2022 through March 2023 performance ranged from 79 to 85 percent with February 2023 performance at 85 percent and March 2024 at 84 percent.

From October 2022 through March 2023, the following main barriers included social work performance (24 percent), children not home during visit (16 percent), engagement challenges (15 percent), and youth refusals (14 percent).

CONCLUSION

Caseworker visits to children remain slightly below benchmarks for in-home cases. However, the District has shown some improvement since the Round 3 CFSR. Visits to children in out-of-home placements remain slightly below CFSR standards, but are improving, and either meet or exceed the District's QSR and Four Pillars targets.

WELL-BEING OUTCOME 1: ITEM 15

Well-Being Outcome 1:	Families Have Enhanced Capacity to Provide for their Children's Needs.
Item 15:	Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

STANDARD

Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

POLICY AND PRACTICE

CFSA's Permanency Practice and Visitation policies emphasize the need to engage parents and involve them in case planning. When a child's goal is reunification, the Agency must visit with the parents at least twice per month for the first 3 months from the time child has been separated from the home, and at least once per month thereafter. At least one of the initial and ongoing monthly visits must be completed by the social worker with case management responsibility. During visits, social workers are directed to promote progress toward reunification by reviewing the case plan with the parent, assisting

in obtaining needed resources, affirming progress, addressing concerns, and addressing any other child and family specific issues and needs.

The Visitation policy includes particular directives to ensure quality visits to In-Home families:

- During every visit, the social worker shall assess safety and risk of the children in the home by meeting with the child outside the presence of the caregiver (e.g., health, educational, and environmental factors, as well as the initial safety concerns that brought this family to the attention of the Agency). The social worker shall assess the safety of the family, household, and community through each of the following steps:
  - ☐ Talking directly with the child and asking him or her about safety.
  - ☐ Engaging the family in discussions about the safety, stability, and well-being of children remaining the home.
  - ☐ Assessing family dynamics (i.e., parent and child interactions) and parent responsiveness to the child's basic needs.
  - ☐ Observing the physical environment of the home for hazards, provision of food, and operable utilities.
  - ☐ Collaborating with family members to identify family strengths and protective factors that reduce risk.
  - ☐ Collaborating with family members to identify risk factors that make the child unsafe.
  - ☐ Formulating a safety plan with the family in an effort to ameliorate immediate danger and risk in the future.
  - ☐ Determining accessibility and availability of the services needed to reduce risk to the child.
  - ☐ Assisting the family with concrete services (e.g., food, housing, and medical care) in an effort to minimize crises.
  - ☐ Determining the least intrusive intervention necessary to assure child safety and family stability.
- During each visit with families receiving in-home services, the social worker shall complete both of the following steps:
  - ☐ Ensure that the needs of all of the children in the home are being met.
  - ☐ Assess progress on the family's case plan and initiate updates through discussions with the parents.

Guidance to ensure quality visits with birth parents in out-of-home cases includes the following activities:

- During every visit with a birth parent, the social worker shall assess the safety and risk of children remaining in the parent's home. Social workers shall complete the following steps:
  - ☐ Talk directly with the child and ask the child about safety.

- ☐ Engage the family in discussions about the safety, stability, and well-being of children remaining in the home.
- ☐ Assess the family's dynamics (i.e., parent-child interactions) as well as caregiver responsiveness to the child's basic needs.
- ☐ Observe the physical environment of the home for hazards, provision of food, and operable utilities.
- ☐ Identify with the parent the strengths and protective factors that reduce risks for maltreatment.
- ☐ Identify with the parent the factors that could make the child or youth remaining in the home at risk of maltreatment.
- ☐ Formulate a safety plan with the family in an effort to ameliorate immediate danger and risk in the future.
- ☐ Determine accessibility and availability of services to meet the needs of children remaining in the parent's home.
- ☐ Engage the family in discussions about the needs of children remaining in the home and assist the parents with accessing services.
- ☐ Social workers should address concrete needs of families as soon as possible and assist the family by providing appropriate remedies (e.g., clothing vouchers, food, housing, medical care, assistance with payment of utilities) in an effort to minimize crises.

- At every visit, the social worker, nurse care manager, or family support worker shall discuss permanency goals, visitation requirements, and required action steps in the case plan. The social worker shall document case plan progress in FACES.NET.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency - Clinical	▪ FY22 Four Pillars Performance Framework ▪ FY24 Annual Progress and Services Report ▪ CFSR Round 4 Sample OSRI Report	In-Home Social Workers	Survey
		Out-of-Home Social Workers and Supervisors	Survey Focus Group

PERFORMANCE DATA OVERVIEW

Round 3 CFSR

For the Round 3 CFSR, the District received an overall rating of Area Needing Improvement (ANI) for Item 15 because 31 percent of the 55 applicable cases were rated as a Strength.

- Item 15 was rated as a Strength in 30 percent of the 30 applicable out-of-home cases, 37 percent of the 19 applicable in-home services cases, and 17 percent of the six applicable in-home services through Differential Response Family Assessment cases.
- In 56 percent of the 54 applicable cases, the Agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient.
- In 22 percent of the 37 applicable cases, the Agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient.

Round 4 CFSR Sample Case Review

For the Round 4 CFSR sample case reviews completed during FY 2022 and FY 2023, Item 15 was rated a Strength in 59 percent (n=10/17) of applicable cases, including six of nine out-of-home cases and four of eight in-home cases. ANIs were based on such factors as sustained periods of non-engagement, minimal Agency attempts to contact birth parents, visits of insufficient frequency to ascertain a parent's capacity to care for the child, and visits that didn't include opportunities to discuss critical case plan elements. As with prior items, the visits with fathers were disproportionately included in the ANI cases.

BRIEF ANALYSIS

Stakeholder Feedback

PEERs

During the October 2023 focus group, seven Parent Engagement, Education, and Resource (PEER) specialists discussed their experiences and observations regarding social worker visits. The PEERs all indicated that the frequency of visits is "usually" sufficient to address the reasons children were separated from the home and to work toward case goals. However, all PEERs indicated that quality of visits only "sometimes" helps achieve these objectives. Several participants observed that social worker caseloads are high, and that this leads to a "dashboard-driven" or "check-the-box" approach, which emphasizes quantitative task completion as opposed to the quality of each exchange or intervention. Several PEERs suggest that another priority, which may come at the expense of quality social worker-parent discussions, is the safety of the child. In addition to focusing on risk and safety considerations during visits, there can be instances where safety-based allegations against parents are "hard for social workers to digest." This reaction can impact the empathy a social worker has for a parent and, whether consciously or not, impact the quality of their collaboration. Several PEERs also feel that more can be done to leverage their own position as a resource for authentic engagement in these situations.

In-Home Social Workers

As part of the FY 2022 Four Pillars performance report, CFSA's data team learned from CFSA's In-Home Administration leadership that case reassignment and staffing turnover present challenges to completing visits. Social workers and supervisors resigning or going on extended leave necessitated a

higher-than-expected number of case reassignments and temporary coverage. Reassignment can disrupt the flow of case management activity and it takes time for new or covering social workers to establish good working relationships with families.

As noted in Item 14, there were 17 survey responses in December 2023 from in-home social workers to the statement, "Social workers have sufficient opportunities to conduct quality home visits to assess for risk, safety, service needs, and family progress toward case goals." Three social workers indicated "always," while 11 social workers indicated "usually," and three indicated "sometimes." Considerations around visitation were folded into questions about engagement and services. In this regard, 15 of the 17 social workers noted that "Parent's mental/behavioral health" is a common factor, 14 indicated "Parent's substance use," 13 indicated "Parent's relationship with the Agency," 9 indicated "Parent's housing instability," and 8 indicated "Parent's whereabouts unknown."

Out-of-Home Social Workers

In the December 2023 survey, 17 out-of-home social workers responded to the statement, "The quality of social worker visits to birth parents is sufficient to promote achievement of case goals." Three social workers indicated "always," nine indicated "usually," and five indicated "sometimes." As with the in-home survey, visitation questions were presented as part of a larger suite of service and engagement questions. All 17 out-of-home social workers identified "Parent's mental/behavioral health" and "Parent's substance use" as a common factor. Additionally 12 social workers indicated "Parent-Agency relationship" and "Parent's whereabouts unknown," and nine indicated "Parent's housing instability."

During the November 2023 focus group, 16 out-of-home social workers and supervisors discussed their experiences in visiting with birth parents. About half of the social workers indicated that they are "sometimes" able to conduct visits of sufficient quality to progress toward case goals. Several social workers indicated that they can "usually" achieve quality visits, and a small minority said they can "always" achieve quality visits. For factors impacting quality visitation, the social workers referred back to the issues around parents' circumstances, parents' behaviors, and social work time management (caseloads), which were previously discussed with regard to parent services, parent-child-visitation, parent opportunities to maintain relationships with their children, and parent involvement in case planning.

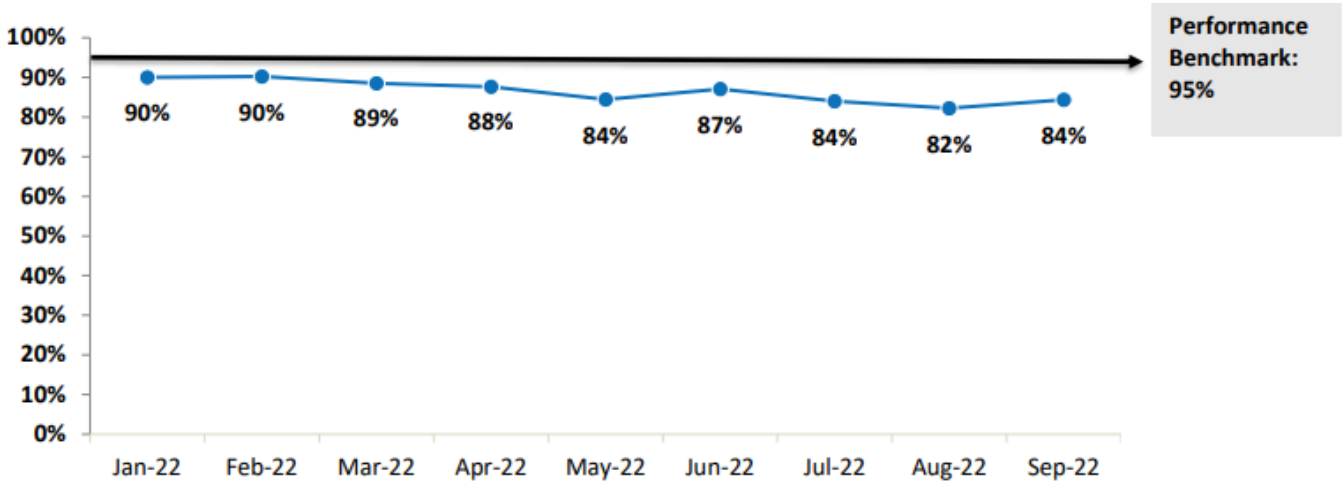
RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREAS

Four Pillars Performance Report

Visits to Families In-Home – The Four Pillars Performance Framework requires that 95 percent of families will be visited monthly. Visits might be conducted by a CFSA social worker or private agency social worker in their home, but 85 percent of families will be visited a second time by a CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker

either at the home, school (children) or elsewhere. Between January and September 2022, the monthly performance for completing the first visit ranged between 82 percent and 90 percent.

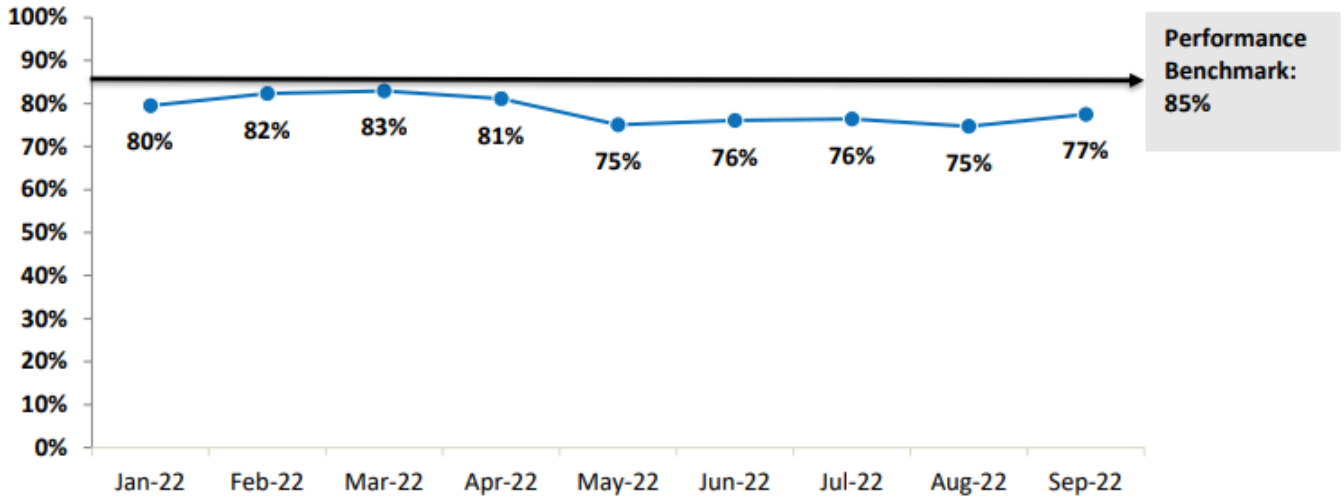
Families visited by the social worker in the home at least once, January-September 2022



Source: FACES.NET Management Report CMT166

For the second visit, monthly performance ranged between 75 percent and 83 percent.

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



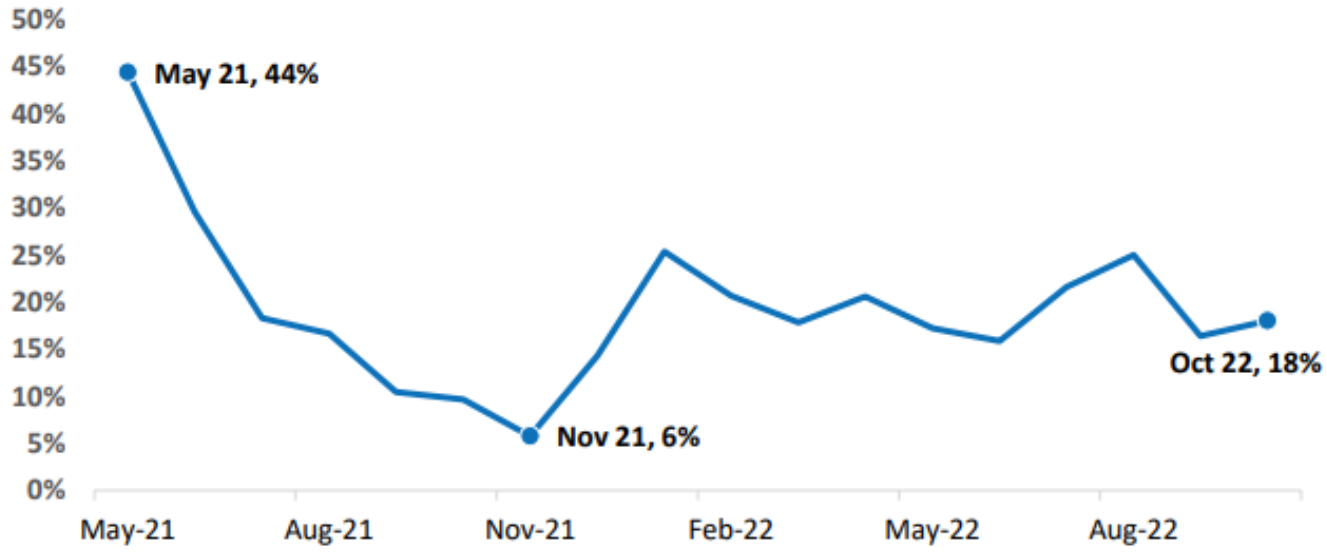
Source: FACES.NET Management Report CMT166

For the months between May 2021 and September 2022, the most common barrier to completing a visit with a family receiving in-home services was engagement of the family. These challenges included social workers who were unable to complete visits because the family did not communicate or engage with the social worker, cancelled visits, was a no-show, failed to reschedule in a timely fashion, or was not present for an unannounced visit. Other challenges included locked buildings and the family lacked an operable phone to schedule or provide access to the residence.

Month-over-month, engagement challenges have remained the top barrier to completing visits with families. The goal for a social worker engaging a family is to build trust and respect, and to speak with clients with authenticity, listening to them, exercising patience and consistency, using empathy, and suspending judgement. Some common strategies to address engagement challenges are to manage caregiver expectations. For example, social workers need to clearly communicate how often visits need to occur, and indicate the practice of unannounced visits, or for a social worker to escalate a case to a supervisor when a pattern of challenges to engage begins to emerge. In addition, when family engagement continues to be a barrier to case planning, the Agency can also review whether it is appropriate to involve the court through community papering.

Time management, the second most common response, indicates that the social worker either failed to complete the visits or failed to document the visit in FACES.NET in a timely manner. Since implementing barrier review protocols, supervisors have noted that time management has declined as a reason for missed visits, indicating that social worker performance is much less often the hurdle to completing visits.

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



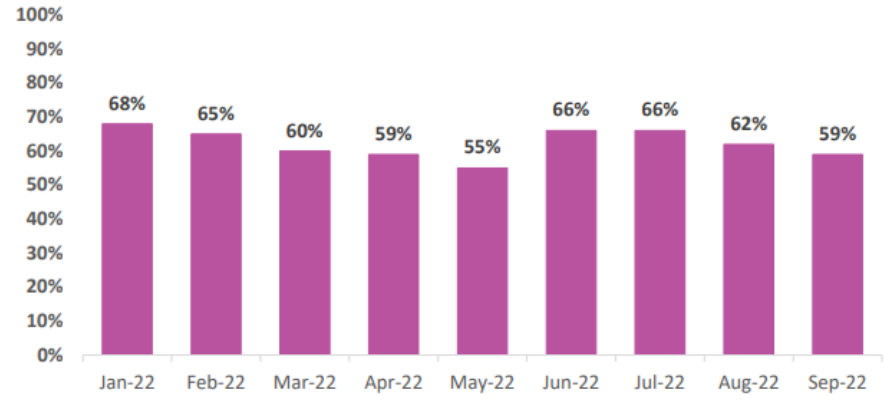
Source: CFSA Manual Data

Visits to Parents of Children in Out-of-Home Placements – The FY 2022 Four Pillars Performance target required at least 80 percent of out-of-home cases to have at least one social worker visit per month with the parents for whom reunification is sought. Previously, CFSA utilized the reporting of "Missed Visits Efforts" and completed a qualitative audit to determine compliance for this measure. In those instances, analysts gave comprehensive documentation credit when the social worker had completed required steps to facilitate the visit but the visit did not occur due to circumstances outside the social worker's control. In the updated methodology, analysts use data only from the visits that did occur. In

addition, CFSA extended the timeframe for tracking visits from the first 9 months after a child was separated to the entire time that the child had a goal of reunification.

For a monthly range between January 2022 and September 2022, family engagement with the Agency occurred for 55 to 68 percent of the time for parents of children in out-of-home care with a goal of reunification. The most prevalent reported barrier to completing parent and Agency visits was parent refusal to engage.

Family engagement with the Agency (Reunification), FY 2022



Source: FACES.NET Management Report CMT267

In September 2023, social worker monthly visits to parents in out-of-home reunification cases were found to be in compliance in 56 percent (n=95/169) of cases. Over the preceding 12 months, compliance ranged from 56 to 68 percent.

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

Additional quality service review and quality improvement activities have been detailed in the context of birth parent engagement in Items 13 and 20.

CONCLUSION

Based on the various data frameworks and anecdotal feedback from impacted stakeholders, Item 15 continues to warrant Agency attention and quality improvement efforts. Strategies to improve the case plan experience for birth parents, as described in Item 20, are anticipated to have a positive impact on quality.

WELL-BEING OUTCOME 1: ITEM 16

Well-Being Outcome 1:	Families Have Enhanced Capacity to Provide for their Children's Needs.
Item 16:	Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

STANDARD

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

POLICY AND PRACTICE

CFSA and its partner agencies realize that supportive academic environments are important, but they alone are not sufficient in providing the services necessary to address children's educational needs. Additional supportive services such as mentoring, tutoring, and transportation to school and extracurricular activities play a critical role in children's educational achievement. CFSA's Office of Well-Being includes a unit of five education specialists who support school-aged children and youth in care from age 3 to 21. The specialists connect the children and youth to essential academic supports, advocating for effective school placements, and coaching them on the importance of completing their academic curricula, as applicable.

As outlined in the Educational Services policy, CFSA requires that all children in care have access to an educational program that is appropriate to the child's age and abilities and is designed to meet their unique needs and suitably prepare them for additional education, future employment, self-sufficiency, and independent living. In collaboration with the Office of the State Superintendent for Education (OSSE) and the District of Columbia Public School System (DCPS), CFSA strives to ensure that every school-aged child in its care is appropriately enrolled in school. The Agency further ensures that children receive an authorized independent study program or private instruction, consistent with District legislation, and are supported to meet educational goals in a timely and appropriate fashion. The policy details practices and requirements regarding educational and vocational assessments, specialized education services, transportation services, tutoring, and post-secondary educational and vocational programming, as applicable.

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

The Agency uses its data-sharing agreements with LEAs to collect aggregate educational performance data on the attendance, grades, and behavior (e.g., suspensions) for students in out-of-home care. The

Agency then analyzes the data to identify those students in Grades 8-12 who are struggling with their attendance, academics or behavior and refers them to the evidence-based Check & Connect Engagement and Intervention Program. Each student in the program is assigned an education specialist who provides intensive monitoring, supports, and interventions to help the student be more successful and engaged with their education. During FY 2023, a total of 41 children and youth were served through the Check & Connect program. Additionally, as of February 2024, 41 percent (n=163/396) of school-aged youth in out-of-home placements had special education designations.

Throughout the year, the education specialists also work to connect any student in Grades K-12 to school or community-based tutoring services when there reports that the student is struggling with their academic coursework or literacy.

CFSA also provides college preparation support through the following interventions:

- Utilizing the Check & Connect Model to provide support for youth who have attendance, academic and behavior risks.
- Connecting youth with tutoring assistance, academic resources, and in-school support services.
- Hosting monthly virtual "Educational Kickback Power Hours" with various university and college board representatives who answer questions for youth on a range of topics.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Services, Community Response and Partnership	▪ CFSR Round 4 Statewide Data Indicator ▪ CFSR Round 4 Sample Case Review OSRI Report ▪ FY22 Four Pillars Framework Report ▪ FY24 Annual Progress and Services Report	NYTD Services Staff Team Members	Focus Group
		NYTD Services Management Team Members	Focus Group
		Education Program Manager	Focus Group

PERFORMANCE DATA HIGHLIGHTS

Round 3 CFSR

During the Round 3 CFSR, Item 16 was rated as an area of Area Needing Improvement (ANI) as 80 percent of the 51 applicable cases were rated as a Strength. Out-of-home cases received a Strength rating in 89 percent of 37 applicable cases and in-home cases received a Strength in 62 percent of 13 applicable cases.

Round 4 CFSR Sample Case Reviews

Item 16 has been rated as a Strength in 11 out of 14 applicable cases. Examples of strong practice included intentional and consistent case planning and reassessment between the social worker and

families to support children with special educational needs and behavioral health conditions. ANI cases included the Agency's inability to assess a child who was being homeschooled by a parent who had been substantiated for educational neglect, the inability to determine why a child had not been enrolled in school, and a case in which tutoring had been recommended but not provided.

BRIEF ANALYSIS

Quality Service Reviews

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

The 2023 CFSA out-of-home QSRs found that educational planning by the team occurred 97 percent (n=33/34) of the time. School stability for the youth status indicator received an acceptable rating in 84 percent of cases and the academics score was 74 percent. The 2023 NCCF out-of-home QSRs found educational planning by the team was acceptable in 96 percent (24/25) of cases. School stability and academic success for the youth status indicators were both 100 percent.

Stakeholder Feedback

Youth in Congregate Care Facilities

When interviewed by facility staff between FY 2020 and FY 2023, youth discussed supports around education. In response to the question, "Does your program encourage and support your school attendance," 97 percent (n=127/131) said "Yes" (including 33/34 responses in 2023). When asked, "Does your program provide educational resources (computer use, books)?" 86 percent (n=121/141) said "Yes" (including 26/34 responses in 2023). For both of the above questions, context around the "No" responses was ambiguous, insofar as it was unclear whether the youth had an actual need for these supports. For example, one youth explained not receiving encouragement around school attendance by indicating, "I graduated two years ago," and seven youth who explained not receiving supports by indicating they had their own computer. There were no affirmative comments expressing unaddressed needs.

Youth Currently or Recently in Foster Care

In a December 2023 survey, 13 youth were asked if their social worker and team understand their educational needs. Results were generally favorable, two respondents "strongly agreed" that their needs are understood, six "agreed," one "disagreed," and four indicated "neutral/not applicable." When asked if youth felt that they received appropriate educational services, two youth "strongly agreed," seven "agreed," three "disagreed," and one indicated "neutral/not applicable."

During a December 2023 focus group, seven older youth were asked if they receive appropriate supports to meet any educational needs they have. Responses were generally positive, and included the following observations:

- My specialist always met my educational needs.
- I had to adjust – not get bored –my team understood where I want to go – how serious I am; they asked about my learning styles and preferences – determined that I get bored and frustrated – they determined how to motivate me- to get me to ask questions about myself.
- Yes, I remember when I was struggling to study at home but I didn't have a computer, and when I asked for a computer, they provided one for my sister and me.
- Great support from my education specialist – it was an example of using a support that's available.

Guardians ad litem (GAL)

In a December 2023 survey, eight GALs provided mixed responses to the statement, "The Agency effectively identifies children's educational needs." Three GALs indicated this "usually" occurs, four indicated "sometimes," and one indicated "rarely." In response to the statement, "When needs are identified, the Agency ensures children receive the appropriate educational services" two GALs indicated "usually," four indicated "sometimes," and two indicated "rarely."

Birth Parents

In a December 2023 survey, 10 birth parents responded positively to general statements about well-being services for their children. education, medical, dental, or behavioral health needs, the Agency arranges for appropriate service. Eight of the 10 parents "strongly agreed" and the other two "agreed" with the statement, "When your child has educational, medical, dental, or behavioral health needs, the Agency arranges for appropriate services."

Social Workers

In a December 2023 survey, 17 in-home social workers responded to the statement, "When educational needs are identified, children receive appropriate services." Responses were generally favorable, as four indicated this "always" happens, 10 indicated "usually," and three indicated "sometimes." Additionally, 17 out-of-home social workers provided favorable responses to the statement, five indicating it "always" occurs, eight indicated "usually," three indicating "sometimes," and one indicating "rarely."

RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREAS

CFSA Program Data

In 2022, 87 percent (n=27/31) of youth in foster care in the 12th graduated from high school. Additionally, 45 percent (n=76/168) of youth aged 18 or older had an internship experience of 30 days or longer in 2022.

The 2023 Out-of-home QSR's found acceptable practice in educational planning by the team 97 percent (33/34) of the time. However, school stability performance was found to be acceptable 84 percent, and the academics indicator was at 74 percent. A deeper analysis found that six youth who demonstrated poor emotional functioning also presented with poor academic performance despite therapeutic interventions.

Check & Connect

During the 2022-2023 school year, 44 children and youth received support through the Check & Connect model. Of this number, two youth were identified at risk for attendance, academic, and behavior issues; 30 were identified based on attendance and academic issues; 11 were identified based solely on attendance; and one youth was identified based solely on academics. Among the youth receiving this support, 21 were also receiving specialized educational services (most commonly in the form of an Individualized Educational Program). All 39 cases with social worker comments in the tracking tool included directions to maintain the Check & Connect support, while six social workers suggested that support could also be beneficial.

Tutoring

In FY 2022, a total of 103 children and youth received tutoring. Of this number, the Agency was able to assess student level performance data for 27 students who were not enrolled in surrounding county public school districts or private schools with no data sharing agreements. Based on a review of the students' academic performance in 61 courses (including Math, English or Reading) completed during the 2021-2022 school year, 37.5 percent achieved an increase in course grades, 37.5 percent remained the same in course grades, and 25 percent of youth experienced a decline in grades.

Of the 103 students who received tutoring services in FY 2022, CFSA was able to access data on the promotion status of 80 students. Of this number, 84 percent (n=67) successfully progressed to the next grade level in school, 11 percent (n=9) were retained, and 5 percent (n=4) were in ungraded classrooms, general education degree programs, or other settings where grade progression does not apply.

In FY 2024, CFSA concluded its contractual partnership with the tutoring vendor for the two-remaining youth in need of service. CFSA does not have a contracted tutoring provider since the school system provides high impact tutoring. CFSA is partnering with various community providers and schools to refer youth to the District's high impact and acceleration programs. The Agency recently summarized the impact of tutoring for the DC Council Performance Oversight Hearing:

- **Academic performance:** Because youth received most of their tutoring in the community or schools, CFSA does not have information to demonstrate the impact on academic performance.

- **School Stability:** CFSA did not see evidence of tutoring having demonstrable impact on maintaining school stability for students in its care.
- **Ability to progress on to the next grade at school:** Of the 52 students who were served by CFSA and referred to schools or the community for tutoring, CFSA was able to access data on student's promotion status for 37 students. Of the 37 students, 92 percent (n=34) progressed to the next grade, 5 percent (n=2) were retained, and 3 percent (n=1) was in an ungraded setting where grade progression does not apply. The remaining 15 students exited care, so we could not access their promotion status.
- **Ability to graduate from high school:** Of the four students who received tutoring services while in the 12th grade, three graduated from high school. The 4th student exited care before the end of the school year.

School Stability Transportation

In FY 2023, CFSA arranged for school transportation services in response to 93 percent (n=118/127) of requests. Among the nine cases where transportation was not provided, three involved withdrawn requests for children who no longer needed it, two children were returned home, two children moved to a local school, one child moved to a school with a different level, and one child refused transportation.

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

In FY 2023, CFSA's Office of Older Youth Empowerment moved from the Office of In-Home and Out-of-Home Care to the Office of Well-Being, joining the team of educational specialists who support younger and middle school children. As a result, all educational supports are now aligned in a single and continuous program, which promotes coordinated and consistent assessment and service delivery.

CONCLUSION

CFSA continues to partner with birth families, resource parents, educational specialists, schools, and contracted educational support providers to ensure that youth in care have their educational needs assessed, identified, and addressed by appropriate services. Through the FY 2023 realignment of educational programming, CFSA continues to improve service delivery, to promote positive outcomes, and to help youth achieve permanency.

WELL-BEING OUTCOME 3: ITEM 17

Well-Being Outcome 3:	Children receive adequate services to meet their physical and mental health needs.
Item 17:	Did the agency address the physical health needs of children, including dental health needs?

STANDARD

Did the agency address physical health needs of the child including dental health needs?

POLICY AND PRACTICE

CFSA adheres to all applicable federal and District of Columbia laws and regulations for the delivery of every health care service, as well as national best practice principles as defined by the American Academy of Pediatrics and the Child Welfare League of America. CFSA also adheres to the requirements of the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services program (known in the District of Columbia as *DC HealthCheck*).

The CFSA policy, Healthcare Coordination, requires the Agency to offer each child entering care optimal and comprehensive healthcare through the timely and appropriate coordination of healthcare services. CFSA practice follows all policy and legislative guidance to ensure a coordinated healthcare system that supports the provision of assessments, treatments, and follow-up services. CFSA also includes the family team for collaborative coordination of a child's healthcare so that medical and mental health decisions and services can promote permanency and stability. Additional CFSA policies provide guidance on particular components of healthcare service delivery and monitoring, including policies on the Healthy Horizons Assessment Center and Nurse Care Managers, Medication Administration and Management, Medical Records Management, Medical Consents, Preventative and Ongoing Healthcare, and HIV, Sexual and Reproductive Health Services.

Collectively, the Health Services Administration (HSA) and the Healthy Horizons Assessment Center (HHAC), along with the nurse care managers (NCMs) and Child Protective Services (CPS) nurses, directly administer and coordinate well-being services for children in care to ensure timely, comprehensive, and effective medical, dental, and mental health care along with any related service delivery needs. HSA also provides supportive resources and consultative services for social workers, foster families, and biological families.

Pursuant to CFSA's Initial Evaluation of Children's Health policy, each child entering foster care receives a medical screening prior to or within 24 hours of placement. The purpose of this screening is to gather information to identify any health problems or specific needs for immediate care. In an effort to provide support for the completion and follow-up for these assessments, the HSA either schedules the examinations for the child in out-of-home care or helps the resource parent schedule it within the required timeframe. An initial dental assessment must be conducted within 30 days of placement (or 14 calendar days if CFSA places the child in a residential facility). In FY 2023, the Agency conducted a total of 115 comprehensive evaluations.

CFSA nurses administer immunizations, as needed, and with the parent's consent. In FY 2023, a total of 38 children and youth received immunizations through the HHAC. Additionally, nine nurse practitioners are currently licensed to prescribe medications to youth in out-of-home placements. HSA also provides

supportive resources and consultative services for social workers, foster families, and biological families

There are currently 5 NCMs that provide medical care management (linkage and coordination of services) for youth in out of home placements. If an acute or chronic health condition is identified during a screening via HHAC an NCM is assigned. Reasons for assignment may include pregnancy, positive toxicology, respiratory concerns, cardiac issues, and feeding issues. If an acute or chronic health condition develops and requires additional support around the management of that condition while in care, then a NCM can be assigned based on medical necessity. The NCM develops a comprehensive health care management plan every 6 months that highlights acute ongoing and medical needs and concerns. NCMs assist the social worker, foster parent and youth with obtaining referrals, scheduling appointments and follow-ups. During FY 2023, NCMs were assigned to 80 cases.

In addition to its own in-house health-related services, CFSA has partnerships with sister government agencies to ensure that all comprehensive health care-related services are readily accessible for clients. These partnerships guarantee availability of the most comprehensive and appropriate array of services to ensure that children and families receive quality medical treatment appropriate to their individual needs, including children diagnosed with complex or medically fragile needs. For example, if youth require extensive medical support, a referral can be submitted to the DC Department of Healthcare Finance (DCHF) based on medical necessity, and DHCF will determine if they meet criteria and eligible for the service. CFSA also partners with the Medicaid insurance benefit provider Health Services for Children with Special Needs, Inc. (HSCSN) to support children and young adults up to age 26 who also receive SSI. Through HSCSN, youth can receive treatment, including behavioral therapy services and medication management as needed. As of February 2024, there were 38 youth under the NCM program that have HSCSN insurance.

An initial dental assessment must be conducted within 30 days of placement (or 14 calendar days if CFSA places the child in a residential facility).

To obtain a full understanding of the child's health, a comprehensive medical evaluation takes place within 30 days of the child's initial entry into out-of-home care. To help achieve optimum preventive healthcare, each child must have periodic comprehensive medical assessments, also known as well child visits, on an ongoing basis (per EPSDT requirements).

Comprehensive dental care for children in foster care includes routine preventive care and ongoing dental examinations, as well as restorative services and treatment as recommended by the dentist. Follow-up care is required for all conditions identified in the initial dental assessment. Dental appointments should occur at least semiannually. Dental appointments must be made with dental providers who accept DC Medicaid.

DC HealthCheck guidelines require dental screenings for infants after the first tooth erupts (around 6 months) or by 12 months of age (whichever comes first). Accordingly, if infants are entering out-of-home care, an HHAC nurse practitioner conducts the initial dental examination. For older children first entering out-of-home care, a DC Medicaid dental provider conducts the initial dental examination. Regardless of age, all children must receive their initial dental exams within 30 days of placement (or 14 calendar days if placed in a residential facility).

For ongoing physical healthcare, CFSA follows the comprehensive medical evaluation and periodic well-child visit guidelines of the American Academy of Pediatrics. Ongoing care is coordinated by the social worker and resource parent and provided by the child's primary care physician. Routine preventative health care begins at the time of separation when the social worker and the HSA obtain the child's medical history, and any medication information obtained during the pre-placement process. CFSA social workers also receive guidance on the consent requirements around immunization, specifically as they relate to the parent's retention of consent rights unless the Family Court orders otherwise. Social workers and resource parents are encouraged to include birth parents, as appropriate, in scheduling and attending all medical and dental appointments.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Services, Community Response and Partnership	FY 2024 Healthcare Coordination Plan	Youth	Focus group
	FY 2024 APSR	Guardians *ad Litem* (GAL)	Survey Focus group
	CFSR Round 4 Sample OSRI Report	Social Workers	Survey Focus group

PERFORMANCE DATA HIGHLIGHTS

Round 3 CFSR

For the Round 3 Statewide Assessment, the District received an overall rating of an Area Needing Improvement (ANI) for Item 17 because 70 percent of the 53 applicable cases were rated as a Strength. Item 17 was rated as a Strength in 68 percent of the 40 foster care cases and 78 percent of the nine applicable in-home cases.[13]

Round 4 Sample CFSR Cases

The Round 4 CFSR sample reviews indicated Strength ratings for Item 17 in 71 percent (n=12/17) of applicable cases. Strength ratings were found in 11 of the 13 out-of-home cases and 5 of the 8 in-home

[13] At the time of the Round 3 Onsite review, the District also opened cases categorized as In-Home Service Alternative/Differential response. Three of the four sample cases were rated as a Strength. In 2019, CFSA discontinued Alternative/Differential response pathway.

cases. ANI cases included three in-home families where children were overdue for medical appointments: in one family, a child missed a follow-up appointment after an umbilical hernia diagnosis. For a second family, a child hadn't received timely orthodontic treatment after the need for braces was identified. A third family included a child who missed a follow-up appointment after surgery on her legs.

BRIEF ANALYSIS

Program Data

Of the 201 children that entered out-of-home care in FY 2022, 175 of the children required a pre-placement health screening. Of this number, 91 percent (n=159) received the health screening prior to entering placement. In FY 2023, pre-placement screenings were completed for 90 percent (n=130/145) of the children entering care.

Additionally, in FY 2022, there were 171 children entering care who required a medical evaluation within 30 days of placement. Of this number, 88 percent (n=151) received an evaluation. In FY 2023, medical evaluations were completed within 30 days for 84 percent (n=125/149) of children entering care. In FY 2023, 67 percent (n=167/174) of children received a dental evaluation within 60 days of foster care entry or re-entry.

Stakeholder Feedback

Youth

In a December 2023 survey, 13 youth were asked if their social worker and team understood their medical and dental needs. Results were mixed: two of the 13 "strongly agreed" that their needs were understood. Six "agreed," three "disagreed" and two indicated "neutral/not applicable."

When asked if the Agency connected youth to the appropriate medical and dental needs, responses were again mixed: two "strongly agreed," six "agreed," two "disagreed," one "strongly disagreed," and two indicated "neutral/not applicable."

Guardians ad litem (GALs)

Eight GALs were asked if the Agency effectively identified children's physical and dental health needs. Six respondents indicated this "usually" happens and two indicated "sometimes." When asked if children receive the appropriate physical and dental services when needs are identified, again six GALs indicated "usually" and two indicated "sometimes."

Social Workers

In the December 2023 survey, 17 in-home social workers responded to the statement, "When physical and dental health needs are identified, children receive the appropriate services." Seven respondents indicated this "always" occurs, eight indicated "usually," and two indicated "sometimes." In response

to the same statement, nine of 17 out-of-home social workers indicated "always," six indicated "usually," and two indicated "sometimes."

RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREA

Four Pillars Performance Report

Over each month from January to September 2022, CFSA exceeded the benchmark of 85 percent of children receiving a full medical evaluation within 30 days of placement (range of 86 percent to 100 percent). During FY 2023 Q1-Q2, the Agency remained above the benchmark, ranging from 86 percent to 95 percent. From January to September of 2022, CFSA was close to the benchmark of 95 percent for children to receive a full medical evaluation within 60 days of placement (range from 91 percent to 100 percent). Through FY 2023 Q1-Q2, the Agency ranged from 90 percent to 100 percent. Several complicating factors impacted the benchmark, including refusals to complete medical evaluations, older youth in missing/absent/runaway status, placement instability, and data entry error.

From January to September 2022, children received a full dental evaluation within 60 days of entering care in 76 percent (n=93/122) of cases. CFSA identified and tracked the barriers for every child who did not achieve this measure. The most frequently identified barrier (11 cases) was the first available appointment with dental care providers falling outside the 60-day timeframe. There were also five older youth, aged 12 to 17, who were in missing/absent/runaway status during the timespan the dental evaluation was to be completed. CFSA continued to recognize challenges with rescheduling dental appointments within the 60-day timeframe for three children.

Analysts identified two instances where social worker performance issues were a barrier and two other instances where the dental appointments were completed after 60 days. Other circumstantial issues that created barriers to achieving this benchmark included client cancellation, hospitalization of a child, or youth who were unstable in their placement, delaying completion of a dental evaluation within the 60-day timeframe.

Quality Services Review Data

During 2020-2022, CFSA surpassed the 80 percent acceptable practice standard for physical health: 2020: 95 percent; 2021: 99 precent; and 2022: 100 percent.[14] However, in 2022, data measurements were reported as ranges in 30 and 60-day timeframes. From January 2022 through September 2022, there was a monthly range of 86 to 100 percent performance for children receiving a full medical evaluation within 30 days of entering care, and a monthly range of 91 to 100 percent performance for children receiving a full medical evaluation within 60 days of entering care. Due to transitions in evaluation methods, CFSA did not have a performance target for dental evaluations in FY 2022.

[14] "Acceptable practice" is based on a QSR protocol that utilizes Likert scale ratings of 1 to 6 to summarize stakeholder assessments. Cases rated from 4 to 6 are deemed "acceptable." More information about QSR protocols can be found in Systemic Factor 3: Quality Assurance System.

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

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

CONTINUOUS QUALITY IMPROVEMENT (CQI) ACTIVITIES

Since the Round 3 CFSR, HSA has implemented a CQI plan to mitigate the identified barriers for children receiving dental evaluations within 60 days of a child's placement. HSA first completed biweekly reviews of the FACES.NET management report for this measure. In addition, after 20 days of a child entering foster care, HSA now sends an initial reminder to the child's assigned social worker to schedule the child's dental examination. HSA then sends a follow-up reminder 10 days later. HSA sends a third reminder to the social worker's program manager if there is no response to the out-of-compliance notifications. In addition, at the time of a child's comprehensive medical evaluation, HSA sends the child's social worker, family support worker (FSW), and resource parent (RP) a reminder to schedule the child's dental examination. To further facilitate scheduling, the back of the *Cleared for Placement* form includes a current list of dental providers. The social worker, FSW, or RP also receive the dental verification form. As well, HSA posts dental scheduling reminders in the HHAC waiting area. Moreover, HSA has partnered with Howard University to add its hospital as an additional provider for children in out-of-home care. HSA plans to meet with office managers at the most utilized dental offices in neighborhood areas to develop prioritization of dental verification forms to improve documentation and data entry issues.

In FY 2022, HHAC transitioned from a paper health record system to an Electronic Heath Records (EHR) system. The new system provides the following supports:

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

- Produces a digital clinical summary of the client visit.
- Provides historical medical information in real time.
- Improves information-sharing with the child's resource home.

The EHR platform provides an effective way to independently manage and monitor psychotropic medications for children in care (without relying upon data from the DC Department of Healthcare Finance). Protocols for this program align with psychotropic medication standards that include the diagnosis, treatment plan, parental consent, and ongoing monitoring associated with mental health improvements, such as stabilized placements, academic growth, and decreased usage of psychiatric residential treatment facilities.

CONCLUSION

CFSA continues to focus intentional efforts to ensure that children receive adequate services to meet their physical and dental needs. Some of the barriers to achieving a 100 percent Strength rating for this item have included situations beyond the Agency's control, especially wait lists with dental providers.

WELL-BEING OUTCOME 3: ITEM 18

Well-Being Outcome 3:	Children receive adequate services to meet their physical and mental health needs.
Item 18:	Did the agency address the mental/behavioral health needs of children?

STANDARD

Did the agency address the mental/behavioral health needs of children?

POLICY AND PRACTICE

According to CFSA policy (Initial Evaluation of Children's Health), best practice standards must be upheld for initial mental and behavioral health screenings for all children entering or re-entering out-of-home care. As noted in Item 17, CFSA adheres to all applicable health care service delivery laws and regulations, including guidance promulgated by the American Academy of Pediatrics, the Child Welfare League of America's best practices, and the requirements of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services program, per DC HealthCheck. The policy requires CFSA to conduct mental health screenings prior to a child's placement in foster care and to provide a mental health evaluation within 30 days.

Currently, internal CFSA full-time clinical staff is tasked with conducting mental health screenings that are typically conducted onsite at CFSA's Healthy Horizons Assessment Center, which is under the purview of the Agency's Office of Well-Being (OWB). However, screenings can also be conducted at the child's school, or at any other location where both the caregivers and child feel safe. Once the mental

health screening and initial evaluation are completed, CFSA clinical staff provide the assessment results and treatment recommendations to the social worker. After receiving the results, the social worker conducts a review of the findings, and either makes a referral for mental health services to the in-house therapy team through OWB or to a core service agency or to another treatment provider. The social worker also develops the case plan to ensure that appropriate services are coordinated. If applicable, the social worker may develop the mental health care plan in collaboration with an assigned CFSA nurse care manager, as applicable.

The Preventative and Ongoing Healthcare policy describes how children in foster care receive preventative and ongoing health care to regularly evaluate psychological and emotional development. The policy further outlines steps to coordinate appropriate treatment and support when needed. Policy guidance directs the social worker, OWB staff, and the Department of Behavioral Health (DBH) liaison to coordinate services. If any child needs to be admitted for inpatient mental health services or to receive psychotropic medication, CFSA must seek the consent of the parent or legal guardian, or an authorization from a Family Court order.

Since 2018, CFSA has been providing in-house mental health services, as needed, to children entering or re-entering foster care. In doing so, the Agency can successfully expedite and improve children's access to mental health treatment. There are four dedicated positions for licensed on-site clinical therapists to screen, assess, diagnose, and provide short-term mental health treatment to children. On a case-by-case basis, the therapists may also conduct family therapy, conduct individual therapy with parents, and work with families receiving in-home services. Children already receiving mental health services in the community generally continue their engagement with their assigned providers.

In addition to the licensed mental health therapists, the OWB Mental Health Unit includes a psychiatric mental health nurse practitioner (PMHNP). The PMHNP provides initial screenings, conducts mental health evaluations, creates initial therapeutic treatment plans and, when indicated, prescribes psychotropic medications. Based on the PMHNP's recommendations, CFSA's mental health therapists provide tailored therapeutic interventions, including up to 12 months of short-term therapy, development of ongoing treatment plans, and facilitation of referrals for long-term therapy support, as needed. CFSA's in-house therapists are trained to provide the following therapeutic interventions:

- Trauma Systems Therapy (TST)
- Family Therapy
- Child-Centered Play Therapy
- Grief and Loss Therapy
- Cognitive Behavioral Therapy (CBT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Traditional Integrative Approach

To further address the mental and behavioral health needs, CFSA previously referred children, as appropriate, to the CFSA-contracted long-term health provider, MBI Health Services LLC, which provided the following specialized mental health interventions:

- Diagnostic assessments
- Psychiatric evaluations
- Medication management
- Individual and family therapy
- Community support services
- Specialized therapies

CFSA's contract with MBI recently concluded in early FY 2024. As needed, CFSA will collaborate with DBH to transition children to long-term therapy.

OWB has a DBH co-located staff specialist who assists social worker teams with ensuring that children and families experience a seamless process when connecting with core service agencies for mental and behavioral health services. In addition, OWB collaborates with various DBH staff when complex mental and behavioral health concerns require a multi-disciplinary approach to provide coordination of care for children and families. The DBH co-located staff member also supports CFSA's Office of Thriving Families to ensure seamless connection to behavioral health services as part of a child's prevention plan. DBH's staff support data analysis and are a part of continuous quality improvement efforts to streamline processes and improve collaboration.

For children with attachment disorders, CFSA's internal therapists, DBH clinicians, or private agency counsellors can provide trauma systems therapy or trauma-focused cognitive behavioral therapy. Additionally, CFSA offers staff and resource parents a specialized in-service training, *Attachment, Grief, and Loss.*

CFSA enrolls children diagnosed with autism spectrum disorder with Health Services for Children with Special Needs to receive behavioral therapy and medication management, as needed. Children may also receive speech, language, and occupational therapy, as well as social skills through an individual education plan. CFSA offers social workers, resource parents, nurses, and community partners an autism spectrum disorder in-service training course.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Services, Community Response and Partnership	▪ FY24 Healthcare Coordination Plan	Youth	Survey
		GALs	Survey Focus group

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
	▪ FY24 Annual Progress and Services Report ▪ CFSR Round 4 Sample OSRI Report	Social Workers	Survey Focus group

PERFORMANCE DATA HIGHLIGHTS

Round 3 CFSR

For the Round 3 CFSR, the District received an overall rating of Area Needing Improvement (ANI) for Item 18 because 41 percent of the 53 applicable cases were rated as a Strength. Foster cases were rated as a Strength in 48 percent of 23 cases; in-home cases were rated as a strength in 33 percent of 12 cases.

Round 4 Sample CFSR Cases

Item 18 was rated as a Strength in 8 of the 12 applicable cases during the Round 4 sample CFSR reviews. Reasons for ANI ratings included a gap in time between referral and actual service by the mental health provider, delays in finding a provider near a child's home, a slow assessment and referral process for children who needed grief and loss supports, and delays in commencing therapeutic parent-child bonding interventions based on the timing of the referral.

BRIEF ANALYSIS

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

CFSA's program data, presented to DC Council during the February 2024 Oversight Hearing indicates that there were 35 children eligible for mental health evaluations in FY 2023. Of this number, 83 percent (n=29) received a mental health evaluation, 27 of whom were evaluated within 30 days. The average time from evaluation to therapy was 21 days.

In FY 2023, CFSA's in-house therapists provided 56 children with specialized services. The Agency made 48 referrals to DBH and 11 referrals to MBI. Between October 2022 and March 2023, CFSA referred 12 children to MBI. Under the MBI contract, an additional four youth were, at the time, receiving dialectical behavioral therapy (DBT) via a specialized DBT provider.

Stakeholder Feedback

Youth

In a December 2023 survey, 13 youth were asked if their social worker and team understood their behavioral needs. Responses were generally favorable: two of the 13 "strongly agreed" that their needs were understood, seven "agreed," three "disagreed" and one "strongly agreed." The youth were also asked if the Agency connected them to the appropriate behavior health service when needed. Again, responses were generally favorable. One youth "strongly agreed" that they received appropriate behavioral health services. Six youth "agreed," two "disagreed," and four indicated "neutral/not applicable."

Guardians ad Litem (GALs)

Eight GALs provided a relatively neutral response when asked if the Agency effectively identified children's mental and behavioral health needs. Six of the eight indicated that the Agency "sometimes" effectively identified needs, while two stated "usually." Responses were mixed when asked whether the Agency ensured that children received the appropriate services once mental or behavioral needs were identified. One GAL responded "usually," while five responded "sometimes," and two responded "rarely."

Social Workers

In a December 2023 survey, 34 in-home and out-of-home social workers responded to the statement, "When mental/behavioral health needs are identified, children receive the appropriate services." Responses were mixed among the 17 in-home social workers: five indicated "always," four indicated "usually," six responded "sometimes," and two indicated "rarely." Among the 17 out-of-home social workers, responses were slightly more favorable: five indicated "always," five indicated "usually," six indicated "sometimes," and one indicated "rarely."

RESULTS OF DEEPER DATA EXPLORATION FOR PRIORITY FOCUS AREAS

During a Quality Services Review (QSR) presentation in February 2023, QSR findings were presented for children placed in Maryland through CFSA's contracted partnering agency, the National Center for Children and Families. For two of the child status indicators, Behavioral Risk to Self and Behavioral Risk to Others, acceptable ratings were found in 82 percent (n=22) of reviewed cases. Six children were reported to demonstrate a limited and inconsistent pattern of emotional functioning through such episodic behaviors of aggression toward others, depressed moods, dangerous attention-seeking behaviors, predatory behaviors, and extreme dysregulation. Interventions through CFSA and community partners included dialectical behavior therapy, client-centered therapy, cognitive behavior therapy, play therapy, and trauma-focused cognitive behavioral therapy. Challenges to successful intervention included the therapeutic modalities not accurately reflecting the clinical need, delays in providing recommended services, and communication gaps between the provider and the resource parent.

In an August 2023 presentation, QSR analysts provided data on nine children from a review sample between January to May 2023. The nine children required mental health services to address grief, loss, emotional dysregulation, attention deficit hyperactivity disorder, anxiety disorder, post-traumatic stress disorder (PTSD), autism spectrum disorder, depression, and selective mutism. The review concluded, "There was a good array of supports identified and implemented to address the medical and mental health needs of children."

In a December 2023 presentation of QSR data for a sample of the out-of-home population, six children who identified with poor emotional functioning also presented with poor academic performance. Five of these children were active substance users, and four of the children demonstrated an adverse behavioral risk to self. Diagnoses and untreated behaviors included PTSD, depression, adjustment disorder, impulsivity, uncontrollable anger, sex trafficking, and chronic absenteeism from school. Despite therapeutic interventions, all six children were reported to have continued to experience a level of emotional functioning that had a negative impact on their education and most areas of their lives.

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

In 2018, CFSA conducted an examination of mental health service delivery to identify gaps in mental health services, including clinically appropriate and timely delivery of mental health services referred through DBH. Because identified gaps impacted placement stability and permanency outcomes for children and families, the Agency decided to implement a Mental Health Redesign, which included providing emergency and short-term therapeutic mental health services in-house.

Since the 2018 implementation of the Mental Health Redesign, CFSA has provided in-house mental health services to children entering or re-entering foster care. In doing so, the Agency has been able to successfully expedite and improve children's access to mental health treatment. As noted above, a unit of on-site licensed clinical therapists screen, assess, diagnose, and provide short-term mental health treatment to children. On a case-by-case basis, the therapists may also conduct family therapy, individual therapy with parents, and therapy with families receiving in-home services. Children already receiving mental health services in the community may continue their engagement with their assigned providers. In addition to the licensed mental health therapists, the OWB Mental Health Unit includes a psychiatric mental health nurse practitioner (PMHNP). The PMHNP provides initial screenings, conducts mental health evaluations, creates initial therapeutic treatment plans and, when indicated, prescribes psychotropic medications. Based on the PMHNP's recommendations, OWB's mental health therapists provide tailored therapeutic interventions, including 12 months of short-term therapy, development of ongoing treatment plans, and facilitation of referrals for therapy support after 12 months, as needed. OWB's therapists are trained to provide the following therapeutic interventions:

- TST
- Family Therapy
- Child-Centered Play Therapy
- Grief and Loss Therapy
- CBT
- TF-CBT
- Traditional Integrative Approach

To monitor and promote emotional well-being in older youth, including those who have recently aged out of care, CFSA and partner agency social workers, as well as CFSA's aftercare specialists, discuss and assess wellness during all visits. When youth present with a potential need for mental health services, social workers will link them with core services agencies. However, when immediate engagement is necessary for children in care, social workers connect youth with OWB's mental health clinicians.

In FY 2022, the 22-day average from a child's separation to evaluation and the 21-day average from evaluation to initial appointment represented significant improvement over pre-Mental Health Redesign timeframes, which ranged from 60 to 120 days. Also in FY 2022, CFSA launched a new electronic health records management system to standardize documentation, reduce errors, improve privacy and security, enable timely data entry, and generate electronic prescriptions to effectively manage behavioral health medication administered to children in care.

CFSA has also been working closely with DBH in support of the soft launch of the 211 Warmline to streamline business processes to improve caller navigation to DBH services.

CONCLUSION

CFSA continues to partner with social workers, birth families, resource parents, mental health providers, schools, and medical professionals to ensure that children in care are screened, assessed, diagnosed (if applicable), and provided with the appropriate behavioral health services and supports, as needed.

Assessment of Systemic Factors

A. Statewide Information System

SYSTEMIC FACTOR 1: ITEM 19

Systemic Factor 1:	**Statewide Information System**
Item 19:	**Statewide Information System**

STANDARD

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

RESPONSE

Based on the user feedback and continuous quality improvement data obtained from direct service staff, both within CFSA and the private sector, CFSA's statewide information system is functioning well and received a Strength rating. Recent District-wide information exchanges are increasing the Agency's capacity to ensure that information in its child welfare information system provides accurate information on the four statewide data elements of each child who is involved with the Agency.

POLICY AND PRACTICE

CFSA's internal Child Information Systems Administration (CISA) administers and maintains CFSA's web-based child welfare information systems. During the Round 4 CFSR period, the District is transitioning from its legacy Statewide Automated Child Welfare Information System (SACWIS) FACES.NET to the new Comprehensive Child Welfare Information System (CCWIS), Stronger Together Against Abuse and Neglect in DC (STAAND), which will fully replace FACES.NET in FY 2025. As part of the STAAND rollout, CFSA released the following two modules: *Service Provider* and *Placement Provider*. The *Intake*, *Investigations* and *Case Management* modules will be released between FY 2024 and FY 2025. For the purpose of this report, FACES.NET will serve as the system of record.

FACES.NET functions as the central repository for all client-level information in the District. It operates uniformly throughout the District and encompasses all geographical and political subdivisions. The child-specific information includes child status, demographic characteristics, location, placement, and permanency goals for every child in foster care. All data is readily retrievable by CFSA and CFSA-contracted private agency staff. Additionally, CISA administers the central FACES.NET HelpDesk telephone line to provide technical support for users across the system.

HISTORICAL PERSPECTIVE

For the Round 3 CFSR, the District received a Strength rating for Item 19 and was in substantial conformity with the systemic factor, Statewide Information System. Information in the statewide assessment and obtained during stakeholder interviews showed that the District's information system was functioning to identify the status, demographic characteristics, location, and goals for every child in foster care.

As of FY 2023, CFSA has completed a number of significant milestones towards replacing its legacy CCWIS and assuming full self-reporting responsibilities, as well as making following significant upgrades to FACES.NET:

- **Oracle Upgrade**- In December 2020, Oracle stopped the extended support for version 11g of the Oracle database. In March 2022, FACES.NET was upgraded to Oracle 19c to ensure a solution is in place which has support up through the year 2024 with extended support up through 2027.
- **Microsoft Azure Cloud**- In March 2022, FACES.NET infrastructure was changed to a cloud-based infrastructure similar to STAAND. These activities were associated with the setup of a cloud environment by securing a tenant for CFSA on the DC-dedicated Azure infrastructure.

In 2021, CFSA launched an Agency-wide campaign to get ideas from staff for names of the new CCWIS system. Hundreds of CFSA team members voted on five final options from over 20 creative submissions. The Agency selected STAAND, "Stronger Together Against Abuse and Neglect in DC". On June 30, 2021, the District executed a contract with Microsoft Consulting Services (MCS) to implement the STAAND platform for future child welfare operations, replacing the dated application currently in use. The STAAND application is people-focused, processes-oriented, partner-inclusive, and a product that is best suited for CFSA's program needs. Developing STAAND is a labor-intensive process that requires CFSA product owners and subject-matter experts to work with the MCS team. The product owners function as active participants and decision-makers during all stages of the software development, specifically designing modules based on ongoing input from staff members. CFSA is responsible for making sure the MCS team delivers the desired outcome of value to the Agency's users. A CFSA program area employee (lead product owner) works directly with the program subject matter experts and the MCS developers.

In FY 2023, during the first release of the STAAND rollout, the Agency implemented data reporting components pertaining to child status and demographics. Developers utilized Microsoft PowerBI tools to create STAAND management reports and dashboards used by management. The PowerBI tools will replace the multiple tools within FACES.NET, such as Crystal Reporting for management reports, Tableau, and MicroStrategy for dashboards.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Information Systems, Quality Assurance, and Training	▪ FY 2024 APSR ▪ FY 2022 Four Pillars Performance Report ▪ CFSA Data Dashboard ▪ FY 2024 Data Quality and Biennial Update ▪ 2020-2024 Child and Family Services Plan	CISA Managerial Staff	Interviews
		CISA Information Technology Consultant	Interview
		CFSA Hotline and Investigations Managers	Survey Focus Group
		CFSA In-Home and Out-of-Home Managers	Survey Focus Group

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

For all children in foster care during a specific period and all the children who had been in foster care within the immediately preceding 12-month period, does the statewide information system record valid required information?

To look at all children in foster care during a specific period and all the children who had been in foster care within the immediately preceding 12-month period, the statewide information system records valid required information, which is exported into corresponding management reports. The information system is designed not just to reflect a listing of children in foster care but includes software to track and minimize duplicate clients.

The FACES.NET management report CMT 366 is generated daily to show the status, demographics, and goals of all children in foster care. As of September 30, 2023, there were 496 children in care. Of this number, all 496 had information entered for age, gender, race, ethnicity, legal status, and placement. However, the entries did include 26 examples of "unknown" for race and 87 examples of "unknown" for ethnicity.

Out of the two Adoption and Foster Care Analysis and Reporting System (AFCARS) submissions to the Children's Bureau on May 15, 2023, the *Out-of-Home* submission contained 494 records and the *Adoption and Guardianship* submission contained 1,139 records for a combined count of 1,633 records. Of the 205 data elements across both submissions, CFSA's data met or exceeded the Children's Bureau quality threshold for 201 out of 204 elements (99 percent) over all 1,633 records. Further analysis shows that missing foster parent demographic data for 65 records is all that stood between CFSA and a perfect compliance score on its first AFCARS 2020 file submission.

The table below shows the relevant elements: whether the element is new, revised or unchanged in AFCARS 2020; whether CFSA met the requirement to complete all necessary system enhancements to

meet AFCARS 2020 reporting requirements by September 30, 2022; the required percentage of error-free records; the actual percentage of error-free records in CFSA's submission of May 15, 2023; and a flag indicating if compliance was achieved and, if not, the number of records which must be corrected in order to achieve compliance.

	AFCARS 2020 Out-of-Home Data Element Number and Name	AFCARS 2020 New or Revised	CFSA System Upgrade Status (✓=complete)	Compliance Requirement % of records which must be error-free	CFSA Submission As of May 2023 % of records which were error-free	Compliance Status (✓=compliant)
	(a) General information					
1	Title IV-E Agency	*Revised*	✓	100%	100%	✓
2	Report Date			100%	100%	✓
3	Local Agency	*Revised*	✓	100%	100%	✓
4	Child Record Number			100%	100%	✓
	(b) Child information					
5	Child's Date of Birth			100%	100%	✓
6	Child's Sex			100%	100%	✓
7	Agency Made Inquires	**NEW**	✓	90%	100%	✓
8	Child's Tribal Membership	**NEW**	✓	90%	100%	✓
9	Federally Recognized Tribe	**NEW**	✓	90%	100%	✓
10	Application of ICWA	**NEW**	✓	90%	100%	✓
11	Date of Determination that ICWA Applies	**NEW**	✓	90%	100%	✓
12	Notification ICWA	**NEW**	✓	90%	100%	✓
	(b)(7) Child's race					
13	American Indian or Alaska Native			90%	91%	✓
14	Asian			90%	91%	✓
15	Black or African American			90%	91%	✓
16	Native Hawaiian or Other Pacific Islander			90%	91%	✓
17	White			90%	91%	✓
18	Unknown	*Revised*	✓	90%	91%	✓
19	Abandoned	**NEW**	✓	90%	91%	✓
20	Declined	**NEW**	✓	90%	91%	✓
21	Child's Hispanic or Latino ethnicity	*Revised*	✓	90%	91%	✓
22	Health Assessment	**NEW**	✓	90%	100%	✓
23	Health Conditions	*Revised*	✓	90%	100%	✓
24	Intellectual disability	*Revised*	✓	90%	100%	✓
25	Autism spectrum disorder	*Revised*	✓	90%	100%	✓
26	Visual impairment and blindness	*Revised*	✓	90%	100%	✓
27	Hearing impairment and deafness	*Revised*	✓	90%	100%	✓

AFCARS 2020 Out-of-Home Data Element Number and Name		AFCARS 2020 New or Revised	CFSA System Upgrade Status (✓=complete)	Compliance Requirement % of records which must be error-free	CFSA Submission As of May 2023 % of records which were error-free	Compliance Status (✓=compliant)
28	Orthopedic impairment or other physical condition	*Revised*	✓	90%	100%	✓
29	Mental/emotional disorders	*Revised*	✓	90%	100%	✓
30	Attention deficit hyperactivity disorder	*Revised*	✓	90%	100%	✓
31	Serious mental disorders	*Revised*	✓	90%	100%	✓
32	Developmental delay	*Revised*	✓	90%	100%	✓
33	Developmental disability	*Revised*	✓	90%	100%	✓
34	Other diagnosed condition	*Revised*	✓	90%	100%	✓
35	School enrollment	*NEW*	✓	90%	100%	✓
36	Highest Educational level Completed	*NEW*	✓	90%	99%	✓
37	Special education	*NEW*	✓	90%	100%	✓
38	Pregnant	*NEW*	✓	90%	100%	✓
39	Ever fathered or bore a child	*NEW*	✓	90%	100%	✓
40	Child and his/her child(ren) placed together	*NEW*	✓	90%	100%	✓
41	Prior adoption	*Revised*	✓	90%	100%	✓
42	Prior adoption date	*Revised*	✓	90%	100%	✓
43	Prior adoption intercountry	*NEW*	✓	90%	100%	✓
44	Prior guardianship	*NEW*	✓	90%	100%	✓
45	Prior guardianship date	*NEW*	✓	90%	100%	✓
46	Support/Assistance Received	*NEW*	✓	90%	100%	✓
47	State/Tribal adoption assistance	*Revised*	✓	90%	100%	✓
48	State/Tribal foster care	*Revised*	✓	90%	100%	✓
49	Title IV-E adoption subsidy			90%	100%	✓
50	Title IV-E guardianship assistance	*Revised*	✓	90%	100%	✓
51	Title IV-A TANF			90%	100%	✓
52	Title IV-B	*Revised*	✓	90%	100%	✓
53	Chafee Program	*Revised*	✓	90%	100%	✓
54	Other	*Revised*	✓	90%	100%	✓
55	Foster Care Maintenance Payment			90%	100%	✓
56	Total Number of Siblings	*NEW*	✓	90%	100%	✓
57	Siblings in Foster Care	*NEW*	✓	90%	100%	✓
58	Siblings in Living Arrangement	*NEW*	✓	90%	100%	✓

AFCARS 2020 Out-of-Home Data Element Number and Name		AFCARS 2020 New or Revised	CFSA System Upgrade Status (✓=complete)	Compliance Requirement % of records which must be error-free	CFSA Submission As of May 2023 % of records which were error-free	Compliance Status (✓=compliant)
	(d) Removal Information					
69	Date of Child's Removal			90%	100%	✓
70	Transaction Date: Removal	*Revised*	✓	90%	97%	✓
71	Environment at Removal	*NEW*	✓	90%	100%	✓
	(d)(4) Child and family circumstances at removal					
72	Runaway	*NEW*	✓	90%	92%	✓
73	Whereabouts Unknown	*NEW*	✓	90%	100%	✓
74	Physical Abuse			90%	100%	✓
75	Sexual Abuse			90%	100%	✓
76	Psychological or Emotional Abuse	*NEW*	✓	90%	100%	✓
77	Neglect			90%	100%	✓
78	Medical Neglect	*NEW*	✓	90%	100%	✓
79	Domestic Violence	*NEW*	✓	90%	100%	✓
80	Abandonment			90%	100%	✓
81	Failure to Return	*NEW*	✓	90%	100%	✓
82	Caretaker's Alcohol Use			90%	100%	✓
83	Caretaker's Drug Use			90%	100%	✓
84	Child Alcohol Use			90%	100%	✓
85	Child Drug Use			90%	100%	✓
86	Prenatal Alcohol Exposure	*NEW*	✓	90%	100%	✓
87	Prenatal Drug Exposure	*NEW*	✓	90%	100%	✓
88	Diagnosed Condition	*Revised*	✓	90%	100%	✓
89	Inadequate Access to Mental Health Services	*NEW*	✓	90%	100%	✓
90	Inadequate Access to Medical Services	*NEW*	✓	90%	100%	✓
91	Child Behavior Problem			90%	100%	✓
92	Death of Caretaker			90%	100%	✓
93	Incarceration of Caretaker			90%	100%	✓
94	Caretaker's Significant Impairment Physical/ Emotional	*NEW*	✓	90%	100%	✓
95	Caretaker's Significant Impairment-Cognitive	*NEW*	✓	90%	100%	✓
96	Inadequate Housing			90%	100%	✓
97	Voluntary Relinquishment for Adoption			90%	100%	✓
98	Child Requested Placement	*NEW*	✓	90%	100%	✓
99	Sex Trafficking	*NEW*	✓	90%	100%	✓

AFCARS 2020 Out-of-Home Data Element Number and Name		AFCARS 2020 New or Revised	CFSA System Upgrade Status (✓=complete)	Compliance Requirement % of records which must be error-free	CFSA Submission As of May 2023 % of records which were error-free	Compliance Status (✓=compliant)
100	Parental Immigration Detainment or Deportation	*NEW*	✓	90%	100%	✓
101	Family Conflict Related to Child's	*NEW*	✓	90%	100%	✓
102	Educational Neglect	*NEW*	✓	90%	100%	✓
103	Public Agency Title IV-E Agreement	*NEW*	✓	90%	100%	✓
104	Tribal Title IV-E Agreement	*NEW*	✓	90%	100%	✓
105	Homelessness	*NEW*	✓	90%	100%	✓
106	Prior Victim of Sex Trafficking	*NEW*	✓	90%	100%	✓
107	Prior Report to Law Enforcement	*NEW*	✓	90%	100%	✓
108	Prior Date of Sex Trafficking Report to Law Enforcement	*NEW*	✓	90%	100%	✓
109	Victim of Sex Trafficking while in Foster Care	*NEW*	✓	90%	100%	✓
110	Report to Law Enforcement for Current Victimization	*NEW*	✓	90%	100%	✓
111	Date of Sex Trafficking Report to Law Enforcement	*NEW*	✓	90%	100%	✓
	(e) Living arrangement and provider information					
112	Date of Living Arrangement			90%	100%	✓
113	Foster Family Home	*NEW*	✓	90%	100%	✓
114	Licensed Home	*Revised*	✓	90%	100%	✓
115	Therapeutic Foster Family Home	*NEW*	✓	90%	100%	✓
116	Shelter Care Foster Family Home	*NEW*	✓	90%	100%	✓
117	Relative Foster Family Home	*Revised*	✓	90%	100%	✓
118	Pre-adoptive Home	*Revised*	✓	90%	100%	✓
119	Kin Foster Family Home	*NEW*	✓	90%	100%	✓
120	Other Living Arrangement Type	*Revised*	✓	90%	100%	✓
121	Location of Living Arrangement	*Revised*	✓	90%	100%	✓
122	Jurisdiction or Country Where Child is Living	*NEW*	✓	90%	100%	✓
123	Marital Status of the Foster Parent	*Revised*	✓	90%	86%	X (18)

AFCARS 2020 Out-of-Home Data Element Number and Name		AFCARS 2020 New or Revised	CFSA System Upgrade Status (✓=complete)	Compliance Requirement % of records which must be error-free	CFSA Submission As of May 2023 % of records which were error-free	Compliance Status (✓=compliant)
124	Child's Relationship to the Foster Parent	*NEW*	✓	90%	100%	✓
	(f) Permanency planning					
147	Date of Permanency Plan	*NEW*	✓	90%	100%	✓
148	Permanency Plan	*Revised*	✓	90%	100%	✓
149	Date of Periodic Review			90%	95%	✓
150	Date of Permanency Hearing	*NEW*	✓	90%	95%	✓
151	Caseworker Visit Dates	*NEW*	✓	90%	94%	✓
152	Caseworker Visit Location	*NEW*	✓	90%	100%	✓
	(g) General exit information					
153	Date of Exit			90%	100%	✓
154	Transaction Date: Exit	*Revised*	✓	90%	100%	✓
155	Exit Reason	*Revised*	✓	90%	100%	✓
156	Transfer to another agency	*NEW*	✓	90%	100%	✓
	(h)(2) Child's relationship to the adoptive parent(s) or guardian(s)					
158	Relative	*Revised*	✓	90%	100%	✓
159	Kin	*NEW*	✓	90%	100%	✓
160	Non-Relative	*Revised*	✓	90%	100%	✓
161	Foster Parent	*Revised*	✓	90%	100%	✓

If data is found to be inaccurate or missing, what explains the inaccurate or missing data?

When data are found to be inaccurate or missing, the system will generate several compliance reports. The AFCARS is one of the many qualitative data reports that identifies missing information or information that requires correction. There are also specialized reports that prompt data clean-up when missing or inaccurate information is detected (e.g., children in open placement with no open home removal, clients newly added in the previous week, children in foster care with non-court ordered goal or no-goal at all). There are several hundred management reports, and they all have different schedules; some are run daily, weekly, or monthly. Some of the reports have accompanying dashboards that can be reviewed by managerial staff at any given time. This information is most commonly used during supervision with the supervisor and social worker.

The Agency's policy for timely entry into the CCWIS incorporates long-standing practices, which are supported through a formal set of reports, itemized below, according to the noted timing. Examples of these reports are available on demand:

- Daily
  - PLC142 – Children in Open Placement with No Open Removal

- DTA007 – Children in Foster Care with Non-Court Ordered Goals or No Goals
- Weekly
  - DTA008 – Potential Duplicate Clients Newly Added in the Previous Week
- Monthly
  - QIC001 – Timeliness of Placements Entered During the Month
- Semi-annually
  - AFC002 – AFCARS ACF Compliance Data for Case Management
  - AFC005 – AFCARS Adoptions ACF Compliance Data for Case Management
  - NYTD Compliance Reports by Data Elements (Served and Survey Populations)

According to CFSA's information technology (IT) manager, the system is reliable, complete, and accurate, based on what has been entered. Although the system's edits allow for checks and balances, data quality issues are mostly attributed to information that end users enter – or fail to enter - into the system. The IT manager attests to numerous tools and safeguards that have been developed to ensure data fidelity, including a team of CFSA data analysts, continuous quality improvement practices such as the Quality Service Review process, and a stream of management reports that can be downloaded to reveal missing and inaccurate information. Based on the built-in safeguards, CFSA's IT manager believes that human oversight is at the root of most quality exceptions. In some cases, someone may fully intend to return to a record to add the balance of information but does not do so. In other cases, data provided to CFSA staff may be inaccurate, incorrectly translated, or misremembered.

Through the transition from the legacy system, FACES.NET to STAAND, missing fields will be identified and added as required.

During the October 2023 Statewide Assessment focus groups on safety and services, managers from CFSA's Office of Hotline and Investigations and the Office of In-Home and Out-of-Home support had an opportunity to share their observations about data accessibility and completion in FACES.NET. Across both focus groups, 26 participants discussed whether the District's Statewide Information System allows for quick and accurate recording of a child's demographic information. A total of 11 participants indicated "usually" and an additional 11 indicated "sometimes." Three respondents said they can "always" enter the information quickly and accurately, and one said they are "never" able to do so. With regard to using FACES.NET, in general, one participant indicated it is very difficult to fix incorrect information (e.g., correct a date or name, or remove duplicates). Another participant explained that issues can arise because different workers are responsible for inputting different items during progressive phases (e.g., if a Hotline worker forgets to enter "race," it may never get entered, as other staff are not instructed to perform this task). Another participant suggested that FACES.NET could be easier for users to navigate. FACES.NET does not have built-in prompts to fill in missing ethnicity data fields.

The above situations will be addressed in STAAND through automated validation prompts, which will guide social workers in capturing missing field information whenever submitting an Intake/Investigation/Case Referral for approval or review. Additionally, product owners of the Intake, Investigations, and Case Management modules will flag the Data Quality fields. At present, bi-weekly meetings are occurring to review and determine those required data fields. The product owners are direct case management leads who work with their team and other teams on designing the STAAND modules. These leads are responsible for ensuring that STAAND incorporates what is needed for their respective modules.

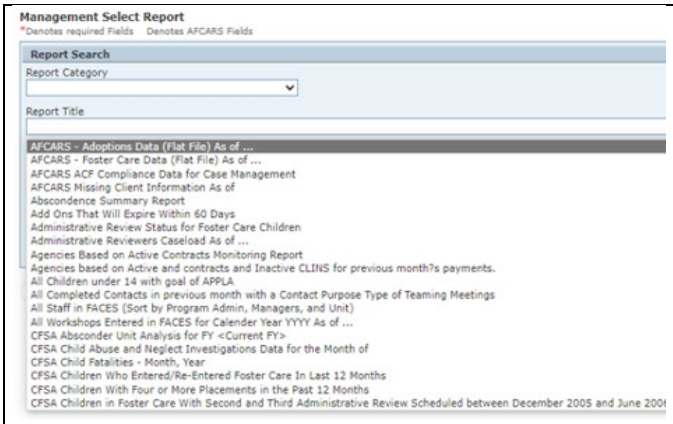
What is the state's process for ensuring that the data are accurate and entered in the statewide information system in a timely manner? How does that process affect the accuracy and timeliness of the data?

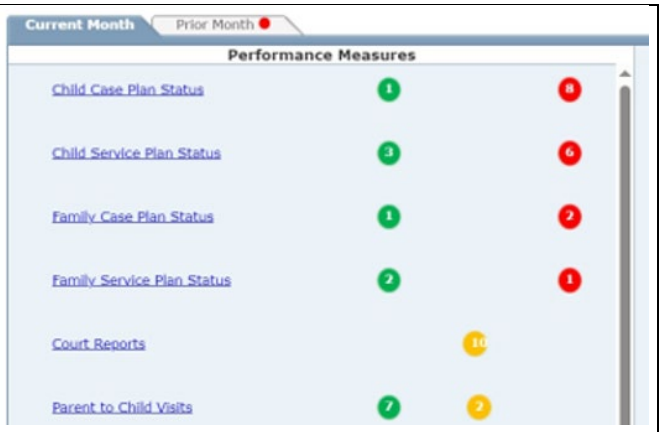
CFSA policy requires every CFSA and private agency social worker with case management responsibility to use FACES.NET as their primary case management tool. Data entry includes specific core fields, including but not limited to the four required statewide data elements: legal status, demographic characteristics, location, and goals for the placement of every child in foster care.

The FACES.NET's data quality control system requires social workers to complete specific data fields and prevents them from entering further case data until the social worker updates the fields. FACES.NET uses yellow highlighting to regularly prompt social workers which mandatory fields require data entry. All data must be entered into FACES.NET within 24 hours of occurrence. On the backend of FACES.NET, there is a "last updated" field to capture the most recent date of entry into the system. There are various methods that can be utilized to ensure that the information entered in FACES.NET is up to date, such as weekly supervision between the social worker and supervisor, the Quality Service Review process, and the data analysts from relevant program areas who track case-specific and program information daily and then provide the information to managers. CFSA also provides data management tools for all staff to access online such as various management reports and dashboards to ensure that data is up to date.

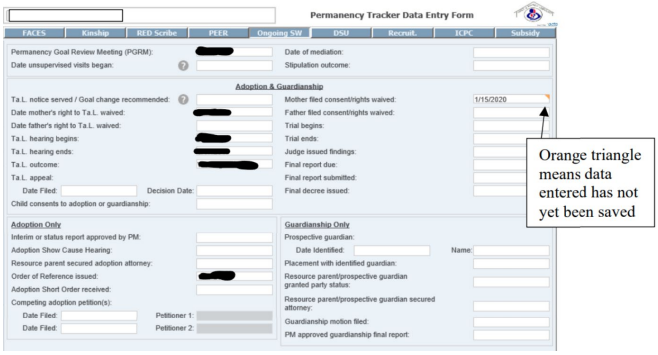
The screenshots below demonstrate examples of CFSA's use of dashboards.

FACES.NET Management Report Screen	**FACES.NET Dashboard Screen**

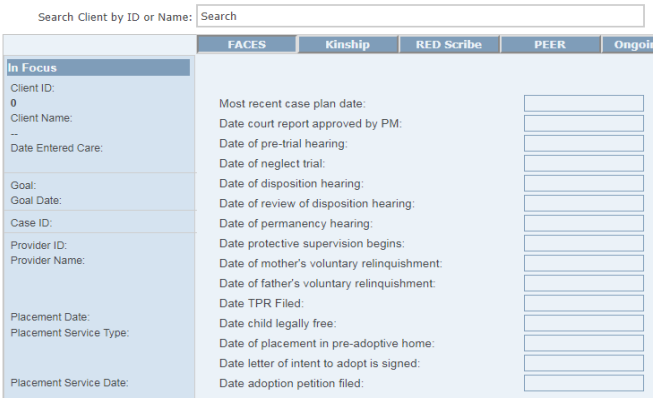




Permanency Tracker Manual Data Entry Form



Permanency Tracker Imported Data Entry Forms



Permanency Tracker Dashboard

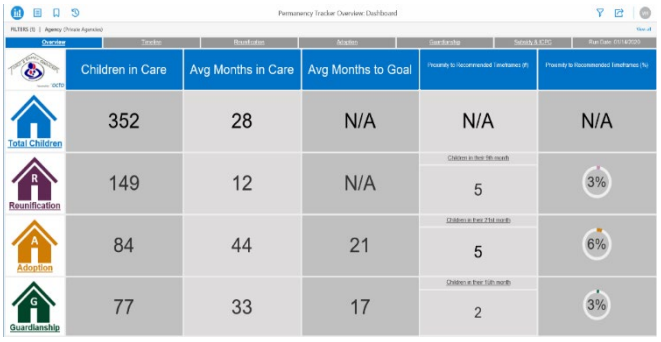
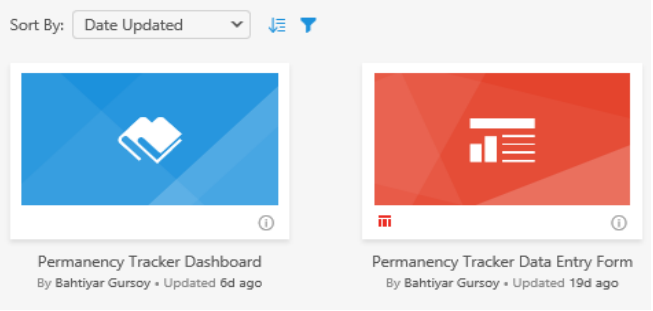
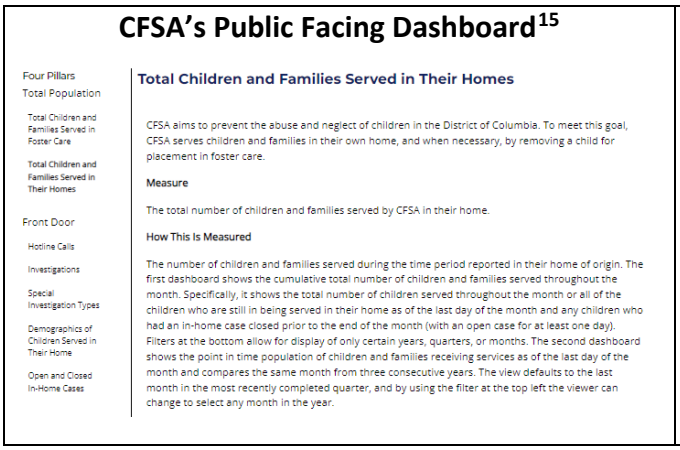
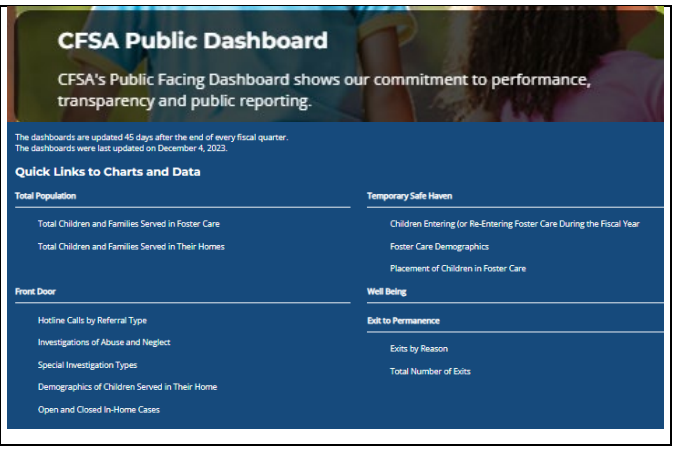


Tableau Interactive Dashboard Screens



CFSA's Public Facing Dashboard[15]





The District and Deloitte Consulting share responsibility for activities related to gathering report requirements from end users, including coding report logic for FACES.NET and conducting quality assurance activities. Select quality assurance (QA) activities, however, are separate. For example, Deloitte is responsible for "bug fixes" and initial QA reviews of the code. The District has responsibility for the following QA activities: review functionality issues reported to the Help Desk, recommend solutions to system bugs, review and approve design documents, conduct user acceptance testing (UAT), confirm data validity, and provide training on needed functionality modifications. Microsoft conducts these functions for the STAAND module development.

Prior to FY 2023, CFSA completed the following activities which indicated the achievement of many goals related to direct and indirect data quality:

- Conducted a comprehensive inventory of data.
- Improved data quality by merging duplicate clients and changing data entry process.
- Improved data quality by cleaning up and improving data entry processes.
- Gained insight into the usage patterns of CFSA's most frequently used Management Reports to understand how timely the information was, what it was used for, and whether there were gaps. This effort is an on-going analysis that targets the heavily used reports (minimum over 100 times) that integrate with federal, District and CFSA's internal and collaborative partner systems and data repositories.
- Collaborated with and documented the current state of the data flows, business processes, duplicate data potentials and systems with CFSA's child welfare contributing agencies.
- Refined the Agency's approach to AFCARS Data Cleanup Efforts, leading to positive initial results and superseding required compliance.
- Presented an intuitive, secure, reliable, and accurate user interface to support case, client and family-centric views of CFSA's client care and staff workload, wherever staff, clients, and community needed access to the information to serve and protect the District's children and families in need.
- Reviewed the User Interface Concepts for System Integrator Requests for Proposals (RFP).

[15] Updated foster care data, as listed in the left column, is publicly available on the CFSA Public Dashboard.

- Utilized the Lean Business Process to brainstorm suggestions to improve the user interface proposed for the new CCWIS.
- Laid the groundwork for a seamless transition from FACES.NET to STAAND.
- Developed the Data Migration Requirements for the System Integrator RFP.
- Reviewed the Definition and Detailing of the Data and Interface Requirements for the System Integrator RFP.
- Minimized manual data entry by social workers to increase time spent with clients.
- Designed, developed, and delivered training on using Excel to manually enter data based upon the Data Standards developed by the Lexicon Committee for data outside of FACES.NET.

There are numerous discrete initiatives throughout the Agency that collectively address and improve the overall quality of the data CFSA relies upon. A common theme throughout this update is the quantum upgrade in data quality and operational efficiency the new CCWIS (STAAND) is expected to deliver. STAAND functionality is expected to offer improvement in a number of areas and raise the tide with respect to the following data quality:

- Validate and resolve clients' address information in real time via an application programming interface (API) GEO coder.
- Increase the accuracy of demographic data and decrease the rate of unpopulated values through the use of data validation layers built into the data entry interface. If this feature of STAAND performs in line with expectations, it would bring immediate relief to the quality problem with NCANDS data in addition to furthering Agency's commitment to Diversity, Equality, Inclusion and Belonging.
- Reconcile asynchronous near-real-time data exchanges with sources of critically important information, such as the Family Court system and the school system, as well as greatly improve accuracy by obtaining data directly from the source instead of manual re-entry.
- Deploy Microsoft's best-in-class customer relationship management (CRM) architecture in STAAND to pay immediate dividends in several critical areas:
  - Maintain an accurate, reliable repository of resource parents.
  - Manage the volume of time-sensitive licensure requirements for each resource parent to ensure eligibility deadlines are met prior to expiration.
  - Improve the speed and accuracy of finding best-match foster homes. Any improvement in this area will benefit two performance measures by reducing the time between removal and placement and by lowering the rate children are transferred between foster homes.
  - Detect in real-time and alert when a new client is entered and the system detects existing client records that likely refer to the same individual to allow the user the option to select a likely match and cancel the new client entry.

In addition to program-specific data quality initiatives, CFSA has a Data Quality Plan that includes a biennial assessment. There is also a Data Quality Steering Committee that reviews and supports Agency-wide efforts to ensure Agency data quality. Data scientists and managers from CFSA's Performance Accountability and Quality Improvement Administration, Program Outcomes Unit, and

Office of Thriving Families to ensure that priorities align with ongoing quality assurance and continuous quality improvement objectives through a data quality strategy based on the following core principles:

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

For placement information, a CFSA placement specialist inputs all of a child's foster care placement changes into FACES.NET. Social workers make the request for a placement change and the placement specialist will identify a permanent or temporary placement for the child. Once a home has been identified, the information is entered into FACES.NET and the social worker notified. FACES.NET is accessible 24 hours/7 days a week. The placement information is available to all with the appropriate security rights. With this measure in place, the Agency is aware of where each child in foster care is located except for times of abscondence.

The AFCARS charts, presented earlier, show the compliance requirement (percentage of records which must be error-free) and CFSA's submission of May 2023 (percentage error-free records) for each category. As previously indicated, there are methods in place to ensure that information is entered or updated, including missing information and inconsistent information. There are daily online management reports on all social workers caseloads that supervisors and program managers can access to determine any missing AFCARS data elements. Prior to the AFCARS submission, an out-of-compliance client level detail list is provided to all social workers and managers for data cleanup efforts.

CFSA maintains a comprehensive relational data warehouse to efficiently collect, store and retrieve all required data elements. CFSA demonstrated the quality of its data by meeting or exceeding the quality standards stipulated for 202 of 205 required data elements in its May 2023 AFCARS 2020 submission.

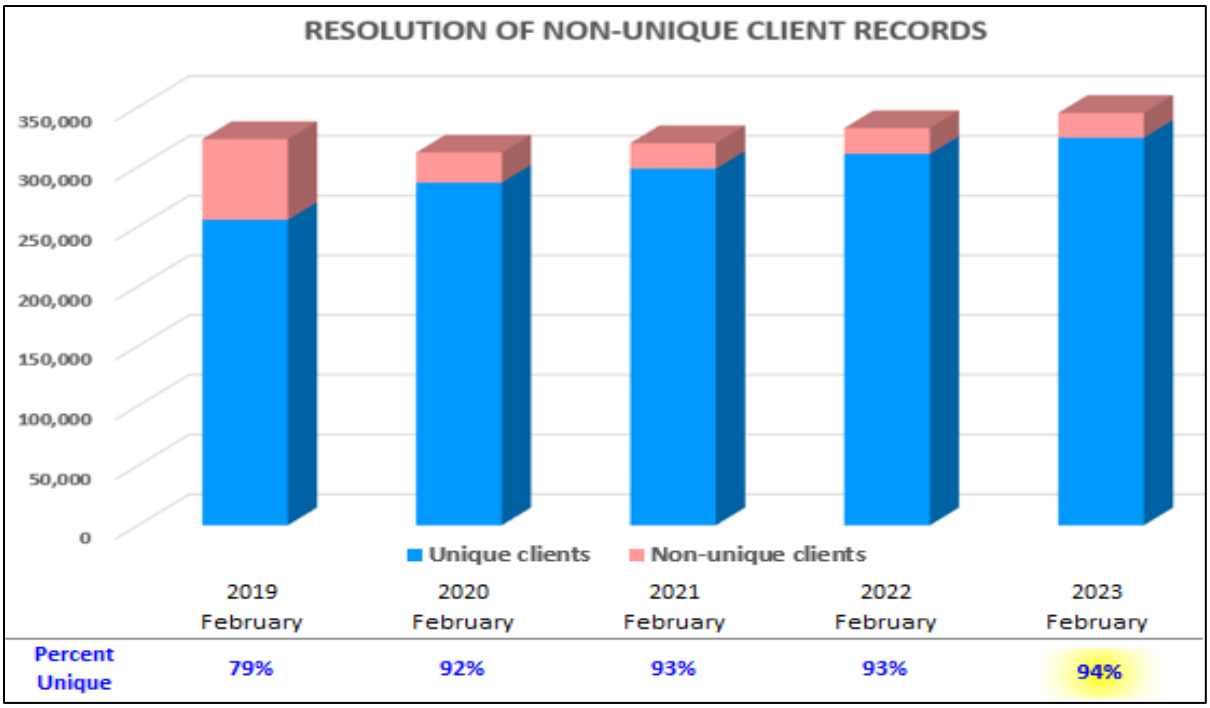
Data Clean-up and Duplication Reduction Efforts

Over the past 10 years, CFSA has developed and deployed a comprehensive suite of automated tools both to combat the introduction of new cases of client record duplication and to work through the historical backlog of non-unique client records. The three major milestones which mark the inception of these automation tools occurred in 2013, 2019 and 2023. These tools were developed to address the problem of record duplication on two different fronts: capping the introduction of new record duplication and resolving the backlog of historical cases.

For the historic cases, programmatic resolution is largely regarded as unfeasible due to the complexity of the underlying data discrepancies within the pairs. However, there is one notable exception: the largest subset of the historic population (approximately 20 percent of the total) consists of client records with asymmetric payment information - a scenario that the original version of the software was not designed to address. An effort is underway to enhance the software with the expectation of resolving the payment record subset which will reduce the duplicate population to approximately 5 percent of the total. This enhancement is important because the possibility of error goes up with duplicate clients. A social worker might enter information into one client record and then another staff member might enter information into another client record when the client is one and the same. This duplicative entry thereby increases chances of errors and incomplete information.

The Programs Outcomes Unit uses multiple tools to collect, analyze, and report data. These tools include programs such as Tableau, Python, and R Project for statistical computing. For instance, if tracking missed visits of the social worker with the family or missed visits with the parent and child, the unit downloads the appropriate management reports into the programming software, runs scripts to put the data in a useable format, and then QAs the output. From the output file, the unit takes an additional step to send qualitative questions to the program managers to answer. Once the questions are answered, the responses are rolled up into a single tab that allows the unit to track performance and barriers over a certain period. If there are data quality issues with selecting the wrong barriers, or there is evidence of copy and pasting data, the specific item is reviewed, and the raw file is cleaned up.

As of May 2022, the Agency's Programs Outcomes Unit has started reviewing the data clean-up for in-home and out-of-home reports on a weekly basis, alerting staff of potential duplicate client entries in FACES.NET within the last 7 days. The goal of this effort is to address potential duplicates early so that the records can be successfully merged to accelerate data quality and maximize the potential that staff members will include the correct data in one client record. Lastly, an auto-merge reconciliation program is being reviewed and updated to merge duplicate client records on closed cases. As a result of these data quality cleanup and mitigation efforts, the non-duplicate clients improved from 79 percent in 2019 to 94 percent in 2023.



- Total Clients in system - no exclusions = 350,324
- Total number of those which might have two records representing a single person = 20,233
- The percentage of potentially duplicated clients = 20,233 ÷ 350,324 = 0.058 = 5.8 percent

The 20,233 clients are suspected (but not proven) to be pairs of records that really represent the same person. For instance, new client John Doe, who lives at 123 Main Street, was born on December 13, 1995. The social worker later enters Doe's information into FACES.NET. Then, a new client, John Doe, lives at 123 Main Street, but was born on December 12, 1995. A social worker enters this Doe's information into FACES.NET. The system figures out that these two people are probably the same person and flags it as a potential duplicate. Therefore, the 20,233 increases by 2 to 20,235.

The system looks at both John Doe clients and, if they match exactly, the system will combine them into a single record which would drop the 20,235 back down to 20,233. However, because the birth dates are not the same the system flags both records and adds them to the DTA008 management report (clients newly added in the previous week) which is handed to a team of CFSA staff members who visually inspect both records, figures out which birthdate is accurate, and deletes the extra John Doe.

To summarize the de-duplicate process, first the system finds all likely duplicates. Then the system automatically combines any pair, if the pair are EXACT duplicates. For likely duplicates that are not exact duplicates, the DTA008 report tells management which ones are left, these are manually reviewed and, if possible, combined. However, the DTA008 report is weekly and only covers clients entered in the last 7 days.

The vast majority of the 20,233 are from years (sometimes decades) ago and have so many underlying differences that there is no easy way to figure out which one of each pair is the right one. In fact, it's very likely that there is accurate data in each and there is no way to know which data from which one is the data to keep, and which data are incorrect. Hence, the duplicates have remained with no real way to be corrected. It should also be noted that the 20,233 are referred to as "suspected" duplicates because in some cases, they really are two different people that just happen to look like each other (e.g., twins - same date of birth, same address, same mother, same father, etc.).

Regarding the impact on data quality, only 12 percent of the 20,233 are clients involved in open cases. Therefore, approximately 87 percent of the duplicate clients are not in active status e.g., case is closed, not in foster care, no case activity. The 12 percent equates to about 2,400 clients (1,200 pairs) and the data quality resources work to remove the extra record; however, in some cases, the correct record is known and there is no explanation regarding why the duplicate has not been removed.

Training, Technical Support, and Peer Review

CISA is responsible for maintaining the District's comprehensive case management system and, when necessary, enhancing the system to promote worker efficiency, improve overall case practice, and streamline data entry. Each newly hired staff member, who must use the case management system, completes mandatory training as part of the pre-service training requirement. Staff members will not obtain access to FACES.NET until they complete the training and obtain security rights. Additional training is available to all employees as in-service training. CISA creates and disseminates tip sheets to assist social workers in navigating the respective screens in FACES.NET.

In addition, CISA sends out weekly "Tech Briefs" that provide information on how to navigate system updates in various FACES.NET screens. All system users have access to a help desk managed by the CISA team that provides technical support and data corrections to maintain accurate client records.



Welcome to the CFSA Weekly Tech Brief
September 7, 2023

This week's Tech Brief will offer information and guidance about mandatory training opportunities for Social Workers, Family Support Workers, and SW/FSW Supervisors on submitting service referrals through STAAND.

Who: **Mandatory for all Social Workers, Family Support Workers and SW/FSW Supervisors**
This session is mandatory for all who have not completed STAAND training, or who need a refresher.

What: **Two-hour "Pop-Up Training" – STAAND Social Worker Service Referrals**
CISA offers two separate "pop-up" training sessions on submitting the following service referrals through STAAND.

OWB services

- Substance Use Disorder / SUD *(Adult Services, Youth Services, Family Treatment Court, and Project Connect)*
- Domestic Violence *(general support and referrals)*
- Clinical Services *(PRTF, CSEC, and School Transportation)*
- Education Unit *(general support & Check and Connect)*
- Childcare *(OSSE Childcare referrals and vouchers, childcare location assistance, and emergency childcare)*

OYE services

- Aftercare
- College & Career Prep
- LifeSet
- Making Money Grow

Why:

- Using STAAND provides you with better access to information on your referrals and supports our OWB and OYE teams with timely management of referrals.
- Referrals through email, QuickBase, or paper forms for these services will not be accepted.

When:

- **Pop-up session 1:** 9/15/23, from 10 a.m. – 12 p.m. (Virtual Teams and in-person room #3401)
- **Pop-up session 2:** 9/21/23, from 2 p.m. – 4 p.m. (Virtual Teams and in-person room #3401)

Enroll in FACES today!

*****In addition to these "pop-up" sessions, training is also offered every month. The next monthly **STAAND Social Worker Referral session** is scheduled on **September 18, 2023, from 10 a.m. – 12 p.m., hybrid. Enroll in FACES.**

Please email the CISA Help Desk at cfsa.helpdesk@dc.gov with any questions.

To further ensure staff can effectively and reliably input and access information, CFSA has initiated the following targeted training and resources based on end-user functions:

- National Youth in Transition Database (NYTD) – STAAND Service Provider and Social Worker Service Referral Trainings
  - Formal in-person and virtual training sessions for all Older Youth Empowerment staff members on how to document and manage independent living services and youth services that were referred to the program.
  - Formal training for all social workers, family support workers, and managers on how to submit service referrals through STAAND to the Older Youth Empowerment program.
  - Post-training supports, including online videos and user guides, to aid with learning overall documentation needs.
  - Tipsheet documents created and developed based on user needs.
  - Coordination and planning of training methodology to ensure quality, concise, comprehensive training.
  - Pre-training classes to give staff a glimpse of the STAAND system and to obtain user feedback and requests.
  - STAAND Training "Sandbox" environment for continuous experimenting and learning.
  - Standard classes added to the monthly training calendar, and refresher training sessions

available upon request.

- AFCARS – STAAND Placement Provider Trainings
  - Formal in-person and virtual training sessions for CFSA staff members responsible for licensing, training, managing, or supporting prospective and current resource parents (foster parents) on how to document and manage provider records in STAAND.
  - AFCARS 2.0 data elements incorporated within the STAAND system for data entry compliance.
  - Post-training supports, including online videos and user guides, to aid with learning overall documentation needs.
  - Tipsheets based on user needs.
  - Coordination and planning of training methodology to ensure quality, concise, comprehensive training.
  - STAAND Training "Sandbox" environment for continuous experimenting and learning.
  - Publication of a comprehensive 75-page manual, *FACES.NET– AFCARS 2.0.*

CFSA utilizes several internal workgroups to focus on collecting and analyzing data to monitor performance and timeliness. These workgroups include Data Quality, CFSA LAB (described below), and Diversity, Equity, Inclusion and Belonging (DEIB). Through these processes, CFSA gathers information about why data might not be accurate or missing, and then develops strategies to address the gaps. CFSA has been successful in tracking Agency performance, steering stronger support for child and family outcomes, and ensuring continued data accuracy and timeliness through all program areas.

Starting in FY 2024, if any CCWIS user identifies a data quality concern, they are directed to provide a brief proposal for the Data Quality Committee to consider. The Data Quality Committee determines whether to take the concern on as a project. If approved, an identified data sponsor oversees the efforts to improve data quality and accuracy. The data sponsor also writes up a data collection plan which highlights the area of concern, e.g., data quality, percent of cases affected by impairment, root causes of the problem, effects of impaired quality, ideas and suggestions for quality improvement, and information regarding the effort required to fix the data quality concern. If the data collection plan is approved by the committee, the next step is to implement the data collection protocol. The committee assigns a data custodian and data auditor. The data custodian is responsible for working with necessary parties to implement corrective action, and the data auditor is responsible for verifying decreases in data quality concerns. Updates can also be scheduled at specified intervals with the full data quality committee to provide updates on the repair status.

The CFSA LAB (Learning with each other, Accountable to DC Families, and Building performance) is a monthly continuous quality improvement (CQI) forum. All staff are invited to participate, to learn and to generate discussion across administrations regarding areas of performance strength and weakness. Since FY 2023, this process has included quarterly validation for public performance measures where the data for the performance measure is submitted on a quarterly basis and validated by analysts in

CISA or in the Performance Accountability and Quality Improvement Administration (PAQIA). Examples of discussion during the LABs include social worker visits to families receiving in-home services, visits to children in foster care, timely investigations' closure, and kinship analysis.

As an added control to ensure accuracy, the validating data analyst cannot be the same person who was responsible for producing the data. Following data validation, PAQIA meets with subject matter experts in the program area to discuss the quarterly performance and any improvement strategies that were started, continued, or discontinued during that quarter. Strategies include improvement around entering information on a timely basis.

CFSA's reporting obligations to District leadership and federal oversight agencies provide an opportunity for additional rounds of analysis, quality checks, updates, and backfill. At the local level, CFSA's data analysts and management teams coordinate across administrations to provide valid current data for recurring deliverables, including the Annual Public Report to the District's Council and responses to questions from the Council's Health and Human Services Subcommittee for the annual Performance Oversight Hearing and Budget Oversight Hearing. Similar coordination is necessary in preparing data for inclusion in the Annual Progress and Services Report to the Administration for Children and Families.

Among other initiatives developed during the FY 2020-FY 2024 CFSP period, CFSA established Permanency Goal Review Meetings (PGRM) and launched the Permanency Tracker data system to discuss, track, evaluate, and enhance the numerous milestones along a child's journey toward a safe and permanent return to the home. The Permanency Tracker (PT) is a supplementary database CFSA developed to support comprehensive information-gathering on timely permanency (an objective that has not been possible through FACES.NET alone). The PT system gathers child-specific information across dozens of data points. Some of the information is imported directly from FACES.NET and some is manually entered by supervisors, managers, and other members of the case team. The child-specific data rolls up into a series of dashboards from which progress can be viewed at the caseload, management unit, or Agency level.

At any point in time, a manager can view the PT data held on an individual child and determine whether it is accurate and can update it as needed. Program managers are also encouraged to use PT data in their regular supervision with supervisory social workers. During the Agency's routine PGRM, child-specific data points are also reviewed and updated.

In addition, each month, program managers receive snapshots of their primary dashboard from which they can review their performance on eight key metrics and update any child-specific data as needed.

Finally, the Office of the Attorney General reviews the PT dashboards monthly and supports the updating of child-specific data, as needed.

Diversity, Equity, Inclusion and Belonging (DEIB)

CFSA created the DEIB data subcommittee to use data to better understand the complexities of disproportionality and disparity within the DC CFSA child welfare system. This effort includes building the Agency's capacity to collect, analyze, and report disaggregated data by race and ethnicity, and to track and monitor CFSA's progress towards decreasing disproportionality and disparity.

CFSA is working to decrease missing race and ethnicity data to better inform analysis and decision-making related to addressing disparities. The DEIB data subcommittee is working closely with program areas, specifically the In-Home Administration and CPS to ensure that staff are trained appropriately and that engagement with families for gathering race, ethnicity, ward, and other critical demographic data results in quality and consistent data collection. Specifically, on a quarterly basis, an analyst works closely with In-Home Administration leadership to review missing race, ethnicity, and District Ward data and to ensure that data are entered and verified for accuracy. This effort has led to positive results. In August 2022, there was 29 percent missing race data for caregivers and by June 2023, missing data decreased to 3 percent. The DEIB data subcommittee is also working closely with CFSA's Chief Development and Equity Officer to establish Agency-wide staff training to improve engagement efforts for collection of demographic data from children and families.

For all children who were in foster care during specific period and who have an exit recorded, is there a valid exit data?

An official exit occurs when the Family Court issues a court order reunifying the child with their biological parent, finalizing a guardianship or adoption, or closing the child welfare case due to the child turning 21 years old. Positive permanency includes exits to reunification, guardianship, and adoption. Other exits include legal emancipation and placement or custody to be provided by another District agency (for example, the Department of Disability Services), or the death of child. CFSA strives to exit as many children as possible to a permanent home, knowing that positive permanency is vital to their development and well-being.

FACES.NET has the capacity to track exit data for all children in foster care. Exits are verified by utilizing the management report, PLC155, entitled *Entries, Exits, Permanency Goals, and Legal Status* for children in foster care. Additionally, CMT 367 tracks all children who exited foster care during the previous 12 months. For 100 percent of the 215 children who exited during FY 2023, the permanency goal, final placement type, exit date, and exit reason were entered into FACES.NET. Of the FY 2023 exits, 40 percent (n=86) were reunified with their families, 30 percent (n=64) were adopted, 10 percent (n=22) exited to guardianship, and 15 percent (n=33) aged out of foster care when they turned 21 years old. Additional exit reasons included five children living with other relatives and no longer in CFSA custody, four child fatalities, and one child transferred to another agency.

CONCLUSION

The District has continued its strength of practice and substantial conformity with Systemic Factor 1, Item 19: Information Systems.

B. Case Review System

SYSTEMIC FACTOR 2: ITEM 20

Systemic Factor 2:	**Case Review System**
Item 20:	**Written Case Plan**

STANDARD

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

RESPONSE

The District's case review system was rated as an area of Strength. To improve upon practices that formed the basis for an ANI rating during CFSR Round 3, CFSA concentrated and enhanced efforts to engage families consistently and authentically through the implementation of evidence-based service models; targeted trainings; initiatives to focus on fathers, absent parents, and incarcerated parents; and additional CQI measures to monitor case plan compliance and practice model fidelity.

POLICY AND PRACTICE

The Code of the District of Columbia requires specific case plan elements, protocols, and parties that align with federal requirements and best practices. The statute requires a description of the placement setting, a plan for ensuring that the family receives necessary and appropriate services, efforts that include the parents and children over the age of 14 in case plan development and revision, and various other provisions based on case goals, permanency resources, and well-being considerations.

CFSA promotes the safety, permanency, and well-being of children and families through comprehensive case planning with families and other stakeholders, as appropriate. CFSA's policy on Permanency Practice and its business process on Case Planning establish standardized protocols across all case types, including requirements for timely development and ongoing reviews and updates of case plans. Whether the case is an in-home case or an out-of-home case, the social worker is required to develop the case plan within 30 days of the case opening.[16] Thereafter, social workers are required to engage and partner with caregivers and age-appropriate children for purposes of a joint review of the case plan. As needed, the case planning team updates the case plan at least every 6 months for as long as the case remains open with the Agency.

[16] For purposes of 30-day case planning compliance, In-Home cases are considered opened upon formal transfer from the CPS Investigations Unit; Out-of-Home cases are considered upon the child's separation from the home.

Whether conducted during Family Team Meetings, described below, or during the course of visits to the birth families, the case planning process begins at the start of CFSA's involvement with the family and results in regularly updated, individualized case plans that are strengths-based, identify needs, and articulate specific, behaviorally oriented interventions that are likely to support achieving timely permanence. Each family or child-specific case plan is a written document that is created and maintained in FACES.NET. As noted, case plans are reviewed and updated at least every 6 months with input and signatures of the parent, age-appropriate child, and stakeholders (as applicable). The case plan serves as the blueprint for achieving permanency and for ameliorating the safety reasons and risk factors that brought the family to the Agency's attention. As such, it guides all activity during every stage of a family's involvement with the child welfare system.

Family Team Meetings (FTM)

For children separated from the home, CFSA utilizes the family-driven FTM to identify case plan objectives and initiate planning activities.

- **The Removal FTM** is offered to the family upon the child's separation from the home. Convened as quickly as possible, this FTM includes family members or caregivers, resource parents, service providers, the GAL, and any other identified family supports (e.g., friends and clergy). The meeting serves to introduce the Agency to the family, to clarify the reasons for the child's separation from the home, and to begin securing resources and interventions to support the family. The following agenda items are included during Family Team Meetings:

Agenda Item	Description
Introductions	Family members and providers introduce themselves and the family opens in any way they choose.
Family Story	Family members share "why" they feel they are at the meeting and social worker provides Agency perspective.
Child Update	Participants discuss child's current residence, and the child's mental health, physical health, education, and their overall well-being.
Safety Factors	Agenda items include what has or had put the child in imminent danger to warrant the separation.
Risks/Concerns	Agenda items include what the team is worried about, and what could cause future harm if those concerns are left unaddressed.
Family Strengths	Participants identify what the family does well.
Identification of Needs	Agenda items include discussions on concrete family planning for how the family and providers will address the safety factors, risks, and concerns.
Options	Participants discuss placement options, and any creative ways the team would like to plan to support the child and family.
Plan Creation	The plan is solidified, signed, and later documented in FACES.NET.
Recap Next Steps	The FTM facilitator ensures every risk and safety factor is addressed and confirms the group's consensus with the finalized, developed plan.

- **The Permanency FTM** is a discretionary meeting that occurs if a social worker determines that the planning process with families and team members has not sufficiently progressed toward case closure, and that the group dynamics justify the need for a meeting facilitated by an individual outside of the specific case team. In such cases, the social worker reaches out to an FTM facilitator to conduct a structured meeting with necessary team members. In addition to the social worker and the birth family, FTM participants may include extended family members, resource parents, attorneys, child and family advocates, and subject matter experts. Meeting topics commonly include assessment results, case plan objectives, and the identification of useful resources. In cases where the target date is approaching for achievement of the identified case plan goals, these meetings are frequently used to re-explore kinship and non-kin permanency options, as applicable, for adoption and guardianship.

Permanency Goal Review Meeting (PGRM)

At the 9-month PGRM, staff review a child's progress toward a safe, stable, and permanent return to the home, or to adoption or guardianship when a return home is not possible. This forum utilizes the case plan to help determine progress toward meeting goals. PGRM participants include the case management team (social worker, supervisor, program manager and administrator), a representative from the Office of the Attorney General, and the Deputy Director for the Office of Out-of-Home Support. Barriers to permanency are elevated during this meeting to make recommendations for moving the case forward to closure. In cases where minimal progress is being made despite all the Agency's efforts, the team maps out the next steps to change the permanency goal. While this is not a forum to develop case plans, it is a time-driven progress review of achievement toward the case plan, and any adaptations that might need to occur for ultimate safe case closure.

The Permanency Tracker

The Permanency Tracker is a shared database and tool used by CFSA to improve empirically-based decision-making regarding the timely achievement of all three primary permanency goals: reunification, adoption, and guardianship. The database aggregates key permanency data points that are collected in the Agency's automated record-keeping system, FACES.NET, with data that are held outside of FACES.NET at the program level, e.g., information regarding certain evidentiary hearings, progress toward guardianship, or the status of a subsidy negotiation. At a minimum of once a month, supervisors or designated staff members enter non-FACES-held data into the Permanency Tracker. Permanency Tracker data is collected in Tableau (displayed in a series of dashboards and spreadsheets) to help staff assess both child-specific and cross-caseload permanency progress. In support of CFSA's CQI efforts, Out-of-Home managers regularly review Permanency Tracker data during supervisory meetings through the chain-of-command.

In-Home Practice

For children served in their homes, the level of service is based on risk reassessment scores, which are subject to supervisory override, based on a clinical determination of discrepancies between scores and actual needs. Risk levels, which are reviewed by the social worker or family support worker and

supervisor at least every 90 days, determine the frequency of Agency visitation with the family (beyond the required twice monthly requirement), as well as the timelines and comprehensiveness of safety plans. For example, if a family presents with an intensive risk level, the social worker must also have twice monthly contact with the family's service providers and collaterals, whereas a family with a sufficiently decreased risk level will inform clinical decisions to take steps toward case closure.

At the conclusion of a CPS Investigation, each family's in-home case management support is determined based on the disposition, risk level, safety concerns, and identified needs. Families presenting with higher risk and safety concerns are referred internally to CFSA's In-Home Administration, while families presenting with moderate or lower risk and safety concerns are referred as a community-diverted case to the Agency's contracted community-based providers, the Healthy Families/Thriving Communities Collaboratives.

HISTORICAL PERFORMANCE

The 2016 federal CFSR found Item 20 to be an Area Needing Improvement, noting that, despite certain family engagement strategies, CFSA had challenges in joint development of case plans with parents, particularly fathers and incarcerated parents.

In the fall of 2021, CFSA initiated a case plan redesign effort to achieve three objectives: (1) enable the content to be dynamic and updatable, (2) reduce duplication of efforts by streamlining multiple-related planning documents and processes, and (3) create a "family-friendly" section of the document to use with clients. The District's new child welfare information system, STAAND, will include enhancements that are intended to help to realize these objectives.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency - Clinical	▪ FY24 APSR ▪ FY22 Four Pillars Performance Report ▪ 2022 Quality Services Review Annual Report ▪ FY24 Annual Progress and Services Report ▪ FY23 Quality Services Review Exit Conference Power points ▪ FY23 Annual Public Report ▪ FACES.NET Management Reports ▪ CFSR Round 4 Sample Case Review Report – Item 13	Birth Parents	Survey Focus Group
		Parent Engagement, Education, and Resource (PEER) specialists	Focus Group
		Birth Parents' Attorneys	Survey
		CFSA Out-of-Home Social Workers and Supervisors	Focus Group

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

Did case plans include the required elements, and how do you know?

Introduction and Background

CFSA case planning policy and companion guidance documents incorporate the following laws and best practice standards:

- The Adoption Assistance and Child Welfare Act (P.L. 96-272) (requiring development of a written case plan and prevention plan for any child receiving foster care maintenance payments)
- 8.3C.1 TITLE IV-E, Foster Care Maintenance Payments Program, State Plan/Procedural Requirements for case plans
- DC Code Ann. § 4-1301.09 - Case Plan Timeframe Requirements
- DC Code Ann. § 4-1301.02 - Participants in the Case Planning Process
- DC Code Ann. § 4-1301.02 - Required content for the case plan.

CFSA Case Plan Business Process

General Requirements for Case Planning

- The case plan, created and maintained in FACES.NET, is a written document, with input and signature of the parent and age-appropriate child, as applicable. A service plan, which is a companion document, outlines the steps taken to achieve the case plan goals. Together, the case plan and service plan are a blueprint for achieving permanency and safe case closure.
- Families receiving in-home case management support have a "family case plan." When children are in out-of-home care, the plan is also called a "family case plan" if the goal is reunification. Once the child has a goal other than reunification, such as adoption, guardianship or APPLA, the "family case plan" is no longer required and only a "child case plan" is utilized. CFSA's Case Planning Business Process details the Agency's approach to case planning to include required timeframes, processes, and contents related to each case plans type.

Case Plan Content

The DC CFSA Case Plan Business Process lays out the requirements in detail. Examples of case plan content include but are not limited to the following directives:

- Support safety, well-being, and permanency for children.
- Maximize the family's and child's voice.
- Chart an achievable path to timely permanency, including identifying concurrent plans and the timeframes within which those plans will be achieved.
- Describe the family's strengths and needs, as directly aligned with the reason they came to the attention of the child welfare system.
- Specify plans for the mobilization of community support, resources, and evidence-based practices.

- Provide family-specific interventions to help a family resolve their needs and achieve and maintain stable functioning and well-being.
- Establish and be a vehicle for monitoring specific timeframes, roles, and responsibilities regarding the family's engagement with identified interventions, as well as the required results and consequences for not achieving them.
- Be culturally responsive and affirm each family member's identity.

Case Plan Time Frames

- Case plans are developed for every child (family); the initial case plan is developed within 30 days of the case opening both for in-home and out-of-home cases.
- If the case is court-involved, the case plan is filed with the Family Court within 60 days of the case opening.
- The Service Agreement portion of the case plan (also known as a Service Plan) is updated every 90 days, or more frequently as needed.
- The full case plan, including any Service Agreements, is updated every 6 months, or more frequently if a change in circumstance necessitates an update.

Reimaging and Redesigning the Case Plan to Support Family Engagement

In the fall of 2021, CFSA initiated a case plan redesign effort to achieve three objectives: (1) enable the content to be dynamic and updatable, (2) reduce duplication of efforts by streamlining multiple-related planning documents and processes, and (3) create a "family-friendly" section of the document to use with clients called the Family Roadmap. The new child welfare information system, STAAND, will include enhancements intended to help realize these objectives in FY 2025. To achieve the case plan redesign during FY 2022, a significant amount of feedback and information was obtained through the following mechanisms:

Internal Focus Groups (11)	External and Internal Inquiries (5)	Other Activity
▪ Parents receiving in-home and out-of-home services ▪ Youth ▪ In-Home and Out-of-Home social workers ▪ PEERS ▪ Family Team Meeting managers ▪ Child Protective Services managers ▪ Office of Well-Being (Substance Use and Mental Health) ▪ Health Services Administration ▪ Assistant Attorney Generals ▪ Quality Services Review Unit	▪ Casey Family Programs ▪ Chapin Hall ▪ CFSA's Office of Planning, Policy, and Program Support (for federal requirements) ▪ Oregon Child Welfare ▪ Washington State Child Welfare	▪ Current state process mapping with Child Protective Services, In-Home and Out-of-Home social workers ▪ Seven meetings of cross-disciplinary workgroups with Child Protective Services, In-Home and Out-of-Home social workers, Office of Thriving Families, the Office of the Attorney General, the Office of the Director, and the Child Information Systems Administration ▪ On-going consultation with deputies and administrators on concepts and ideas

As a result, the teams completed a mapping process and case plan design. The teams will continue to work with the STAAND developers for an FY 2025 implementation. One important consideration was feedback about including the reason for a family's child welfare involvement. Per feedback from staff and clients about the case plan, repeating the reason for Agency involvement in each plan creates a counterproductive experience for the family. CFSA determined that the case plan goals and objectives will address the issues that brought the child into foster care or in-home involvement, but the case plan update does not need to repeat those issues.

The Family Roadmap will be the top sheet for the case plan and will describe what and how the family will achieve their goals, including resolution for the concerns leading to their CFSA involvement. The document will be easy to understand and will be quickly accessed and a better tool for social workers to engage with families to build on one another's knowledge and efforts during visits. The entire case plan will be attached to the Family Roadmap for details.

The new In-Home and Out-of-Home case plan would include the following categories as applicable:

Family's Information

- Name
- Relationship to Child
- Case ID, Client ID, Children's names, ID's, and date of birth

CFSA's Information

- Assigned program area, social worker and supervisory social worker
- Date of entry
- Date of plan

Plan of Action

- Case Objectives
- Permanency Goal (primary), date established
- Permanency Goal (concurrent), date established
- Barriers to Permanency
- Concurrent Kin Plan

Services and Progress

- Assessment results
- Older youth level of care
- Case objective (parents)
- Case objective (children and youth)
- Service

- Service rationale
- Provider
- Timeframe for completion
- Progress on services and adjustments to plan

Examples of Objectives for Parents

- **Coping skills.** Manage trauma and triggers and express emotions constructively so they don't negatively impact children's safety and well-being.
- **Parenting behavior and routines.** Increase understanding of child development and effective parenting, and secure needed resources and supports.
- **Relationship violence.** Eliminate relationship violence and establish boundaries that create safety for all family members.
- **Mental and physical health.** Address mental and physical health concerns so they don't negatively impact children's safety and well-being.
- **Developmental and cognitive issues.** Secure resources and supports needed so developmental/cognitive abilities don't negatively impact children's safety and well-being.
- **Substance use.** Address substance use (through treatment, abstinence, or reduction) so there is no negative impact on children's safety and well-being.
- **Other** (context, e.g. incarceration, institutionalization)

Examples of Objectives for Older Youth

- Finance & Money Management
- Job & Career
- Life Skills
- Identity
- Permanence
- Education
- Self-care & health
- Housing
- Parenting skills and preparedness
- Transportation
- Community, culture & social life
- Timely adoption
- Timely guardianship
- Timely legal custody

Family-Time Progress (Formally known as Parent-Child Visitation)

- Number of family-time visits since last case plan out of number required

- Number of family-time visits since separation out of number required
- Number of scheduled family-time visits missed by parent
- Count of reasons why visits were missed since last case plan
- Frequency and duration of family time
- Type of supervision
- Progress and adjustments

Child Well-Being: Placement Stability

- Placement changes since last plan
- Adjustment to placement

Child Well-Being: Education

- School, name, grade level
- Stability/Best Interest Determination and rationale
- Educational Progress

Child Well-Being: Physical and Behavioral Health

- Physical, dental, and mental health information

Child Well-Being: Transition to Adulthood

- Date of most recent Youth Transition Planning meeting
- Link to most recent Youth Transition Planning meeting report
- Narrative about transition to adulthood

Progress towards Adoption or Guardianship

- Adoption and guardianship narrative updates

Overall Progress

- Summary of case progress
- For families receiving in-home services
  - Current risk level
  - Risk level trend
  - Progress toward case closure

Family Engagement in Case Planning

PAQIA regularly assesses performance through Quality Service Reviews (QSR) and Four Pillars Performance Reporting. For FY 2022, the Agency reported that 89 percent of cases received an "acceptable" rating for the QSR indicator, *Planning Interventions*, which applies to the core concepts of

safety, permanency, well-being, daily functioning, transitioning and life adjustment, and early learning and education.[17] The indicators correspond with key Title IV-E case plan requirements regarding a safe, family-like placement setting consistent with the child's best interests, as well as services to promote safety and permanency. CFSA achieved this measure with both In-Home and Out-of-Home case ratings reaching or exceeding the 80 percent performance target for the third consecutive year. The QSR protocol indicators, *Planning for Safety*, *Planning for Well-Being*, and *Planning for Education* also consistently received acceptable ratings over the past 3 years.

Overall Performance on Planning Interventions by Subparts, CY 2020 – FY 2022



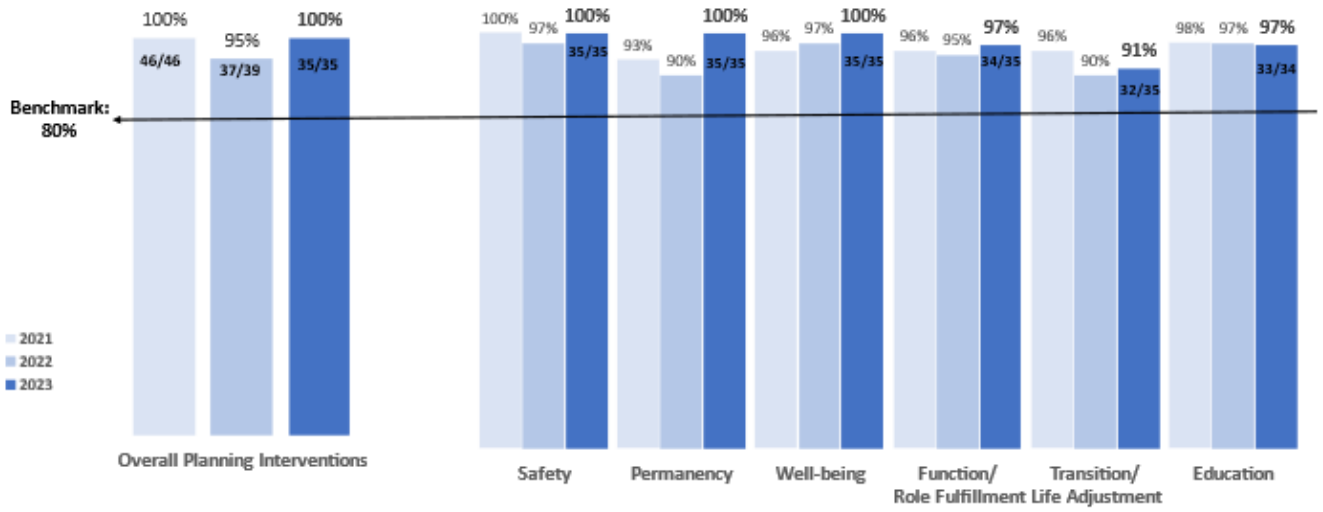
FY 2023 Quality Service Reviews Exit Conference Performance on Planning Indicators

CFSA Out-of-Home Support

In 2023, the QSR Unit reviewed 35 out-of-home cases. The graphs below are excerpted from the Out-of-Home Exit Conference power point.

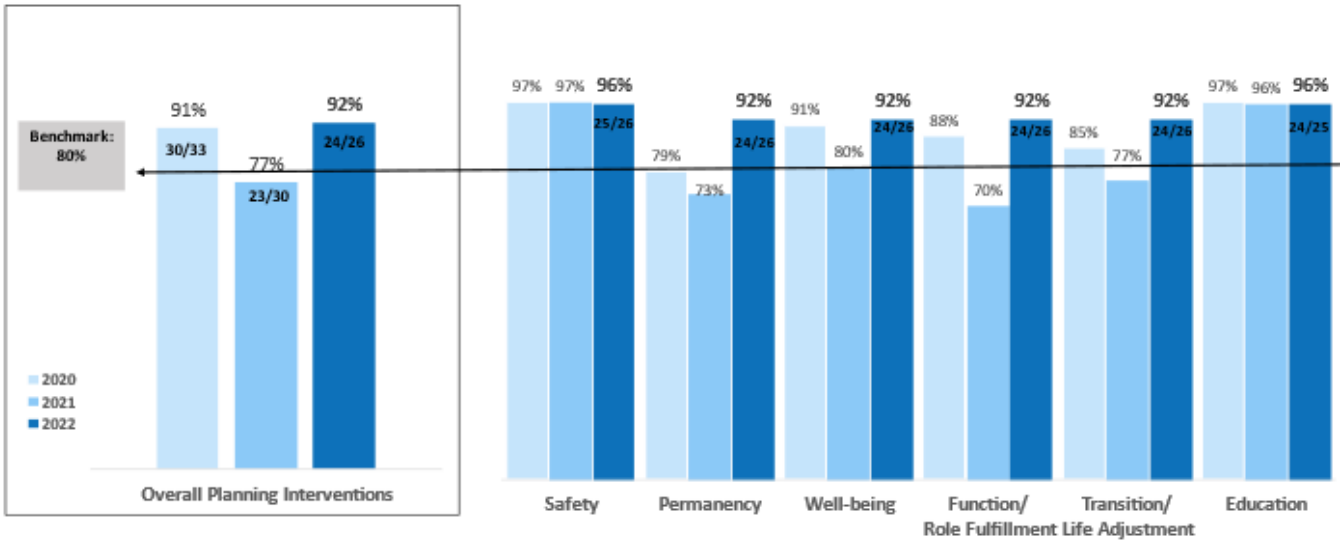
[17] "Acceptable practice" is based on a QSR protocol that utilizes Likert scale ratings of 1 to 6 to summarize stakeholder assessments. Cases rated from 4 to 6 are deemed "acceptable." More information about QSR protocols can be found in Systemic Factor 3: Quality Assurance System.

Performance on Planning Indicator



Maryland Private Agency Provider for DC Children and Youth

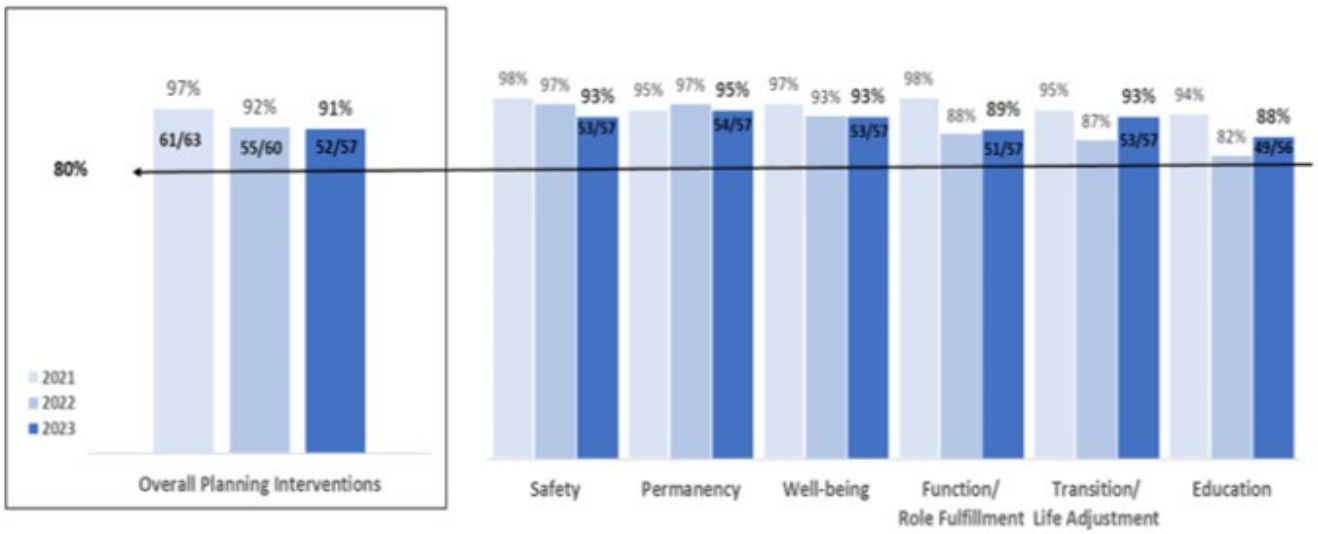
Performance on Planning Indicator



In-Home Support

In 2023, the QSR Unit reviewed 57 in-home cases. The graphs below are excerpted from the In-Home Exit Conference power point.

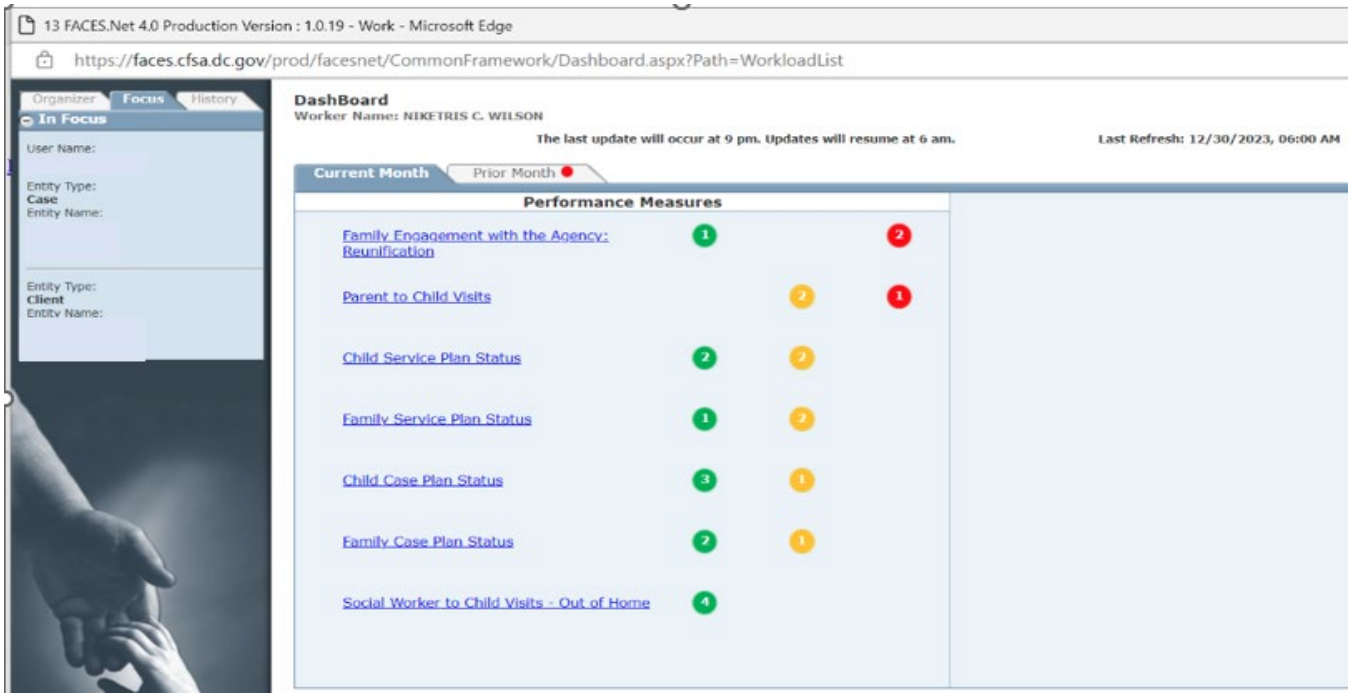
Performance on Planning Interventions Indicator



Among children in foster care in a specific period who have been in care for at least 60 days, how many had a written case plan?

CFSA tracks and disseminates performance data in regularly updated management reports based on data captured by FACES.NET. When assessing case plan performance, the District includes all children who have been in an out-of-home placement for at least 30 days.

To help ensure that case plans are developed and updated on a timely basis, a FACES.NET dashboard includes prompts to notify social workers when case plans are expired.



On September 30, 2023, there were 491 children eligible for case plan performance measurement across CFSA and the private foster care provider agencies. Of this number, 425 (87 percent) had a current case plan and 56 (11 percent) had an expired case plan. Of the expired case plans, 22 were restored to current status as of December 30, 2023. Also on September 30, 2023, 10 children (2 percent) had no documented case plan, and 4 of these were documented as current as of December 30, 2023.[18]

By manually pulling data from FACES.NET, CFSA reviewers were able to identify a sample of children for whom a case plan was created within 60 days of their entry into foster care. Of the 37 children that entered foster care during the months of August, September, and October 2023, and who remained in care for at least 30 days, 84 percent (n=31) had a case plan developed within 60 days of entry.

Case Plan Development Timelines For Children Entering Foster Care

Month	# of Entries >30 Days	# of Children with Plan Created < 60 days	Children for whom a Plan was not Created < 60 Days
Aug 2023	10	7	Three siblings had a case open and case plan created prior to foster care entry; their case plan status was "expired" at 60 days after entry, but updated 100 days after entry
Sep 2023	11	9	No plan documented for two children who have been in care 100 and 108 days as of 12/30/22
Oct 2023	16	15	Plan created for child 63 days after entry
Total	**37**	**31**	**6**

Were parents authentically involved in the development of case plans? If so, how?

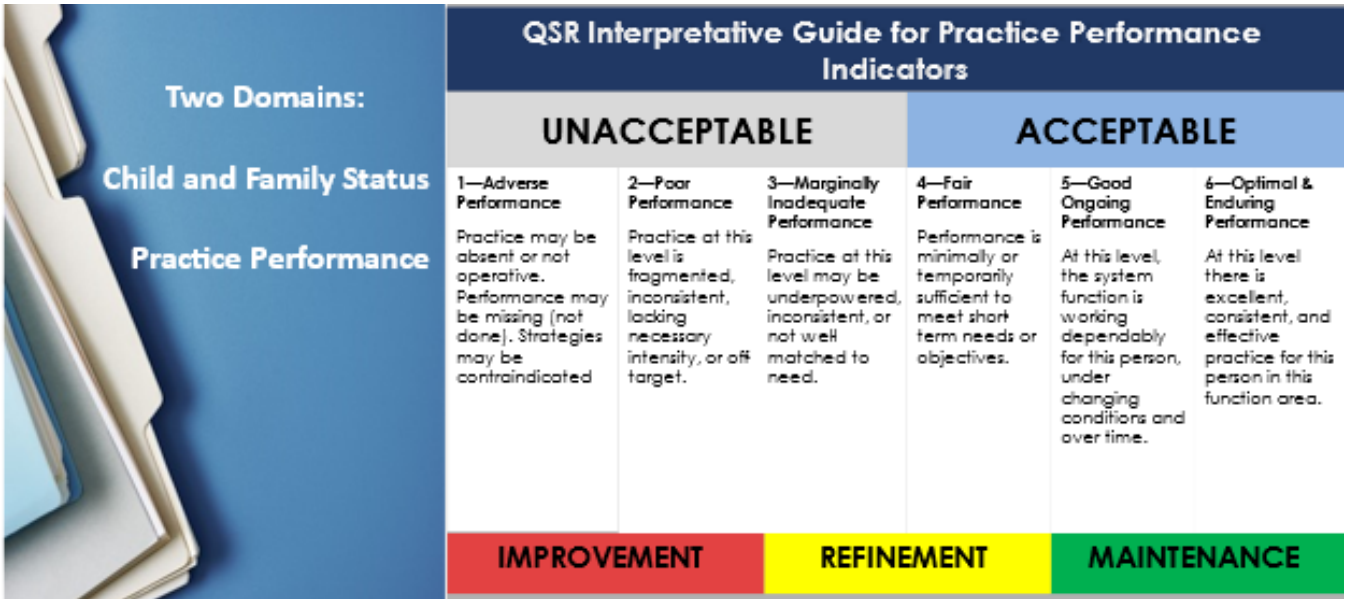
As noted earlier, the Removal FTM provides an initial opportunity for the case management team to engage birth parents in case plan development. To promote and monitor FTM attendance by all applicable birth parents and caregivers, staff are required to enter the following information into FACES.NET: (a) the names of known parents, (b) whether they were invited to the FTM, (c) how they were invited, (d) whether they attended, (e) the manner in which they attended (in person, virtual, phone) and (f) if they did not attend, the reason why. In FY 2023, there were a total of 179 foster care entries and re-entries, among which 98 Removal FTMs occurred. By performing a manual data pull from the FTM database, CFSA's data analysts were able to provide information about birth parent attendance. A total of 72 birth mothers and 38 birth fathers were documented as having been invited to FTMs. Of this number, 62 birth mothers and 27 birth fathers were documented as having attended. Reasons for no-shows, when documented, most frequently included the parent's whereabouts being unknown and, to a lesser extent, a parent's refusal to participate.

[18] Source: FACES.NET management report CMT 163.

In addition to the FTM, or in cases where parents do not attend the FTM, the Agency makes concerted efforts to engage the family for case planning during visits to the home. As noted, CFSA policy directs the case plan to be a strengths-based, parent-driven document.

QSR ratings include a *Voice and Choice* indicator to assess case plan involvement of children and birth parents. Using a Likert scale, reviewers rate cases on a scale of 1 to 6. Ratings from 4 to 6 are deemed acceptable. In FY 2022, acceptable practice ratings were found in 92 percent (n=66/72) of applicable cases for mothers, and 88 percent (n=30/34) of applicable cases for fathers.

QSR Framework to Determine Indicator Ratings



FY 2023 Quality Services Reviews Exit Conference for Engagement, Assessment and Support and Services (i.e., case plan)

In-Home Services

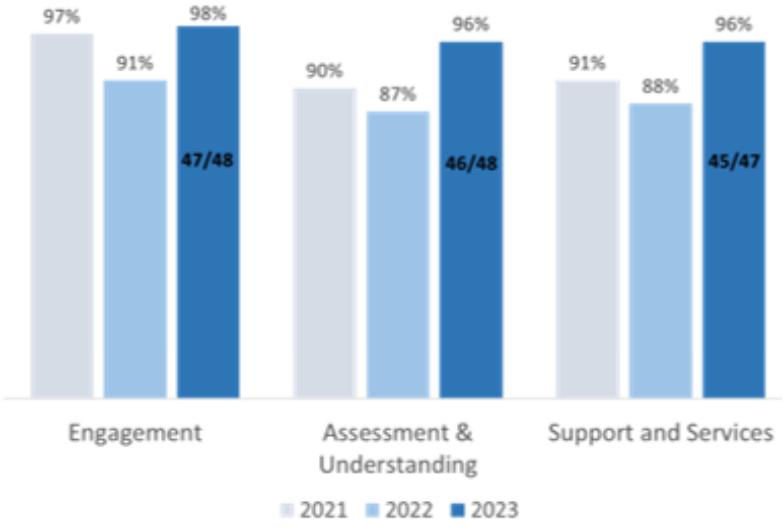
In 2023, the QSR Unit reviewed 57 in-home cases. The graphs below are examples excerpted from the In-Home Exit Conference power point.

In-Home Services – Birth Mothers

7% Increase in Engagement

9% Increase in Assessment

8% Increase in Support and Services



Feedback from Mothers



The mother feels supported by the team and feels that her voice is valued in shaping the direction of this case. The mother has formulated a trust based relationship with her team and looks to them to deal with and manage the various issues concerning the child's custody and visitation with the father. - SJ



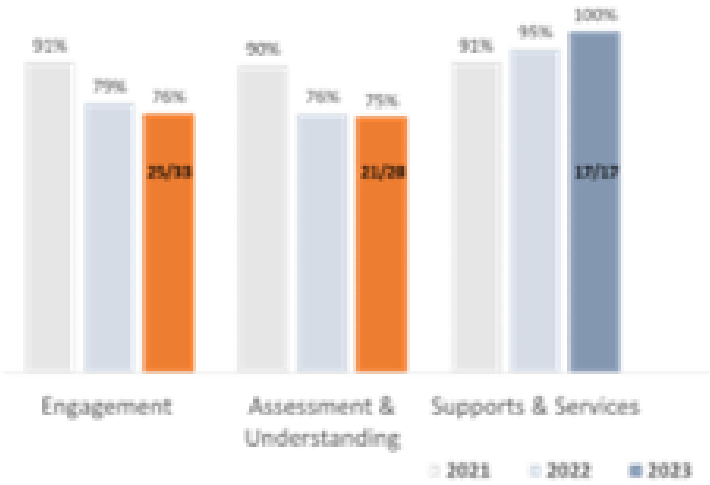
As a single parent in the throes of having to relocate until she finds housing, the mother has had to juggle many responsibilities. She credits her FSW and social worker with helping her to manage her stress and organize her day in such a way that she feels accomplished.

- JH

In-Home Services – Birth Fathers

Engagement and Assessment for Fathers continue to show a decline in 2022 and 2023

Consistent improvement in Support and Services with a **5% Increase**



What's Working, Not Working for Fathers?

What's Working in Practice	What's Not Working in Practice
LD – The father is incarcerated. Consistent and ongoing efforts to have discussions with the father about the case, as well as to have a better understanding of his circumstances.	JH - Case opened 10/2022, only 1 contact with father.
ZBB – Engagement efforts with the father have been equal with the mother. Accommodations are made to schedule meetings around his work schedule so he can be included.	LA – Father incarcerated and has regular contact with mother. No efforts were made to get his number from the mother to initiate contact.
SJ – Engagements efforts include, stabilizing the father's housing, employment assistance, and connecting him to the collaborative for the fatherhood program.	JF – Father incarcerated and has contact with youth, limited efforts to engage with the father.
	DL - Missed opportunities to engage the father who visits his children in the home.

Feedback from Fathers



The father feels heard by the Agency and appreciates the help from the Social Worker with employment assistance and empowering him to be involved with his child's school. He feels empowered to co-parent with the mother. - WRG



The father is perceived as "not wanting anything to do with the child." He feels the team views him as "untrustworthy" and primarily interactswith his attorney, as a result. He reports feeling "puzzled" re: the status of the case. -BGF



Improving Family Functioning and Capacity



Intentional engagement with birth mothers, recognizes cultural identity and past traumas to build their capacity for parenting
WRG, SJ, BGF, TH, TGA

Engagement efforts for some birth fathers were sporadic and sometimes inconsistent
LA, JF, BGF, MD, RM

In-depth understanding of the birth mothers' strengths and challenges to address identified needs
WRG, SJ, BGF, AH, TGA

Limited assessments for birth fathers did not reflect their current functioning, which impacted their capacity for parenting
MD, DL, TF, EM, BGF

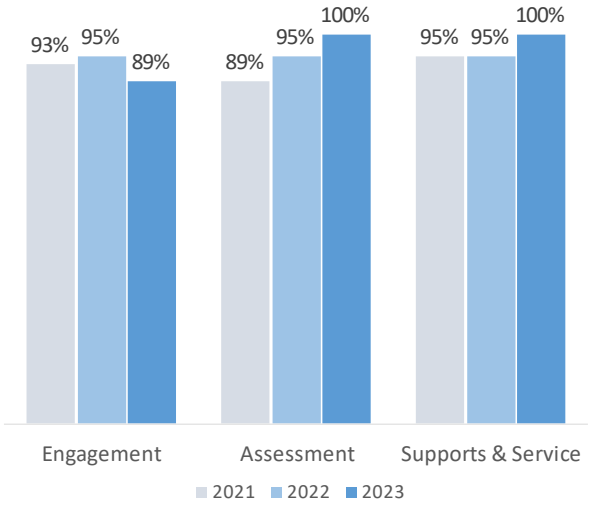
Combination of support and services were a good fit for the parents' situation to maximize potential benefits for positive outcomes
AN, BGF, GVD, TB, MD

CFSA Out-of-Home Support

In 2023, the QSR Unit reviewed 35 out-of-home cases. The graphs below are examples excerpted from the Out-of-Home Exit Conference power point.

Birth Mothers

- Ongoing and consistent outreach efforts to build a working partnership with mothers
- Evidence of most mothers' involvement in the ongoing assessment of their needs, circumstances, and progress
- Support and services matched the required needs of mothers for planned intervention outcomes



Strengths in Practice for Birth Mothers

Team members understand the mother's cognitive challenges and limited English. The team ensures there is an interpreter at meetings and court hearings.
(AGR)

The team has recognized the mother's main challenges in addressing her mental illness and substance use and adapted the case plan accordingly.
(EL)

The mother acknowledges that her team has been helpful in guiding her and ensuring she understands what is occurring about her children's overall well-being.
(JM)

The mother tends to feel disempowered, and the social worker provides hands on case management to walk her through certain areas of her life where she has challenges.
(ZW)

The mother reports feeling included and being heard by all team members. Her level of comfort with the team has consistently improved since the case opened.
(RH)

Themes from Practice with Fathers

What's working well	What's not working
• **Social workers are intentional** about keeping fathers involved despite barriers of incarceration, transient lifestyles, resistance to child welfare involvement • **Social workers explore** out-of-the-box solutions to build rapport • **Individualized attention** given to fathers' needs outside of the child welfare case	• Social workers **missed opportunities** to engage fathers who are not always present • Social workers become **more focused on permanency with mothers** or other identified resource • **Incarcerated** fathers not always easily accessible due to systematic barriers • If fathers' **role is not understood to be significant** to achieving permanency, efforts are not made to engage him

Fathers with Acceptable Engagement (N=12)

Cases	Engagement	Assessment	Support and Services	Case Circumstances
AC	Acceptable	Acceptable	NA	Engagement with father and his team, while incarcerated, kept him abreast of the case planning activities. This rapport led to a good assessment and understanding his status in penal system. No services were identified at the time.
IH	Acceptable	Unacceptable	NA	One contact with the father via phone; therefore, the assessment of his needs were incomplete, and no services had been identified.
JM	Acceptable	NA	NA	Efforts were made to locate the father but were unsuccessful. Thus, assessment and support and services were not rated due to no contact.
CB	Acceptable	Acceptable	Acceptable	Some engagement efforts were made that helped the team assess his medical and mental health challenges. Appropriate support and services were implemented to address some of his identified needs.

Fathers with Unacceptable Engagement (N=5)				
Cases	**Engagement**	**Assessment**	**Support and Services**	**Case Circumstances**
RH	Unacceptable	Unacceptable	NA	There were missed opportunities to reach the father in jail. One attempt was made but no further attempts even though the mother was having ongoing conversations with him while he was in jail.
VG	Unacceptable	NA	NA	No contact directly with the father who is in a nursing facility; despite stroke, father can communicate. Assessment and Supports is not applicable due to no contact.
MI	Unacceptable	NA	NA	No efforts were made to engage the father over the past 3 months (team acknowledged this oversight). Assessment and Support are not applicable.

CFSR Round 4 Sample Case Reviews

Recent sample case reviews for the Round 4 CFSR suggest that efforts to involve parents in case planning have improved from 2016 but should continue to be monitored and evaluated. Case file information and case participant feedback collected for the comparable Well-Being Outcome 1, Item 13 (concerted efforts to involve children and parents in case planning) indicate that parent engagement was rated as a Strength in 67 percent (n=12/18) of applicable cases, against a benchmark of 90 percent.[19] Reviewers observed examples of strong practice, including persistence when including parents with cognitive disabilities in all case activities, continued engagement and encouragement of a mother that demonstrated unstable behaviors, and concerted efforts to truly understand parents' individual needs and to tailor counsel and service referrals accordingly. The primary barrier in cases where parent engagement was not identified as a strength included insufficiently documented efforts to engage or contact parents on an ongoing basis. A deeper dive into the case files and interviews revealed various contributing factors that presented barriers to successful engagement, such as a parent's unknown whereabouts, refusal to engage, untreated mental health, substance use concerns, and housing stability.

Several factors may account for the discrepancy between QSR and CFSR ratings. Notably, QSR "acceptable" practice, as described above, requires a different threshold than a CFSR Strength rating, which can only be given if practice is effective with regard to all applicable parents and age-appropriate children whereas the QSRs review the mother and father separately. Additionally, an overall Strength rating for the relevant CFSR item requires strong practice in 90 percent of cases.

[19] Overall, there were 19 applicable cases for this item; however, one case was only applicable for the child. This count includes several cases where either the mother or the father was not applicable.

Stakeholder Feedback

During the November 2023 Statewide Assessment focus group, 13 CFSA Out-of-Home social workers and supervisors were polled on the extent to which parents are meaningfully involved in case planning on an ongoing basis. Five respondents indicated that this either "usually" or "always" occurs. Seven respondents indicated that parents are "sometimes" involved, and one respondent indicated it happens "rarely." Respondents reported observing a significant barrier to case planning buy-in when parents deny or do not recognize the circumstances or behaviors that led to Agency involvement. One strategy shared was to incorporate Motivational Interviewing (MI) strategies in the engagement process. For example, to address a scenario in the spirit of MI, guidance for a social worker includes providing the parent with a list of needs identified in their assessment and asking them to identify one or two issues that they believe contributed to their Agency involvement, and to incorporate these into the service plan and case plan. This MI guidance increases a parent's buy-in for case planning and achievement of the identified case goal.

In an October 2023 Statewide Assessment focus group, seven Parent Engagement, Education, and Resource (PEER) specialists also addressed Agency efforts to involve birth parents in case planning.[20] Responses were split, based on individual experiences, but in general the PEERs observe that parents are "sometimes" engaged with some PEERs suggesting that engagement could be closer to "usually." One PEER, with several years of experience, indicated he had never seen birth parents involved in the actual creation of a case plan, and that their involvement during the development stage is limited to providing a signature upon the social worker's request. The PEERs indicated that a common barrier to engagement involves housing. Specifically, when a parent is struggling to meet the fundamental need of stable housing, they experience internal barriers to meaningfully participating in case planning. Several PEERs also expressed that social workers don't always explain the case planning process effectively.

A noted strength was the Agency's MI practice (described above), which tended to truly unpack what a parent needed, and increased engagement. Notably, in a separate October Statewide Assessment focus group, CFSA's In-Home and Out-of-Home leadership team also emphasized the value of MI, based on the extent to which the practice allows for growth and accommodation of individual circumstances, characteristics, and achievement of timelines.

Regarding responses from birth parents' attorneys, when surveyed, five attorneys did not elaborate on matters involving parents' involvement in the development of case plans. When asked about the frequency with which the Agency makes concerted efforts to involve parents in the development of

[20] PEER specialists are CFSA employees who have past experience as parents of children involved with the child welfare system. In addition to providing one-on-one support for birth parents with current Agency involvement, PEERs are an invaluable source of system-wide advocacy and collaboration.

case plans, two attorneys indicated "usually" while one indicated "sometimes" and another indicated "rarely." One attorney indicated "never."

In a fall 2023 survey, 16 birth parents with current CFSA involvement responded to the statement, "Your child's social worker involves you in the development of your family's case plan." Ten birth parents strongly agreed with this statement, three agreed, two were neutral or unsure, one disagreed, and one strongly disagreed. Only a few respondents elaborated on their response, each providing positive statements about the work the Agency has done to involve them.

Upon further discussion during the December 2023 focus group, eight birth parents varied in their assessment of inclusion and demonstrated varying levels of familiarity with the case plan itself. The following positive comments were included:

- "When my social worker changed, it meant a new plan and a new approach, but the new social worker went over everything with me."
- "I am meeting all my requirements, and my social worker is doing everything he is supposed to be doing."
- "It's different for different families, but I was regularly involved and reminded about the goals."
- "Nobody knows my child better than me – I am able to communicate with my social worker effectively, and we work together – if CFSA doesn't have resources, they connect us with those resources."
- "My caseworker is effective, and I had two great PEERs."

Some birth parents reported negative experiences in case planning, which were mostly linked to their relationship with the social worker and the Agency in general:

- "My social worker did not work on a case plan with me; staff are in it for the money."
- "Stop treating us all the same; my child was removed because I was accused of medical neglect; I shouldn't be treated like someone who hits their kids or uses substances."
- "My social worker didn't include me in the making of my case plan; I felt like a guinea pig with services, 'let's test this out on her.'"

CFSA's Efforts to Enhance Engagement

Development and Equity Administration (DEA) Website

In 2021, CFSA launched the DEA website to better support the Agency's approach to family engagement. In addition to training links and course descriptions, the website offers Diversity, Equity, Inclusion, and Belonging (DEIB) resources, including an overview of the framework and a current list of preferred terms for select population groups and communities.

Targeted Customized In-Service Trainings

CFSA's Child Welfare Training Academy provides specific training courses to support in-home and out-of-home child welfare professionals with the following skills: (1) to assess families' needs, (2) to engage and partner with biological parents, (3) to engage fathers, (4) to engage parents with mental health challenges, and (5) to build relationships and to maintain communication with parents, kin, and incarcerated parents. Each of the following courses is tailored to address the Agency's primary areas of focus for enhancing engagement efforts with the families.

- **ASSESSMENT INTEGRATION WORKSHOP:** This 6-hour course provides permanency and in-home child welfare professionals with the opportunity to examine the current array of tools, screens, and assessments that prompt ongoing child welfare case practice. Participants enhance their ability to organize, analyze, and integrate information gathered during assessment into sound clinical case planning and practice with families. Participants evaluate their trauma-informed engagement skills and recognize the importance of partnership-based work with families at every step of case practice. Participants identify ongoing trauma-informed engagement strategies that support families in leveraging strengths into safety and protective capacities, mitigating dangers, risks, and complicating factors that contribute to Agency involvement and helping clients transform self-awareness and insight into positive behavior changes.
- **BEST PRACTICES IN ENGAGING BIOLOGICAL PARENTS**: This course assists child welfare workers with the development of pertinent knowledge, demonstration of critical thinking, and application of clinical skills for collaborating with biological parents in the case planning process for the life of the case.
- **BEST PRACTICES IN ENGAGING FATHERS**: This 2-day training helps social workers to develop relevant knowledge, skills, and appropriate understanding of the importance of engaging fathers in the case planning process. The training explores critical skills for engagement and intervention, principles of best practice, facilitating equal access to services, and managing interpersonal challenges to result in effective case work with fathers and men. Training emphasis is placed on the significance of the father's engagement in securing the safety, permanency, and well-being of children and families.
- **BEST PRACTICES IN ENGAGING CAREGIVERS WITH MENTAL HEALTH NEEDS**: The purpose of this session is to provide participants with practical skills to engage with clients who have mental health challenges to address the entire family's safety, permanency, and well-being needs.
- **BEST PRACTICES IN ENGAGING INCARCERATED PARENTS:** The purpose of this session is to provide participants with practical skills to engage with clients who are incarcerated to address the entire family's safety, permanency, and well- being needs.
- **BUILDING STRONG RELATIONSHIPS WITH FAMILIES:** This 6-hour training promotes the awareness of the importance of developing skills in building relationships with birth and kin families through a variety of reflective and interactive activities. This hands-on, activity-based, experiential workshop builds staff members' parent engagement skills. Participants also increase their understanding of how their personal attitudes and professional practices contribute to and/or undermine positive partnerships with parents and kinship families. Having

such relationships allows for programs and staff to implement strategies that value the principles of family-centered practice.

- **COMMUNICATION WITH KINSHIP FAMILIES:** Similar to the Art of Parent Engagement, this 3-hour workshop will utilize an extended role-play format and other experiential for strengthening a worker's ability to have difficult and courageous conversations with kinship caregivers. This course will provide strategies on how to effectively work with kin families, which is often dependent on how skillful a worker is in engaging and teaming with kin families.
- **THE ART OF PARENT ENGAGEMENT WITH KINSHIP FAMILIES:** Bridging the knowledge and strategies gained in Building Relationships with Families, this 3-hour customized training will further assist staff's ability to engage and partner with kinship and birth families. Utilizing an extended role-play format, this experiential workshop for professionals assists practitioners with developing empathy for their clients and in-depth understanding of the challenges they face. The course encourages self-reflection as a foundation for strengthening their parent engagement skills and surfaces practical kinship family engagement strategies for staff to incorporate into their daily practice.
- **CONCURRENT PLANNING FOR RESOURCE PARENTS:** Concurrent planning is the process of achieving permanency by simultaneously working two plans to timely move children and youth to a safe and permanent family. One of the goals of concurrent planning is to ensure children in foster care achieve permanency with families quicker. This 6-hour course is devoted to partnering with resource parents in concurrent planning practice.
- **CULTURALLY COMPETENT & RESPONSIVE PRACTICE**: Participants need self-awareness about their own and others' cultures and their beliefs and actions (conscious and unconscious) that reflect culturally responsive behavior. To that end, this module focuses on the ladder of inference, cultural competence concepts, cultural interviewing, and using cultural tools in working with families.
- **EMPTYING THE CUP:** This 6-hour, in-service course is designed to expand the child welfare professional's ability to understand, assess and engage family systems impacted by historical and familial intergenerational trauma. Participants will have the opportunity to explore their own family history, the family histories of clients, and the systemic factors that perpetuate traumatic response and place children at risk for maltreatment. Participants will be provided trauma-informed principles to consider when engaging, assessing, and making intervention recommendations for families displaying the effects of unresolved traumatic grief.
- **LIVING THE PROTECTIVE FACTORS**: This 6-hour workshop for child welfare professionals introduces the Strengthening Families™ Protective Factors framework as an important component of a comprehensive wellbeing paradigm and links the framework to trauma-informed child welfare practice. The goal is to demonstrate the practical benefits for bridging communications between child welfare staff, courts, kin, and birth families.
- **MAINTAINING FAMILY CONNECTEDNESS**: This 4-hour training workshop highlights the importance of the birth and kinship families' lens when striving to maintain family connectedness. The workshop assists child welfare professionals with understanding how they can strengthen family ties throughout the life of a case. Navigating the child welfare system is difficult for any parent and doing the work to get one's children returned home is a monumental feat. This course will highlight how to support reunification by maintaining strong family ties with kinship caregivers while the child is out of their parents' home.

Motivational Interviewing: Evidence-Based Practice Model

As mentioned earlier, Motivational Interviewing (MI) is an established evidence-based, client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors. Because MI's foundation is rooted in a strengths-based, solution-focused treatment modality, it has been integrated as a practice standard for CFSA's direct service staff to increase positive outcomes for children and families.

To support the implementation of MI into case practice CFSA facilitated a 2-day course to provide an initial introduction to MI principles and skills while also connecting the use of MI to the implementation of the Family First Prevention Services Act of 2018.

In addition to the initial MI training, CFSA offers a case note documentation course that focuses on the documentation of MI principles and strategies utilized to engage families.

Lyssn AI Platform

In November 2022, CFSA adopted the Lyssn AI platform as an ongoing training and development tool for enhancement of MI skill-building for internal and contracted agency child welfare professionals as part of CFSA's overall commitment to expand the use of MI. The platform provides the Agency with easy-to-scale ways to deliver MI training, provide immediate feedback to users, and offer detailed reporting, including reporting specifically focused on equity issues.

To support the incorporation of MI into case practice, CFSA's Child Welfare Training Academy focused on additional supervisory training for implementation of MI and coaching strategies that support direct reports. The methodology included supervisory coaching and support for clinical child welfare professionals during one-on-one and group supervision. In addition to supervisory oversight, CFSA's QA Unit and Contracts Monitoring Division reviewed a random selection of case records to examine case notes and service plans for evidence that MI strategies had been implemented and documented to engage families.

CONCLUSION

The District has made concerted efforts to elevate standards and improve the process of jointly developing case plans with birth parents. CFSA and its partners have implemented strategies, including the evidence-based MI model; focused training to support practice enhancements for direct service workers, contracted partners, and clinical supervisors; and implemented CQI efforts to track fidelity and collect data on the authentic engagement of biological parents and stakeholders involved in the case planning process.

During focus groups, most parents with current Agency involvement described positive relationships with their case management teams and authentic involvement in the case planning process. Still, the District acknowledges that there are gaps that will continue to require focused efforts to enhance the case review system and engagement practices.

Based on the quantitative and qualitative data presented above, the District's case review system is functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parents and includes the required provisions. Therefore Item 20 should be rated as a Strength.

SYSTEMIC FACTOR 2: ITEM 21

Systemic Factor 2:	**Case Review System**
Item 21:	**Periodic Reviews**

STANDARD

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

RESPONSE

The District's performance for this item was rated as an area of Strength, due to the Agency and Family Court jointly conducting periodic reviews within the prescribed timelines.

POLICY AND PRACTICE

The District's periodic review of case progress, Agency services, and permanency goals is formally integrated into the functions of the Family Court through periodic review hearings which, by District law, must occur at least every 6 months throughout the life of a foster care case. CFSA does not administer an independent periodic review (such as an Administrative Review) due to the frequency of Family Court hearings for foster care cases. In addition to the periodic review hearings that comply with guidelines promulgated by ASFA, Family Court judges routinely convene review hearings 4-to-6 months after disposition. After the first permanency hearing, the Family Court schedules additional permanency hearings every 6 months and additional review hearings as needed.

The District reviews the status of each child during periodic reviews to determine the safety of the child, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress that has been made toward alleviating or mitigating the causes necessitating placement in foster care. During reviews, parties also project a likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship. For a youth whose permanency goal is APPLA, the Agency takes steps to ensure ongoing

opportunities to engage in age or developmentally appropriate activities toward independent living. Specifically, the Code of the District of Columbia provides:

§ 16–2323. Review of dispositional orders.

(a) When a child has been adjudicated neglected and a dispositional order has been entered by the Division, the Division shall:

(1) Hold a review hearing at least every 6 months for every child for as long as the child remains in an out-of-home placement, unless the child has received a permanency hearing within the past 6 months…

To ensure that the functions and objectives of a periodic review are served through the hearing, the Superior Court Rules for Neglect and Abuse Proceedings provides:

Rule 29. Contents of Agency Report for Review Hearing.
The review report shall include the following information:

a) Recommendations for the current custody and placement of the child;

b) Factual information and evaluation regarding:

(1) The current addresses and telephone numbers of the parties or a statement of why such information is not provided;

(2) When parents still have not received actual notice of the litigation or are not currently communicating with the agency, the agency's efforts to locate them, provide them with notice of the proceedings, and involve them in the planning for the child;

(3) Progress in ameliorating the condition(s) that resulted in the finding of neglect and placement of the child, and, if returning the child home continues to be the case objective, the actions that should be taken by the parents to permit the return of the child;

(4) Any evidence of new problems that would adversely affect the child;

(5) The record of visitation, including sibling visitation, dates and duration of visits, the person with whom the visit took place, and any reasons why visitation has not occurred or been less frequent than ordered;

(6) The identity, status and placement of any siblings, and if any siblings are separated, a statement of the reasons for the separation and the steps that have been and will be taken to unite them as quickly as possible and to maintain regular contact during the separation;

(7) The record of compliance by parents and agency with the case plan and previous orders and recommendations of the Court, including:

(A) The participation of the parties in developing the plan;

(B) The cooperation of the parent, guardian, or custodian with the applicable department, agency, or institution;

(C) The contacts between the social worker(s) responsible for services and the parent, guardian or custodian, and the child;

(D) The services and assistance that have been provided to the family, the services and assistance that were specified in the plan but not provided, and services to the family that will be needed. For those services that were not provided, an explanation of the reasons for not providing them should be included; and

(E) The implementation of the case plan during the review period, and the progress made towards meeting both the short-term and long-term goals of the plan, with the source of the information indicated.

(8) A description of the environment in which the child is placed and an assessment of whether that environment is the most family-like and appropriate setting for the child, taking into account the child's physical, emotional and educational needs, and whether the child is in close proximity to the parents' home or homes.

(9) Whether services to meet the child's special needs - physical, emotional, and educational - have been provided to the child while in placement and what further services are necessary to meet those needs;

(10) Whether there is a continued necessity for out-of-home placement;

(11) The likely date by which the child may be returned to the home or placed for adoption, guardianship, or custody;

(12) Whether the agency has requested or intends to request the filing by the Corporation Counsel of a motion to terminate the parent and child relationship and, if not, its reasons for determining that such a motion is not appropriate;

(13) If return home is recommended, an explanation of why the child will be safe at home and of any proposed conditions to be required of the agency, parents, and other parties;

(14) If applicable, recommended revisions in the terms of visitation and child support orders and the reasons for the recommendations; (15) If removal or continued out-of-home placement is recommended, a recommendation concerning whether and for how long services should be continued to reunify the family and the estimated time within which the child can be returned home or whether some alternative permanent placement plan for the child should be adopted;

(16) If out-of-home placement with a goal of reunification is recommended, an assessment of whether it is appropriate and advisable to place the child with a foster family willing to provide a permanent home for the child in case reunification is unsuccessful. If such a placement is appropriate, the agency must indicate what steps are needed to secure and stabilize such a placement;

(17) Current recommendations, if appropriate, for restraining orders, orders to stay away from the child or residence, domestic violence orders of protection, or other injunctive relief;

(18) Any recommended revision of the case plan, such as revised permanency or service goals, additional services to be provided, revised visitation arrangements, or revised time schedules; and

(19) Any recommended modifications to existing court orders.

(c) The report writer shall make every reasonable effort to attach to the review report copies of all available written reports upon which the writer is relying for the writer's recommendations.

Among the key permanency data points tracked and aggregated through CFSA's Permanency Tracker (described in Item 20) the Agency monitors formal case review activities to ensure they are occurring on a timely basis and are supporting each child's progress toward positive permanency.

While not technically an administrative review, the Agency's Permanency Goal Review Meetings (PGRMs), described in Permanency Outcome 1, inform the periodic review process through regular deliberate collaboration and next steps planning among key clinical and legal practitioners.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency – Legal	▪ Family Court 2022 Annual Report to Congress ▪ FACES.NET	Guardians *ad Litem*	Brown Bag session
		Birth Parents' Attorneys	Brown Bag session
		Family Court Judges	Focus Group

To determine the percentage of cases that remain compliant with review timeline benchmarks, CFSA's data analysts conducted a special data query into the District's Statewide Automated Child Welfare Information System, FACES.NET.

HISTORICAL PERFORMANCE

The 2016 CFSR found that periodic review performance was an area of Strength, confirming that the District ensures that a periodic review for each child occurs no less frequently than once every 6 months and that all of the hearings within the District's case review process, regardless of the type, include the federal requirements for periodic reviews.

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

Of the children who entered care or were in care during a specified period who were supposed to have a periodic review every 6 months, how many had at least one?

CFSA's May 2023 AFCARS submission to the Children's Bureau showed the AFCARS element of "date of periodic review" exceeded the standard of 90% compliance with 95% performance.

By performing a special FACES.NET inquiry to include all children who were removed from the home during the months of January 2023 to March 2023, and who formally entered foster care within the following 60 days or less, reviewers were able to confirm through court orders and hearing dates that all 46 children had a formal review within 6 months of entry into care.

Through a separate FACES.NET inquiry reviewers examined court information for all children who had been in foster care for specific periods of time as of September 30, 2023. Working from the construct that the required 6-month interval should result in at least two formal reviews per year, and that the review period begins on the entry-into-care date, which is 60 days or fewer from the child's removal from the home, reviewers examined compliance based on the following calculations:

- Children in care for 14 months (n=3) shall have at least 2 formal reviews
- Children in care for 26 months (n=7) shall have at least 4 formal reviews
- Children in care for 38 months (n=2) shall have at least 6 formal reviews

- Children in care for 50 months (n=6) shall have at least 8 formal reviews
- Children in care for 62 months (n=3) shall have at least 10 formal reviews

In total, compliance with the federal standard was found for 19 of the 21 children in the sample. All of the children in care for 14 months, 26 months, 38 months, and 50 months have had timely reviews throughout their time in foster care. Of the three youth who had been in care for 62 months, one had periodic reviews at least every 6 months. The other two are siblings for whom the original review was seven months after their entry-into-care date and for whom there was a nine-month gap in documented reviews during their fifth year in care.

During the Statewide Assessment information-gathering sessions, attorneys and judges did not express any concerns with meeting the 6-month review benchmark; however, they described certain complications related to the scheduling of court activities. Notably, several judges observed that the reduction in foster care intake has resulted in their concurrent assignment to different dockets. Scheduling issues stem from the number of matters that the judges hear, the time required (particularly when there are trials), and the judges' limited availability. Additionally, there is currently a five-week rotation for judges to preside over initial hearings, which requires a significant amount of "blocked" time. Termination of Parental Rights and adoption matters similarly impact availability as they require more time due to the nature of trial activities.

Until the District's new child welfare information system, STAAND, is fully implemented to include required fields and automated data entry for certain court-related criteria, there remain gaps in information exchange between the Family Court and CFSA's data teams. Notably, the process of entering hearing information into the current statewide automated child welfare information system, FACES.NET is impacted by compatibility issues with the Court's data system. Specifically, FACES.NET does not show the occurrence or the date of every periodic review for every case when these details are not successfully transmitted from the Court. According to CFSA's data specialists, incomplete FACES.NET forms ultimately result in lower aggregate counts than expected. However, the occurrence of initial reviews within 6 months of a child's entry into foster care is embedded into Family Court protocols. At disposition, if the child is committed to CFSA or returned to the parent under protective supervision, the Court schedules a Review of Disposition hearing within 4 to 6 months.

CONCLUSION

The integration of clinical and judicial activities helps to ensure that efforts are aligned, structured, and monitored. The District's performance in timely completing periodic reviews remains an area of Strength.

SYSTEMIC FACTOR 2: ITEM 22

Systemic Factor 2:	**Case Review System**
Item 22:	**Permanency Hearing**

STANDARD

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

RESPONSE

The District's performance for this item was rated as an area of Strength, due to the Family Court convening initial and ongoing permanency hearings within the prescribed timelines.

POLICY AND PRACTICE

For all children that are committed to the District's foster care system, permanency hearings are held in the Superior Court of the District of Columbia, Family Court Operations Division. For each child in foster care a permanency hearing is held no later than 12 months after the date the child is considered to have entered foster care and not less frequently than every 12 months thereafter during the continuation of foster care. The Code of the District of Columbia outlines the following guidance:

D.C. Code § 16–2323. Review of dispositional orders.

(a) When a child has been adjudicated neglected and a dispositional order has been entered by the Division, the Division shall:

(1) Hold a review hearing at least every 6 months for every child for as long as the child remains in an out-of-home placement, unless the child has received a permanency hearing within the past 6 months…

(4) Hold a permanency hearing for every child within 12 months after the child's entry into foster care and at least every 6 months thereafter, for as long as the child remains in an out-of-home placement.

The Code of the District of Columbia further outlines the purpose of permanency hearings.

D.C. Code § 16-2323. Review of dispositional orders.

(c) The purpose of the permanency hearing shall include the determination required by subsection (b) of this section and determining the permanency plan for the child including whether, and if so when, the child will be:

(1) Returned to the parent;

(2) Placed for adoption, in which case the District shall file a motion for termination of parental rights, unless an adoption petition has been filed, in which case the District shall seek to be joined as a party to the filed petition;

(3) Placed pursuant to an award of legal custody or guardianship; or

(4) Placed, because of compelling circumstances, in another planned permanent living arrangement, such as with a kinship caregiver, in another relative placement, or in independent living.

The Superior Court Rules for Neglect and Abuse Proceedings offer additional guidance on Permanency Hearing Timelines:[21]

Rule 32. Permanency Hearing

(a) Notice and hearing. A permanency hearing shall be held to determine the permanency plan for the child within 12 months after the child's entry into foster care or, if there has been a judicial determination that reasonable efforts to reunify the child and family are not required pursuant to D.C. Code § 4-1301.09a, within 30 days following that determination. Subsequent permanency hearings shall be held at least every 6 months thereafter, for as long as the child remains in an out-of-home placement.

At each disposition hearing, the first permanency date is calculated and scheduled, which ensures that the Family Court reviews each foster child's case within the prescribed timeframe. Specifically, the first permanency hearing must occur within 12 months of the **date of the child's entry into foster care, which, consistent with the federal standard, means the earlier of either of the following two time frames:**

- 60 days from the child's removal from home, or
- The date of adjudication

Beginning at the 1-year mark of a child's entry into care, permanency hearings occur no less frequently than every 6 months, and they continue through to the closure of the case. At the end of each permanency hearing, subsequent hearings are scheduled, and the dates are entered into the court order.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency -Legal	▪ Court Improvement Program – 2020 Data	Guardians *ad Litem*	Brown Bag session

[21] The Superior Court Rules for Neglect and Abuse Proceedings also specify the information, consistent with federal standards, that must be reviewed and discussed during permanency hearings. Rule 33 specifies the required contents of the Agency report and Rule 34 specifies the required findings and orders.

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
	Review: Permanency Timelines for Children and Youth ▪ Family Court 2022 Annual Report to Congress ▪ FACES.NET Management Reports	Birth Parents' Attorneys	Brown Bag session
		Assistant Attorney's General (AAG)	Focus Group
		Family Court Judges	Focus Group

HISTORICAL PERFORMANCE

The 2016 CFSR found that permanency hearings were an area of Strength for the District's child welfare system, confirming that the District ensures that permanency hearings consistently occur within the required timeframes.

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

Of the children in foster care during a specified period, how many had a permanency hearing no later than 12 months from the date they entered foster care?

According to the most recent data available from the Family Court, there were 216 children for whom cases were filed in 2021. Of this number, 46 had their cases closed prior to the permanency hearing compliance date. Of the remaining 170 children, hearing compliance was achieved for 95 percent (n=161).[22] This percentage represents a slight increase from 2019 and 2020, which showed 92 percent and 93 percent compliance, respectively. Yet compliance remains lower than the 2018 rate of 97 percent.

CFSA's data analysts ascertained the District's compliance with permanency hearing standards by performing a special FACES.NET inquiry that included all cases where ongoing permanency hearings were correctly logged in, and court orders were entered into the system. This information serves as evidence that hearings occurred.

CFSA reviewers examined Family Court information for all children who had been in foster care for specific periods of time, i.e., as of September 30, 2023. Working from the expectation that every child would have had their first permanency hearing within 1 year of the entry-into-care date, which is 60 days or fewer from the child's separation from the home, reviewers examined compliance for cohorts

[22] Consistent with federal standards, "entry into foster care" is defined in DC Code § 16-2301(28) as the earlier of 60 days after the date on which the child is removed from the home, or the date of the first judicial finding that the child has been neglected.

of children who had been in care for 14 months (n=3), 26 months (n=7), 38 months (n=2), 50 months (n=6), and 62 months (n=3).

The first permanency hearing was held within expected time frames for 17 of the 21 total children in this sample. Three of the five children for whom the first permanency hearing was not held within expected time frames are siblings who had their first permanency hearing 13 months after the disposition hearing. Another child had her first permanency hearing 13 months after the 60-days-from-separation date.

When the District's new child welfare information system, STAAND, is fully implemented FY 2025, including required fields and automated data entry for certain court-related criteria, the Agency anticipates that STAAND will decrease any gaps in information exchanged between the Family Court and CFSA's data teams. The process of entering court hearing information into the current system, FACES.NET, is impacted by compatibility issues with the Family Court's data system. According to CFSA's data specialists, this compatibility issue leads to incomplete forms and other coding irregularities, which ultimately results in lower aggregate counts than expected.

During Statewide Assessment focus groups, attorneys and judges did not describe any issues with convening initial permanency hearings within 12 months of the date of foster care entry.

Of these children, how many had a permanency hearing no less frequently than every 12 months thereafter?

District law requires the Family Court to hold a permanency hearing every 6 months after the initial permanency hearing. Because of this mechanism, the District maintains compliance with 1-year permanency hearing timeline standards throughout the life of its foster care cases.

Through a special FACES.NET inquiry, and working from the expectation that every child has at least one permanency hearing per year, and that the review period begins on the entry-into-care date, which is 60 days or fewer from the child's removal from the home, reviewers examined compliance based on the following calculations:

- Children in care for 14 months (n=3) have at least one permanency hearing.
- Children in care for 26 months (n=7) have at least two permanency hearings.
- Children in care for 38 months (n=2) have at least three permanency hearings.
- Children in care for 50 months (n=6) have at least four permanency hearings.
- Children in care for 62 months (n=3) have at least five permanency hearings.

All 21 of the children had timely permanency hearings throughout the review period. Anecdotally, Family Court judges and attorneys believe it is extremely rare for cases to miss a 6-month permanency hearing, and further do not believe any case goes more than 12 months without one.

CONCLUSION

The District's performance for Item 22 has been rated as an area of Strength. It is rare for initial permanency hearings to occur beyond the ASFA timeline, and the practice of holding permanency hearings every 6 months helps ensure compliance throughout the life of a foster care case.

SYSTEMIC FACTOR 2: ITEM 23

Systemic Factor 2:	**Case Review System**
Item 23:	**Termination of Parental Rights**

STANDARD

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

RESPONSE

The District's performance for Item 23 was rated an Area Needing Improvement (ANI). Sample data indicated that even when all TPR information was available, TPR motions were not being filed within ASFA timeframes at a pace that warranted a Strength rating. When deciding to file a TPR motion, CFSA assesses the best interests of each child based on the unique dynamics of each family. The Court exercises discretion in determining whether and when to hear evidence on the motion. To address the issue of timely TPR filings, CFSA is enhancing data entry protocols to ensure more consistent tracking of cases where a TPR should be filed or where documentation should note compelling reasons not to file.

POLICY AND PRACTICE

The Code of the District of Columbia and the DC Superior Court Rules Governing Neglect and Abuse Proceedings establishes the legal grounds for the termination of a parent and child relationship, timelines and additional considerations. The Code provides the following guidance:

§ 16–2353. Grounds for termination of parent and child relationship.

(a) A judge may enter an order for the termination of the parent and child relationship when the judge finds from the evidence presented, after giving due consideration to the interests of all parties, that the termination is in the best interests of the child.

(b) In determining whether it is in the child's best interests that the parent and child relationship be terminated, a judge shall consider each of the following factors:

(1) the child's need for continuity of care and caretakers and for timely integration into a stable and permanent home, taking into account the differences in the development and the concept of time of children of different ages;

(2) the physical, mental and emotional health of all individuals involved to the degree that such affects the welfare of the child, the decisive consideration being the physical, mental and emotional needs of the child;

(3) the quality of the interaction and interrelationship of the child with his or her parent, siblings, relative, and/or caretakers, including the foster parent;

(3A) the child was left by his or her parent, guardian, or custodian in a hospital located in the District of Columbia for at least 10 calendar days following the birth of the child, despite a medical determination that the child was ready for discharge from the hospital, and the parent, guardian, or custodian of the child has not taken any action or made any effort to maintain a parental, guardianship, or custodial relationship or contact with the child;

(4) to the extent feasible, the child's opinion of his or her own best interests in the matter; and

(5) evidence that drug-related activity continues to exist in a child's home environment after intervention and services have been provided pursuant to section 106(a) of the Prevention of Child Abuse and Neglect Act of 1977, effective September 23, 1977 (D.C. Law 2-22; § 4-1301.06(a)). Evidence of continued drug-activity shall be given great weight.

§ 16–2354. Motions.

(a) Except as provided by subsection (b)(3) of this section, a motion for the termination of the parent and child relationship may be filed by the District government or by the child through his or her legal representative.

(b) A motion for the termination of the parent and child relationship:

(1) May be filed when the child who is the subject of the motion has been adjudicated neglected at least 6 months prior to the filing of the motion and the child is in the court-ordered custody of a department, agency, institution, or person other than the parent;

(2) May be filed immediately when, despite reasonable efforts, the parent could not be located for the fact finding hearing and during the period from the child's removal from the home to the fact finding hearing; and

(3) Except as provided in subsections (c) and (g) of this section, shall be filed by the District government if:

(A) The child has been in court-ordered custody under the responsibility of the District for 15 of the most recent 22 months;

(B) The Division has determined the child to be abandoned;

(C) A court of competent jurisdiction has determined that the parent has:

(i) Committed murder of a child sibling or another child;

(ii) Committed voluntary manslaughter of a child sibling or another child;

(iii) Aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter; or

(iv) Committed a felony assault that has resulted in serious bodily injury to the child who is the subject of the petition, a child sibling, or another child; or

(D) The Division has determined the child to be subject to intentional and severe mental abuse…

(e) When any facts required pursuant to subsection (d) of this section are not known to the moving party, if he or she shall so state in the motion, or on a motion by any party, for good cause shown, the judge may direct the filing of a bill of particulars to inform the moving party of the precise nature of the allegations contained in the motion for the termination of the parent and child relationship.

(f) The Agency shall take steps to identify, recruit, process, and approve a qualified family for an adoption concurrently with the District government's filing of the motion or its joinder to the petition.

(g) The District government need not file a motion if the Agency determines and has documented in the case plan that:

(1) The child is being cared for by an approved kinship caregiver and adoption is not the child's permanency plan;

(2) A compelling reason for determining that filing such a motion would not be in the best interest of the child; or

(3) The District has not offered or provided to the family of the child, consistent with the time period in the case plan, such services as the District deems necessary for the safe return of the child to the child's home, if reasonable efforts are required to be made with respect to the child pursuant to § 4-1301.09a.

CFSA's Permanency Goal Change business process provides social workers with the following additional guidance:

4. Ta.L. Evidentiary Hearings. 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 following steps must be taken:
    a. Serve notice of a plan to change the goal. CFSA shall strive to make a goal change recommendation to the Family Court between the ninth and eleventh month following a removal. This time frame 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.
    b. Prepare the case for the Ta.L. evidentiary hearing.
        i. At the Ta.L. hearing, the Judge must make a finding, by a preponderance of the evidence, on four criteria:
            a) CFSA has provided the parents with a reasonable plan for achieving reunification;
            b) CFSA has expended reasonable efforts to help the parents ameliorate the conditions of neglect;
            c) The parents have failed to make adequate progress toward satisfying the requirements of the plan; and

d) 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).

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

The District's Office of the Attorney General (OAG) keeps a list of the 15 out of 22 months date for each child who entered foster care. OAG, after consulting with CFSA, decides whether a TPR motion is in the child's best interest. If so, then OAG files a motion. If not, OAG routinely completes a form detailing why a TPR is not being filed. As described later in this section, CFSA and OAG are currently developing new tools and protocols to reliably aggregate and report on performance.

In practice, CFSA considers case-by-case whether filing a TPR is in a child's best interests. The following factors may help determine whether or not the decision to file a TPR is appropriate:

- The goal is adoption and likely to be achieved in a short time frame.
- The child is 14 years or older and objects to being adopted.
- The child has severe emotional or behavioral problems or a serious medical condition.
- The child is an unaccompanied refugee minor.
- The parents have relinquished their rights.
- The parents are deceased.
- The parents have consented - or plan to consent – to the adoption.
- OAG filed the adoption petition prior to or at the 15th month mark.
- No legal basis exists because reasonable efforts were not made to preserve and reunify the family.

In addition to the above, CFSA considers whether a TPR will advance permanency or if the child will remain in foster care without a parent or identified permanency resource and how those circumstances might impact a child's mental health and perspective.

Family Court judges are not typically inclined to proceed with a TPR motion if an adoptive resource has not been identified for the child and if the goal has not changed to adoption. The latter became a significant factor during the DC Court of Appeals' ruling in *In re. Ta.L.*, 149 A.3d. 1060 (D.C. 2016). The Family Court acknowledged the consequence of parents involuntarily losing their rights and how that may affect CFSA's reasonable efforts towards reunification if another child enters foster care.

In the District, TPR decisions are appealable. If a parent appeals, the parent's rights remain intact until the appeal is finalized. Even if the OAG filed a TPR and the court granted it, a parent who appeals will continue to be involved in decision-making because the TPR is not a final order until all appeals are exhausted. (See DC Code §16-2362). Appeals can take 2 years to fully run their course. Therefore, a TPR could actually delay permanency as opposed to expediting it.

If an adoption petition is filed during this time, the court or the petitioner will generally not move forward with finalizing a TPR until the appeal decision is finalized. This approach is rooted in best interest considerations and philosophically aligns with CFSA's approach to promoting a child's well-being and positive permanency.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Permanency - Legal	▪ Family Court 2022 Annual Report to Congress ▪ CIP Data Subcommittee 2020 Permanency Data Review ▪ CFSA/OAG 2023 Permanency Data Report	Guardians *ad Litem* (GAL)	Survey Focus Group
		Birth Parent's Attorneys	Survey Brown Bag session
		Assistant Attorneys General (AAG)	Survey Focus Group
		Family Court Judges	Survey Focus Group

HISTORICAL PERFORMANCE

For the 2016 CFSR, the District received an overall rating of ANI for this item. A key activity of the District's 2016 Performance Improvement Plan required that OAG, on behalf of CFSA, must terminate parental rights when a child has been in out-of-home care for 15 of the most recent 22 months unless a compelling reason not to file is documented in the case record.

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

Of the children who have been in foster care for at least 15 of the most recent 22 months or who meet the other ASFA provisions (aggravated circumstance) and are not subject to an exception for filing for TPR, or have a compelling reason not to file; for how many of them did the state file or join a TPR petition in a timely manner?

According to the Family Court's 2022 Annual Report to Congress, the OAG filed 19 TPR motions in 2022. The median time from the filing of the original neglect petition to the filing of the TPR was 468 days, which represents a slight increase from the 2021 median of 462 days. The court disposed 32 TPR motions in 2022. The median time between TPR filing and disposition was 419 days, which represents a slight increase from the 2021 median of 412.

CFSA and the Family Court are currently strategizing for methods of aggregating TPR-related data, including the number of children in foster care at any given point of time for whom a TPR had been filed, compared to the number of children for whom a TPR should be filed to comply with the ASFA

timelines. Currently, this information cannot be reliably obtained without reviewing court orders for all children who have been in care for 15 of the past 22 months.

For the Statewide Assessment, reviewers randomly selected 20 children who, as of September 30, 2023, had been in care for at least 15 months, and for whom court orders could be retrieved from FACES.NET. The sample produced children whose stay in foster care ranged from 15 months to 62 months.

Of this sample, only two TPRs were filed at or before the 15-month mark, one of which was withdrawn, and the other dismissed. In two other cases, the order indicated that a TPR was required because the child had been in care for 15 of the past 22 months; however, those findings were made at the 22 and 24-month marks of their respective cases, and there was no record of a motion being filed. For the remaining 16 cases, the following reasons for not filing a TPR were documented in the most recent permanency hearing orders:

- The child is 14 or older and objects to being adopted (n=7).
- Permanency is expected to occur within 6 months (n=6).
  - This count included four reunification cases, one guardianship case, and one adoption case, all of which included at least one such finding made after the 15-month mark.
- An adoption petition had been filed with the court (n=3).
  - When interviewed, a child's attorney indicated that judges routinely select this finding in order to streamline the adoption process. Specifically, when the Family Court makes this finding, the expectation of the court is that parental rights will be addressed during the adoption proceeding and not under a separate TPR motion filed by the District.

As described in the Quality Improvement Efforts section of this item, CFSA and OAG are currently developing tools and protocols to ensure the documented reasons comport with the federal recognized exceptions to TPR filing.

A key outcome related to the timeliness of TPR filing involves the time frames for finalized adoptions of eligible children. In its September 2023 presentation to the Council for Child Abuse and Neglect (CCAN) attorneys,[23] CFSA's Out-of-Home Administration and the OAG shared data on timely adoptions remaining below federal benchmarks, noting that the District's performance has still improved over the past few years. A detailed breakdown of recent adoption timelines can be found in Item 6.

Stakeholder Feedback

In general, the District's legal community remains philosophically aligned regarding the need for TPR decisions to reflect children's best interests from a clinical and emotional perspective. Recent feedback

[23] The CCAN Office is a branch of the Family Court Operations Division of the District of Columbia Superior Court. The CCAN Office maintains a list of qualified attorneys who are available for appointment in child abuse and neglect cases. The office also processes the orders appointing counsel in both new and ongoing cases.

from judges and attorneys indicates that not only can the termination of the parent-child relationship inflict irreversible psychological harm, but its value may be questioned when TPR activities delay adoption finalization once a permanent adoptive resource has been identified.

As part of the Statewide Assessment survey, seven guardians *ad litem* and 19 assistant attorneys general (AAGs) responded to the most common reasons that TPR motions are filed beyond ASFA timelines:

What factors most commonly lead to TPR motions beyond ASFA timelines

Response	Guardians *ad Litem*	AAGs	Total
No viable adoptive resource identified	6	11	17
CFSA's clinical judgment regarding birth parent progress	2	11	13
Court's determination of birth parent progress	4	4	8
Child thriving in relative placement	3	3	6
Court's determination regarding CFSA's reasonable efforts to reunify	1	4	5

The attorneys also discussed the timeliness of TPR motions from a clinical perspective.

The Agency/OAG motions for Termination of Parental Rights in a timeframe that reflects the child's best interests.

Response	Guardians *ad Litem*	AAGs	Total
Always	0	5	5
Usually	1	4	5
Sometimes	2	7	9
Rarely	4	1	5
Never	0	1	1

These responses were further explored through open survey questions and focus group discussions regarding factors that, from a clinical standpoint, warrant TPR motions beyond the ASFA timelines.

Among the feedback provided by the seven GALs who responded to the survey and the six GALs who participated in the December 2023 Statewide Assessment focus group, the following themes emerged:

- TPRs are more psychologically harmful and, in many cases, guardianship may be more appropriate than adoption.
- The notion of "freeing children up for adoption" is a fiction; it is uncommon for adoption proceedings to be delayed by the pending status of a TPR.

- It is one thing to discuss adoption matters with a child, but an entirely different matter when discussing TPRs with a child of any age.
- Even when the parent-child relationship is tumultuous, TPRs can be more damaging to a child when a court-appointed stranger enters the conversation.
- TPRs should be a family-specific, not a time-limited decision, particularly when no adoptive home has been identified, or when a parent is making progress, when a team is unclear as to the best interest of the child, or when the team is unclear with the parent about what making progress looks like.
- TPR may also be inappropriate when ongoing contact between a child and his or her parents remains in the child's best interests, even when a child is thriving in a non-relative placement. In this type of situation, guardianship may be more appropriate.
- Allowing a parent further time to make progress is necessary when a parent has not had access to or has not had a long enough period of time to benefit from tailored services that can help them progress.

The 19 AAGs who responded to the survey and six AAGs who participated in the December 2023 Statewide Assessment focus group offered the following comments:

- TPR alone is not a productive tool in the District without a simultaneous adoption proceeding. Appellate filings will delay the adoption if a TPR is litigated. The Court of Appeals can sometimes delay an adoption finalization for years. Therefore, it is most commonly not in the child's best interests to proceed with a TPR.
- TPR is inappropriate when a child has a strong relationship with a parent, even in cases where reunification is not likely.
- TPR is inappropriate for older youth who are not likely to be adopted or do not wish to be adopted.
- Delaying the filing of TPR motions is justifiable when there is no pre-adoptive resource or potential kin.
- TPRs do not appear to actually increase the likelihood of a child's adoption.
- Parents generally need more time to accomplish goals set for reunification - this timing can fall within the exception that reunification is still the goal and will be accomplished soon.
- TPRs create "legal orphans" which is damaging and has no value if the adoption process isn't being impeded.
- TPR closes the door on parents getting their life together. Unless the parent is toxic or will keep getting in the way of permanency, there is no value.
- When TPRs are filed, it's not based on the nuances of case. The filing is not strategic. TPR filing is based on a pending adoption.
- TPRs are significant legal proceedings. The time required can impact judicial dockets and impact the permanency timelines of other children and youth.

The Statewide Assessment Family Court judges' focus group included six judges who discussed clinical barriers to timely TPR petitions. Several of the judges discussed the appropriateness of granting

additional time to parents who are only beginning to demonstrate progress as the 12-month mark approaches. Similarly, the judges described cases where parents make slow, but steady and positive progress. For these parents, it is inappropriate to rush a goal change to adoption. Several judges observed complexities in cases where parents present with moderate mental health conditions, particularly related to depression and anxiety, noting that goal change decisions can be less clear than when parents present with extreme mental health issues. Additionally, the judges stated that when children are still visiting with their parents, and no permanent resource has been identified, a TPR and the loss of contact does not serve the best interests of the children.

- When children are still visiting with their parents, TPR and loss of contact does them no good, especially when there is no permanent resource lined up.
- The Family Court typically supports the Agency's decision not to file TPR, and typically supports the trial process when Agency does file.
- A lot of fact-finding may be involved if parents appeal at each level. This fact-finding requires a lot of time and effort.

In the surveys and focus group, the AAGs pointed to certain practices that promote timely TPR motions when they are necessary:

- Ta.L. hearings (described in Item 6) promote accountability and have greatly helped streamline the process since they were introduced several years ago.
- Ta.L. hearings have made all parties more focused on timeframes; they are held to task and are more motivated to counsel clients on permanency options earlier in the process.
- It is important for AAGs to have regular discussions with the social work team about whether a TPR makes sense for the family, particularly with respect to the child's best interests.
- AAGs would benefit from additional reminders to pay attention to the ASFA timelines, perhaps through regular reminders from support staff or from calendar prompts.

QUALITY IMPROVEMENT EFFORTS

In December 2023, CFSA and the OAG continued discussions around the District's need for improving compliance with federal TPR filing and documentation requirements. As a result, the Agency and the OAG developed several strategies, which will be implemented in FY 2024.

- The OAG revised and further detailed its business process to promote timely TPR motions across all eligible cases, as well as appropriate and complete documentation of TPR filing exceptions.
- CFSA also will document the reason why a TPR was not filed. Documentation will be entered in the current FACES.NET system in the child's case plan in the Progress to Permanency tab.
- OAG will provide the 15 out of 22-month date to the assigned AAG, who will have a timely discussion with the assigned social worker whether to file a TPR between 13-15 months. During or shortly thereafter, the assigned social worker will update the child's case plan with whether a TPR is being filed or whether a federally recognized exception exists.

- The OAG, in consultation with CFSA, will analyze each case utilizing the federal requirements filing timeframes and exceptions.
- To help ensure that filing standards are met and can be aggregated for reporting and quality improvement purposes, OAG will maintain a list of children who meet the federal requirement for a TPR and document whether a TPR was filed or not. If not, documentation will include the exception that existed. The data will be obtained dating back to the beginning of FY 2024 and moving forward.

CONCLUSION

The District's performance regarding TPR motions should currently be categorized as an ANI when measured against the evaluative criteria for this CFSR item, due to District TPR motions not being filed within ASFA timeframes at a sufficiently high rate to warrant a Strength rating. Despite the District's performance, it continues to prioritize timely permanency. The Agency and the legal community continue to collaborate on data-sharing activities, such as the Court Improvement Program Subcommittee and Permanency Tracker debriefings to identify trends and implications. In addition to exploring enhancements to the new CCWIS, STAAND, the Agency, as noted above, is developing more reliable methods of tracking children whose circumstances indicate that TPR filings are appropriate or that exceptions are appropriately documented for not filing.

SYSTEMIC FACTOR 2: ITEM 24

Systemic Factor 2:	**Case Review System**
Item 24:	**Notice of Hearings and Reviews to Caregivers**

STANDARD

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

RESPONSE

This item is an area of Strength in the District. Child welfare and legal professionals adhere to detailed laws, regulations, and policies that protect the right of resource parents to be notified of and heard in court proceedings.

POLICY AND PRACTICE

Per District of Columbia law and Family Court Rules, the current foster, pre-adoptive, legal guardian, or kinship caregivers and their attorneys shall be provided notice of, and an opportunity to be heard in, neglect or termination proceedings. CFSA's policy Relationship with Resource Parents indicates that

resource parents have the right to participate in court proceedings and, as described below, includes protocols and safeguards to protect this right.

CFSA's Resource Parent Handbook emphasizes the importance of attending hearings and provides resource parents with a detailed view of their rights. These rights include the opportunity to be heard during court proceedings, e.g., to tell the judge about a child's behaviors, daily routines, visitation schedules, service needs, and anything else the resource parent finds relevant. The handbook reminds resource parents that they do not need Agency permission to attend any proceeding with respect to a child placed in their home. The handbook also instructs resource parents that if they are not regularly invited to hearings, they should ask the social worker for a schedule or follow up through the social worker's chain of command.

STATEWIDE ASSESSMENT INFORMATION-GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Placement	▪ 2020 Needs Assessment Survey ▪ FY 2022 Four Pillars Performance Report ▪ 2022 QSR Annual Report	Resource Parents	Survey Focus Group
		AAGs	Focus Group
		Family Court Judges	Focus Group

HISTORICAL PERFORMANCE

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

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

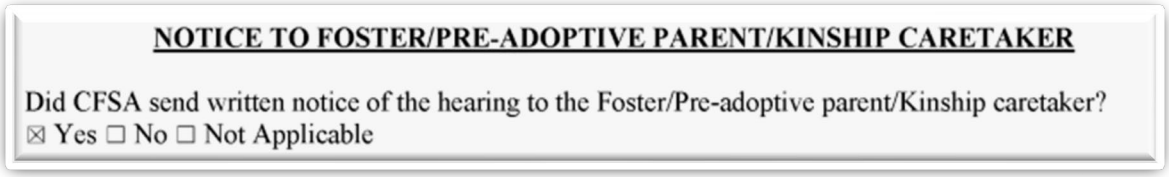
What is the state's process for ensuring that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

The current law referenced in resource parent hearing notifications, D.C. Code § 16–2304, indicates that resource parents shall have an "opportunity to be heard" in neglect and termination proceedings. In practice, the Family Court and the Agency approach resource parent participation as a right.

To ensure that resource parents receive timely notification of hearings and that resource parents are aware of their right to be heard in accordance with the provisions described above, CFSA policy

requires 10-day advance notification for all administrative and court review hearings, including the date, time, location, name of the judge or hearing officer, and the docket number for the case. Resource parents must also receive a copy of the court's plan for the child, including a copy of the social worker's court report at least 5 days prior to the hearing. In cases where the resource parent could not attend the hearing, the Agency must provide timely notification of all decisions made.

As an additional safeguard, the Family Court's protocols also require the Family Court to indicate whether CFSA sent written notice of the hearing to the resource parent and that all court orders indicate the date of the next scheduled hearing.



NOTICE TO FOSTER/PRE-ADOPTIVE PARENT/KINSHIP CARETAKER

Did CFSA send written notice of the hearing to the Foster/Pre-adoptive parent/Kinship caretaker?
☒ Yes ☐ No ☐ Not Applicable



NEXT HEARING DATES

Permanency Hearing: January 18, 2024 at 2:00 p.m.
Report Due Date: January 4, 2024

In practice, social workers and resource parent support workers regularly discuss court dates with resource parents. In addition, the Family Court routinely instructs children's attorneys to discuss court-related matters with resource parents.

Clerical staff from CFSA's Out-of-Home Administration print out the form letters from FACES.NET and then send or email the letters with hearing dates to resource parents for the full universe of children in out-of-home care. Regular data clean-up on resource parent addresses is further supported by frequent direct communication with resource parents. As a result, letters rarely get returned for incorrect addresses.

In December 2023, CFSA amended its resource parent hearing notification forms to expressly indicate that resource parents have the "right to be heard" in these proceedings. The amended form is currently undergoing legal sufficiency review and is anticipated to replace the original version in January 2024.

What data do the states have to demonstrate that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

In December 2023, Statewide Assessment reviewers pulled a random sample of Family Court orders to determine how often the court was finding that the Agency sent written notice of hearings to resource

parents. Reviewers looked at the most recent court order, which in 27 cases was from a Permanency hearing. In three cases the most recent court order was from a Review of Disposition hearing. The sample looked at hearings throughout 2023 and included children who had been with their current kinship or family-based foster care provider from any point in time prior to January 1, 2023. Of the 30 orders pulled, the court found that CFSA sent written notice to the resource parent in 93 percent (n=28) of the hearings.

There was no documentation to explain why notice was not found in the two remaining cases. One case involved a traditional foster parent with whom the child had been living for 2 years, while the other case involved a kinship caregiver with whom the child had been living for 3 years.

Stakeholder Feedback

In a FY 2021 Needs Assessment survey, 21 resource parents were asked about their inclusion in court hearings. Of this number, five resource parents indicated that they were "always" involved. Seven indicated they were "sometimes" involved and another seven indicated they were "never involved." Two resource parents responded that they were "unsure." Among the "sometimes" and "never" responses, four resource parents indicated they weren't included or informed, and one indicated being instructed not to attend, despite receiving a court letter. One resource parent cited work commitments. However, 11 of the 18 resource parents involved in cases with virtual hearings indicated that the transition to virtual meetings and hearings improved their ability to participate in case planning.

In a 2023 Statewide Assessment survey, 13 resource parents were asked whether they had an opportunity to talk about the progress of the children in their care and about placement needs during court hearings. Five respondents indicated that they did have an opportunity and two indicated that they did not. Since the remaining six respondents indicated "neutral/unsure" or "not applicable," the survey feedback does not constitute a representative sample.

When asked what the Family Court and Agency can do to make sure resource parents are always heard during court proceedings, respondents provided the following feedback:

- Could tell us when the hearings are and not discourage us from coming. It took absurd amounts of effort to get the social worker to tell when the hearing was – made me feel like I was asking for something inappropriate when I'm supposed to be there.
- Actually give us an opportunity to speak (two respondents).
- The frontline social workers need to understand that we have a right to be heard. They often discourage attendance or create barriers to us attending. The leadership is very supportive but the day-to-day staff are not.
- Sometimes letters arrive after the hearings have taken place. Social workers need to let us know and provide a link if the hearing is virtual.

- We do not regularly receive notices that hearings are happening and have never received a link to attend. For this last hearing where the child in our care should be going home under protective supervision, we were able to provide a letter with our thoughts to the social worker, but we would have always been happy to do even a short paragraph update on things that the judge or GAL might need to know. The social worker on this case seems communicative and transparent, but we have no idea what goes into her court report and what we tell her that might not make it to the judge so it's hard to even know what we might need to uplift and say to the judge.
- Allow written statements to be introduced when we physically cannot make an appearance.
- Let us know about the hearings, for one. We were never notified of a court hearing. When I repeatedly asked for the date and time (and how to attend), our social worker told me I'd have to ask the GAL and the GAL never answered my calls, texts, or emails.
- Allow resource parents to provide their own reports for the judge's consideration. Advocating for the child out loud is not easy if it involves sensitive feedback regarding the Agency or the family.

During the October 2023 Statewide Assessment focus group, six Family Court judges expressed no barriers to including and hearing resource parents in Family Court matters. Further, the judges referenced the formal protocols (described earlier) requiring the Agency to indicate whether resource parents were notified of proceedings.

Also, during the December 2023 focus group, six OAG attorneys found no barriers. Several indicated that resource parents are always heard when they attend hearings. They are treated with respect and their concerns are addressed and appreciated. Some have ample opportunities to address the Court.

CONCLUSION

Despite a limited number of survey responses by resource parents who did not feel included in the hearings process, the administrative data shows that this item remains an area of Strength. The District's clinical, administrative, and legal practitioners continue to adhere to clear, specific, and formalized protocols for ensuring resource parents are notified of court proceedings and that that their right to be heard is protected.

C. Quality Assurance System

SYSTEMIC FACTOR 3: ITEM 25

Systemic Factor 3:	**Quality Assurance System**
Item 25:	**Quality Assurance System**

STANDARD

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

RESPONSE

The District's quality assurance system continues to be an area of Strength. CFSA has implemented several strategies over the last decade to advance from a compliance-based culture to a self-regulating culture of best practices and strong continuous quality improvement (CQI). In so doing, in 2021 CFSA successfully exited a 32-year class action lawsuit, *LaShawn* v. Bowser on September 9, 2022.

During the lawsuit, the Center for the Study of Social Policy (CSSP) served as the Agency's court monitor responsible for independently reviewing the Agency's performance and reporting to U.S. District Court, the Plaintiffs (A Better Childhood), internal and external stakeholders, and the public. Under the Settlement Agreement that structured the Agency's exit from the *LaShawn* decree, CSSP served as the Independent Verification Agent (IVA). As the IVA, CSSP validated CFSA's data and provided an assessment of the Agency's public performance reports for two 6-month periods – the first period began January 1, 2021 and ended June 30, 2021; the second period began July 1, 2021 and ended December 31, 2021. Both reports included data on performance outcomes based upon CFSA's Four Pillars Performance Framework and specific metrics agreed to by CSSP and the plaintiffs' counsel. Upon the Agency's successful exit from the lawsuit, CFSA focused on continuing and strengthening its CQI infrastructure.

CFSA has established multiple ongoing forums to discuss performance and root-cause analyses of barriers, including strategies to address gaps in order to highlight successful practice and performance improvements. Examples of these forums include the CFSA LAB (**L**earning with each other, **A**ccountable to DC Families, & **B**uilding performance systems), the Four Pillars Huddles, Quality Service Review (QSR) Exit Conferences, qualitative and quantitative data reviews, debriefs and discussions, ad hoc meetings around specific analyses, and Pop-Up briefs for external stakeholders. DC's development of a

meaningful CQI over the years was highlighted in this Casey Family Programs Brief https://www.casey.org/dc-cqi/.

POLICY AND PRACTICE

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

A key component of CFSA's progress in strengthening its CQI system over the past few years has been an intentional, consistent approach to support a learning organization. CFSA leadership took steps to model the type of environment needed to allow for learning without judgment and focusing on accountability for performance. The Agency's CQI modeling now cascades throughout all levels of the organization.

HISTORICAL PERFORMANCE

In the 2016 CFSR, the District received an overall rating of Strength. Since 2016, the Performance Accountability and Quality Improvement Administration (PAQIA) has served several functions. At a minimum, PAQIA provides valuable qualitative and quantitative data to evaluate child welfare services, identifies strengths and needs of the service delivery system, and provides reports that include information about program and performance measure improvement.

When CSSP was still overseeing Agency performance in 2016, CFSA was required to meet 88 exit standards that would demonstrate acceptable performance rates for ending the *LaShawn* lawsuit. CFSA achieved 73 out of 88 (83 percent) of the exit standards. However, after the end of the lawsuit, the Agency combined many of the requirements stipulated under the *LaShawn* exit agreement with core performance measures from the CFSR to develop the Four Pillars Performance Framework.

Agency leadership also refined its existing quality assurance process by identifying an array of program staff, community partners, and other key internal and external stakeholders to develop a continuous feedback loop on challenges, barriers, and areas where the Agency should focus efforts to improve practice and outcomes. Once the key themes and barriers were identified both by internal and external stakeholders, this feedback was shared with PAQIA under the Office of Planning, Policy, and Program Support (OPPPS). Based on the quantitative and qualitative data collection efforts, CFSA implemented strategies to address the identified themes and barriers, and to develop a matrix to monitor performance. Further, the Four Pillars Performance Framework has now been embedded into the Agency's performance plan to ensure consistency and continuity.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITY

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Information Systems, Quality Assurance, and Training	▪ FY 2020-2024 CFSP ▪ FY 2024 APSR ▪ FY 2023 Year-End Motivational Interviewing Report ▪ FY 2023 Annual Public Report ▪ 2022 QSR Annual Report ▪ 2021 Child Fatality Review Report ▪ 2024 Statewide Assessment CQI Survey	CFSA Quality Service Review Unit	Focus Group
		CFSA Agency Performance Unit	Focus Group
		CFSA Quality Assurance Unit	Focus Group
		CFSA Child Fatality Review Unit	Focus Group
Continuous Quality Assurance (CQI) Methodology		System wide distribution - all CFSA staff, Courts, Attorney's, contracted providers, lived experience experts, community stakeholders, government agency providers and advocacy groups.	Survey

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

How many jurisdictions provide the services included in the CFSP?

CFSA has the unique function of providing both local and "state" child welfare functions for the District of Columbia. As a cabinet-level agency, CFSA is also charged with the legal authority and responsibility to administer child welfare programs under federal Titles IV-B and IV-E of the Social Security Act. The District of Columbia includes eight geographic Wards. Of these eight, Wards 5, 7, and 8 require the most services from the Districts child and family well-being system. All three of the Wards are linked to higher rates of poverty in the African American/Black community and Latinx communities. Due to the geographical nature of the District bordering Maryland, CFSA also contracts with Maryland providers to case manage services to the DC children placed in out-of-home care in that jurisdiction.

What evidence do you have that the QA system is functioning statewide to ensure that it is operating in the jurisdictions where the services included in the CFSP are provided and has standards to evaluate the quality of services, including standards to ensure that children in foster care are provided quality services that protect their health and safety?

As noted above and throughout this report, there are eight Wards in the District of Columbia, three of which (Wards 5, 7, and 8) are neighborhoods where Agency services are most in demand. Several quality assurance (QA) functions reinforce CFSA's strength in providing necessary services for these populations, evidenced by successful case closures and family stabilization as appropriate.

CFSA's current QA infrastructure includes a variety of qualitative and quantitative data-gathering programs, processes, and procedures to examine whether the quality of services and service delivery system is fulfilling the Agency's responsibility for protecting children's health and safety. Data analysts present the analytical outcomes to Agency leadership for review and decision-making. Leadership then determines which service programs demonstrate successful outcomes and which areas of practice require improvements to ensure children and families have access to quality services as well as quality service delivery. This QA infrastructure also reinforces the Agency's approach to continuous quality improvement (CQI).

In addition to the above, the CFSA contract with private child-placing agencies requires documented CQI processes to ensure the completeness, validity, consistency, timeliness, and accuracy of FACES.NET and Permanency Tracker data. Private agency contracts further require documentation of CQI strategies for private agencies to self-analyze and self-correct data inconsistencies. To confirm these CQI activities, the private agencies must submit an annual CQI plan that includes descriptions of the following components (per the contract):

a. CQI infrastructure (system, processes, staffing model)
b. Performance outcomes measured through a qualitative and quantitative analysis
c. Process for monitoring case planning and service delivery for children and families
d. Processes and outcome measures to be monitored
e. Process for determining when corrective actions or performance improvement strategies are needed
f. Process for the collection, analyses, and sharing of data with internal and external stakeholders, including CFSA
g. Plan for collaboration with CFSA on CQI processes and information sharing

CFSA's Contract Monitoring Division (CMD) completes a bi-annual and annual report showing compliance with the private agency's contracting requirements. These reports are not public documents.

Dedicated CFSA QA / CQI Programs

To determine efficacy of practice, services, and service delivery, CFSA's administrative QA structure includes data collection, ongoing case reviews, analytics, and a dedicated CQI process for providing feedback to stakeholders and decision-makers. As a result of this structure, the Agency is able to adjust DC's programs and processes in a timely fashion.

CFSA has four specific program areas dedicated to the CQI of services for children and families. Each of the following four areas rely on collaboration across programs to regularly use information that reinforces evaluation and adjustment of practice and policy decisions, as needed to serve CFSA's population:

CFSA's Child Information Systems Administration (CISA)

CISA provides the following technological service teams and support for data QA and evaluation:

- The CISA Security Team reviews and validates processes and information within the Agency to ensure that all internal, local, and federal compliance standards are met, and vulnerabilities are identified to reduce invalid data regarding outcomes.
- CISA's Information Management Team provides over 200 data reports on a myriad of subjects that inform QA reviews by Agency leadership and program management staff. These reports help inform the QA reviews that are specific to identifying whether or not the Agency is appropriately and successfully meeting the needs of children and families.
- The Applications Team works with end-users to create new screens, enhance old screens, and fix bugs within the FACES.NET and current STAAND applications. This team ensures that data is up to date, furthering data integrity for purposes of QA and CQI.
- The CISA Comprehensive Child Welfare Information System (CCWIS) Implementation Team has been collaborating directly with CFSA staff and vendors to design, develop and implement the Agency's new CCWIS, known as STAAND (Stronger Together Against Abuse and Neglect in DC). This collaboration includes a concerted effort to QA aspects of the FACES.NET system and to integrate upgrades to further enhance data integrity. The Agency anticipates full STAAND implementation by FY 2025.

The Performance Accountability and Quality Improvement Administration (PAQIA)

PAQIA provides a continuous learning environment for consistent use of system-level data that helps to monitor whether CFSA's QA processes are applied and fully operational in the Wards most heavily served in the District. PAQIA's CQI function also integrates the collective CQI work of other offices and administrations to develop a broad examination of overall CFSA performance. The following activities are under PAQIA's oversight:

- Completing qualitative and quantitative case reviews, including Quality Service Reviews, Child and Family Services Reviews, Child Fatality Reviews, Timely Investigations Review, and Acceptable Investigations Reviews, among others. Each of these reviews inform QA accountability for CQI permanence.
- Providing performance support to management and staff, e.g., recommendations to help implement practice and process improvements, based on results from PAQIA reviews.
- Completing programmatic data analyses and evaluations as part of the QA infrastructure.
- Preparing performance reports under the Four Pillars Strategic Framework.
- Providing performance reports as required by the Executive Office of the Mayor.
- Conducting surveys and focus groups with frontline staff as a component of the Agency's CQI direct feedback loop for suggested practice improvements to ensure that needs of CFSA clients are being met.
- Convening the Internal Child Fatality Review Process as another component of the Agency's CQI efforts for self-regulating practice improvements.

Program Outcomes Unit

CFSA established the Program Outcomes Unit under the Office of the Director to deepen the analyses and reporting of program area data. The unit comprises data analysts who work with and represent the following administrations: the Office of Hotline and Investigations, Office of In-Home and Out-of-Home Care, and the Office of Well-Being. The Program Outcomes Unit focuses on data analysis at the program level, but also partners with PAQIA data analysts who focus on system-level analyses.

Evaluation and Data Analytics Team (EDA)

EDA is located within the Office of Thriving Families. The EDA team includes a data scientist and a management analyst who collectively support QA / CQI efforts and evaluations of federal and local prevention programs. Initially, the EDA team's work centered on Family First and Families First DC implementations, which are now incorporated in a city-wide prevention framework under the broader umbrella of Thriving Families, Safer Children, called Keeping DC Families Together.

Data Collection and Reporting

CFSA collects, analyzes, and publishes reports and information that help to monitor and evaluate its services and outcomes. CFSA public reports are found on the CFSA website and are linked on the data dashboard. The reports, whether public or internal, help leadership to determine whether the Agency's QA / CQI activities are functioning in an optimal capacity to ensure that service gaps are filled (whenever identified) and that positive outcomes are strengthened.

Public Facing CFSA Data Dashboard

CFSA's Public Facing Dashboard, cfsadashboard (dc.gov), shows the commitment to performance, transparency, and public reporting. This Dashboard provides user-friendly information in an interactive, easy-to-follow format.

Publicly Available Reports

The following annual public reports are accessible on CFSA's website and provide data-driven evidence of the Agency's ability to respond to QA / CQI feedback both on service quality and service delivery:

Website Reports	Descriptions
Annual Public Report	Local report on the implementation of the Adoption and Safe Families Amendment Act of 2000.
Annual Progress and Service Report (APSR)	Federal report on progress made on each goal and objective from the 5-year CFSP.
Annual Quality Services Review (QSR) Report	Local report summarizing performance, trends, and strategies to program level practice.
Annual Needs Assessment	Local report on program specific areas to understand needs and corresponding resources.
Annual Child Fatality Report	Trends, findings, and practice recommendations from the reviews of deaths of children known to CFSA.

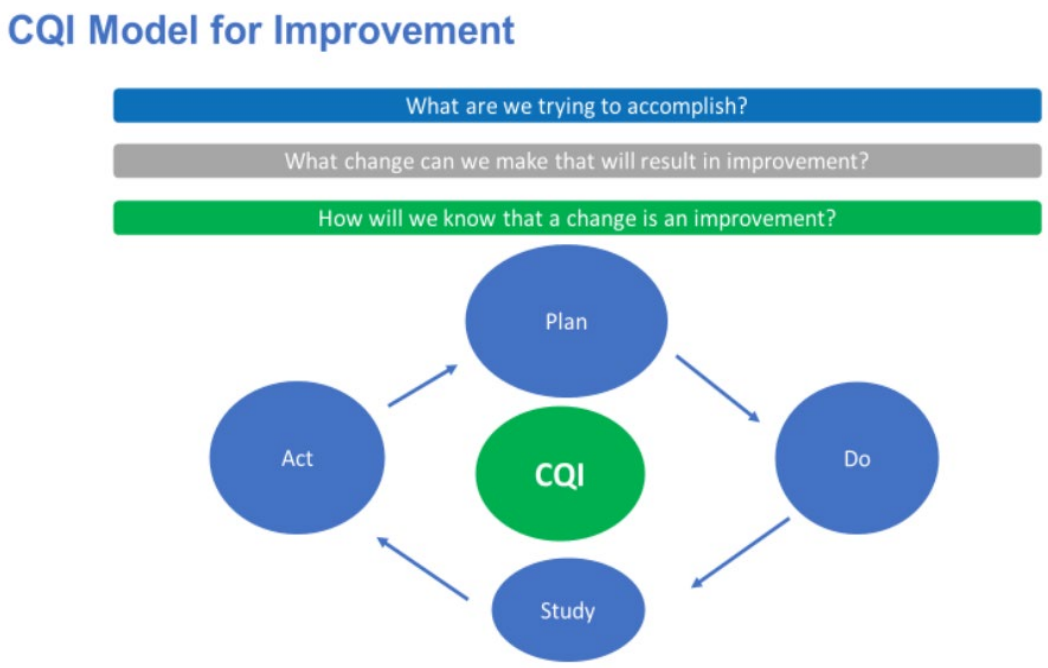
Website Reports	Descriptions
Four Pillars Performance Report	Progress on 42 indicators and outcomes that include historical performance, methodologies, analysis, implemented strategies, and updated performance.
CFSA's Newborn Safe Haven Program Report	Local law requires an annual status report on the number of newborns in the District of Columbia surrendered under the Safe Haven law within the year.
CFSA Grandparent Caregivers Program and the Close Relative Caregivers Program Annual Status Report	Local law requires an annual report that includes a statistical overview of the number of children and families receiving a monthly subsidy through the Grandparents Caregivers Program and the Close Relative Caregivers Program.
CFSA Social Security Income Benefit Conservation Annual Status Report	Local law requires an annual report to DC Council on efforts to conserve the Social Security benefits of children in care. The first 2023 report will be due on February 28, 2024.
CFSA Fostering Stable Housing Opportunities for Youth Aging out of Care Annual Status Report	Local law requires an annual report to DC Council on efforts to prevent aging-out youth from homelessness. The first 2023 report will due on February 28, 2024.
Performance Oversight Responses	CFSA's responses to Annual Performance Oversight Hearing questions and information requests submitted to the DC Council's Committee on Human Services in February 2024

Additional Reports and Analyses

Report	Purpose	Frequency
Children's Justice Act (CJA) Annual Application and Report	Required federal review and evaluation of the investigative, administrative, and judicial handling of cases of child abuse and neglect including training and policy recommendations.	Annual
Children's Justice Act (CJA) 3-Year Assessment	Required federal review and evaluation of the investigative, administrative, and judicial handling of cases of child abuse and neglect including training and policy recommendations.	Every 3 Years
Annual Comprehensive Addiction and Recovery Act (CARA) and Positive Tox Analysis Report	Monitoring of compliance with federal CARA legislation to promote newborn safety and reduce infant deaths.	Annual
Quarterly Educational Neglect Referrals by CFSA	To monitor the frequency of educational neglect referrals for submission to the District Truancy Task Force, DC Council, Criminal Justice Coordinating Council.	Quarterly every school year (SY); no longer requested after SY 2022-2023 Q1
Performance Accountability Report (PAR)	Agency top accomplishments, goals, objectives, strategic initiatives, and key performance indicators (KPIs) for the new fiscal year, submitted to the Office of the Mayor.	Annual
Mayor's Performance Plan	Agency goals, objectives, strategic initiatives, and key performance indicators (KPIs) for the new fiscal year, submitted as part of the Performance Accountability Report to the Office of the Mayor.	Quarterly

Standards

Once evidence from QA activities has been collected to inform practice, CFSA's CQI approach embodies the Plan-Do-Study-Act (PDSA) cycle, also known as the Deming Cycle or Deming Wheel. PDSA is a systematic, iterative approach for implementing CQI actions. Throughout the cycle, CFSA uses evidence from the Agency's various reviews to drive clinical and administrative decisions that help address any gaps in services, help bolster successful existing services, and help CFSA partner with sister agencies and providers to mitigate any delays in service delivery.



The following four steps of the PDSA cycle include the following activities:

PLAN

- Develop a detailed plan that outlines the actions and steps required to achieve goals.
- Identify the resources and personnel needed to implement the plan.
- Create a timeline and allocate responsibilities.

DO

- Implement the plan per the defined actions and steps.
- Collect data and information during execution of the plan.
- Make any necessary adjustments to the plan, based on feedback in real-time.
- Put the planned changes into action.

STUDY

- Evaluate and analyze the data collected during the "Do" phase.
- Compare the actual results with the expected outcomes and objectives.

- Identify any trends, patterns, or variations in the data.
- Assess whether the implemented changes had the desired impact or if any unexpected issues arose.
- Understand the impact of the change and lessons learned.

ACT

- Make decisions about next steps, based on the analysis and findings from the "Study" phase.
- Standardize and document the new processes or practices that led to improvement.
- Adjust components of the plan wherever changes did not produce the desired results and implement further improvements.
- Share lessons learned and best practices with the team to promote organizational learning.

Case Reviews

CFSA conducts representative and non-representative qualitative and quantitative case reviews. The reviews provide a structured method for identifying areas of improvement, ensuring compliance with policies and regulations, promoting accountability, and enhancing the overall quality of services provided to children and families in need. Case review descriptions can be found in the above-cited public reports: Four Pillars Performance Report, the Annual Child Fatality Reviews (CFR) Report, the Annual Quality Services Review (QSR) Report, and the Annual Needs Assessment.

CFSA conducts regular QSRs, CFSRs and internal CFRs, all of which include in-real-time feedback to case managing social workers and supervisors (QSR and CFSR) and Agency leadership (CFR monthly committee meetings). As indicated in other sections of this Statewide Assessment, all three reviews include in-depth examination of case records. An example of other reviews includes the Acceptable Investigations Review which is a case record review with a representative sample of investigations to determine the quality of investigations. The Timely Initiation of Investigations review includes a representative sample of investigations whereby trained CFSA staff determine whether the investigative social worker has initiated face-to-face contact in compliance with policy standards.

Other internal reviews occur on an *ad hoc* basis or for purposes of examining more closely the results of an initial review in order to provide more insight on contributing factors. For example, the FY 2022 Needs Assessment and FY 2024 Resource Development Plan included a deeper analysis on placement stability. CFSA knows from placement disruption data that meeting placements needs is increasingly more complex. A partial reason is related to the Agency taking great care to decrease the out-of-home population. Those children who do enter care tend to have more difficult and multifaceted challenges, trauma, and needs. These challenges directly impact placement stability.

Both federal and internal practice standards expect placement changes to be limited. When changes do occur, those changes should be in the best interests of the child and consistent with supporting their overall well-being and returning the child home. Within this context, CFSA defines placement

stability as any placement that provides an established, consistent, secure, and nurturing home environment with minimal placement moves.

CFSA has focused its recent data analysis on the children served from October 1, 2020 through March 31, 2022. Included in the analysis of placements within this time frame are three cohorts based on a child's length of stay:

- Children in care at least 8 days and up to 12 months
- Children in care 12 months to 23 months
- Children in care 24 months or longer

As a result of this analysis, CFSA increased its placement QA / CQI process to review needs of children and resource parents, including resource parent training and recruitment, to ensure that the placement array is appropriately meeting the complex needs of children and youth who experience trauma.

What is the state's process to ensure that the QA system identifies strengths and needs of the service delivery system, provides relevant reports, and that it evaluates implemented program improvement measures?

CFSA gathers relevant data from various sources, including but not limited to management reports, case reviews, client surveys, stakeholder feedback, and performance indicators. The various data teams analyze the collected data to identify strengths and areas needing improvement in the service delivery system and also to determine where data indicates effectuated improvements. Analyses include both quantitative and qualitative data.
CFSA provides standardized reports that include clear and actionable information based on the summary of findings from data analyses. As described earlier, reports are accessible to relevant stakeholders, including policymakers, program managers, service providers, and the public.

The following data gathering processes are just a few examples of CFSA's QA infrastructure for implementing program improvements.

Quality Service Review (QSR)

CFSA uses the QSR process as a self-evaluation tool to assess practice standards, interventions, and service delivery to clients of the District's child welfare system. CFSA considers the QSR process to be a critical QA / CQI strategy that paves the way for systemic learning and improvement, ultimately supporting and reinforcing the safety, permanency, and well-being of children and families receiving child welfare services.

The QSR method allows social workers, managers, and senior leadership to bolster existing areas of strength and to address areas identified as needing improvement, based on data trends and calendar

year results documented by QSR specialists. QSR specialists assess how well social workers from CFSA and its contracted private agencies engage and team with families to address the issues that brought the family to CFSA's attention. When effective engagement occurs, social workers secure a solid grasp of the family's cultural identity and, subsequently, an accurate assessment and understanding of any gaps in the family's service needs. In effect, accurate assessments drive the team's planning of interventions to implement appropriate services. The team's ensuing service referrals then begin to pave an expedient path to case closure.

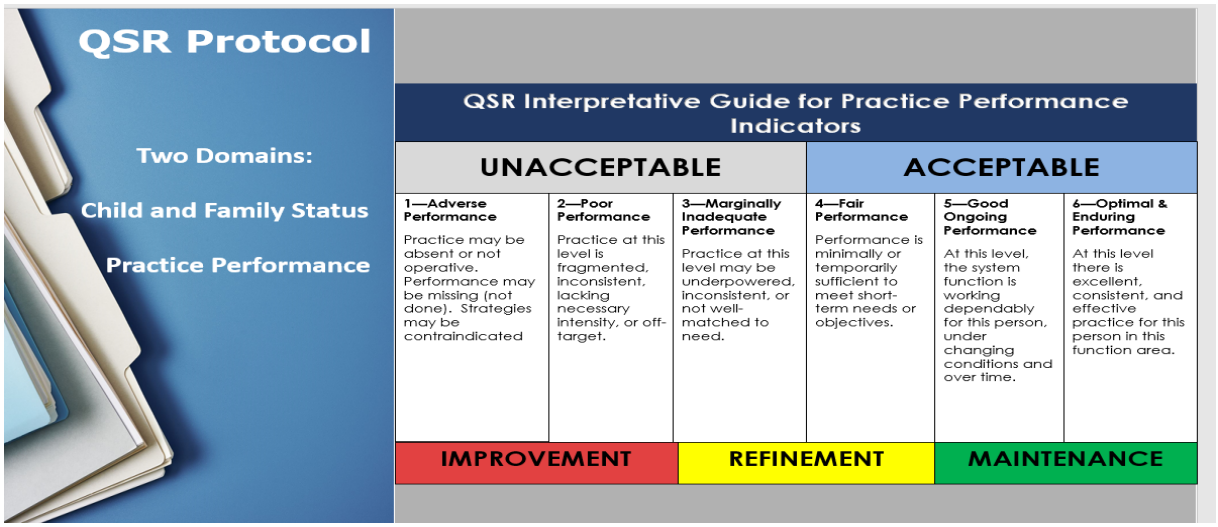
Quality Service Review Components

- **Entrance Conference:** Prior to the QSR Unit beginning their reviews of a certain program area, the Unit holds a meeting with the program area managers to describe the QSR process, go over important dates, and let the program area know in advance what information will be needed. Such information includes verified contact information for the children and family or other caregivers as applicable, and other individuals important to the family and the case outcomes.
- **Debriefing:** At the close of each 2-day review, the QSR specialists meet with the assigned social worker and supervisory social worker. The specialists provide initial feedback on their review findings, and together with the social worker and supervisor determine next steps that can be accomplished within 30 days.
- **Weekly Case Presentation:** At the close of each week, QSR specialists present a summary of case practice findings to the QSR program manager and program area leadership. Following this meeting, the QSR Unit finalizes case ratings based on a formalized QSR protocol. The QSR Unit further assesses inter-rater reliability.
- **Exit Conference**: Once all reviews for the program area are completed and protocol scores finalized, the QSR Unit creates a presentation summarizing all findings for that area, e.g., in-home, out-of-home, and private agencies. The presentation goes over the trends identified for key practice performance areas, puts the data in context of the prior year's performance, and identifies strengths and areas in need of improvement. The program area leadership contributes to the presentation before it is finalized and participates in the presentation with social workers discussing their strategies on cases recognized for strong practice. In addition, leadership speaks to CQI plans to address areas for improvement moving forward.

  The Exit conference includes facilitating either a panel or virtual interviews with social workers, birth parents, and others to discuss firsthand experiences with families. For example, the social workers may talk about ways to engage a family member who does not trust them as a representative of CFSA or ways to ask a birth parent what helped them progress to having their children reunited. The Exit Conference also recognizes social workers with exceptionally high overall performance across protocol indicators or in certain areas. Exit Conference participants include all staff members within the program area being reviewed, leadership from across the Agency, and stakeholders (such as representatives from the DC Office of the Ombudsperson for Children).

The QSR Unit has established successful partnerships between the QSR specialists and the Office of In-Home Support and Out-of-Home Care, and CFSA's contracted private agency partners. These collaborations have promoted quality practice through a weekly feedback loop with all levels of staff to identify strengths, challenges, and themes across cases for ongoing CQI. The partnerships have also provided opportunities to carefully track and monitor program strategies for effectiveness. The program areas' consistent performance improvement over the past 3 years is due largely to the deliberate emphasis on CQI and sincere collaborative efforts of the QSR teaming process.

The QSR rating protocol is described below.



Motivational Interviewing (MI) Fidelity

MI can help parents or caregivers become more engaged, motivated, and committed to addressing any issues or behavioral challenges that may affect their children's safety and well-being. It is a strengths-based approach that respects the family's autonomy while working collaboratively to achieve positive outcomes for children and families involved in the child welfare system.

Fidelity monitoring of MI is crucial to maintaining the quality and effectiveness of the approach, ensuring accountability, supporting practitioner development, and ultimately improving outcomes for clients. It is a valuable tool for practitioners and researchers in various fields where MI is applied.

In October 2022, CFSA adopted a novel approach to CQI by introducing the use of artificial intelligence (AI) through the Lyssn platform for skill development and ongoing enhancement of MI quality. Recognizing the important role of MI in client engagement and positive outcomes, CFSA mandated quarterly training sessions on Lyssn for all case-carrying social workers and supervisors. The quarterly training program comprises five vignettes, each focusing on distinct MI skills, where employees participate by recording their responses. Lyssn's AI-driven tools evaluate these recorded responses, ensuring adherence to MI principles and offering real-time feedback on response quality.

The outcomes of this approach to skill development were notable. Over the year from October 2022 to September 2023, CFSA achieved a significant adoption rate of Lyssn with 91 percent of designated employees actively using the platform. Additionally, 88 percent of these employees successfully met the training requirements for FY 2023, emphasizing the Agency's dedication to continuous professional development.

The impact of AI-driven CQI on MI skills was also noteworthy with the percentage of designated employees meeting the quarterly requirements and consistently applying MI principles in 75 percent or more of their interactions, increasing from 39 to 53 percent within 1 year. Quarterly reminders, supervisors' oversight of their supervisees' platform utilization, and employees' genuine interest in continuously enhancing their skills through innovative tools played a pivotal role in the Agency's quarterly improvement in MI scores. This enhancement underscores CFSA's proactive and forward-thinking use of AI for continuous quality improvement in the field of social work.

Equity Considerations in System Analysis

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

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

Since 2021, CFSA, through a formal, Agency-wide initiative, has been implementing comprehensive plans, programs, and activities pertaining to DEIB. This initiative has served to develop a change management plan to better meet the needs of the children and families served, as well as partners, stakeholders, and Agency staff. This macro DEIB strategy is designed to address culture and climate within the Agency that will support a deeper understanding of the root causes of disproportionality within the client population, as well as cultivating an organizational culture to better inform practice change needs around DEIB.

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

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

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

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

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

The subcommittees within the DEIB Steering Committee shifted, following the attainment of several goals. The work of the Shared Language and Understanding Subcommittee and the Practice, Policy, and Policy Integration Subcommittee began to overlap, which resulted in their merger to create the Communication and Policy Subcommittee. Additionally, the Training Subcommittee was created to provide information on the practices of inclusion and belonging that align with the Agency's

Philosophical Statement and the DEIB framework with Agency staff and partners, such as resource parents, congregate care staff, and other identified partners.

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

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

Based on the work cited above, CFSA developed a comprehensive DEIB framework document that describes a two-pronged approach outlining the Agency's theory of change, logic model, vision, goals, and overarching strategies for identification and removal of structural barriers to equitable opportunities. The framework is intended to support any staff or stakeholder affiliated with the Agency to engage in concrete learnable, teachable, and doable actions and behaviors that align with CFSA's vision to become a DEIB-centered agency. The framework is meant to be practiced by considering all of its key pieces together when delivering services, engaging with, or acting on behalf of CFSA. Prior to final approval, two DEIB Framework Feedback sessions are scheduled for CFSA staff and for the Lived Experience (LEx) Advisory Council.

Dovetailing with the DEIB Steering Committee is the aforementioned Racial Equity Action Plan. CFSA was selected as a DC Government agency to become a member of the second racial equity cohort developed by the Mayor's Office of Racial Equity. The Agency developed its Racial Equity Action Team to carry the responsibility of implementing racial equity activities within the Agency and to lead the development of the Agency's Racial Equity Action Plan (REAP). REAP expresses an agency's commitment to achieving racial equity in DC. Like racial equity itself, a REAP is both a process and an outcome. As an outcome, a REAP is an agency's roadmap and detailed itinerary for change. As a process, drafting a REAP builds staff awareness of an agency's vision for change and capacity to implement that change. A successful process also includes monitoring, accountability, and

communication with internal and external stakeholders on progress. CFSA's DEIB and REAP Implementation will commence once CFSA receives final approval.

What evidence do you have that the QA system is functioning statewide to ensure it identifies strengths and needs of the service delivery system, provides relevant reports, and that it evaluates implemented program improvement measures?

CFSA staff and partners utilize intentional qualitative and quantitative processes in the evaluation of the quality of services to identify strengths and needs within professional and Agency practice and adjusting when necessary. CFSA has established multiple forums to present data and information, obtain feedback, discuss improvement strategies, and reevaluate performance. The following forums are included:

The LAB

At the beginning of FY 2023, PAQIA and the Program Outcomes Unit partnered to launch a new monthly CQI forum, the CFSA LAB, which stands for "**L**earning with each other, **A**ccountable to DC families, and **B**uilding performance systems together." The LAB replaced the CQI forum, Finish Line, which was more focused on compliance with performance measures imposed by the now-settled *LaShawn* lawsuit.

Open to all CFSA staff, the LAB examines the inter-related nature of CFSA's performance and promotes all staff engagement with performance data in an interactive and user-friendly manner. Initial LAB meetings focused on the Agency's strategic initiatives related to the Community Response model and Warmline, in addition to the Kinship Navigator, the STAAND launch, CFSA's staff recruitment and retention strategies, the In-home Needs Assessment, visitation and engagement with families and children, and performance on the FY 2023 Four Pillars Public Performance Indicators.

Pop-Up Briefs

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

The following examples are topics shared in the Pop-Up briefs:

- In June 2022, the Kinship and Placement Administration presented information to kin caregivers and other interested stakeholders on the Kinship Navigator, the Grandparent and Close Relative Caregiver programs, and placement data.
- In August 2022, the Agency and the Office of the Attorney General provided internal and external stakeholders with updates on the Agency's Safety Planning and Informal Family Planning data and policies.

- In October 2022, CFSA presented the philosophical and practical drivers for promoting quality improvement through the Four Pillars Public Performance Framework.
- In December 2022, the Kinship Unit presented and demonstrated the Kinship Navigator website and mobile application.
- In February 2023, the District's Office of the Ombudsperson for Children provided updates on office functions and reported activities.
- In March 2023, the Agency provided stakeholders with a status update and definition of the Child and Family Well-Being System, and also shared progress on Agency efforts to change the District's statutory definition of "neglect" as described earlier. These forums allow for stakeholder feedback and the opportunity to ask questions and to obtain any needed clarifications.
- In January 2024, the Child Fatality Review Unit provided information about the inclusive process to improve the internal child fatality review process.

Four Pillars Public Performance Report

In FY 2023, CFSA data analysts collected data on a quarterly basis for the following performance measures:

- Timely investigation closures
- CPS caseloads
- Social worker visits to children receiving in-home services
- Social worker visits to children receiving out-of-home services
- Family engagement with children in out-of-home care
- Family engagement with the Agency for children with a goal of reunification
- Sibling visits and sibling placement in out-of-home care
- Kinship placements
- Emergency shelter placements
- Overnight stay at CFSA headquarters

The quarterly meetings were convened to validate performance data and to facilitate a discussion around practice challenges or systemic barriers that impact the Agency's ability to improve performance. Some of the posed questions included "What strategies are being used to improve performance?" "What strategies were stopped, started, or implemented during the quarter?" and "What were the follow-up steps for these measures?"

In addition to the above, CFSA focused in FY 2023 on qualitative reviews based on the measures listed below and based on the potential positive impact on practice leading to programmatic improvement:

- **Acceptable Investigations** – The review examines the quality of practice during essential CPS investigatory actions. PAQIA leads two Acceptable Investigations reviews annually.

- **Community-Based Service Referrals** – This review determines whether CFSA is able to connect families (assessed with low-to-moderate risk levels) with appropriate services through one of the Collaboratives or other community-based agencies.
- **Hotline Call Quality Assessment** – This review examines the appropriate management and quality of a stratified randomized sample of Hotline calls during one calendar month bi-annually. The purpose of the review is to decide if the Hotline staff is asking relevant questions, demonstrating appropriate customer service, and accurately completing a referral summary. At the end of the assessment, the QA team either agrees or disagrees with the Hotline's decision on accepting or screening out the calls. After compiling the findings, PAQIA notifies CPS senior management of the results.
- **Timely Initiations Review** – This one month-per-quarter review examines whether the Office of Hotline and Investigations has completed all the actions required to meet the Timely Initiations standard for CPS investigations.

In FY 2022, CFSA published the Four Pillars Performance Report detailing 42 performance measures. The primary data sources used for this report include but are not limited to the following: FACES.NET data, the central repository for all client-level information and Manual databases to capture program-specific information, qualitative case reviews and quantitative analysis.

In FY 2023, 10 of the Public Performance measures were achieved, six measures not achieved; 15 targets were not established for the measures; 11 measures are awaiting finalized data. The final FY 2023 Four Pillars Performance Report will be available in Spring 2024.

FY 2023 Public Performance Results



Measures Achieved Target

1. Acceptable Investigations
2. In-Home safety assessments (QSR)
3. New Substantiated Reports While In-Home
4. Social Work Visits to Children in Foster Care
5. Foster Care Bed Surplus
6. Timely Health Exams
7. Exiting Care with Stable Housing
8. In-Home Caseloads
9. Out of Home/Private Agency Caseloads
10. In-Service Training for Resource Parents



Measures Not Achieved Target

1. Collaborative Engagement #2- New Reports Following Collaborative Case Closure
2. Social Worker Visits to children In-Home
3. Sibling Visits
4. Emergency Shelter
5. Overnight Stays
6. In Service Training for Direct-Service Staff

CFSA began implementing the Rational Target Setting (RTS) approach to setting performance targets for certain performance goals (described in the Four Pillars Performance Report). RTS uses past performance and assesses the current environment to achieve desired outcomes. Staff can utilize RTS for both planning and as a gauge of success. RTS takes needed resources (dollars, staff, equipment, technology, time) into consideration along with policy (federal, District, CFSA); focus (strategies, Agency priorities, any mandates); and capacity (training, supervision) to achieve greater performance.

The Agency completed this evaluation in August and September 2023 to set the FY 2024 targets for permanency cohorts, and employment for youth over the age of 18. The following targets will be developed for the measures listed below.

FY 2023 Public Performance Results



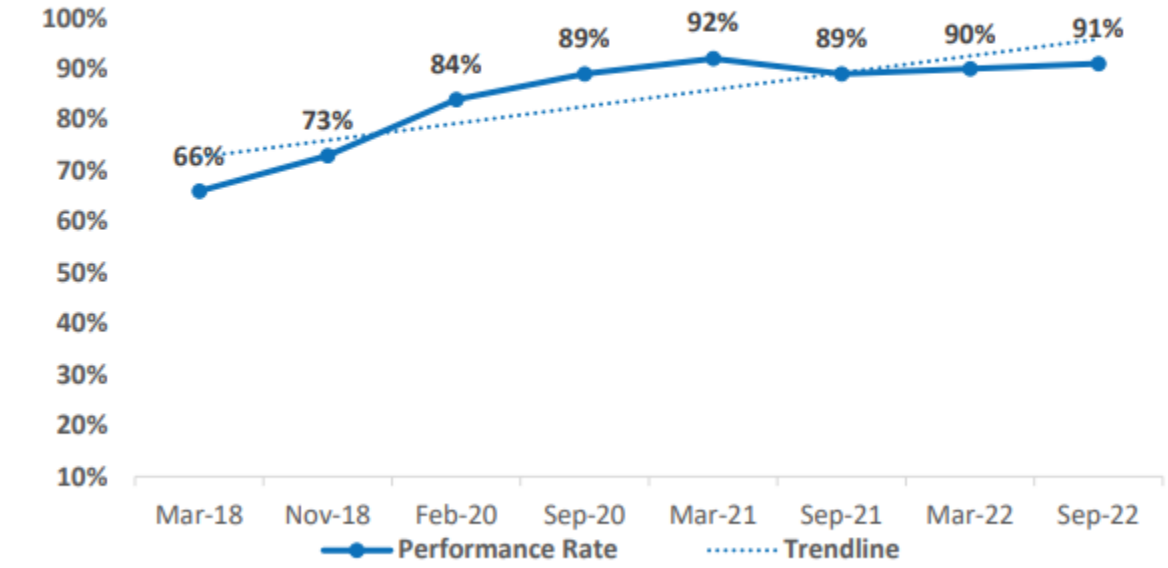
Measures with no Target Established

1. Timely Initiations
2. Timely Closure of Investigations
3. Collaborative Engagement #1 – Community-Based Service Referrals
4. Family Engagement with their Children
5. Family Engagement with the Agency (Reunification)
6. Sibling Placement
7. Placement Stability: For Children entering Foster Care
8. Placement Stability: For Children in Foster Care (PLC259)
9. Placement Stability: Kin Placements for Children Entering Care
10. Timely Dental Exams
11. Graduation from High School
12. Employment/Internship Experience
13. Aging out of foster care
14. Enrollment in/completing vocational training or a certification program
15. Graduation from College

Acceptable Investigations Reviews

For example, CFSA used the Acceptable Investigation review process and subsequent strategy development to improve performance as indicated in the table below. As a result, performance improved from 66 percent in March 2018 and then exceeded the 80 percent standard since February 2020 by completing the plan, do, study, act approach.

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



Source: CFSA Administrative data and FACES.net report INV004

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

To what extent is information from CQI/QA processes (data, evidence, and reports) sound and relevant; how can staff using it support good decision with it; and in what ways are relevant reports used by the intended audience?

CFSA's QA / CQI reports are sound and relevant because CFSA follows data quality standards and methodology. The information is relevant in the CQI and QA processes due to the focus on ongoing performance and new and former initiatives. Staff members use this information to determine improvement strategies and to chart progress. See below for examples.

Citizen's Review Panel and Older Youth Analysis and Follow-Up

The Citizen's Review Panel (CRP) presented the results of their January 2022 evaluation, *District of Columbia Child and Family Services Agency Preparing Older Youth for Independence Report.* The report provided several findings and recommendations, including the development of a more accessible ongoing financial readiness program, provision of additional counseling for youth who are eligible for Supplemental Security Income entitlements and protocols, enhanced communication of vocational training opportunities, establishment and publication of clear metrics for life skills attainment and career readiness, and comprehensive guidance and policy materials on programming available to older youth in care.

In February 2022, CFSA convened a virtual meeting with CFSA leadership, CFSA's Office of Older Youth Empowerment, and the CRP. During this meeting, CFSA provided a detailed response to each CRP recommendation. In the Agency's commitment to transparency and stakeholder involvement, CFSA held follow-up meetings with the CRP members to discuss the progress made on the

recommendations. Additional details of steps taken can be found in Item 31, Agency Responsiveness to the Community.

CFSA's director and leadership readily respond to CRP requests to attend meetings to discuss issues and to answer questions that CRP members may have about CFSA or the child welfare system across the District, including any new initiatives. Between October 2022 and October 2023, CFSA either facilitated meetings or coordinated with partners to ensure meetings occurred to present activities and data to the CRP. These presentations included updates on child fatalities, CFSA's Public Dashboard, the Children's Justice Act Task Force, Family Success Centers, CFSA's policy development process, and the 211 Warmline.

The Mayors Advisory Committee on Child Abuse and Neglect (MACCAN) Responses to Annual CFSA Reporting

Each year MACCAN reviews and offers comments on CFSA's Annual Public Report (APR) which CFSA submits to DC Council. The APR describes ongoing and specific actions the Agency has taken to implement the federal *Adoption and Safe Families Amendment Act of 2000* (DC Law 13-136; 47 DCR 2850). Recent programmatic enhancements related to MACCAN feedback in such areas as virtual court hearing participation and older youth transitional services have been summarized in Item 31, Agency Responsiveness to the Community.

Quality Service Review Example

Each year the Quality Service Review Process looks at the prior year's performance, the strategies put in place with the stakeholders, and then the current year performance. The following slides provide an example of tracking and adjustment and pathways to case closure indicators.

2022 – Areas In Need of Improvement	Performance Improvement Strategies	2022 Outcome	2023 Outcome
Pathway to Case Closure	Case closure conversations from the start of and throughout the case.	11% Decline from 89% in 2021 	12% Improvement 
Tracking and Adjustment	Elevating concerns of unresponsive providers or delayed supports Learn from social workers as Interventionists	20% Decline from 87% in 2021 	18% Improvement 

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2022 Performance Improvement Strategies

General Strategies for All Areas Needing Improvement

- Collaboration with QSR team to identify lessons learned
- Monthly Case Reviews – October 2022
- Quarterly program manager case reviews – one-plus year
- Multi-Administration Clinical Staffing (MACS)
- In-Home Clinical Consultations (IHCC) -Launched July 2022
- In-Home Program Operations Manual (POM) Finalization and Training
- Intentional focus in areas during supervision/CQI processes
- Weekly In-Home supervisor meetings

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What is the state's process for using evidence collected through its QA activities to select or design program improvement measures?

Once evidence from QA activities has been collected to inform practice, CFSA's CQI approach embodies the Plan-Do-Study-Act (PDSA) cycle. Throughout the cycle, CFSA uses evidence from the QSR process to drive clinical and administrative decisions, beginning with immediate feedback to the case-carrying social worker and supervisor at the end of the 2-day review. A second feedback loop occurs during case presentations with the assigned CFSA or private agency supervisors and program managers in attendance. At the leadership level, the feedback loop culminates during exit conferences based on the QSR data results for the calendar year, including case-specific information gathered during case presentations. As a result of the exit conferences, senior management for each program area develops CQI strategies to address areas identified as needing improvement. The exit conferences are thereby significant opportunities for participants to delve into the current state of practice skills, alongside the opportunity to address challenges or systemic issues.

Internal Child Fatality Review Program Improvement

CFSA's Internal Child Fatality Review (ICFR) Committee incudes managerial staff from CFSA programs and quality improvement administrations, as well as members from partner provider agencies, the Office of the Chief Medical Examiner, and the Office of the Ombudsperson for Children. During monthly meetings, members examine child fatality cases to identify clinical and systemic trends and to generate recommendations accordingly. The review process is an integral component of CFSA's CQI feedback loop and has most recently explored trends and identified action steps in such areas as inter-agency collaboration and information sharing, safe sleep for newborns and infants, community safety, and grief and loss supports. Additional details can be found in the Annual Child Fatality Review Report.

To further these efforts, CFSA is expanding its own education through a newly established membership in the National Partnership for Child Safety (NPCS). NPCS was launched in 2018 with support from Casey Family Programs to further key recommendations of the federal Commission to Eliminate Child Abuse and Neglect Fatalities. NPCS membership comprises jurisdictional teams of child welfare systems committed to "safety science". CFSA anticipates that this upcoming national partnership will result in innovative practices that strengthen families' protective capacities, improve child safety, and prevent child fatalities whenever possible. See question 4 for more information.

CFSA and the Department of Youth Rehabilitation Services (DYRS)

Staff members from CFSA and DYRS began to review data and develop strategies for youth who were simultaneously committed to CFSA and DYRS during FY 2023. This analysis and collaboration is in addition the quarterly Criminal Justice Coordinating Council

Methodology, Data Collection Limitations and Recommendation Development Process

Data analysts from CFSA and DYRS gathered and provided data from each Agency. Based on the findings, data analysts and program management staff met to discuss the data. At the last submission in June 2023, the CFSA and DYRS teams found that each Agency had differing data collection processes, definitions, and procedures. During this period, and due to ongoing collaboration and data reconciliation, the CFSA and the DYRS teams found limited data differences for the dually committed youth. However, there's one difference that reflects differences in placement definitions by the two agencies. One young person is considered "home" by DYRS and "abscondence" by CFSA.

Limitations

- The number of youth is less than one percent of the population (FY 2023 = 8 youth). The low number of youths makes it harder to determine if there are system issues or individual case situations and circumstances.
- For some of the young people, the time that they're committed to each agency is different, which has an impact on the number of placements captured by each agency.

Data Process Finding and Recommendations

June 2023 Report Findings

- **Finding.** DYRS and CFSA use different systems that support distinct functional and legal needs. These distinctions make fulfilling some of the original requests difficult. For example, because each Agency sees different pieces of someone's school experience at different times, it is difficult to agree on their overall attendance experience.
- **Strategies**
  - CFSA and DYRS meet quarterly through CJCC. A list of all dually committed youth are documented on a shared list in advance of the meeting. A deeper dive of services and outstanding needs is completed on youth who are newly committed and/or rearrested. (Ongoing)

- CFSA and DYRS continue to meet to collectively review and agree on fiscal year report results and takeaways. (Ongoing)
- When possible, standardize time periods by reporting on the status of the young person as of the end of the report period. (Completed)
- Jointly construct the timeline for each dual-status youth across the reporting period for internal coordination and reconciliation. The team will identify and summarize attendance status at the end of the reporting period, which provides consistency and is easier to pinpoint. (Ongoing)

December 2023 Updates to June 2023 Findings

- Through ongoing collaboration and case coordination at the quarterly meetings convened through the Criminal Justice Coordination Council (CJCC), in addition to ongoing case management coordination outside of those meetings between CFSA and DYRS staff, the ability to reconcile data improved where each Agency worked to provide the types of services needed to optimize the success of each youth. DYRS and CFSA found that youth who attended DYRS New Beginnings attended and participated in school; however, upon exit from New Beginnings, the commitment to education might diminish.

June 2023 Report Findings

- **Finding.** Coordination for placement, services and exchange of data needs to be more consistent between youth who are committed to CFSA and DYRS to ensure appropriate placement occurs once youth is released from DYRS's custody.
- **Strategy.** Engage in intentional teaming to ensure the most appropriate placement for youth during and post the youth's custody status. *(Ongoing)*

December 2023 Updates to June 2023 Findings

- Through ongoing collaboration and case coordination at the quarterly meetings coordination for services occurs

June 2023 Report Findings

- **Finding.** CFSA and DYRS have different terms and meanings for "placement"
- **Strategy.** CFSA and DYRS will come to an agreement of terms to use and how to present the data to others. *(Ongoing)*

December 2023 Updates to June 2023 Findings

- This report reflects a consistent understanding of placement definitions from each Agency.

June 2023 Report Findings

- **Finding.** Upon completion of New Beginnings or Youth Services Center there is insufficient data to accurately assess the consistency of attendance or truancy and its impacts on educational performance.

  Note: A timeline and qualitative look at the case records will provide more accurate information about what the transitional services were put in place. This finding does not assume that a joint plan was not established.

- **Strategy**. Define roles for CFSA and DYRS staff to ensure a plan to support youth with their academic and vocational needs upon placement and reintegration into the community. *(Ongoing)*

December 2023 Updates to June 2023 Findings

- Finding. The roles are defined and understood and are evidenced by the case coordination and case management quarterly discussions led by the CJCC and through ongoing case management and coordination activities.

Number of young people in the population: 8

Data Point	Assumptions (if any)	Result
Demographics – age, race, gender	Summarized counts of age, race, gender, as of the end of the fiscal year	**Age** 1 - 15 years old 2 - 16 years old 4 - 18 years old 1 - 19 years old **Race** 7 - Black or African American 1 - White **Gender** 6 - Male 2 - Female
Demographics – ward of origin	Summarized count of ward of origin, as of the end of the fiscal year or most recent data available Each Agency may work with these young people during different time periods and therefore have different information about them at the end of the report period. This is why we have differing counts here, which we do not find concerning. For example, sometimes a young person will leave one Agency's care while remaining in the care of the other during the report period, resulting in one Agency having more updated info in their system than the other at the end of the fiscal year.	**CFSA** 2 - Ward 2 1 - Ward 5 3 - Ward 6 1 – Ward 7 1 - Ward 8 **DYRS** 1 – Ward 1 2 – Ward 2 2 – Ward 6 1 – Ward 7 2 – Ward 8
Placement type	Summarized counts of most recent placement types at the end of the fiscal year	**CFSA** 1 - Correctional facility 2 - Abscondence 2 - Residential treatment facility 3 - DYRS Secure Facility **DYRS** 1 - Correctional facility 1 - Abscondence 2 - Residential treatment facility 3 - DYRS Secure Facility 1 – Home
School attendance/truancy concerns	If the young person was in school at any point in time during the fiscal year and any notable truancy concerns during the fiscal year	**Combined** 1 – Not school aged 7 - Enrolled at some point during the fiscal year

Data Point	Assumptions (if any)	Result
Involvement with DBH	Summarized counts of types of involvement with DBH, by the end of the fiscal year	**Combined** 1 – Completed DBH services 2 – Not enrolled with a DBH provider 2 - Waiting for the provider 1 – Did not receive services 1 – Refused services
HS Graduation rate (18-21)	Numerator is number of young people who graduated as of the fiscal year	**Combined** 20% (1/5)
Employment (16-21)	Number of young people were ever employed (CFSA) or enrolled in workforce development programming (DYRS) during the fiscal year DYRS: Enrollment in workforce development activities is individualized based on the needs of each youth.	**CFSA** 0 - employed or in internship experience **DYRS** 1 - employed or in internship experience
Re-entry rate (CFSA) Re-arrest rate (DYRS)	CFSA: numerator is the number of young people placed again within a 12-month period after the exit date DYRS: whether the youth person was re-arrested after the initial commitment within the fiscal year	**CFSA** N/A **DYRS** 5 out of 8
# of placement moves within a 12-month period	CFSA: average number of placement moves after commitment within the fiscal year DYRS: average number of placements for all youth within the fiscal year once youth is committed.	**CFSA** 4 **DYRS** 7 (6.875) (For some of the young people, the time that they're committed to each agency is different, which has an impact on the number of placements captured by each agency)
Extended Foster Care participation	CFSA: whether the young person participated in Extended Foster Care in the fiscal year	N/A Extended Foster Care expired after Covid-19 emergency
Exits from custody for dual status youth	DYRS – number of youth whose commitment ended for any reason during the fiscal year	**DYRS** 2
Time in custody for dual status youth	DYRS – average number of days youth committed in the fiscal year	**DYRS** 222 days
Exit from custody and commitment types (i.e., aged-out, exit to relative, etc.). This was originally	Summarized exit status as of the end of the fiscal year	**CFSA** 2 - Exit to reunification 6 - Still in care of CFSA

Data Point	Assumptions (if any)	Result
"exit types (i.e., aged out, exit to relative, etc.)" but we think this updated ask makes more sense	DYRS – For youth whose commitment ended in the fiscal year, count of the reasons for commitment ending/closing reason	**DYRS** 1 – Commitment expired 1 – youth passed away 6 – still in the care of DYRS

CFSA 211 Warmline CQI Process

CFSA's Thriving Families Administration's Evaluations and Data Analytics (EDA) team takes the lead on monitoring CQI activities for internal CFSA-managed programs, such as the Keeping DC Families Together Steering Committee. In FY 2023, CFSA launched the 211 Warmline and implemented the Community Response Model in partnership with the community-based Collaboratives to improve access to services in the community.

The EDA team relies on input from the Keeping DC Families Together Impact subcommittee. The Impact Subcommittee members serve as the primary governance body responsible for monitoring and evaluating the impact of the initiative and the maintaining the CQI feedback activities.

The Impact Subcommittee consists of an interdisciplinary team of researchers, District government agency partners (DBH, DCPS, DHS, DYRS, etc.), community stakeholders, individuals with lived experience and advocacy groups, to name some of the key contributors developed the agency's logic model, framework for evaluation, and key metrics to monitor the 211 Warmline.

EDA's Data Scientist leads the Impact Subcommittee and is responsible for presenting data and posing relevant questions to the subcommittee to request feedback. EDA also meets weekly with the 211 Warmline operational staff and Community Responders (the Collaboratives) to provide recommendations and to monitor the implementation and impact of practice shifts aimed at improving the system.

In a study of Warmline call center data from October 30 to December 31, 2023, the Agency determined that there were a total of 1,509 calls to the Warmline, 676 of which led to service requests. Of that number, 58 led to community response referrals, 34 of which resulted in the callers' needs being met. The most prevalent needs involved housing and utilities (n= 471/846 total needs identified). Additional details can be found in Item 29, Service Array.

Additionally, OTF receives support from Chapin Hall for the continued development and implementation of CQI systems. Chapin Hall CQI experts work closely and advise the EDA team on CQI system development for special initiatives.

CQI Survey - Stakeholder Feedback

In January 2024, CFSA solicited stakeholder feedback to gain insight from internal (direct service and non-direct service positions) staff, external partners and stakeholders, sister agencies, individuals with lived experience, resource parents and community stakeholders on how well the Agency's CQI efforts are functioning.

This effort was in alignment with CFSA's commitment to enhance practice, performance and service delivery to the children and family served. **Question 1** of the survey asked for the respondent's name. **Question 2** asked for respondent's role. The chart below represents the 154 individuals who responded to the survey according to their roles.

Q2: Role In the Districts' Child Welfare System	# of Survey Responses
Child Welfare - Direct Service	29 (19%)
Child Welfare - Non-Direct Service	40 (26%)
Child Welfare - Direct Service Management	32 (21%)
Child Welfare - Non-Direct Service Management	18 (12%)
Other Government Employee	12 (8%)
Person with Lived Experience	9 (6%)
Resource Parent (current or former)	2 (1%)
Community Stakeholder	8 (5 %)
Advocate	4 (3%)
Other (Attorney)	1 (1%)
Total Responses	**154**

Question 3 and Question 4 asked specifically about CFSA's CQI processes.

Response	Q3: Do you know that CFSA uses Continuous Quality Improvement (CQI) methods to improve outcomes?	Q4: If yes, how would you rate these continuous quality improvement (CQI) efforts?
Yes	126 (82%)	73 respondents answered this question. The average rating was 63% (sliding scale from 0% - Needs Improvement to 100% - Doing Great)
No	28 (18%)	
Total	**154**	**128**

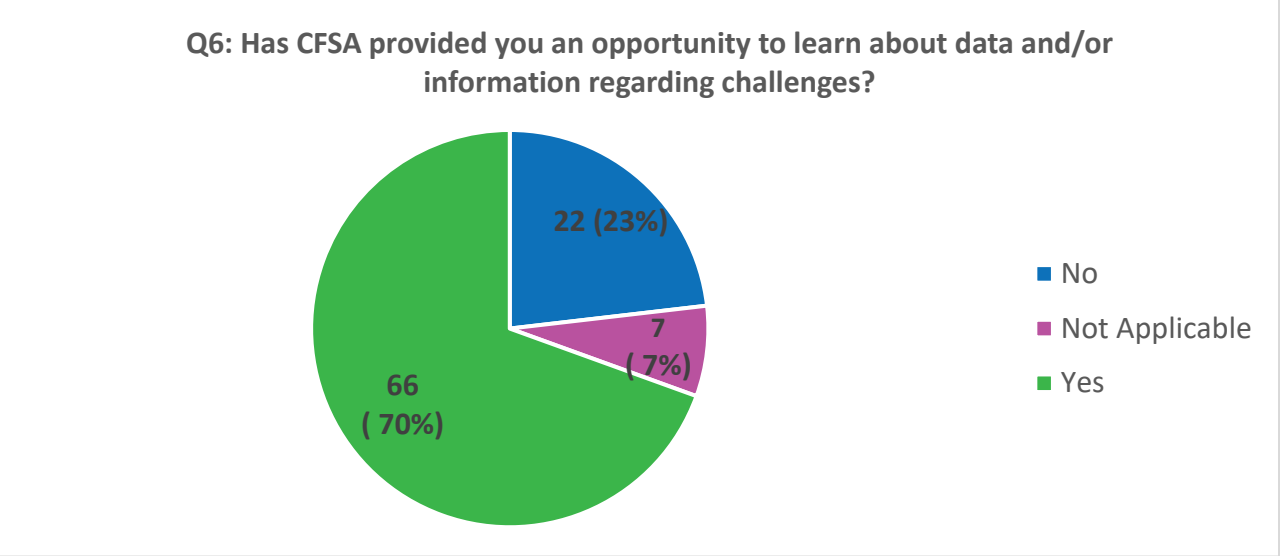
Question 5 asked respondents to provide a short explanation to support their rating in Question 4. Fifty-seven respondents replied to this question. The following examples highlight some of the trends from the responses:

- **Transparency and communication**: Several responses highlighted a lack of transparency in CQI efforts and difficulty connecting these efforts to actual improvement. Suggestions included

providing examples of CQI activities, improving reporting, and ensuring feedback is heard and acted upon.

- **Collaboration and buy-in**: Some responses mentioned positive collaboration and openness to change, while others pointed to silos and a lack of employee involvement. This feedback suggests a need for better communication and engagement across departments and staff levels.
- **Effectiveness and efficiency**: There was mixed feedback on the effectiveness of CQI. Some saw positive outcomes and continuous improvement, while others questioned the return on investment and suggested streamlining processes and focusing on impactful changes.
- **Data and resources**: Some responses mentioned the need for better utilization of both qualitative and quantitative data, while others called for additional resources to support CQI efforts. This suggests a potential gap between data collection and effective utilization.

As the chart below reveals, **Question 6** asked about opportunities for staff to learn about data and information on challenges.



Question 7 asked, "What are the venues (e.g., meetings, events, focus groups, surveys, CFSA website) that provide you with an opportunity to learn about CFSA's data and practice challenges?"
Overall responses included the following highlights:

- There are diverse channels through which individuals learn about CFSA's data and practice challenges with meetings being the most frequently mentioned.
- Other well-used venues include the CFSA website, focus groups, surveys, and CFSA's LAB.
- Some respondents reported limited access to information or difficulty connecting with CFSA.

The following specific venues were highlighted for CQI information sharing:

- **Meetings**: Staff meetings, management meetings, Collaborative meetings, community pop-up meetings, and specific committee meetings were mentioned.
- **Website**: Many respondents indicated finding resources like reports, dashboards, news, and publications as helpful.

- **Focus Groups**: These venues provided opportunities for deeper discussions and feedback sharing.
- **Surveys**: While used less frequently, respondents felt that surveys helped gather wider input.
- **CFSA LAB**: This venue offered helpful data analysis, presentations, and discussions on practice challenges.
- **Trainings**: Some mentioned specific trainings as informative, like cybersecurity, ethics, and racial equity.
- **Other**: Less common channels included presentations, events, lived experience sharing, and help desk interactions.

Question 8 and Question 9 both focused on opportunities to provide feedback.

Response	Q8: Has CFSA provided an opportunity for you to give feedback about what you think contributes to the practice challenges?	Q9: If you responded yes to question 8, please describe those opportunities
Yes	70 (45%)	Meeting forums were the most common opportunities.
No	20 (13%)	Quality Service Review (QSR) Debriefings, focus groups and surveys were highlighted in several of the responses.
Not Applicable	5 (3%)	
Total	**95**	**49**

Question 9 asked, "If you responded, 'yes' to Question 8 (Has CFSA provided an opportunity for you to give feedback about what you think contributes to the practice challenges?), please describe those opportunities". Forty-nine respondents answered this question.
Overall responses included the following feedback:

- CFSA offers various avenues for staff to provide feedback on practice challenges with meetings being the most prominent.
- Other common channels include surveys, focus groups, and continuous reports.
- Some respondents felt limited in providing feedback or expressed concerns about responsiveness to feedback.

The following specific venues were highlighted for CQI feedback:

- **Meetings**: Staff meetings, management meetings, unit meetings, community meetings, and specific committee meetings were mentioned.
- **Surveys**: While less frequent, surveys allowed wider input collection.
- **Focus Groups**: The focus groups provided deeper discussions and feedback sharing in smaller groups.
- **Continuous Reports**: Sharing data and reports can prompt discussions and feedback.
- **CFSA Lab**: This venue offered opportunities for feedback during data analysis and discussions.

- **Other**: Less common channels included supervision, open-door policies, emails, and LEAN projects.

Question 10 asked, "If you responded, 'No' to Question 8 (Has CFSA provided an opportunity for you to give feedback about what you think contributes to the practice challenges?), do you have any suggestions on how we can provide opportunities to learn about data?"
The following existing methods were highlighted:

- Meetings were mentioned most frequently, including staff meetings, divisional meetings, and quality reviews.
- Some indicated access to reports and dashboards.
- Other methods mentioned included newsletters, reports in print or other news media, and interagency connections.

The following improvements are desired:

- **Transparency and accessibility**: Concerns about data transparency and difficulty finding relevant information were raised.
- **Inclusivity and engagement**: Suggestions included involving stakeholders beyond "pop-up" events, allowing staff to share expertise, and increasing supervisory responsibility.
- **Communication and feedback**: Sharing outcomes of quality reviews and improving feedback mechanisms were mentioned.
- **Data literacy and training**: Providing training on data platforms and analysis was suggested.
- **Other**: Resurrecting an employee portal for anonymous feedback and utilizing study groups were mentioned once each.

Question 11 asked, "If you selected, 'not applicable' to Question 8, please explain."
Responses to this question did not yield any meaningful data.

Questions 12, 13, 14, and 15 included feedback on future planning:

Response	Q12: Has CFSA provided an opportunity to share solutions to overcome the challenges?	Q13, Q14, Q15: Questions below were included in the survey to elicit feedback for future planning stakeholder engagement activities
Yes	63 (73%)	If you responded no to question 12, do you have any suggestions on how we can provide opportunities to learn about data?
No	17 (20%)	If you selected "not applicable" to question 12, please explain
Not Applicable	6 (7%)	If you selected "not applicable" to question 12, please explain
Total	**86**	**88**

A summary of the responses to Questions 12, 13, 14, and 15 included the following opportunities:

- **Existing venues**: Several respondents mentioned existing channels like meetings, focus groups, surveys, and reports as avenues for sharing solutions.
- **Additional suggestions**: Some proposed using the newsletter, retreats, community focus groups, and staff suggestion boxes.
- **Collaboration and feedback**: Some reported opportunities to collaborate on solutions (e.g., CFSA Lab, Lean projects) and provide feedback on proposed solutions (e.g., debriefing meetings).

The following challenges and needs were highlighted:

- **Limited reach and accessibility**: Some felt existing venues don't reach all staff or lack clear instructions on how to contribute (e.g., Lab perceived as for management only).
- **Unresponsiveness and lack of action**: Some expressed concerns about feedback not being heard or acted upon, suggesting a need for improved communication and follow-through.
- **Data access and training**: Others called for better data access and training for staff to analyze and contribute data-driven solutions.
- **Community involvement**: A few highlighted the need for incorporating community stakeholders and their perspectives.

Finally, **Question 16** asked, "What would be the most efficient way to provide feedback on data, information, and challenges?"

The following existing methods were highlighted:

- **Meetings**: Many mentioned meetings as valuable, including town halls, management meetings, focus groups, and workgroups.
- **Surveys**: While less cited, surveys were seen as efficient for wider data collection.
- **Reports and dashboards**: Some found existing reports and dashboards helpful.
- **Other**: Emails, suggestion boxes, newsletters, and community meetings were mentioned less frequently.

The following improvements are desired:

- **Accessibility and transparency**: Suggestions included ensuring all staff have access to data and information, and that feedback channels are clearly communicated.
- **Responsiveness and action**: Some expressed concerns about feedback not being heard or acted upon, suggesting a need for better follow-through and communication of actions taken.
- **Timeliness**: Several called for quicker response times and feedback loops, like surveys after trainings or data presentations.
- **Inclusivity and diverse formats**: Catering to different preferences, including in-person, online, and anonymous options, was highlighted.
- **Focus on solutions**: Some emphasized creating a culture where staff feel empowered to share solutions alongside challenges.

- **Data literacy and training**: Equipping staff with data analysis skills could enhance their feedback contributions.

CONCLUSION

The District's robust and evolving QA / CQI framework remains an area of Strength. There are some gaps between the survey respondents and the intent and results of the CQI system. Overall, the Agency continues to invest in a strong QA / CQI system through feedback from all stakeholders.

D. Staff and Provider Training

SYSTEMIC FACTOR 4: ITEM 26

Systemic Factor 4:	**Staff and Provider Training**
Item 26:	**Initial Staff Training**

STANDARD

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and,
- The system demonstrates how well the initial training addresses the basic skills and knowledge needed by staff to carry out their duties?

RESPONSE

The District's initial staff training is rated as an area of Strength. CFSA's Child Welfare Training Academy (CWTA) fulfills the District's legal mandates for the training and licensing of social workers, providing quality child welfare knowledge, skills, and development opportunities for social workers, family support workers (FSWs), supervisors, and resource parents.

POLICY AND PRACTICE

CWTA's initial training (pre-service training) ensures a quality, appropriate knowledge base for child welfare professionals to serve CFSA clients. In addition to understanding the Agency's policies and procedures, social workers and FSWs are equipped with best practice skill sets to respond to common circumstances encountered in the field and in the office while working with children and families. CFSA-contracted private agency providers, case-carrying social workers, and supervisors, and direct service staff from CFSA's contracted community-based Collaboratives are all required to participate in pre-service training. In addition, the Collaboratives began a pilot training program in FY 2023, requiring

certain training courses for safety sensitive positions. Required Collaborative staff trainings include *Foundations of Child Welfare Practice*, *Family-Centered Practice*, *Worker Safety/Child Passenger Safety*, *Motivational Interviewing*, *From Prevention to Permanency*, *Caregiver Strengths and Barriers Assessment tools*, *Mandated Reporter* training, and the *Community Portal*.

The pre-service curriculum includes a minimum of 80 training hours, required within 90 days of being hired. The training courses are suited to different learning styles that can be appropriately applied to different practice settings. New hires from both CFSA and the private agencies are required to attend this training prior to receiving access to FACES.NET (Statewide Automated Child Welfare Information System or SACWIS) as well as STAAND (Comprehensive Child Welfare Information System or CCWIS) unless a waiver is approved.[24]

Following the pre-service training modules, staff members are placed in a training unit to complete on-the-job applied professional training (APT) in their respective programs. Subsequent APT activities help direct services staff to integrate theoretical concepts into actual practice with the support of their supervisor. APT (also referred to on-the-job training) occurs between 4 and 6 weeks for in-home and out-of-home social workers and 9 weeks for those assigned to the Hotline and Investigations Administration. In instances of newly hired staff returning to work in child welfare, managers may request a pre-service training waiver for social workers, FSWs, nurse care managers, and nurse practitioners who have successfully completed CWTA pre-service training within the past 24 months and have not had a lapse in employment exceeding 60 days.

Newly hired supervisors are required to complete the pre-service training, *Mastering the Art of Child Welfare Supervision* (MACWS 1.0). This training comprises seven modules focused on acclimating newly hired supervisors to clinical supervision in the child welfare setting. Additionally, supervisors are required to enroll in the three-day mandatory FACES/STAAND training.

The MACWS 1.0 training is offered monthly in sequential order. However, newly hired supervisors can begin the training with any modules, i.e., the supervisors are not required to wait for Module 1 to begin their training. By engaging in these monthly sessions, newly hired supervisors are able to acclimate to their new position and return to their daily functions to apply learning between training sessions.

HISTORICAL PERFORMANCE

The District received an overall rating of Strength for Item 26 during the 2016 CFSR. Information in the Statewide Assessment showed that most CFSA and private agency new hires did complete the 80 hours of required pre-service training within 90 days of being hired and before being assigned cases. In addition, the training incorporated skill-building opportunities for new staff through specific on-the-job

[24] As noted previously in this document, STAAND will replace FACES.NET as early as FY 2025.

activities designed to use the knowledge learned in the classroom. In a survey conducted 6 months after 38 staff completed new hire pre-service training from January through August 2015, nine new hires responded to the survey. Of those who responded, seven attending the classroom portion agreed that the training provided them with the necessary skills to perform their job function while eight of the APT trainees agreed with this assessment.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Information Systems, Quality Assurance, and Training	▪ FY 2020-2024 CFSP ▪ FY 2024 APSR ▪ FACES.NET Management Reports ▪ FY 2024 CWTA Training Plan	CFSA Diversity and Equity Administration	Interview
		CFSA Hotline and Investigations - Program Manager	Interview
		CFSA Office of In-Home and Out-of-Home Care – Deputy Director and Program Administrator	Interviews
		Out-of-Home Social Workers	Survey
		In-Home Social Workers	Survey
		Assistant Attorneys General (AAGs)	Focus Group

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

What are the state's requirements for initial training (i.e., number of hours, brief description of course content/modules and learning objectives, and who is required to attend)?

CFSA and Private Agency Direct Services Staff

CFSA's policy on Pre-Service and In-Service Training for Direct Services Staff requires CFSA and private agency social workers, supervisory social workers, FSWs, supervisory family support workers, nurse care managers, supervisory nurse care managers, and nurse practitioners to receive pre-service training that incorporates best practice standards in both classroom and APT (i.e., on-the-job training) modalities. For private agency staff, all new hires complete pre-service training through CWTA.

Pre-service training modules illustrate best practices, and subsequent APT activities help direct services staff to integrate theoretical concepts into actual practice with the support of their supervisor.

The APT modality allows the newly hired staff member to apply the theoretical knowledge from the classroom training to the day-to-day work of child welfare in the District of Columbia. These newly hired CFSA staff work closely with their supervisor or training supervisor to gain experience and practical knowledge over a 4-to-6-week period following CWTA classroom training. New CPS social

workers attend a series of Hotline and Investigation trainings that outline policies, procedures, and best practices. Their grasp of the material is assessed regularly through knowledge checks.

Private agency staff are supported through APT by their assigned supervisor after completing the CWTA classroom training. Private agency staff are assigned cases by their supervisor who provides support to apply the competencies learned. The Collaborative case management personnel and their supervisors participate in CFSA's pre-service training within 30 days of being hired.

CFSA and private agency direct services staff must complete a minimum of 80 hours of pre-service training within 90 days of being hired. Supervisors, program managers, and administrators must complete a minimum of 40 hours of supervisory pre-service MACWS training (noted earlier) within 8 months of assuming a supervisory role.

MACWS is a 12-day core supervisory training program that is structured to meet the needs of newly hired and promoted supervisors. Through seven modules, CWTA trainers provide the supervisors with an in-house strength-based solution-focused approach to preparing for the challenges and benefits of their supervisory roles. Emphasis is placed on developing mentoring and coaching skills to effectively support staff, as well as understanding and working with differing learning styles. The CWTA trainer teaches and demonstrates the skills, which are in turn practiced by the training participants, and then evaluated by the trainer.

If a CFSA direct service staff cannot attend a pre-service training session, CWTA will enroll the individual in the next available session during the next available pre-service training cohort. Pre-service training cohorts occur monthly. If a newly hired or promoted supervisor misses a month, they are out of compliance with the requirement of training completion within 8 months of promotion. However, the individual can enroll in the next missed session to complete the MACWS 1.0 series.

FACES.NET (transitioning to STAAND) is another required new hire pre-service training which focuses on providing step-by-step instruction on how to utilize CFSA's child welfare information system. CWTA partners with the Agency's Child Information Systems Administration to facilitate this required training which also includes completing security requirements for being able to utilize the case management system.

In instances of newly hired staff returning to work in child welfare, managers may request a pre-service training waiver by completing and submitting a Pre-Service Training Waiver form to CWTA. Eligible staff may include social workers, FSWs, nurse care managers, and nurse practitioners who have successfully completed CWTA pre-service training within the past 24 months and have not had a lapse in employment exceeding 60 days.

From July 2021 through June 2022, managers submitted 19 Pre-Service Training Waiver forms. Of these, five were approved, four were denied, and 10 were "contingent approvals." Contingent approval is provided when newly hired staff have completed most of the required pre-service training sessions but still need to complete either newly updated sessions or newly added sessions since the time of their original pre-service completion date. Denials occur when newly hired staff have not completed pre-service training within the past 24 months or there was a lapse in CFSA or private agency employment for more than 60 days.

Optional Manager Pre-Service Training Topics

Module I: Clinical Supervision in Child Welfare **2 days (12 hours)**	Examines the common experiences, issues and the first key tasks of new supervisors. The two-day examines their leadership style, address some of the key aspects of leadership, and learn the three core functions of clinical supervision.
Module II: Leadership in Child Welfare **2 days (12 hours)**	Examines different leadership styles. The use of self-inventories and assessment tools will allow the supervisor to identify his or her own style of leadership
Module III: Fundamentals of Communicating with Staff and Managing Conflict & Change **2 days (12 hours)**	Explores conflict with staff and provides various conflict resolution tools to manage the change process.
Module IV: Planning and Decision-making **2 days (12 hours)**	Addresses "planning and decision-making" from the standpoint of helping supervisory social workers plan and decide the essential casework practice activities and processes for outcome-driven performance.
Module V: Managing Through Challenges **2 days (12 hours)**	Assists supervisors in identifying conflict with their staff and provides various conflict resolution tools for managing the change process. Supervisors create plans of action for managing supervisees and examine communication techniques.
Module VI: Managing Stress **2 days (2 hours)**	Assists supervisors in identifying stressors that can affect their staff as well as themselves. Supervisors examine the importance of self-care and how to support staff using case studies and experiential exercises.
Module VII: Case Consultation & Coaching **1 day (6 hours)**	Practice coaching skills that have been introduced and built upon over the course of the previous six modules. Supervisors explore the coaching relationship and learn coaching strategies for use in supervision and case consultation.

Community-Based Collaborative Staff Pre-Service Training

Throughout FY 2022, CFSA worked in partnership with the Agency's contracted community-based partners, the Healthy Families/Thriving Communities Collaboratives (Collaboratives), to develop a pre-service training curriculum customized for newly hired Collaborative staff. Staff include case management staff and clinical supervisors. The training assists with onboarding new hires and allows for a contingency hire period so that new employees could be onboarded timely while clearances were pending. This training was implemented at the beginning of FY 2023. The training requirements include 45 mandatory pre-service hours (see chart below) and 30 hours of in-service training.

COLLABORATIVE PRE-SERVICE TRAINING				
COURSE TITLE	DAYS	HOURS	LOCATION	TRAINER
FOUNDATIONS OF CHILD WELFARE PRACTICE	1	6	MS TEAMS	CWTA
FAMILY CENTERED PRACTICE	1	6	MS TEAMS	CWTA
WORKER SAFETY/ CHILD PASSENGER SAFETY	1	6	MS TEAMS	CWTA
MOTIVATIONAL INTERVIEWING	1	6	MS TEAMS	CWTA
FROM PREVENTION TO PERMANENCY	2	12	MS TEAMS	CWTA
CAREGIVER'S STRENGTHS & BARRIERS ASSESSMENT	1	6	MS TEAMS	CWTA
COMMUNITY PORTAL	1	2	MS TEAMS	CISA
MANDATED REPORTER	1	1	CFSA Website	https://cfsa.dc.gov

The CWTA pre-service training syllabus for newly hired direct service workers includes the following required courses:[25]

DEA DEVELOPMENT & EQUITY ADMINISTRATION

CWTA CHILD WELFARE TRAINING ACADEMY

Module & Duration	Module Description/Competencies Addressed	Practice Activities
Activity: CFSA's Child Welfare Training Academy (CWTA): Mandatory Pre-Service Training **Duration:** Short-term **Audience:** CWTA is the training provider, unless otherwise noted. All newly hired child welfare caseworkers, social worker (SW), supervisors (hired from outside the Agency), family support workers (FSW) and nurse care managers (NCM)		
Foundations for Effective Child Welfare Practice 2 days (12 hours)	This training teaches CFSA employees and its partners to keep children safe and promote their well-being and permanence. The session covers an overview of child welfare laws, history, and current legislation, CFSA's Practice Model, values, ethical practices, and RED team overview. It also includes a focus on accountability and the need to continually evaluate services to ensure best practices are offered to the children and families we	▪ Referral to Services ▪ Child Placement ▪ Development of Case Plans ▪ Case Management and Supervision ▪ Social Work Practice ▪ Cultural Competency

[25] In June 2022, the CFSA established DEA to formalize the Agency's priority towards inclusion, belonging, and workforce well-being. DEA oversees CWTA, as well as Workforce Clinical Well-Being and Equity & Change Management.

Module & Duration	Module Description/Competencies Addressed	Practice Activities
	serve. This course is for newly hired social workers, family support workers, and nurse care managers.	▪ Communication Skills and Working with Families
Family-Centered Practice 3 days (18 hours)	This training teaches CFSA employees and its partners how to work in a child-centered manner to keep children safe and to promote their well-being and permanence. The session covers child and adolescent development, DC child welfare laws and definitions, and an overview of CFSA's and its partners mandated responsibilities. An overview of the legal life of a case is offered, in addition to Trauma Systems Therapy (TST). [Note: CFSA's training does not focus on the actual clinical or mental health interventions of TST, but rather the trauma-informed recognition, assessment and case planning-related elements of practice that are being deployed throughout the child welfare system.]	▪ Referral to Services ▪ Child Placement ▪ Development of Case Plans ▪ Case Management and Supervision ▪ Social Work Practice ▪ Cultural Competency ▪ Overview of Child Abuse and Neglect Issues ▪ Substance Abuse, Domestic Violence (DV), and Mental Health (MH) Issues Related to Children and the Child Welfare System ▪ Communication Skills and Working with Families
Shared Parenting ½ day (3 hours)	This 3-hour workshop introduces foster parents and child welfare workers to Be Strong Families' Shared Parenting workshop, assisting to promote healthy, meaningful working relationships and partnerships with the parents of children in care. The curriculum is also infused with strategies for effectively engaging parents and enhancing capacity to: ▪ Find commonalities and promote harmony and collaboration between foster parents and parents with child welfare involvement ▪ Practice communication skills for challenging conversations ▪ Expand empathy and let go of judgment ▪ Develop strategies to work together to benefit children in care	▪ Placement of the Child ▪ Communication Skills and Working with Families ▪ Social Work Practice ▪ Cultural Competency ▪ Permanency Planning ▪ Activities Designed to Preserve, Strengthen, and Reunify the Family
Motivational Interviewing 1 day (6 hours)	Motivational Interviewing (MI) is an established evidenced-based, client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors. Because MI's foundation is rooted in a strengths-based, solution-focused treatment modality, it will be integrated as a practice standard for CFSA's direct service staff to increase positive outcomes for children and families. This one-day course for new hires will introduce participants to the principles and skills of motivational interviewing while also connecting the use of MI to the implementation of the Family First Prevention Services Act of 2018.	Under Title IV-E Prevention Services (no application of the FC penetration rate, and FFP @ 100% during public health emergency) ▪ Development of Case Plans ▪ Referral to Service

Module & Duration	Module Description/Competencies Addressed	Practice Activities
Prevention to Permanence 3 days (18 hours)	This training focuses on providing participants with a step-by-step walkthrough of a CFSA-involved case starting with the CPS Hotline call and ending with successful achievement of permanency, either through reunification, guardianship, adoption, or transitioning out of care at the age of 21. This course focuses on the Structured Decision Making® (SDM) assessments and various assessment tools completed by social workers throughout the course of an investigation, and delivery of in-home and out-of-home services. This training also incorporates the Danger & Safety Assessment training.	▪ Social Work Practice ▪ Development of Case Plans ▪ Referral to Services ▪ Child Placement
Danger & Safety Assessment 2 days (12 hours)	In this training, participants from across the entire child welfare continuum, including in-home and permanency units, learn about the purpose and utilization of the SDM® Danger and Safety Assessment. This includes assistance with (1) assessing whether any child is likely to be in imminent danger of serious harm and maltreatment, (2) determining whether a safety plan can be created to provide appropriate protection from that danger while safely serving the child in-home, 3) determining whether a situation requires a child's removal from the home, and 4) determining whether reunification is appropriate for children in foster care.	▪ Assessments to determine whether a situation requires a child's removal from the home (because the training is not related directly to conducting a child abuse and neglect investigation) ▪ Reunification planning
CPS Practice Operations 3 days (18 hours)	In this training, participants who are assigned to CPS learn about the structure and function of the CPS administration, the legal and social information necessary to address child abuse and neglect allegations, removals of children and the related court process, and the investigation process. At the conclusion of this training, participants should be able to understand the allegations of child abuse and neglect and to understand the process of completing a full and thorough investigation.	▪ Not Allowable for Title IV-E
Child and Adolescent Functional Assessment Scales/Preschool Early Childhood Functional Assessment Scales (CAFAS/PECFAS) 3 days (18 hours)	In this training, participants learn how to complete and utilize CAFAS/PECFAS, which is an evidence-based functional assessment tool that determines and measures (over time) the functional impairment of children placed in foster care. CFSA uses the CAFAS and PECFAS results to inform placement decisions. The CAFAS/PECFAS is not a specialized clinical tool (such as a psychological, medical, or educational assessment) that is completed in the presence of the child. It is a tool that assists social workers to synthesize case circumstances into empirical scores across functional domains, and it directly informs placement decisions. It supports integrated case planning and treatment decisions for children, youth, and their families. Other agencies in the District's human services cluster also use the tool, which facilitates common language among child-serving agencies and contributes to	▪ Referral to Services ▪ Child Placement ▪ Development of Case Plans

Module & Duration	Module Description/Competencies Addressed	Practice Activities
	information sharing across systems. Attendees come away with an understanding of how to interact with the tool, and how to use its results to make placement decisions in the least restrictive and most family-like settings possible, given the child's level of impairment.	
Program Operations Training 4 days (24 hours)	In this training, participants who are assigned to all other direct service administrations (except CPS) and all private agency new hires learn how to identify their professional roles when communicating and engaging with families and resource providers, specifically regarding concurrent planning. They also learn how to construct specific strategies to overcome potential challenges to concurrent planning with families, children, and youth in foster care. Lastly, participants learn how to produce a strength-based, culturally competent, and solution-focused court report. This course is for newly hired non-CPS social workers and non-CPS family support workers.	▪ Social Work Practice ▪ Development of Case Plan ▪ Referral to Services ▪ Child Placement ▪ Cultural Competency ▪ Communication Skills and Working with Families ▪ Preparation for Judicial Proceedings
FACES.NET: Ongoing Case Management Focus 6 days (36 hours)	This training offers a complete overview of the Agency's web-based child welfare information system, FACES.NET, including every social work user interface that the trainees will be expected to manage upon graduation from CWTA into the role of ongoing case management social worker in either an In-Home or Permanency services unit. Within the overall FACES.NET training is a three-day module on development and maintenance of the Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS).	▪ Preparation for Judicial Proceedings ▪ Development of Case Plans ▪ Child Placement ▪ Referral to Service ▪ Case Reviews
FACES.NET: Caregiver Strengths and Barriers Assessment 2 days (12 hours)	This training is a two-day continuation of the standard FACES.NET training for ongoing case management functions, but focuses on the CSBA, which is a functional assessment tool utilized by CFSA's In-Home Services team.	▪ Allowable at 50 percent Title IV-E Administration
FACES.NET: CPS 3 days (18 hours)	This training offers a complete overview of the Agency's web-based child welfare information system, FACES.NET, including every social work user interface that the trainees will be expected to manage upon graduation from CWTA into an Entry Services unit.	▪ *Not Allowable for Title IV-E*
Social Worker Safety 1 day (6 hours)	This training emphasizes key factors in maintaining worker safety, such as levels of learning; preparing for safe home visits; dealing with hostile, angry, and aggressive clients; risk factors and potential dangers; and ethical considerations.	▪ Allowable at 50 percent Title IV-E Administration
Child Passenger Safety 1 day (6 hours)	This training provides new hires with hands-on instruction of the proper installation and maintenance of child passenger seats.	▪ Allowable at 50 percent Title IV-E Administration

Module & Duration	Module Description/Competencies Addressed	Practice Activities
Teaming with Legal 2 days (12 hours)	This 1.5-day training provides newly hired social workers with the knowledge needed to effectively partner with the Child Protection section of the District's Office of the Attorney General so as to understand the key elements of preparation for court appearances and attendance at court proceedings in foster care cases. Topics covered include gathering case information and evidence to support the Agency position in court, developing court petitions, writing court reports, providing testimony under oath, and teaming with the court on permanency planning.	▪ Preparation for Judicial Proceedings
Writing Effective Court Documents ½ day (3 hours)	This course will provide an overview of child welfare practice in the District of Columbia and its intersection with federal and local laws, and District of Columbia Courts. Participants will receive an introduction to the various types of hearings, interested parties, legal terminology, and clinical documentation for legal proceedings. This course provides participants an opportunity to engage in experiential learning by drafting court documentation and receiving feedback to promote professional growth	▪ Preparation for Judicial Proceedings ▪ Development of Case Plans
Understanding and Addressing Secondary Traumatic Stress (STS) 1 day (6 hours)	This one-day session provides new hires with key information related to the cause and condition of secondary traumatic stress as a child welfare professional. This session will also highlight ways to prevent the onset of secondary traumatic stress and implement strategies to address the symptoms of STS early on.	▪ Allowable at 50 percent Title IV-E Administration

The CWTA pre-service training syllabus for newly hired managers includes the following required courses:

Module & Duration		
Activity: CFSA's CWTA: Leadership Development Training, *Mastering the Art of Child Welfare Supervision* **Duration:** Short-term – Note: trainings offer CEUs for participants. **Provider:** CWTA is the primary training provider, unless otherwise noted. **Audience:** All newly hired supervisors or recently promoted CFSA and private agency social workers.		
Module I: Clinical Supervision in Child Welfare 2 days (12 hours)	This course examines the common experiences, issues and the first key tasks of new supervisors. The two-day course provides new supervisors with an opportunity to examine their leadership style, address some of the key aspects of leadership, and learn the three core functions of clinical supervision.	▪ Case Management and Supervision
Module II: Leadership in Child Welfare 2 days (12 hours)	This two-day course provides an understanding of different leadership styles. The use of self-inventories and assessment tools will allow the supervisor to identify his or her own style of leadership. The participant will learn how variations of power impact staff cohesion and	▪ Case Management and Supervision

Module & Duration	Module Description/Competencies Addressed	Practice Activities
	productivity. They will also connect the dots between the usage of alternate leadership skills and the impact on worker performance. As leaders, supervisors will become aware of how and when coaching is to be used with their teams.	
Module III: Fundamentals of Communicating with Staff and Managing Conflict & Change 2 days (12 hours)	This two-day course assists supervisors in identifying conflict with their staff and provides various conflict resolution tools to manage the change process. Supervisors create plans of action for managing direct reports and examine communication techniques. Supervisors also learn how to integrate coaching skills as a way of managing effective versus non-effective communication skills and resolving conflict.	▪ Case Management and Supervision
Module IV: Planning and Decision-making 2 days (12 hours)	This two-day course focuses on how Agency policy impacts Agency practice. This module addresses "planning and decision-making" from the standpoint of helping supervisory social workers plan decide the essential casework practice activities and processes for outcome-driven performance. In addition, the course outlines the optimal supervisory processes and practices that promote the growth and development of staff. These parallel sets of processes work together to promote quality social work practice leading to optimal outcomes of safety, permanency, well-being, and enhanced family resilience. This module provides supervisors with opportunities to build knowledge, skills, and self-awareness.	▪ Case Management and Supervision
Module V: Managing Through Challenges 2 days (12 hours)	This two-day course assists supervisors in identifying conflict with their staff and provides various conflict resolution tools for managing the change process. Supervisors create plans of action for managing direct reports and examine communication techniques. In this course supervisors learn how to integrate coaching skills as a way of managing effective versus non-effective communication skills and resolving conflict.	▪ Case Management and Supervision
Module VI: Managing Stress 2 days (2 hours)	This two-day course assists supervisors in identifying stressors that can affect their staff as well as themselves. Supervisors examine the importance of self-care and how to support staff using case studies and experiential exercises. This course helps supervisors use the skills of modeling and coaching during supervision sessions.	▪ Case Management and Supervision
Module VII: Case Consultation & Coaching 1 day (6 hours)	This six-hour course provides supervisors an opportunity to practice coaching skills that have been introduced and built upon over the course of the previous six modules. Supervisors explore the coaching relationship and learn coaching strategies for use in supervision and case consultation.	▪ Case Management and Supervision

During the Statewide Assessment interview, the CWTA program manager indicated that CWTA is offering an abbreviated training schedule to support swifter transition of new hires to their units of assignment. This condensed schedule is expedient due to higher social work vacancy rates that child welfare agencies are experiencing across jurisdictions, including the District of Columbia.

The abbreviated training schedule includes a series for Hotline and Investigations staff and a series for the In-Home and Out-of-Home Administrations. These sessions are the same as defined above. However, 2-day sessions have been condensed to 1-day sessions. The following sessions are required:

Hotline and Investigations Staff

- Foundations of Child Welfare Practice
- Family Centered Practice
- Motivational Interviewing
- From Prevention to Permanence
- Caregivers Strengths and Behavior Assessment (CSBA)
  Danger and Safety Assessment
- FACES Training
- CPS Practice Review
- Teaming with Legal and Virtual Court Tour

In-Home and Out-of-Home Staff

- Foundations of Child Welfare Practice
- Family Centered Practice
- Motivational Interviewing
- From Prevention to Permanence
- Caregivers Strengths and Behaviors Assessment (CSBA)
- Danger and Safety Assessment
- CAFAS/PECFAS Assessment Training
- FACES.NET Training
- Teaming with Legal and Virtual Court Tour
- Out-of-Hom Case Practice Review

To supplement classroom content, the APT supervisors or the assigned supervisors provide additional experiential training in Investigations and In-Home/Out-of-Home Administrations. APT is conducted in three phases with the Investigations team over a 9-week period – OJT Condensed 9 Week Curriculum.

What is the state's process for ensuring that the state's requirements for initial training are met?

CFSA's Human Resources Administration informs new hires of both CWTA's pre-service and in-service training requirements at the time of onboarding during a 2-day new hire orientation. CWTA categorizes pre-service new hire trainings by cohorts of hire dates. Trainees and their supervisors receive cohort schedules, while trainees receive calendar invitations to all required courses. Trainers report absences based on attendance. New hires are expected to alert CWTA when circumstances prevent classroom attendance. During this process, the Agency's Health and Wellness program coordinator, located within the Human Resources Administration, conducts one-on-one sessions with new hires after 30 days and 60 days of the hire date to assess their comfort and knowledge level following classroom training and APT experience.

All training status information is entered into FACES.NET, including completions, no-shows, deletions, and incompletes. Data is subsequently reconciled via FACES.NET management reports in collaboration with the OPPPS Performance Accountability and Quality Improvement Administration (PAQIA) team. Non-supervisory new hires receive notification from the Human Resources Administration regarding the pre-service training requirement and calendar invites from the CWTA program manager. The CWTA program manager also sends notification to all newly hired supervisors regarding their pre-service training requirements, completion date, and links to register for the mandated courses. Participants are required to obtain a minimum 80 percent score on the knowledge check to receive credit for attendance. If 80 percent is not attained after two attempts, the new hire is coached by the CWTA trainer and provided the opportunity to either retake the training session or retake the knowledge check a third time after coaching. Again, CWTA and PAQIA utilize FACES.NET management reports to assess completion rates, determine who has not completed a training, or who has received an approved waiver for a training.

For Collaborative staff, per their contract, the Collaborative maintains documentation related to their required pre-service training. CFSA's Contracts Monitoring Division checks compliance.

While there is no formal process for supervisors to report specific pre-service training needs of newly hired staff, there is a formal process to request additional in-service training courses. Requests are made through CWTA's Training Request and Information Platform (TRIP). Additionally, the Agency's APT supervisor and other supervisors are informed of an open communication process that allows for feedback related to additional training needs.

How does the state ensure that initial training is aligned with specific job descriptions? How often is training reviewed for alignment with specific job descriptions or new initiatives?

CWTA's courses are tailored to provide a solid skill set and knowledge base to achieve the objectives of preventing children from entering the foster care system and achieving permanency for those who are in the foster care system. To ensure that training aligns with specific job descriptions and initiatives,

CWTA abides by current child welfare laws and regulations. Training ensures that social workers understand the legal framework and regulations governing child welfare to work within the legal boundaries of the field.

Trainings also focus on Motivational Interviewing, which is an evidence-based case management approach, that informs thorough assessments of children and families, helping social workers and families to develop case plans, and facilitating appropriate ongoing case management services to address a family's needs and children's safety. Further, social workers receive training on cultural competency, sensitivity, and humility as they engage diverse populations.

All social workers and interested CFSA staff have access to trauma-informed curricula. In addition, social workers are trained to manage crises that may occur with children, youth, or while working in the community. Finally, social workers are trained in a CWTA-developed documentation format, known as PCAP (Purpose, Content, Assessment and Plan). The PCAP formula requires clinical, trauma and healing-informed documentation that highlights the importance of accurate and confidential documentation.

In partnership with CWTA's program administrator, program manager, and instructional design training specialist, most CWTA training curricula are developed by the CWTA trainers. Updates or modifications are made within the curriculum as applicable. Since the curricula is developed in-house, updates can be made immediately and without the need for permission or concern for copyrights or other protected materials.

At a minimum, the training curricula is reviewed on a quarterly basis by the training program manager in partnership with direct service program managers. For example, a recent review of the pre-service training, *From Prevention to Permanence*, revealed that information regarding the Agency's new Community Engage and Connect Unit's business process was not included. CWTA's trainers were therefore trained in the business process and the curriculum has since been updated to ensure future new hires are informed. Additionally, CWTA researches best practices in parenting and child welfare training for incorporation of new programs and courses. CWTA also solicits feedback from learners on a consistent basis with the goal of continuing to refine and enhance CWTA's learning opportunities.

In summary, to ensure that the development options offered at CFSA are evidenced-based and appropriate for specific job descriptions, CWTA uses established training and development guidelines as well as measurements via course evaluations and participant feedback to monitor training outcomes. Pre-service trainings align both with general and specific job descriptions (e.g., training for Hotline workers, investigative social workers, social workers case managing in-home cases, and social workers case managing out-of-home cases). All training equips team members with the knowledge and skills necessary to provide holistic, culturally competent, and legally compliant support to children and families involved in the child welfare system. These trainings prepare child welfare workers to navigate

complex cases whether they are families receiving in-home services or families with children in out-of-home care.

What is the state's process for collecting and updating training-related data (e.g., courses, hours, number of staff who were required to attend and the number who completed) to ensure that requirements for initial staff training are met for caseworkers, including contract caseworkers? How does the system allow for statewide tracking of training programs (including contract caseworkers)? How does the system allow for statewide tracking of the training program (including training at the state level along with training that may be contracted out or at the county level)?

CWTA regularly teams with PAQIA and CFSA's Child Information Systems Administration (CISA) for ongoing tracking and data management strategies. Via FACES.NET management reports, tracking directly supports the monitoring of training completion. In particular, CISA captures pre-service training data by using the following system-generated reports: TRN030-Pre-Service Training for Direct Service Employees, TRN032-Pre-Service Training for Direct Service Supervisory Staff, and TRN025-Pre-Service and In-Service Training. Included in this process is the regular incorporation of post-training evaluations, which helps CWTA to determine how effectively trainings address the basic skill sets and the knowledge base needed for staff to perform their assigned functions. The participants rate how they believe the training met their expectations of providing the necessary skills.

PAQIA supports the quarterly reconciliation of pre-service training data to inform the development of the Agency's Four Pillars Measurement report. In instances where a CFSA or private agency new hire is not attending pre-service training, CWTA will communicate directly with the new hire to assess challenges and identify a plan to complete the required training. If a plan cannot be effectively developed, CWTA will work with CFSA's Human Resources Administration and the private agency's human resources department to determine next steps.

Among all staff newly hired within a specified period, what percentage completed initial training in the required time period that includes the basic skill and knowledge required for their positions?

The Agency's benchmark for newly hired direct service staff to complete the required 80 hours of pre-service training within 90 days of being hired is 90 percent. During the period of July 2021 – June 2022, 95 percent (n=36/38) of CFSA and private agency direct service staff completed the required training. Sometimes, staff may miss pre-service training due to previously scheduled and approved leave or medical and personal emergencies. When this occurs, CWTA works with staff to complete the training at a later date. This rescheduling may occur outside of the 90-day timeframe.

The Agency's benchmark for newly hired CFSA and private agency supervisors to complete their 40 pre-service hours, allowing completion within eight months after assuming supervisory responsibility is 90 percent. For the same time period of July 2021 – June 2022, 75 percent (n=6/8) completed the required training.

For Collaborative staff, the Contracts Monitoring Division sampled 15 direct service staff that were required to have pre-service training. All 15 were found to have completed pre-service training.

Since supervisory training is part of a dedicated series, if a staff member misses one course in the series, it is impossible for staff to ensure completion of the training requirements within the 8-month timeframe for compliance with this benchmark. CWTA staff noted that other barriers to meeting this benchmark include no-shows for training and "acting supervisors" who are only temporarily in the position and may not be required to finish the training unless the position becomes permanent. Subsequently, the number of supervisors included in the final data set may reduce the numbers for overall compliance.

At present, CFSA is working to implement a pre-service dashboard system. In addition, CWTA launched a training website with readily accessible resources to support workforce needs. There is now easier training registration directly through the new website, links to targeted training for primary and secondary traumatic stress (P/STS) and mandated reporter training. Additional training resources include clinical well-being videos and tipsheets for staff, opportunities to explore panel discussions with Collaborative partners for program and service provider highlights, FAQs about training, referral links for access to ongoing therapeutic support as well as training through the District's Department of Human Resources' Center for Learning and Development (provided via the new website).

In 2022, the training data reconciliation and reporting time frame was changed from the training calendar year (July 1 – June 30) to actual calendar year. As a result, the data from July 1, 2022 to June 2023 will be incorporated and reconciled with the 2023 calendar year. CFSA will report the data in the Four Pillars Performance Report for publication in March 2024. However, CWTA tracks the training compliance in real-time during each cohort.

What is the state's process for assigning cases to new staff?

Upon completion of classroom training, new staff are assigned to an APT (i.e., on-the-job or OJT) Training Unit (APT/OJT) where the training supervisor accompanies them in the field and walks them through all required paperwork activities. Ideally, new out-of-home social work staff are assigned at least one new entry case and two to three open cases before transitioning to their permanent units. The Agency attempts to keep caseloads below 10 during each social worker's first 9 months of employment.

Management report TRN030 (Pre-service Training for Direct Service Employees) provides a listing of all new direct service hires subject to pre-service training. Management report CMT328 (Family Caseload Count by Program Administrator and Manager) was used to assess the caseload data showing compliance for out-of-home social workers during the period of July 1, 2022 to June 30, 2023. Twenty-one new direct service employees were hired during this period. However, one employee resigned on the date of hire, reducing the number to 20. Five were employed by CFSA and 16 were employed across three private agencies. CFSA had a 100 percent (n=5) rate of compliance with social workers having caseloads below 10. The private agencies were at 40 percent (n=15) for compliance with caseloads below 10. The total for out-of-home compliance for both CFSA and the private agency caseloads was 40 percent (n=20).

Similarly, new in-home staff attend classroom and on-the job training prior to being assigned to their permanent unit. A designated In-home supervisor schedules opportunities for new staff to shadow experienced workers and walk through paperwork. New staff are assigned approximately two cases a month for the first 3 months after they finish their classroom training. Again, the Agency attempts to keep caseloads at or below 10 cases for each in-home social worker's first year of employment. Using the same CMT328 management report and time frame as the out-of-home new direct service employees, only one new hire was assigned to the In-Home Administration. This social worker was 100 percent compliant for having less than 10 caseloads.

New investigative social workers also shadow experienced frontline investigative social workers, providing them with insight on effective strategies for completing their job duties as well as providing a realistic preview of what a typical workday looks like for an investigative social worker. Prior to transitioning to their permanent team after 9 weeks receiving OJT, new investigative social workers complete six investigations with the support of the OJT training social worker and supervisor. Once the new investigative social worker transitions to their permanent team, they enter the rotation for investigation assignments. For the first month, they are up for assignments on an "every other" rotation cycle. This cycle reduces the rate at which they receive new investigations.

Management report INV145 (Monthly Open CPS Referrals caseload validation for the Month) was used to assess the number of assigned investigations during the period of July 1, 2022 to June 30, 2023. There were 14 new employees assigned to the Investigations Units. All 14 were 100 percent (n=14) compliant with the number of investigations assigned prior to being assigned a permanent team.

What is the state requirement regarding whether staff must complete training before being assigned cases? To what extent is the state meeting its requirement?

According to the Agency's policy on Pre-Service and In-Service Training for Direct Service Staff, newly hired staff are required to complete 80 hours of pre-service within 3 months of their hire date. Supervisory staff are required to complete 40 hours of supervisory pre-service hours within 8 months

of their hire date. CFSA's practice does not allow newly hired staff to be assigned cases until after the completion of classroom training. Additionally, newly hired staff do not have access to FACES.NET to be assigned cases until after the completion of both pre-service and FACES.NET training.

As previously indicated, CFSA's benchmark is 90 percent for both newly hired direct service staff and supervisors to complete the required 80 hours and 40 hours respectively of pre-service training. During the period of July 2021 – June 2022, the percentage was 95 percent for direct service staff and 75 percent for newly hired supervisors.

Pre-service training modules and APT/OJT activities are intended for direct services staff to integrate theory and practice and to illustrate best practice. APT/OJT occurs following CWTA classroom training and supervised by the direct service worker's supervisor. Exceptions to any pre-service training requirement may be waived with prior approval of CWTA. As a part of APT/OJT, newly hired CFSA and private provider social workers may receive a partial case load as determined by the supervisor. Under the supervision of the supervisors, direct service workers shall complete all APT /OJT activities required.

To what extent are staff who completed initial training in a specified period prepared to deliver services pursuant to the CFSP?

From the training perspective, the Agency defines readiness by way of knowledge check completion with a score of 80 percent or higher for assessing knowledge retention of trained material. In FY 2023, newly hired staff exceeded this threshold with an average score of 84 percent. Practice readiness is also gathered from the OJT perspective through observation and assessment by the APT supervisors.

In the November 2023 Statewide Assessment surveys, 17 CFSA out-of-home social workers and 17 in-home social workers were asked about their pre-service training experience. Overall, 73 percent of respondents indicated that they received sufficient training to perform their roles, while 6 percent indicated that they did not.

Social work staff receive sufficient pre-service training to perform their role.			
Response	**Out-of-Home Social Workers**	**In-Home Social Workers**	**Total**
Strongly Agree	6	8	14 (41%)
Agree	4	7	11 (32%)
Neutral	5	2	7 (21%)
Disagree	2	0	2 (6%)
Strongly Disagree	0	0	0 (0%)
Total	**17**	**17**	**34**

From an evidential perspective, the Quality Services Review (QSR) evaluates whether the practice of individual social workers apply the skills learned in training along with maximizing skills as supported by their supervisor. In 2022, the QSR Unit's reviews indicated that 29 social workers received acceptable ratings across the majority of all QSR protocol indicators. As a result, these 29 social workers received commendation letters during the individual program area exit conferences. Of those 29 letters, the QSR Unit presented letters to 13 in-home social workers, and 16 out-of-home social workers (including five social workers from CFSA's contracted child-placing partner, the National Center for Children and Families or NCCF). The QSR Unit also acknowledged 15 social workers for exceptional performance in specific Practice Performance indicators, including *Cultural Identity*, *Engagement*, *Teamwork*, *Assessment*, *Planning Interventions*, and *Implementing Supports and Services*. Of these 15 social workers, eight served the in-home population and seven served the out-of-home population. In addition, the QSR acknowledged an honorable mention to three NCCF social workers. This public acknowledgement and praise for exemplary leadership and demonstration of applied social work skills indicated individual and collective application of skill sets, professionalism, and training. In 2023, 42 social workers received commendations for exemplary practice which included 20 in-home social workers, 14 out-of-home social workers and eight NCCF social workers.

As for the Timely Investigations review conducted in March 2023, the Office of Hotline and Investigations once again exceeded the performance standard with an 89 percent acceptability rating. The acceptability standard was achieved by 81 percent of the supervisory social workers.

To what extent does the state know that the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

Based on recognized principles of adult learning, CWTA training incorporates techniques for participants to learn from peers and colleagues, which amplifies input from individual and group insights. CWTA's training curricula integrates components of trauma-informed and healing-informed practice with a focus on diversity, equity, inclusion, and belonging. All pre-service training highlights best practices in case management outlined as Engagement, Assessment, Intervention, and Enhance Family Resilience. The Agency's QSR practice performance indicators serve as reliable evidence of pre-service learning objectives. Specific indicators include *Family Engagement*, *Coordination and Leadership*, *Team Formation and Functioning*, *Assessment and Understanding*, *Pathway to Safe Case Closure*, and *Case Planning,* including case plan implementation, maintaining family connections, and implementation of post-permanency supports.

Agency policy details the basic knowledge needed for staff to carry out their duties. Newly hired CFSA and private agency staff are trained on policies specific to their roles in both classroom and APT settings. Per their contract, all direct service personnel assigned to cases must enroll and complete the CFSA training for new employees within 30 days of hire. CWTA worked closely with the Contract Monitoring Division and Collaborative leadership to determine which pre-service training sessions best

aligned with the basic skills and knowledge needed for effective case management. As with CFSA and contract private agency staff, the Collaborative staff complete post-training surveys which provide an opportunity to give feedback related to how well they felt the training prepared them for this work.

During a December 2023 Statewide Assessment focus group, six assistant attorneys general (AAGs) had an opportunity to discuss matters related to social worker training. Several attorneys observed that social workers, particularly newly hired ones, can be intimidated and nervous when appearing in court. The AAGs indicated that these social workers would benefit from mock courtroom appearances. One attorney suggested that social workers need to be trained to look at their cases more closely, i.e., if they don't fully understand the case details and how they relate to the court process, they will not bring a sufficiently informed perspective to the hearings. Another attorney indicated that additional training is needed on the legal rights of caregivers, i.e., social workers are not always clear on who has the authority to make medical and educational decisions.

As stated in response 3.d., in the November 2023 Statewide Assessment surveys, 17 CFSA out-of-home social workers and 17 in-home social workers were asked about their pre-service training experience. Overall, 73 percent of respondents indicated that they received sufficient training to perform their roles, and only 6 percent indicated that they did not.

Social work staff receive sufficient pre-service training to perform their role.			
Response	**Out-of-Home Social Workers**	**In-Home Social Workers**	**Total**
Strongly Agree	6	8	14 (41%)
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Disagree	2	0	2 (6%)
Strongly Disagree	0	0	0 (0%)
Total	**17**	**17**	**34**

What mechanisms and methods are used to obtain employee and consumer feedback; how often, and for which training (e.g. all trainings)?

CWTA receives post-training evaluations in the form of an online survey sent to class participants immediately after the conclusion of the training session. Questions pertain to all training modules and range from the overall quality of the training to whether trainees experienced improved understanding of the subject matter. Trainees also respond to whether the learning activities promoted skill building for them. Survey questions help evaluate trainer knowledgeability, subject matter, and training styles. Surveys also allow respondents to suggest changes, improvements, and future training topics.

A total of 189 social workers and managers completed post-training evaluations for pre-service trainings held between May 1, 2022 and March 31, 2023. The following tables provide information about the evaluation responses for pre-service trainings:

The course content was practical and easy to apply (n=189)	
Strongly Agree	71.43%
Agree	28.57%
Neither Agree nor Disagree	0.00%
Disagree	0.00%
Strongly Disagree	0.00%
This course content was relevant to my needs (n=189)	
Strongly Agree	83.07%
Agree	15.87%
Neither Agree nor Disagree	0.53%
Disagree	0.53%
Strongly Disagree	0.00%
How would you rate the overall quality of the training? (n=189)	
Excellent	82.54%
Above Average	13.76%
Average	3.70%
Below Average	0.00%
Very Poor	0.00%

As a result of this statewide assessment process, CWTA has developed a post-training evaluation survey for those having completed pre-service training within the past 30, 60, and 90 days. Each quarter, the link to this post-evaluation survey will be sent to participants to assess their continued satisfaction with their pre-service training.

Participants are asked to respond to the statements below by providing a rating of 1 to 4. Currently, there have been two responses from the 15 individuals who completed pre-service in the past 30, 60, or 90 days.

I learned something new about my role within the child welfare system.	87.5% strongly agree
The pre-service training curriculum was relevant to my daily practice.	87.5% strongly agree
The pre-service training curriculum prepared me to integrate the learning objectives into my daily practice.	87.5% strongly agree
I still feel equipped to carry out the tasks required of me in my new role.	87.5% strongly agree

I still feel equipped to carry out the tasks required of me in my new role.	87.5% strongly agree
What would you have done differently to better support the transfer of learning process?	87.5% strongly agree

What is the state's process for addressing employee and consumer feedback to improve training curricula?

The Agency's Health and Wellness program coordinator within the Human Resources Administration conducts one-on-one sessions with new hires after 30 days and 60 days of their hire date to assess their comfort and knowledge level following classroom training and on-the-job training. Upon review of this feedback, the CWTA program manager and CWTA trainers partner together to update training curricula, develop new training curricula, or enhance current training curricula based on these recommendations. For example, based on feedback from AAGs, CWTA worked closely with the Office of the Attorney General to support the transfer of learning regarding court appearances for staff by providing opportunities for mock trials during the pre-service training.

CONCLUSION

Based on completion rates, post-training evaluations, and overall stakeholder assessment of child welfare staff members' relevant knowledge and skills, the District's comprehensive initial staff training program remains an area of Strength.

SYSTEMIC FACTOR 4: ITEM 27

Systemic Factor 4:	**Staff and Provider Training**
Item 27:	**Ongoing Staff Training**

STANDARD

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided to staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and,
- The system demonstrates how well the ongoing training addresses the skills and knowledge needed by staff to carry out their duties?

RESPONSE

Under the purview of the Office of Planning, Policy, and Program Support (OPPPS), the Child Welfare Training Academy (CWTA) is a program in the newly established Development and Equity Administration (DEA) responsible for ensuring the implementation of an effective child welfare training system that not only fulfills the District's legal mandates for the training and licensing of social workers, but also provides the high quality child welfare instruction available for social workers, supervisors, and resource parents.

POLICY AND PRACTICE

CWTA provides child welfare professionals with ongoing training that ensures an appropriate knowledge base for offering quality service to children and families. In addition to understanding the Agency's policies and procedures, social workers and family support workers are equipped with best practice skill sets to respond to common circumstances encountered in the community and in the office while working with children and families. For CFSA and CFSA-contracted private agency case-carrying social workers and supervisors, training incorporates the following methods:

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

The Pre-service and In-Service Training for Direct Service Staff policy guides child welfare direct services staff to have pre-service and in-service training that incorporates best practice standards. The

policy describes the requirements. However, as indicated later, the training hour standards for in-service training decreased from 30 annual hours to 20 annual hours to align with the District of Columbia licensing regulations, which is 40 hours over 2 years to maintain a social work license. Per their contract, the Collaborative safety-sensitive staff must complete 20 hours of in-service training annually, and supervisors must complete 24 hours. Collaborative staff are not required to participate in CFSA's courses. However, all courses are open to Collaborative and private provider direct practice staff members.

HISTORICAL PERFORMANCE

The District received an overall rating of Strength for Item 27 during the 2016 CFSR. The CFSR found CFSA to be in substantial conformity for staff training.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITY

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Information Systems, Quality Assurance, and Training	▪ FY 2020-2024 CFSP ▪ FY 2024 APSR ▪ FACES.NET Management Reports ▪ FY 2024 CWTA Training Plan	CFRSA Diversity and Equity Administration – Program Administrator	Interview
		CFSA Hotline and Investigations - Program Manager	Interview
		CFSA Office of In-Home and Out-of-Home Care – Deputy Director and Program Administrator	Interview
		Out-of-Home Social Workers	Survey
		In-Home Social Workers	Survey
		Assistant Attorneys General (AAGs)	Focus Group

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

What is the state's requirements for ongoing training (i.e., number of hours, brief description of course content/modules and learning objectives, and who is required to attend)?

Prior to October 30, 2023, CFSA and private agency direct services staff were required to complete a minimum of 30 hours of in-service training per year. Staff included social workers, family support workers, nurse practitioners and nurse care managers. Supervisory social workers, supervisory family support workers, program managers, supervisory nurses, supervisory nurse care managers, and program administrators were required to complete a minimum of 24 hours of annual in-service training.

To maintain a Social Work Professional License in the District of Columbia, licensees are required to have completed 40 hours of approved continuing education units over a 2-year period or 20 hours of

continuing education units per year. As of October 30, 2023, all CFSA and private agency, and collaborative direct services staff and supervisors are required to complete 20 hours of training per year. Staff include family support workers, nurse practitioners, nurse care managers supervisory social workers, supervisory family support workers, program managers, supervisory nurses, supervisory nurse care managers, and program administrators. CFSA's training hours are now aligned with the DC Board of Social Work licensure requirements.

CWTA is approved by the DC Board of Social Work as a continuing education provider for licensed social workers in the District of Columbia. CWTA offers a variety of courses to enhance staff's knowledge, skills and abilities on child welfare principles and practices. Training classes are trauma and healing-informed and rooted in best practice. Examples of other courses include topics in ethics, cultural humility, LGBTQIA+ youth, and human trafficking as mandated for social work licensure renewal. CWTA provides various courses to fulfill this requirement. With the creation of DEA, noted above, CWTA offers a robust selection of courses that fold in diversity, equity, inclusion, and belonging in its curriculum, including the required Racial Equity in Child Welfare training series. CWTA adheres to the District of Columbia Municipal Regulations Title 17 Chapter 70 Section 7008 on Continuing Education Requirements.

Although CFSA does require some training courses based on local and federal legislation and practice, employees generally choose what in-service training they would like to take. Required courses include Motivational Interviewing, Race Equity in Child Welfare, Understanding Human Trafficking, Cultural Humility, Working Effectively with LGBTQIA+ Individuals,[26] and Ethics in Child Welfare. These requirements ensure that social workers are proficient in the best practices that CFSA has adopted.

Each quarter, CWTA publishes theSOURCE, a newsletter that outlines available training sessions for the quarter and provides registration links. The training calendar is developed based on attendance rates in required sessions from the previous quarter, newly developed courses, and specific requests that may come from an administration. A supervisor or manager may mandate training for their teams or individual staff members. For example, a manager might find an employee is struggling with engaging families and will require them to attend the engagement training series. As previously mentioned, most courses meet DC social work license renewal requirements.

Additionally, supervisors, program managers, and program administrators are required to complete the Mastering the Art of Child Welfare Supervision (MACWS) 2.0 in-service training to review best practices in clinical supervision while reinvigorating CFSA management's approach to their important roles within the Agency. MACWS 2.0 is presented in eight sessions with each session lasting between two and six hours. The sessions are separated by tiers. All sessions in Tier One must be completed prior to attendance to Tier Two and Tier Three sessions.

[26] LGBTQIA+ includes lesbian, gay, bisexual, transgender, intersex, queer/questioning, and asexual.

MASTERING THE ART OF CHILD WELFARE SUPERVISION 2.0: The purpose of the mandatory MACWS 2.0 is to review best practices in clinical supervision while reinvigorating CFSA management's approach to their important roles within the Agency. MACWS 2.0 is presented in eight sessions with each session lasting between two and six hours. The sessions are separated by tiers. All sessions in Tier One must be completed prior to attendance to Tier Two and Tier Three sessions.

MACWS Tier One

- **YOUR FULL POTENTIA**L: This session focuses on supporting supervisors to get back to the basics of best practice as clinical supervisors. There is a focus on recalling why each supervisor has entered the field of social work and why they have ultimately accepted the role of a clinical supervisor. The session is framed on developing a mission and a vision statement in regard to each participant's clinical social work career and receiving encouragement and support from fellow colleagues and peers.
- **CRITICAL THINKING AND THE PARADIGM SHIFT:** This session provides the foundation of MACWS 2.0, by orienting supervisors to the CFSA definition of CRITICAL THINKING while also introducing the FOUR CORE COMPETENCIES supervisors should be supervising towards. The session also focuses on the organizational culture change from the focus on LaShawn outcomes to integration of the outcomes into child welfare best practices.
- **THE CLINICAL SUPERVISION TOOLBOX:** Clinical supervision is a critical tool used in the development of social workers in the child welfare workforce. Within child welfare practice there continues to be a growing need for clinical supervision that encompasses all facets of effective and efficient learning. These facets include administrative, educational, and reflective supervision. The session focuses on critically analyzing the three types of clinical supervision, adhering to the National Association of Social Workers (NASW) Code of Ethics and expectations of supervisors, developing a supervision agenda, and exploring tools that can be added to the clinical supervisor's toolbox to support staff and colleagues.

MACWS Tier Two

- **CONSULTATION AND INFORMATION SHARING FRAMEWORK™ (CISF) AND CLINICAL SUPERVISION**: This session focuses on how supervisors can utilize CISF™ in clinical supervision, thus modeling the framework in such a way that supervisees will be able to understand each component when working with families.
- **PURPOSE-CONTENT-ASSESSMENT-PLAN (PCAP) AND CLINICAL SUPERVISION: A MODEL FOR DOCUMENTATION**: This 4-hour in-service session introduces supervisory social workers to the new PCAP format for writing contact notes. Supervisory social workers examine the rationale for transitioning a new documentation format that supports the application of critical thinking across case practice activities. Participants learn the technical components of PCAP, including the process and content expectations of documenting client contacts, visitation, case planning activities, supervisory consultations, and case reviews. PCAP-based documentation effectively communicates a coherent and clinical narrative of client engagement, assessment, and progress towards safe case closure. Supervisory social workers will have the opportunity to analyze and critique examples of case documentation. In addition, participants will practice coaching one

another in the development of the technical and clinical skills needed to effectively document case practice activities.

- **SUPPORTIVE SUPERVISION: ENHANCING WORKER RESILIENCE:** This session re-introduces the SHER Model,[27] examining the common signs of and symptoms of secondary traumatic stress and countertransference and burnout that workers may experience as a result of exposure to child welfare stressors.

MACWS Tier Three

- **ENGAGEMENT & TEAMING: SUPPORTING ORGANIZATIONAL WELL-BEING THROUGH CLINICAL SUPERVISION**: This 6-hour session helps supervisory social workers understand the importance of worker engagement and its impact on outcomes for children and families. Supervisory social workers discover their individual management styles and explore how they affect worker engagement, effectiveness, and satisfaction that support the personal growth and professional development of their staff. Supervisory social workers learn how to help their teams understand the role of each team member and how the team's functionality impacts outcomes for children and families. Additionally, they learn how to identify their own leadership style, how to examine the work styles of their staff and colleagues, and how to develop and incorporate leadership plans for themselves and their staff. They also learn how to process feedback from their team's perception of their leadership.
- **QUALITY SERVICE REVIEWS (QSR) AND CLINICAL SUPERVISION:** This session introduces CFSA's new supervisory QSR tool and walks participants through the QSR process, particularly for supervisors. Participants will have the opportunity to discuss concerns regarding the QSR process and be given tools to enhance their QSR outcomes. Particular focus is placed on how supervisors can benefit from QSR scores to model and coach their supervisees on engagement and teaming with families. The session includes practical, detailed steps that supervisors can take to ensure that engagement and teaming are occurring. Participants also identify practical ways that supervisors can personally support organizational change through exploration and empowerment of leadership skills and opportunities with colleagues and their staff. Supervisors will be equipped with skills to strengthen their supportive supervision skills.

The CWTA In-Service Training Catalog

- **ADULT MENTAL HEALTH DISORDERS**: Child welfare workers may face challenges when serving clients who have mental health disorders. In many instances mental health disorders can be difficult to identify. This course allows the participant to develop awareness of mental health diagnosis, distinguish important features, and identify methods to engage clients. In addition, participants will be introduced to strategies and techniques to assess clients who have mental health disorders and refer them for appropriate services. This is an in-service course for child welfare social workers, direct service staff and human service professionals.

[27] Surface, Honor, Explore, & Recheck (SHER) is a supervision model that recognizes when the resistance observed in supervision is a possible sign that the worker is displaying countertransference from a client interaction. The supervisor needs to be able to tune in to the worker's defensive, out-of-character responses, as well as his or her own countertransference, in order to discern when normal secondary traumatic stress reactions carry over from the client-worker interactions into the worker-supervisor interactions.

- **THE ART OF PARENT ENGAGEMENT WITH KINSHIP FAMILIES**: Bridging the knowledge and strategies gained in Building Relationships with Families, this 3-hour customized training will further assist staff's ability to engage and partner with kinship and birth families. Utilizing an extended role-play format, this experiential workshop for professionals assists practitioners with developing empathy for their clients and in-depth understanding of the challenges they face. It encourages self-reflection as a foundation for strengthening their parent engagement skills and surfaces practical kinship family engagement strategies for staff to incorporate into their daily practice.
- **ART AND SCIENCE OF FACILITATION**: During this 2-day training, participants learn a comprehensive approach to facilitation, including the principles of adult learning, learning styles, creating the right atmosphere, and much more. Introduction to The Art & Science of Facilitation will help participants understand group facilitation and provide practice opportunities for applying basic facilitation skills.
- **ASSESSMENT INTEGRATION WORKSHOP**: This 6-hour in-service course provides permanency and in-home child welfare professionals the opportunity to examine the current array of tools, screens, and assessments that prompt ongoing child welfare case practice. Participants enhance their ability to organize, analyze, and integrate information gathered during assessment into sound clinical case planning and practice with families. Participants evaluate their trauma-informed engagement skills and recognize the importance of partnership-based work with families at every step of case practice. Participants identify ongoing trauma-informed engagement strategies that support families in leveraging strengths into safety and protective capacities, mitigating dangers, risks, and complicating factors that contribute to agency involvement and helping clients transform self-awareness and insight into positive behavior changes.
- **BACK TO BASICS: FUNDAMENTALS OF THE INVESTIGATIVE PROCESS:** This session is a 6-hour training session developed specifically for social workers, supervisors, and program managers assigned to CFSA's Entry Services division. This training provides participants with the fundamentals of completing investigations and family assessments. The course focus is on incorporating the skills of motivational interviewing and clinical assessment through a trauma-informed lens. Participants will walk away understanding their role in the completion of investigations and family assessments while sharing space with their supervisors who support the investigative process with clinical supervisory support. The session is hands-on, reflective, and meets the needs of individuals across learning styles.
- **BUILDING STRONG RELATIONSHIPS WITH FAMILIES**: This 6-hour training promotes the awareness of the importance of developing skills in building relationships with birth and kin families through a variety of reflective and interactive activities. This hands-on, activity-based, experiential workshop builds staff members' parent engagement skills. Participants also increase their understanding of how their personal attitudes and professional practices contribute to and/or undermine positive partnerships with parents and kinship families. Having such relationships allows for programs and staff to implement strategies that value the principles of family-centered practice.
- **CHILDHOOD DISORDERS**: The training provides participants with information on common childhood psychological & behavioral disorders. At the conclusion of the training, participants will be able to recognize the dynamics surrounding childhood disorders, distinguish important

features and differences in childhood disorders, and identify some specific methods for diagnosis of childhood disorders.

- **CHILD AND ADOLESCENT DEVELOPMENT**: This training provides a foundation of knowledge regarding various theories on the stages of development. It explores age-appropriate behaviors, as well as adaptive methods for managing behavioral concerns. Also discussed are the implications of caretaker and social worker roles in working with traumatized clients, specifically within the context of the maltreatment that initiated child welfare services.
- **CHRONIC NEGLECT**: This course enables participants to understand the impact of chronic neglect on families and the necessity for having a dedicated unit to serve this specific population. Participants have the opportunity to practice best practices on working with families impacted by chronic neglect. Workers develop and implement self-care strategies that will enable them to empower their families.
- **CLINICAL DOCUMENTATION AND THE CHILD WELFARE SOCIAL WORKER**: Documentation is one of the most important ways CFSA social workers convey to others how the Agency is able to assess, engage and intervene in clients' lives to enhance their resilience. However, documentation may not readily capture everything that social workers accomplish, especially in a clinical sense. This class helps participants to conceptualize what documentation should look like in respect to their role as a social worker. The class gives suggestions for how to infuse clinical concepts into documentation that will effectively display interactions with clients as well as demonstrating clinical interventions.
- **COMMUNICATION WITH KINSHIP FAMILIES**: Similar to the Art of Parent Engagement, this 3-hour workshop will utilize an extended role-play format and other experiential for strengthening a worker's ability to have difficult and courageous conversations with kinship caregivers. This course will provide strategies on how to effectively work with kin families, which is often dependent on how skillful a worker is in engaging and teaming with kin families.
- **Cardiopulmonary Resuscitation (CPR) AND FIRST AID**: American Red Cross certifies foster parents on infant, child, and adult CPR and basic First Aid. Training focuses on mitigating risk and preventing injury to foster children, identifying medical emergencies when they occur, and administering CPR/First Aid until emergency personnel arrive. CFSA and private agency social workers are invited to attend if space is available.
- **CRISIS INTERVENTION DE-ESCALATION:** This hands-on and interactive 6-hour workshop style session incorporates a trauma-informed lens to coach participants through each phase of the crisis cycle and enhancing their ability to utilize an appropriate de-escalation intervention. Participants will learn how to apply motivational interviewing, critical thinking, documentation standards, Mandt principles, trauma systems therapy tenets, social work principles, and their current structured decision-making tools for encounters within the community when clients experience behavioral dysregulation.
- **CULTURALLY AWARE & RESPONSIVE PRACTICE**: Participants need self-awareness about their own and others' cultures and their beliefs and actions (conscious and unconscious) that reflect culturally responsive behavior. To that end, this module focuses on the ladder of inference, cultural competence concepts, cultural interviewing, and using cultural tools in working with families.
- **CULTURAL HUMILITY**: Historically, social workers have been educated to be culturally competent and/or culturally aware in their social work practice. Over the past decade, social

workers have been challenged to practice cultural humility in their work. Cultural humility is centered on life-long learning and critical self-reflection, recognition and challenging of power imbalance that are inherent, and upholding institutional accountability. This 6-hour session will provide foundational information to social workers on culture and cultural humility, while also focusing on the impact of oppression in the lives of the families involved in the child welfare system and ways in which social workers can work to radically transform their practice.

- **DE-ESCALATION**: This training offers a means to engage with an individual during a potentially dangerous or threatening situation. The purpose of this training is to reduce the risk of physical injury to the child development professional, the resource parent, and the youth or adult being engaged.
- **DIMENSIONS OF GRIEF & LOSS**: This training explores the grief and loss process in children and adolescents. Participants learn the common characteristics of a grieving person and what grief "looks like" throughout the different developmental stages of a child and adolescent. Participants also learn different tools to use with grieving children and adolescents to facilitate emotional expression.
- **DOMESTIC VIOLENCE (DV) 102**: This training provides participants with information on DV and how to recognize DV when they see or hear it. Participants learn to understand the impact of the identified DV and how to engage with DV perpetrators and how to partner with the non-offending parents.
- **DOMESTIC VIOLENCE (DV) POLICY WEBINAR**: When dealing with a client's DV issues, it is CFSA's policy to take action and to provide services and supports that address the immediate and long-term needs of non-offending partners, as well as the needs of their children. CFSA also recognizes that a holistic approach to DV must include supports for the offending partner in order to exact truly positive outcomes for all involved. The DV Policy Webinar training provides clarification and understanding of the Agency's policy, including proper referral procedures to the CFSA's Office of Well-Being.
- **EMPTYING THE CUP | UNDERSTANDING THE IMPACT OF INTERGENERATIONAL TRAUMA**: This 6-hour, in-service course is designed to expand the child welfare professional's ability to understand, assess and engage family systems impacted by historical and familial intergenerational trauma. Participants will have the opportunity to explore their own family history, the family histories of clients, and the systemic factors that perpetuate traumatic response and place children at risk for maltreatment. Participants will be provided trauma-informed principles to consider when engaging, assessing, and making intervention recommendations for families displaying the effects of unresolved traumatic grief.
- **ETHICAL CHILD WELFARE PRACTICE**: This course builds upon the NASW Code of Ethics and delicate interpersonal relationships between social worker and client. Through interactive and participatory learning, this training's content facilitates the development of case conceptualization and critical thinking skills around ethical dilemmas that frequently arise in child welfare practice. Trainees engage in discussions around self-awareness, self-disclosure, the use of "self" in practice, and recognizing boundaries as both a strength and challenge to the therapeutic relationship. The training also addresses boundaries within the context of the workplace, professionalism, and self-care.
- **ETHICAL DILEMMAS:** This 6-hour course builds upon the NASW Code of Ethics around the delicate interpersonal relationship between social worker and client. Through interactive and

participatory learning, this training's content facilitates the development of case conceptualization and critical thinking skills around ethical dilemmas that frequently arise in child welfare practice. Trainees engage in discussions around self-awareness, self-disclosure, the use of "self" in practice, and recognizing boundaries as both a strength and challenge to the therapeutic relationship.

- **ETHICS AND SOCIAL MEDIA:** This ethics course focuses on a review of the NASW Code of Ethics as it relates to the use of social media in social work practice. Social workers also review the CFSA policy related to the use of social media.
- **ETHICS: PAST, PRESENT, AND FUTURE**: This 3-hour training session assists in showing staff how far the Agency has come from an ethical perspective in child welfare practice and where the Agency should be headed in the future of child welfare. Class participants will review notable legislation, regulations and policies that impact social work while also discussing how CFSA needs to evolve ethically moving forward.
- **FAMILY FIRST PREVENTION SERVICES**: This course aids collaborative workers in performing the critical role of assessing families of the District of Columbia for danger and risk. Participants will hone the critical skills needed to perform formal and informal assessments. Collaborative workers will also review mandated reporting requirements and gain a deeper understanding of how to determine when reports of abuse or neglect should be made to the hotline.
- **FAMILY MATTERS: ENGAGING KINSHIP RESOURCES:** This course will focus on the kinship care network. Participants will develop a better understanding of the challenges and triumphs of kinship care on the family system and other stake holders. Participants will develop a basic understanding of the kinship assessment, referral, and licensing process and best practice and strategies for the identification and engagement of kinship resources.
- **FETAL ALCOHOL SPECTRUM DISORDERS (FASD)**: This training provides an overview of causes and symptoms of FASD. Discussions include service delivery for children diagnosed with FASD. The 6-hour course explores age-appropriate behaviors, as well as adaptive methods for managing behavioral concerns and best practices to assist with effective service delivery and improving case outcomes.
- **FIRST 30 DAYS**: The purpose of this session is to provide the staff of the Office of Older Youth Empowerment with step-by-step information on the initial case management practices necessary within the first 30 days of an older youth's entrance into care.
- **FOUNDATIONS OF TRAUMA-INFORMED CARE**: This 6-hour workshop provides participants with the opportunity to explore core concepts related to trauma-informed care, including a shared definition of trauma, traumatic stress, and the trauma system. Participants apply information gathered from the latest research and their own case practice to examine how trauma and traumatic stress can alter the development of brain structures resulting in functional impairments across intellectual, emotional, and behavioral domains. Participants draw upon knowledge and skills from Trauma Systems Therapy (TST) to connect to how a child's past trauma history continues to impact their current functioning as they struggle to cope with chronic stress and ongoing trauma reminders in their social environment.
- **GRAMMAR AND BUSINESS WRITING**: Professionals who can write clearly and correctly are very valuable to an organization. This 6-hour course serves as a refresher in correct grammar and punctuation, and it explains what is grammatically correct but can't always be explained. This highly interactive and collaborative course is a perfect and painless solution. Participants will

learn the standard rules for proper usage and grammar, and then work with other course participants to apply what is learned through hands-on exercises and activities.

- **HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AND HEPATITIS**: This 6-hour course provides participants with information about exposure to bloodborne pathogens and infectious diseases, specifically HIV/AIDS and hepatitis. Participants learn about the basics of HIV/AIDS and hepatitis, including biology, transmission, prevention, treatment, and care. The class also features a brief introduction to CFSA's policy on HIV/AIDS. The course additionally covers ethical considerations, such as documentation, communication, professional behavior, etc.
- **HUMAN TRAFFICKING: RECOGNIZING AND RESPONDING TO RISKS AND INDICATORS**: This training session focuses on recognizing the risk factors and conditions that place children and youth involved in the child welfare system at heightened risk for commercial sexual exploitation of children (CSEC). By the end of the 6-hour session, participants will be able to demonstrate best practice approaches in reducing the risk of victimization, engaging children and youth in screening, responding to CSEC indicators, and partnering to develop trauma-informed and strengths-based plans to promote safety and empowerment.
- **INTEGRATING ADOLESCENT BRAIN DEVELOPMENT INTO CHILD WELFARE PRACTICE WITH OLDER YOUTH (PART 1 AND 2)**: This 2-day 12-hour training incorporates the latest research from the report "The Adolescent Brain: New Research and its Implications for young People transitioning from Foster Care" developed by the Jim Casey Youth Opportunities Initiative of the Annie E. Casey Foundation. This training will provide strategies on how to more effectively work with older youth who experience the child welfare system.
- **IMPACT OF SOCIAL MEDIA ON CHILD DEVELOPMENT**: This training session focuses primarily on how social media impacts child development stages and domains, i.e., physical, intellectual, moral, spiritual, sexual, emotional, and social. Human Sex Trafficking is covered during the discussion on the impact of social media on the sexual domain. Participants receive in-depth knowledge of healthy child and adolescent development, how social media can impact development, and how they can maintain the safety of children while using it. This class is for both social workers and resource parents.
- **IMPACT OF SOCIAL MEDIA ON CHILD DEVELOPMENT:** The purpose of this session is to provide participants with an in-depth knowledge of healthy child and adolescent development, how social media can impact development, and how they can maintain the safety of children while using it.
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- **LICSW PREP SESSIONS:** These facilitated study sessions help prepare social workers for licensing as an independent clinical social worker (LICSW). CWTA conducts the 2-day sessions in a group format to allow social workers to construct individual action plans, acquire test taking skills, and build a supportive network of colleagues and peers using up-to-date resources and tools.

- **LIGHTS, CAMERA, ACTION: PROFESSIONAL ETIQUETTE FOR CHILD WELFARE PROFESSIONALS:** The purpose of this session is to provide participants with practical tips and tools for interacting in a professional environment. Participants will learn common errors in everyday behavior that impact their professional brand, career trajectory, and working as a team.
- **LIVING THE PROTECTIVE FACTORS**: This 6-hour workshop for child welfare professionals introduces the Strengthening Families™ Protective Factors framework as an important component of a comprehensive wellbeing paradigm and links the framework to trauma-informed child welfare practice. The goal is to demonstrate the practical benefits for bridging communications between child welfare staff, courts, kin, and birth families.
- **MAINTAINING FAMILY CONNECTEDNESS**: The 4-hour training workshop highlights the importance of maintaining family connectedness through the lens of kinship / birth families and assists child welfare professionals with understanding how they can strengthen family ties throughout the life of a case. Navigating the child welfare system is difficult for any parent and doing the work to get one's children returned home is a monumental feat. This course will highlight how to support reunification by maintaining strong family ties with kinship caregivers while the child is out of their parents' home.
- **MANDATED REPORTING**: This course explains the roles and responsibilities of the mandated reporter, including the definition of "mandated." Mandated reporters play a critical role in child protection. This course covers legal definitions of child abuse and neglect and how to recognize them, when and how to report known or suspected incidents of abuse or neglect, tips on responding to a child's disclosure of abuse, and how CFSA respond to reports of abuse.
- **MEDICATION ADMINISTRATION**: The purpose of this course is to provide instruction on how to safely administer medications according to written physician orders. Tailored to resource parents (but available to social workers), this course prepares participants to be knowledgeable on health and safety factors impacting the administration of specific medications to the children in their care. In addition, the course prepares resource parents to minimize health and safety risks and medication-related errors by using correct and safe procedures for medication administration. Lastly, participants learn how to recognize and report medical and medication-related observations, and medication errors.
- **MOTIVATIONAL INTERVIEWING**: Motivational Interviewing (MI) is an established evidenced based client-centered treatment approach that targets the development and enhancement of intrinsic motivation to change problem behaviors. Because MI's foundation is rooted in strengths-based, solution-focused treatment modality, it will be integrated as a practice standard for CFSA's direct service staff to increase positive outcomes for children and families. This 2-day course will introduce participants to the MI principles and skills while also connecting the use of MI to the implementation of the Family First Prevention Services Act of 2018.
- **NEWBORN SAFE HAVEN**: The DC Newborn Safe Haven Law of 2009 specifically outlines the criteria and process for safe surrender of newborn babies in the District of Columbia. This session will walk participants through the DC law and the step-by-step process of completing contact with CFSA and documentation of a Safe Haven surrender.
- **PEERS AND PRESSURES: SEXUAL HEALTH TRAINING**: The purpose of this course is to prepare participants to have age-appropriate conversations with CFSA youth about their sexuality and sexual health. Specifically, this course prepares child welfare professionals for discussion with the youth on their caseloads about sexual health, CFSA's policies regarding sexual health issues,

and the importance of their responsibility to provide comprehensive physical and mental health services to all youth in a confidential, culturally competent, and inclusive manner.

- **RACE EQUITY IN CHILD WELFARE SERIES:** The Race Equity in Child Welfare series focuses specifically on the work of child welfare and includes three 2-hour sessions focused specifically on race equity that addresses each requirement of the Mayor's Plan for Racial Equity training.
  - **SESSION ONE: RACE EQUITY IN CHILD WELFARE.** This session will define racial equity and inequity and explore the historical role of child welfare and government laws, policies, and practices in creating and maintaining racial inequities.
  - **SESSION TWO: UNDERSTANDING BIAS AND THE FORMS OF RACISM.** This session will explore the differences between explicit and implicit bias with a discussion on the various forms of racism from individual to structural.
  - **SESSION THREE: APPLYING A RACIAL EQUITY LENS WITH RACE EQUITY TOOLS.** The final session of the series will focus on defining and understanding the concept of a racial equity lens. Participants will also assess their own understanding of race equity and race equity in their work using the race equity toolkit.
- **RESTORING THE ART OF SOCIAL WORK IN CHILD WELFARE**: This training focuses on the importance of strengths-based, solution-focused practice based on CFSA's Practice Model. The 6-hour course includes an additional, strong focus on planning, communication, and decision-making. The training further defines resilience and guides social workers to understanding the Practice Model's importance in working with child welfare-involved clients.
- **SAFE AND TOGETHER DC COALITION AGAINST DOMESTIC VIOLENCE (DV)**: This 2-day workshop addresses the intersection between child maltreatment and DV. Participants engage in interactive and practical discussions about the dynamics of DV, its impact on the family, children witnessing domestic violence, how to recognize and report incidents of domestic violence, how criminal and civil aspects of DV differ from case to case, and why caretakers sometimes choose to not press criminal charges. Resources for all involved in the DV process are discussed with a focus on child safety and well-being.
- **SBIRT TRAINING: THE SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT**: (SBIRT) training provides practical and experiential training on stages of change and motivational interviewing, all within the context of finding out about substance use concerns. Introduction to SBIRT helps participants conduct Global Appraisal of Individual Needs – Short Screen (GAINSS) with all youth ages 11 and older, adults of young children (ages 0-5) with substantiated cases, or any youth or adult who may need treatment. Upon completion of the GAIN-SS, social workers refer all clients to the CFSA Office of Well-Being.
- **BE STRONG FAMILIES: SHARED PARENTING**: The focus of this training session is to lay a solid foundation for enhancing the participants' understanding of their role in developing and maintaining a shared parenting approach between the biological parent and resource parent. Participants engage in discussions on the definition of shared parenting and how to operationalize this approach in day-to-day parenting and practice.
- **TEAMING WITH FOSTER PARENTS & SOCIAL WORKERS**: During this training, participants learn the philosophy, principles, and components of teaming, and specifically the use of the coparenting model (i.e., the relationship between the resource parent, birth parent and social worker, values, and beliefs in child welfare practice). In addition, this 6-hour training identifies contractual agreements (policies, stipends, transportation etc.) for resource parents and social

workers; helps participants to plan a problem identification and resolution process with each case; and explains how to use active communication, support, reciprocity in working with resource parents.

- **TEENS AND PERMANENCY:** This 4-hour course will help participants identify ways to improve outcomes for older youth. Participants will learn new techniques to enlarge a youth's network of supportive adults which will assist with education opportunities, future employment, and necessary life skills.
- **TRAUMA 101**: This course introduces participants to the essential elements of trauma that every child welfare professional should know when caring for a child who has been through trauma. Participants learn about what trauma is and how they can help children move past their traumatic experiences. The class also covers how trauma affects a child's development and the effects of trauma on children of various ages.
- **TRAUMA 102**: Trauma 102 helps participants understand the difference between physical and psychological safety in children and adolescents who have experienced trauma. Participants are introduced to the concept of the safety message and how to deliver it effectively, the cognitive triangle, and techniques for helping traumatized children understand and control their emotional and behavioral reactions.
- **UNCONDITIONAL POSITIVE REGARD** Based on the teachings of humanistic psychologist, Carl Rogers, unconditional positive regard is the concept of offering compassion through acceptance and support regardless of their actions. This session will provide social workers with tips on assessing their capacity for unconditional positive regard and ways to enhance this skillset.
- **UNDERSTANDING AND ADDRESSING PRIMARY AND SECONDARY TRAUMATIC STRESS:** Engaging in the support of children and youth who have experienced trauma often leaves social workers, family support others, and other child welfare team members at a greater risk of experiencing primary and secondary traumatic stress (STS). This session will provide a clear definition of vicarious trauma while also allowing the participant the opportunity to better understand the impact of STS. Participants will walk away from the session with tangible next steps to address their experience of STS which will ultimately enhance their work with CFSA-involved children and families, as well as their work with child welfare colleagues.
- **UNDERSTANDING THE DYNAMICS OF GRIEF AND LOSS:** This training will explore the grief and loss process in children and adolescents. Participants will learn the common characteristics of a grieving person and what grief "looks like" throughout the different developmental stages of a child and adolescent. Participants will also learn different tools to assist grieving children and adolescents to facilitate emotional expression.
- **UNDERSTANDING AND PREVENTING HUMAN TRAFFICKING**: Participants learn about the impact of consumer sex and human trafficking on children and teenagers placed in resource homes. Participants also learn how to recognize and react responsibly to children and teens who have been exposed to or have experienced these problems. The class reviews the impact of exposure to inappropriate sexual acts, materials, exploitation, and sexual abuse.
- **WORKING EFFECTIVELY WITH LGBTQ YOUTH**: CWTA provides this training to help participants learn how best to work with youth who self- identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ). The course offers clear definitions and experiential exercises that allow participants to better under-stand the thought and feelings of the LGBTQ population.

- **SOCIAL WORK PRACTICE WITH LGBTQ+ AND GENDER NON-CONFORMING PEOPLE**: This three-hour session introduces participants to foundational knowledge, values, skills, and ethics related to work with self-identified LGBTQ and gender non-conforming people. The course emphasizes the practitioner's ethical role in supporting LGBTQ and gender non-conforming people, with specific focus on the NASW's Code of Ethics' preamble which states, "social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice."
- **YOUR REPUTATION PRECEDES YOU**: This course provides an interactive workshop environment geared toward fine tuning professional etiquette. Participants identify skills that increase their ability to present themselves in a professional manner through communication, behavior in the workplace, and social media. Participants discuss universal leadership skills that are beneficial in any position and examine methods to be successful in networking.
- **YOUTH MENTAL HEALTH FIRST AID**: This 8-hour course teaches lay-persons how to recognize the signs and symptoms of mental illness and substance use disorders, de-escalate crises, provide comfort, and refer individuals to professional services. The program utilizes interactive exercises to teach a unique action plan for helping others.

Collaboratives In-Service Training

In FY 2023, the Collaboratives received updated guidance regarding in-service training requirements as stipulated in the CFSA contract. All direct service and clinical supervisory staff are required to complete 30 hours of in-service training annually.

CWTA agreed to offer 36 hours (9 training hours quarterly) of dedicated in-service training for the Collaboratives. In addition to courses offered by CWTA, Collaborative staff can access external trainings which requires proof of course completion, e.g., certificates of completion.

How does the state ensure that ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP? If the state requires licensure for staff, what is the state's process for working the licensing authority to ensure that ongoing training requirements are aligned?

DEA, inclusive of CWTA, developed a one stop website (https://www.dccfsa-dea.com/) that provides easy access to training opportunities, training requirements, training registration, FAQs, and links to contact CWTA. There are five trainers in addition to the program manager and administrator who also deliver training.

CWTA trainers are licensed social workers with history in direct service practice. Each is trained to develop evidence-based curricula using peer reviewed journal articles, local and national data, and awareness of child welfare and family well-being best practices. CWTA trainers engage frontline staff, subject matter experts, and individuals with lived experience to inform training curricula development, whenever possible.

Each month, the CWTA trainers come together with the program manager and program administrator to discuss Agency priorities and provide updates on necessary curriculum changes that have been submitted via the Training Request and Information Portal. Additionally, professional development sessions are held to enhance the trainers' skillset to include facilitation, virtual classroom management, best practices in curriculum development, and best practices in coaching and learner development.

CWTA updates training curricula on a quarterly basis, and when policy or business processes change. DEA and CWTA are informed of these changes through the Training Request and Information Portal (TRIP). CFSA developed TRIP to support a streamlined process for CFSA and private agency supervisors, program managers, and program administrators to request new training courses, updates to current training courses, or support in the communication plan of new administration initiatives. Entering a request in TRIP triggers a discussion with the DEA program manager and discussion of next steps in the curriculum development and planning process with the subject matter expertise of the requesting administration.

CFSA uses several methods to understand how training impacts practice. Training evaluations capture directly from staff their thoughts about the training. Quality Service Reviews capture how staff apply knowledge and skills with families and stakeholders. A supervisor will refer a staff member to training if they are struggling in a particular practice area. A recent survey sent to staff after completing a CWTA training session 30, 60, or 90 days ago revealed that 94 percent of respondents (4 of 127) felt the training session prepared them to integrate the learning objectives into my daily practice. One hundred percent of respondents felt the training session was relevant to their daily practice. While we recognize this represents less than 1 percent of those attending an in-service training within the past 30, 60, or 90 days, this survey is a new process and needs time to be fully implemented with additional buy-in.

As previously indicated, the DC Board of Social Work regulates the practice of social work in the District. The Board also administers and enforces the law. The Board evaluates applications and administers exams, recommends standards and procedures, and issues licenses. The Board receives and reviews complaints, requests investigations, conducts hearings, issues any subpoenas, examines witnesses, administers oaths, and issues an annual report. As of October 1, 2023, CFSA aligned the required amount of in-service training hours with the DC Board of Social Work's licensure standards from 30 hours to 20 hours for direct service staff. CFSA provides courses required for licensure in addition to training on human trafficking required by local legislation.

How often is ongoing training reviewed for alignment with specific job descriptions or updated for new initiatives?

Ongoing trainings for child welfare social workers are designed to align with social work and case management job descriptions in child welfare by providing essential knowledge and skills to effectively serve and support children and families involved in the child welfare system. The training courses are

designed to provide holistic, culturally competent, and legally compliant support to children and families involved in the child welfare system.

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

At a minimum, the DEA program administrator and program manager review the training curricula on a quarterly basis for updates. These reviews and any updates or modifications reflect feedback received via training session evaluation forms and/or TRIP. Changes in curricula are integrated into current sessions and highlighted as updates.

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

During FY 2021, TAC provided the following recommendations to CWTA regarding training needs specific to CFSA and private agency staff:

Recommendation	CWTA Response
Training focused on customer service and professionalism in the virtual environment.	CWTA updated the current training course on professional etiquette, *Your Reputation Precedes You*, and include the course on the FY 2022 training calendar.
Verbal de-escalation training for staff.	CWTA developed the *Crisis Intervention De-Escalation* training session, also in virtual format during the pandemic for staff and resource parents to learn additional techniques for verbal de-escalation.
Training in new and updated policy and practice operations manuals.	CWTA participates in policy planning and development roundtables to determine how new and updated policies are communicated across the Agency. The CWTA team is responsible for updating training sessions with relevant policies as they are finalized. Upon completion of practice manuals, CWTA develops training courses specific to forthcoming topics, e.g., updated In-Home and Out-of-Home Practice Operations Manuals.

Recommendation	CWTA Response
Access to CWTA's full training catalog to assist with determining which training sessions should be revisited for inclusion on the quarterly training calendars or what new sessions should be developed.	CWTA has shared the FY 2022 Training Plan Matrix to TAC members. CWTA now provides an online training catalog on the CWTA website for access by all CFSA and private agency staff.

In FY 2021, DEA, with the specific support of CWTA, developed the *Understanding Race Equity in Child Welfare* training series and updated the District's mandated reporter training to include *Implicit Bias and the Mandated Reporter* in response to District-wide and Agency-wide initiatives. The development of these two projects reflects the intersection between focus on integrating the development, equity and inclusion priority, the new administration, and the work of the Child Welfare Training Academy.

As of July 6, 2023, CWTA has facilitated 24 cohorts (n = 422 or 60 percent of staff) on the *Race Equity in Child Welfare* curriculum to Agency staff of all levels and within each administration to lay the foundational work to begin addressing racial inequity. The training continues to be offered.

Understanding Race Equity in Child Welfare Series

- **Session One: Race Equity In Child Welfare.** This session will define racial equity and inequity and explore the historical role of child welfare and government laws, policies, and practices in creating and maintaining racial inequities.
- **Session Two: Understanding Bias and The Forms of Racism.** This session will explore the differences between explicit and implicit bias with a discussion on the various forms of racism from individual to structural.
- **Session Three: Applying a Racial Equity Lens with Race Equity Tools.** The final session of the series will focus on defining and understanding the concept of a racial equity lens. Participants will also assess their own understanding of race equity and race equity in their work through the use of the race equity toolkit.

During the COVID public health emergency, the TAC did not meet to discuss recommendations. However, DEA developed TRIP to allow supervisors, program managers, program administrators, and deputy directors to provide feedback regarding training needs and to request new training. Additionally, DEA launched its training website in 2022 with an option for staff to provide feedback directly to CWTA. Based upon the feedback and requests received from these sources, CWTA develops curriculum that aligns with identified Agency and best-case practice priorities. TAC will be revitalized in FY 2024 to ensure a direct feedback loop between DEA and training participants.

During FY 2021 and FY2022, CWTA added a crisis intervention de-escalation training and established participation in policy planning and development roundtables to ensure staff are informed of and trained on new and updated policies timely. In FY 2023, as a result of anecdotal feedback from the TAC and to align with Agency priorities, DEA has added the following new trainings to the course array.

- **DIALECTICAL BEHAVIOR THERAPY IN CHILD WELFARE**: Dialectical Behavior Therapy (DBT), a type of cognitive behavioral therapy, is an evidence-based practice and treatment modality used in working with individuals of various ages focusing on mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness. This 4-hour course is designed to introduce individuals to the techniques used in DBT work and is beneficial for social workers supporting families in managing the stressors of life.

ENGAGEMENT IN CHILD WELFARE SERIES

- **INTRODUCTION TO THE ENGAGEMENT TRACT**: This course allows agency staff, social workers, and community stake holders to review concepts of engagement, gain insight into the theoretical perspective of engagement and to further enhance the use of quality engagement with all children and families in the District of Columbia. This introductory course for the engagement series tract covers incarcerated parents, youth, and mental health concepts.
- **ENGAGING INCARCERATED PARENTS**: This course will help parents identify practical skills that will aide social workers to engage, case plan, advocate, and connect with clients who are incarcerated in effort to address the entire family's safety, permanence, and well-being needs.
- **ENGAGING OLDER YOUTH**: This course provides important foundational elements of adolescent development, an understanding of youth strengths and barriers, effective ways to communicate and collaborate with youth in the case planning process.
- **ENGAGING CAREGIVERS WITH MENTAL HEALTH NEEDS**: This course takes a closer look at mental health and its impact on engagement with families. During this time, participants will demonstrate an understanding of commonly diagnosed mental health disorders and symptoms that may impact the engagement process. Additionally, participants will learn effective communication skills to engage families with mental health concerns.
- **HUMAN TRAFFICKING LAWS AND CHILD WELFARE:** This course will help participants understand the laws of Human trafficking in relation to the child welfare system. Participants will explore the history of human trafficking as well as local and federal policies that guide practice in child welfare. Participants will be challenged to use critical thinking skills (regardless of role) to support victim youth.
- **MANAGERIAL SIGNALS OF CARE**: This course provides managerial child welfare staff with experiential learning opportunities to foster the development of skills to demonstrate genuine concern professionally and effectively for supervisees. Participants will gain an understanding of the impact of providing signals of care on worker engagement and client outcomes. Participants will also examine the parallel processes created by the provision of managerial signals.
- **MINDFULNESS PRACTICE AND THE MENTAL HEALTH PRACTITIONER**: This 6-hour course's purpose is to provide experiential activities that introduce mindfulness practices that align with NASW's position on the tenants. The session will equip participants to use mindfulness as an ethical framework for case management and supervision. Upon completion of the course, participants will have explored how mindfulness can enhance their self-care routines for their personal wellness.

- **MULTIGENERATIONAL WORKFORCE:** This course provides an opportunity for participants to explore the dynamics of a multigenerational workforce, its inherent challenges, and benefits. Participants will deconstruct the generational divide and develop strategies for leveraging key strengths in the multigenerational workforce for success.
- **PSYCHOLOGICAL SAFETY**: Psychological Safety is a condition in which you feel included, safe to learn, safe to contribute, and safe to challenge the status quo without the fear of embarrassment, marginalization, or punishment. As child welfare professionals, we need psychological safety to be effective in the work of trauma-informed care. This 5-hour session will take you through the text, the 4 Stages of Psychological Safety, by Timothy Clark, with a child welfare lens so that you are able to create psychological safety for yourself, your colleagues, and your teams. Upon registration, you will be sent information on how to obtain your copy of the text that should be read prior to attending.
- **SUPPORTING AND ENHANCING GROUP SUPERVISION:** There's no secret that clinical supervision is a valuable process for the supervisor and for the supervisee. Often, we focus on the use of clinical individual supervision, however there is also a strong need for practitioners to conduct successful clinical group supervision in the supervision atmosphere. This class addresses this need and helps supervisors gain a deeper understanding of how effective group supervision can enhance the transfer of learning of their direct reports in the treatment realm. We invite you to come and gain more information about how this process can help support the amazing work that you and your team are already doing from a group perspective.
- **SUPPORTING RESILIENCE IN THE WORKPLACE:** Resilience in the workplace is associated with greater job satisfaction, work happiness, organizational commitment, and increased colleague engagement. This 3-hour training will deconstruct the attributes of a resilient worker as well as explore constraints to resilience building. Participants will have the opportunity to learn about the five pillars of resilience theory, use of the pillars to explore their own resilience thresholds, and development of strategies for personal resilience enhancement. The NASW Code of Ethics will also be reviewed to highlight how resiliency building is directly related to professional self-care and the ability to render better care to families.
- **TRAUMA-INFORMED SUPERVISION:** This three-part, 2-hour course will remind supervisors about how trauma-informed care (TIC) creates safe spaces for individuals who have experienced trauma and reduces the likelihood of re-traumatization through sensitive service provision. Using a parallel process approach, we will further unpack the TIC model and incorporated elements of the NASW Code of Ethics to understand the supervisor's role with holding a supportive supervision posture when helping their team members who are working with traumatized families and children. During this session, supervisors will be challenged to understand their managerial styles and develop greater insight of ways to anticipate and avoid managerial practices that are likely to traumatize teams especially when under pressure.

What is the state's process for collecting and updating training-related data (e.g., courses, hours, number of staff who were required to attend and percentage who completed) to ensure that ongoing training requirements are met for caseworkers and supervisors, including contracted caseworkers/supervisors? How does the system allow for statewide tracking of the training program (including training at the state level along with training contract caseworkers? How does the system allow for statewide tracking of the training

program (including training at the state level along with training that may be contracted out or provided at the county level?

To keep the entire training system carefully monitored, both for immediate needs and for long-range planning, CWTA regularly teams with several CFSA administrations, particularly the Performance and Accountability Administration (PAQIA) and the Child Information System Administration (CISA) for ongoing tracking and data management. Management reports and tracking mechanisms are done on a quarterly basis and reported out annually in CFSA's Four Pillars Performance Measurement Report.

CFSA quantifies performance through consistent tracking and monitoring. Included in this process is the regular incorporation of post-training evaluations, which helps CWTA to determine how effective training addresses the basic skill sets and the knowledge base needed for staff to perform work. Data entry of course completion occurs in FACES.NET and populates training management reports TRN031 and TRN033.

Staff, including Collaborative and private agency staff may register for training courses via FACES or WebEx. The links to register for these sessions are provided on the DEA's website each quarter. Once enrolled in the courses, training participants are sent invites via Outlook to the training session. If the registrations exceed capacity for the course, people are placed on a waitlist or advised to register for the course the next time it is offered. Only people enrolled in the course will receive access to the classroom or meeting link.

Attendance is cross-checked via course registration, course attendance and participation, and through the completion of a Knowledge Check which is administered through CourseMarker, an online testing software. For virtual training sessions, participants are required to have their cameras on and to engage in course activities. Competence is measured by class engagement and participation along with the successful completion of the knowledge check (80 percent correct responses). Following training, the CWTA Training Specialist reconciles course completion in FACES.NET by verifying course attendance via either course log in information (for virtual sessions) or the training session sign-in sheet (for in-person sessions) and the completion of the knowledge. Participants' Training Transcripts are generated by FACES.NET and course participation is marked as completed, incomplete, deleted, or a no-show. A complete status confirms both attendance and the completion of the knowledge check. An incomplete status confirms attendance, but the participant has either not completed the knowledge check or did not attain an 80 percent score. In these instances, participants are given one additional opportunity to complete the knowledge check or they are required to retake the course in order to receive course completion credit. A status of "deleted" reflects the participant requested to be removed from the course due to scheduling or other conflicts. A course status of "no-show" reflects the participant registered for the course but did not log-in or attend in person.

To support CFSA and private agency staff in meeting their in-service training requirements, the CWTA Training Specialist utilizes information from management reports TRN031 and TRN033 to create an additional report for direct service administration program administrators listing training hour status for direct service staff and sends these to the administrators quarterly.

Any training outside of the Agency is considered external training such as conferences, online training, seminars, and workshops. External training is allowed. However, it must be relevant to direct service staff support practices and be relevant with a clear transfer of learning objectives. Courses may also be related to scientific knowledge or technical skills required for the practice of direct service. External training courses must be pre-approved by the employee's supervisor. Following supervisory approval and session attendance, an External Training Form must be completed and submitted to DEA to ensure CWTA records the earned training hours in the social worker's individual training record.

For Collaborative staff, the Contracts Monitoring Division (CMD) sampled 33 staff records. These 33 staff represented the direct service staff that were required to have in-service training per their contract. Of the 33, 42 percent completed at least 30 hours of training during the fiscal year. CMD is working to assess the barriers to completion and developing the improvement plans.

In 2023, 549 external trainings were approved and entered into FACES.NET. These training ranged in topics and included sessions on addressing traumatic experiences for LGBTQIA+ youth, secondary traumatic stress, trauma and disproportionality in child welfare, medical assessment of child physical abuse, and training from the National Child Traumatic Stress Network, NetCE, CE4Less. Currently, FACES.NET does not offer a report to break down the number of staff who attend external training sessions. However, most of the 549 training courses entered into FACES.NET are attended by one staff member. Staff seek out external continuing education unit (CEU) training sessions and receive internal training credit for these sessions.

During quarterly staff record reviews, the Contracts and Monitoring Division (CMD) reviews staff files to ensure congregate care staff complete 40 hours of pre-service and 40 hours of in-service training. For private agency staff, CMD also reviews staff files to ensure the required number of hours have been completed (80 hours pre-service and 30 hours of in-service) for direct service staff. Effective October 1, 2023, in-service hour requirements for CFSA and private agency staff has been changed to 20 hours for each fiscal year (October 1 – September 30). In-service training is also tracked and reported on the Annual Four Pillars Performance Report to highlight CFSA's commitment to being transparent about how CFSA is complying with training requirements.

Currently, DEA is working closely with CISA to develop a training portal platform as FACES.NET nears sunset. This platform will provide a streamlined process for course registration for all CWTA audiences while also allowing for more intentional data collection that will support Agency wide reports. This system will take the best components of the various platforms used for training registration and

delivery (WebEx, Teams, FACES.NET, JotForm, etc.) and integrate them into one location. The targeted launch date for this platform is May 2024.

Among all staff who required ongoing training in a specified period, what percentage completed ongoing training that addressed skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP?

The Agency's benchmark is 80 percent for CFSA and private agency direct service staff to complete the required 30 hours of annual in-service training. During the period of July 1, 2021 through June 30, 2022, 221 CFSA and private agency staff had reached year 2 or beyond for employment and were required to complete the 30 in-service training hours. Fifty-seven percent (n=125) of those social workers completed the required 30 hours of in-service training. Within CFSA's Office of Well-Being, 92 percent of direct service staff met the training requirements in reporting period 2022-2023. For CFSA's contracted agency partner, the National Center for Children and Families (NCCF), 100 percent of the direct service staff met the training requirements in the reporting period 2022-2023.[28] Compliance with training requirements is included in direct service staff performance evaluations. CFSA continually reminds supervisors to protect their staff time to attend training.
CFSA staff, the CWTA team, and leadership identified several barriers listed here in descending order to direct service staff obtaining the required annual in-service training hours:

- Staff attrition pointedly reducing staff capacity to balance the in-service training requirements with the daily critical activities of their positions,
- Staff work responsibilities and case management activities during training offerings impeding their ability to fully commit to scheduled training,
- Staff waiting to complete trainings closer to the license renewal deadlines,
- Staff soliciting and attending training only during licensure renewal years,
- Staff experiencing limited capacity of training course availability toward the end of the training cycle, and
- Staff relying solely on CWTA in-house training to meet training requirements.

The majority of direct service staff (30 percent) are employed within the Office of Hotline and Investigations. As noted, there have been significant staff shortages in this area since January 2022. These staff shortages pointedly reduced staff capacity to balance the in-service training requirements with the daily critical activities of their positions. As a result, CWTA has committed to providing new training opportunities and reminders to provide real-time updates to staff and leadership about staff's training status. CWTA routinely encourages direct service staff to take advantage of training opportunities offered both within CFSA and outside the Agency.

[28] The Office of Well-Being represents 6.5 percent of all direct service staff while NCCF represents 4.3 percent.

Further, CWTA issues reminders to staff to sign up and spread out their training throughout the year to ensure the likelihood of compliance, even if case emergencies arise that may prevent a scheduled training. CWTA also communicated with leadership staff in CFSA and with its partner agencies to encourage that direct staff be allotted dedicated and uninterrupted time to take training throughout the year. In July 2022, CWTA expanded its array to include training about diversity, equity, inclusion, and belonging (DEIB) training. This DEIB training includes three sessions including, *Race Equity in Child Welfare*, *Understanding Bias and Forms of Racism*, and *Applying a Racial Equity Lens with Race Equity Tools*, and a plethora of resources and additional DEIB training opportunities for direct service staff. CWTA continues to publish theSource, a newsletter that offers training links, updates on new classes, and other training opportunities for staff to explore.

The Agency's benchmark is also 80 percent for CFSA and private agency supervisors, program managers, and program administrators who have casework responsibility to complete the required 24 hours of annual in-service training. For the same period of July 1, 2021 to June 30, 2022, 75 direct service supervisory staff employed by CFSA and its partner agencies were required to meet the 24 hours of in-service training as they were beyond the first year of employment as a supervisor. Seventy-one percent (n=53) of those supervisory staff completed the required 24 hours of in-service training.

The training data reconciliation and reporting time frame was changed from the training calendar year (July 1 – June 30) to the calendar year. As a result, the data from July 1, 2022 to June 2023 will be incorporated and reconciled with the 2023 calendar year. CFSA will report the data in the Four Pillars Performance Report for publication in March 2024. However, CWTA tracks the training compliance in real-time during each cohort.

Supervisory social workers in the District of Columbia are licensed and mandated to attain CEUs to support their on-going professional growth and development. Supervisory staff attend training to support their clinical practice as supervisors and to access internal and external resources to ensure training is accessible and continuous. However, CWTA observed direct service supervisory staff relying solely on internal trainings to meet training requirements versus taking advantage of external opportunities. For example, CWTA partners with Onyx Therapy Group to provide a series of psychoeducation courses, as well as Kayla's Village for workshops about grief and loss and safe sleeping. Information is also provided to staff about external virtual or in-person conferences, webinars, or additional trainings through the Department of Behavioral Health as alternative or supplemental options for supervisory staff to explore.

CFSA identified several barriers to direct service supervisory staff obtaining the required annual in-service training hours, including but not limited to the demands of carrying out their daily responsibilities while setting aside additional time to dedicate to training. In addition, staff shortages have required supervisory staff to fill in the gaps to meeting the needs of children and families served, which also impacts the capacity of supervisory staff to ensure completion of training hours.

To assist with these challenges, CWTA is currently planning for implementation of a dashboard system to provide real-time updates to leadership about supervisory staff's training status to ensure this benchmark is achieved on an annual basis. This dashboard will launch with the launch of the updated training platform in May 2024. Direct service supervisory staff are routinely encouraged to take advantage of training opportunities offered both within CFSA and outside the Agency. CWTA issues reminders to supervisors to sign up and spread out their trainings throughout the year to ensure the likelihood of compliance, even in the face of case emergencies that may prevent a scheduled training. CWTA also launched a training website that provides readily accessible resources to support the needs of the workforce. There is now easier training registration directly through the new website, links to targeted trainings for primary and secondary traumatic stress (P/STS) and mandated reporter training; clinical wellbeing resource videos and tipsheets for managers, opportunities to explore panel discussions with Collaborative partners for program and service provider highlights, FAQs about training, referral links for access to ongoing therapeutic support as well as trainings through DCHR's Center for Learning and Development are provided via the new website. Additional virtual training slots were added to accommodate larger enrollment in trainings as well.

To what extent were staff who completed ongoing training in a specified period prepared to deliver services pursuant to the CFSP?

Competence to deliver services is measured via the completion of knowledge checks provided at the end of each in-service training session with a score of 80 percent or higher. During the period of January 1, 2021 – December 31, 2022, an average of 87.1 percent was achieved for all in-service training sessions offered. Through the CWTA program manager's quarterly reviews, in partnership with CFSA's direct service program managers, in-service trainings are assessed and updated to ensure alignment with current best-practices and to support the confidence and competence of CFSA and private agency staff to carry their responsibilities in direct service to children and families.

Additionally, training questions have been added to direct service staff surveys and related clinical practice topics have been added to youth, birth parent, resource parent, and attorney surveys to assess from various perspectives staff preparedness to deliver services pursuant to the CFSP. CWTA's courses collectively address the outcomes outlined in the CFSR. Each CEU approved training session is developed with the intention of integrating knowledge related to safety, permanency, and well-being outcomes.

In the November 2023 Statewide Assessment surveys, 17 CFSA out-of-home social workers and 17 in-home social workers were asked about their ongoing training opportunities. Overall, 85 percent of respondents indicated that they received sufficient ongoing training to remain current on requirements, resources, and best practices and only 6 percent indicated that they did not. Notably, all 17 in-home social workers either agreed or strongly agreed that their in-service training is sufficient.

Social work staff receive sufficient in-service training to remain current on updated requirements, resources, and best practices.			
Response	**Out-of-Home Social Workers**	**In-Home Social Workers**	**Total**
Strongly Agree	4	8	**12 (35%)**
Agree	8	9	**17 (50%)**
Neutral	3	0	**3 (9%)**
Disagree	2	0	**2 (6%)**
Strongly Disagree	0	0	**0 (0%)**
Total	**17**	**17**	**34**

How does the state know that the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

Based on recognized principles of adult learning, CWTA training incorporates techniques that often include group dynamics so participants can learn from peers and colleagues, maximizing input from individual and group insights. CWTA's training curricula integrates components of trauma-informed and healing-informed practice with a focus on DEIB. All pre-service training highlights best practices in case management outlined as Engagement, Assessment, Intervention, and Enhance Family Resilience. The Agency's Quality Service Review practice performance indicators serve as the foundation of pre-service learning objectives. The primary indicators include *Family Engagement*, *Coordination and Leadership*, *Team Formation and Functioning*, *Assessment and Understanding*, *Pathway to Case Closure*, in addition to the case planning process, which includes implementation of supports and services, maintenance of family connections, and provision of post-permanency supports.

As previously described, the development of CWTA curricula begins when an issue, concern, or problem needs to be addressed, or when new training is needed to support Agency priorities, practice, or policy changes. A curriculum development team makes decisions about the target audience, intended outcomes, content, methods, and evaluation strategies. As part of the curriculum development process, CWTA engages both internal subject matter experts and external partners, resource parents, during the writing of any new course. The entire process systematically organizes what will be taught, who will be taught, and how it will be taught.

For the CFSA and private agencies, weekly clinical supervision occurs with clinical supervisors for direct service staff to ensure staff are prepared to carry out their duties. As DEA relaunches the TAC in FY 2024, the Agency will work to engage supervisors to provide feedback regarding what their clinical supervision has uncovered and incorporate this feedback into the TAC review process.

As noted in Item 16, the December 2023 Statewide Assessment focus group included an opportunity for six assistant attorneys general (AAGs) to discuss matters related to social worker training. With

regard to ongoing training, two AAGs observed that social workers could more fully internalize the required skills and practices for court reporting and testimony if they received training in manageable chunks, soon followed by opportunities to apply what they are learning. The AAGs recommended refresher training because there can be a long period between a social worker's pre-service training and their first court appearance. One AAG suggested periodic "Lunch-n-Learns" with topics that don't necessarily get addressed during pre-service, such as the preferences of specific judges. As a result of these focus groups, CWTA is working with the AAGs to develop more opportunities for staff to practice their court skills through mock trials and to receive additional training from the AAG staff members.

What mechanisms and methods are used to obtain staff and consumer feedback, how often and for which ongoing trainings (e.g., all trainings)?

CWTA receives post-training evaluations in the form of an online survey sent to class participants immediately after the conclusion of each training session. Questions range from the overall quality of the training to whether trainees experienced improved understanding of the subject matter. Trainees also respond to whether the learning activities promoted skill building for them. Survey questions include how knowledgeable trainers are on subject matters, the effectiveness of training styles, open-ended questions for participants to suggest changes, improvements, and suggestions for specific training topics in the future. The compiled data from these surveys are shared with each individual trainer and utilized to inform their performance evaluation. When trends are identified in the evaluations, the information is shared during DEA's professional development and strategies to address feedback are developed. Currently, the post-training surveys are not required. However, with the introduction of the new training platform, participants will be required to complete an evaluation prior to accessing the knowledge check which is required to obtain training and CEU credit.

As a result of this needs assessment process, DEA created post-training evaluations for participants who have completed in-service training in the past 30, 60, and 90 days. This survey is sent out quarterly to provide opportunities for feedback on levels of satisfaction with CWTA training and how well the trainees feel the training provided information on integrating the content into their daily work. The survey is another opportunity to provide recommendations on how to improve training sessions.

What is the state's process for addressing feedback to improve training curricula?

Training evaluations completed by training participants ask for recommendations to improve in-service training curricula. Upon review of this feedback, the CWTA program manager and trainers update training curricula, develop new training curricula, or enhance current training curricula based on these recommendations.

As noted, in FY 2021, CWTA reinstated the Training Advisory Council (TAC) as an additional continuous quality improvement pathway for evaluation, information sharing, and feedback. The TAC brings together individuals from each CFSA and private agency administration to discuss training initiatives with the goal of ensuring fidelity in the agencies training and development process. TAC membership

includes direct service staff, supervisors, program managers, and program administrators, along with the CWTA team. During the course of the FY 2021 TAC, meetings were held quarterly to review training requests submitted via TRIP (described earlier) and to highlight new training curricula developed by the CWTA team. However, due to other priorities, the FY 2021 TAC ended. It is the goal of CWTA to resume at the quarterly rate during FY 2024 to promote better engagement, teaming and inclusivity with understanding training needs and course development feedback.

In support of CFSA's efforts to ensure individuals with lived experience have a voice in Agency-wide operations, the FY 2024 TAC will include presentations and requests for feedback to the Agency's Lived Experience Advisory Council (LEX). The LEX is made up of individuals who have previously been involved with the Agency and external stakeholders.

CONCLUSION

Overall, the District's ongoing staff training program remains an area of Strength. Direct service social workers and managers at CFSA and the private agencies are at substantial conformity for the completion of ongoing in-service training hours.

SYSTEMIC FACTOR 4: ITEM 28

Systemic Factor 4:	**Staff and Provider Training**
Item 28:	**Foster and Adoptive Parent Training**

STANDARD

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and,
- The system demonstrates how well the initial and ongoing training address the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

RESPONSE

The District's foster and adoptive training is an area of Strength. CFSA is committed to ensuring that prospective and licensed resource parents, as well as staff from congregate care and independent living programs, receive and complete the training necessary to provide care and direction to DC children entrusted to their care.

POLICY AND PRACTICE

CFSA's goals are centered on promoting the safety, permanency, and well-being of children in foster care to achieve positive outcomes for self-sufficiency, security, and adulthood. Resource parents and staff from congregate care and independent living program providers that serve these goals must abide by training requirements per the applicable code sections in the District of Columbia Municipal Regulations (DCMR).

Title 29 DCMR, Chapter 60, § 6026, of the Foster Home Regulations outlines resource parent training requirements for resource parents. CFSA has developed resource parent standards and guidelines in compliance with Chapter 60 and details these requirements in CFSA's Resource Parent Training Policy. Training is also regularly reviewed and updated to accommodate changes in practice and new initiatives.

Congregate care facilities located in the District are also required to provide staff training as part of licensure. Facilities are licensed through CFSA's Office of Facilities Licensing (OFL) and monitored by the Contracts Monitoring Division (CMD), based on Title 29 DCMR's Chapter 62, Youth Shelter and Youth Group Home Regulations. Training is stipulated in § 6229 of Chapter 62.

Independent living programs (ILPs) for adolescents and young adults located in the District that serve youth in care also require staff training, as detailed in § 6326 of Title 29 DCMR's Chapter 63, Independent Living Programs. ILPs are also licensed by OFL and monitored by CMD.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITY

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Information Systems, Quality Assurance, and Training	▪ FY 2020-2024 CFSP ▪ FY 2024 APSR ▪ FACES.NET Management Reports ▪ FY24 CWTA Training Plan ▪ FY22 Needs Assessment ▪ FY22 Four Pillars Framework Performance Report ▪ Partner Provider Survey and Interview Report	▪ CFSA Office of Facility Licensing/Relicensing ▪ CFSA Contracts Monitoring Division (CMD) ▪ Kinship Care Program ▪ Resource Parent Licensing and Training	Focus Group
		Prospective and newly licensed resource parents	Interviews
		Current CFSA resource parents	Survey

HISTORICAL PERFORMANCE

In 2016, the District received an overall rating of Strength for Item 28, based on information from the Statewide Assessment and stakeholder interviews. Feedback showed that CFSA and contracted resource parents were fulfilling the required 30 hours of pre-service training prior to licensure, as well as the required 30 hours of in-service training every 2 years. While CFSA's contracted child placing

agencies may elect to provide their own training, all foster and adoptive parents may also attend training offered by CFSA's Child Welfare Training Academy (CWTA). CWTA must approve all external training offerings to be included in the overall training requirements.

Data from the Statewide Assessment further showed that foster and adoptive parents routinely meeting their training requirements. In addition, stakeholders confirmed that group home and residential facility staff are meeting the requirements for 20 hours of instructional training plus 20 hours of experiential training for a total of 40 hours.

These collective trainings not only prepare resource parents and facility staff to carry out their duties but training further provides the foundation necessary for these professionals to help support the Agency's mission to improve the safety, permanence, and well-being of children in the District of Columbia and to strengthen their families.

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

What are the state's requirements for providing initial and ongoing training to all current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities?

CFSA ensures that all training policy standards and guidance are drafted in accordance with DCMR. Specifically, Chapter 60 for resource parents, Chapter 62 for congregate care facilities and Chapter 63 for ILPs.

Resource Parent Pre-Service Training Requirements: All prospective resource parents, primary caregivers, spouses, and significant others (e.g., paramours and partners) must complete 30 hours of mandatory pre-service training facilitated by CWTA or private agency trainers.

When completed, CWTA trainers enter the pre-service training hours in a training portal as a formal record. CWTA tracks training enrollment, completions, no-shows, and deletions. The training must be completed within the 150-day requirement for licensure.

Resource Parent In-Service Training Requirements: To maintain a current license, all licensed resource parents must complete 30 hours of in-service training within a 2-year time span from licensure or re-licensure. (The 2-year window for calculating training hours begins on the actual date of full licensure. Resource parents may elect to complete 15 hours a year.)

CWTA provides a full array of competency-based in-service training activities to prepare resource parents to care for the children joining their families in the resource home. Training course offerings are communicated through CWTA's newsletter, theSOURCE, which is emailed to CFSA resource

parents, private agency staff and contracted provider agencies. A full listing of course offerings is also available under CWTA on CFSA's Development and Equity Administration website. Individuals can register for training directly through the website. Currently, most trainings are offered virtually except for the First Aid/CPR (cardiopulmonary resuscitation) training that requires in-person attendance.

Legislative Requirement: Foster Parent Training Regulation Act of 2018

In 2018, the DC Council passed the Foster Parent Training Regulation Amendment Act of 2018, effective March 22, 2019 (D.C. Law 22-253). The legislation requires specialized training for resource parents when a child in out-of-home care living in the resource home meets one or more of the following criteria:

- Self-identifies as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual/aromantic/agender)
- Victim of sex trafficking
- Diagnosed with a disability
- Pregnant or parenting teenager
- History of violent behavior
- Age 16 years or older

In response, CFSA developed a legislative timeline, training courses, and a protocol for providing notification for children and youth who met the criteria as defined above. To fulfil this requirement resource parents are required to complete a 6-hour training entitled, *Parenting Specialized Populations* or by completing online modules related to the specialized category.

Congregate Care Staff Training Requirements

Each contracted congregate care provider is required to develop a training plan for staff. Training must include topic areas jointly agreed upon and approved by CFSA's Office of Facility Licensing and CFSA's Contract Monitoring Division.

Direct care facility staff must complete a minimum of 20 hours of instructional training and 20 hours of experiential training within the first 30 calendar days of employment. This training is akin to pre-service training and includes course topics related to the facility's administrative structure, procedures, and overall program goals of the facility; emergency and safety procedures; and principles and practices of resident care, including appropriate training on age-specific and special physical, emotional, and medical needs. Additional mandated courses include but are not limited to procedures for maintaining confidentiality, appropriate techniques of behavior management and supervision of residents, crisis management, consideration of diverse cultures and residents' sensitivities, and working with abused, neglected, and traumatized residents.

Independent Living Program (ILP) Staff Training Requirements

Similar to the requirement for congregate care facilities, ILP programs must also provide new hires (direct care staff) with pre-service training. Staff must complete a minimum of 20 hours pre-service training (§ 6326.4) that covers topics related to the ILP's administrative structure, procedures, and overall program, as well as the ILP's emergency plan (as required by Chapter 63 § 6335). In addition, staff training must include courses on communicable diseases and universal precautions, conflict resolution, and an introduction to daily living skills for adolescents and young adults.

ILP staff must also complete a minimum of 40 hours of in-service training, annually. In-service training reviews the ILP's emergency plan as well as covering the principles and practices of resident care, including appropriate training on age-specific and special physical, emotional, and medical needs. Additional coursework covers life skills as set forth in § 6330, appropriate techniques of behavior management and discipline pursuant to § 6347, and techniques and methodologies of crisis management.

How does the state ensure that initial and ongoing training addresses the skills and knowledge base needed to carry out their duties?

For prospective resource parents (PRPs) to participate in the pre-service training, the PRPs must attend an informational session and complete an application for consideration as a potential licensed resource parent. The Recruitment Unit supervisor must approve the application prior to forwarding the documentation to the appropriate training or licensing supervisor, based on the applicant's state of residency, i.e., CFSA for District residents and the child place agency for Maryland residents. This process ensures that all PRPs meet the applicable regulatory guidelines for becoming a licensed resource parent.

Once approved, the applicant receives an email communication from the pre-service trainer regarding dates, training materials and links to join the virtual pre-service training. CFSA's approach to resource parent training is a multi-tiered training modality that breaks resource parent training into four distinct tiers. Each tier of training is designed to build on previous learning and development to support the continued growth and competency of CFSA resource parents. These tiers of training consist of *Tier 1: Pre-service Training; Tier 2: Core In-Service Training; Tier 3: Training for the Experienced Resource Parent; and Tier 4: Specialized Training CFSA's Resource Parents.*

The four tiers provide resource parents with the core competencies required to care for children and support families served by CFSA. The competencies are based on the Child Welfare League of America (CWLA) New Generations PRIDE Model of Practice (NG-PRIDE). The NG-PRIDE Model of Practice is designed to teach knowledge and skills in five essential competency categories for resource parents:

- Protecting and nurturing children
- Meeting children's developmental needs

- Addressing developmental delays
- Supporting relationships between children and their families
- Connecting children to safe, nurturing relationships intended to last a lifetime
- Working as a member of a professional team

Tier 1: Pre-service Training for Prospective Resource Parents

Traditional Resource Parent Pre-Service Training

As noted, pre-service training requires a minimum of 30 training hours, which includes 15 hours of training in the NG-PRIDE curriculum, 3 hours for training on the Licensing and Lead Inspection requirements, and 12 hours of virtual training via the Foster Parent College (FPC).

In addition to the core 18 hours of live training (in-person and/or virtual), Pre-Service training includes the following:

- **Foster Parent College (FPC):** FPC is an interactive virtual training platform for prospective resource parents for independent self-paced training available 24-hours and 7-days a week. FPC offers training is specifically related to child welfare topics, including but not limited to *Caring for Children Who Have Been Sexually Abused, Child Abuse and Neglect, Child Development, Children entering Foster Care,* and *Mental Health and Physical Health Issues.*
- **Online Clusters:** Online clusters are "on-demand" supplemental training topics that are required as part of pre-service training and are completed via a partnership with FPC. This online learning platform provides each potential resource parent with the opportunity to complete the four online clusters at their own pace. Each PRP is registered on FPC.com by CWTA and receives information on how and when to log in during the first in-person training session. Following completion of pre-service training and the licensing process, all resource parents will have access to the in-service online training modules via FosterParentCollege.com.
- **Pride Connections -** *The PRIDE Connections* activities are an opportunity to make connections between what is learned in the in-person sessions and the online clusters. PRPs are asked to reflect on the information shared during the in-person and online cluster sessions to determine their ability, willingness, and resources to complete the training process and to ultimately have a child join their family. These connections are discussed with the licensing team as part of the home assessment process.

The NG-Pride Model of Practice is a 14-step process to develop and support resource families from recruitment through relicensing. This model of practice informs preparing and supporting resource parents by addressing the following Agency practice:

- **PLANNING:** *What is the role foster parents fulfill in accomplishing the agency's vision and mission?* The planning phase is recruitment focused with the idea of recruiting families with a specific focus on this role.
- **DEVELOPING**: *How does the agency prepare foster parents to building relationships with birth parents and agency staff through effective engagement and communication?* Developing focuses on pre-service training, licensing, and a mutual assessment of the prospective resource family's readiness to foster.

- **SUPPORTING:** *What supports are necessary to maintain effective foster homes with increasing competence?* The support function is purposeful in helping resource families learn and grow through continued training and to ensure that resource parent support workers can support resource parents' knowledge, skills, and abilities acquisition.

During pre-service training staff from CFSA's licensing, placement, and clinical social work administrations, as well representatives from the Foster and Adoptive Parent Advocacy Center, present information to prospective resource parents on how to understand, navigate, and obtain advocacy within the child welfare system.

The data below reflects course evaluation responses submitted anonymously by resource parents after completion of a virtual training completed via the FPC. All responses were optional.

Participants were asked to rate statements on a scale from 1 (strongly disagree) to 5 (strongly agree). Total Records: Based on 975 courses completed by PRPs and licensed foster parents. Of the 975 courses, resource parents completed 83 percent (n=809) and provided the following ratings:

- This course added to my knowledge about caring for children – 4.35/5.0
- I liked the presentation of the training material – 4.25/5.0
- I would recommend this course to others – 4.3/5.0
- I feel the training was worth the time spent – 4.3/5.0

Pre-Service Training Schedule

Pre-service training completion allows for a hybrid approach to training, i.e., four online sessions and six instructor-led in-person sessions. Over a 5-week period, PRPs work closely with a CWTA trainer and their licensing team to complete both the online and in-person sessions.

- **Session One: Connecting with Pride** - This session focuses on introducing PRPs to the NG-PRIDE curriculum with a focus on the Agency's vision and mission, understanding the essential roles of resource parents, and the strategies necessary to support children and families achieving safety, well-being, and permanency.
- **Online Cluster One**: *The Child Welfare Team, Child Abuse & Neglect and Child Development*
- **Session Two: Licensure Paperwork** - This session introduces PRPs to the paperwork required for completion of their family assessment and CFSA licensure process. During the session, PRPs meet their licensing team and ask questions regarding the licensing process.
- **Session Three: Protecting and Nurturing Children** - This session explores ways for PRPs to build trust and attachment, to understand the impact of trauma on child development, and to assess the PRPs' ability, resources, and willingness to foster and adopt.
- **Online Cluster Two:** *Parent-Child Attachment, Understanding Behavior in Foster Children, and Caring for Children who have been Sexually Abused*
- **Session Four: Meeting Developmental Needs: Trauma. Loss and Resilience** - Building on the previous session, this meeting helps PRPs to understand the impact of trauma and loss on

children in out-of-home care, introduces ways to promote resilience, and provides detailed information on parenting children who experience trauma.

- **Online Cluster Three:** *Working Together with Primary Families and Cultural Issues in Parenting.*
- **Session Five: Supporting Relationships with Birth Families** - This session focuses on the importance of children in out-of-care maintaining a supportive relationship with their birth families. The session provides ways and approaches that the PRP can support this connection. The session also explores building personal and cultural identity, promoting family connections and continuity, and supporting positive family time.
- **Online Cluster Four:** *Reducing Family Stress, The Impact of Fostering on Birth Children and Foster Care to Adoption.*
- **Session Six: Making an Informed Decision** - This final in-person session focuses on involving all members of the resource family in providing support to a child in out-of-home care while creating safe and nurturing environments and preventing placement disruptions.

Kinship Caregiver Pre-Service Training

CFSA's Kinship Unit facilitates pre-service training based on the *Caring for Our Own* curriculum that addresses the specific circumstances and training needs for kinship resource parents. *Caring for Our Own* is an evidenced-based curriculum derived from the Model Approach to Partnerships in Parenting (MAPP) program. The *Caring for Our Own* kinship program was originally developed by the Child Welfare Institute. In 2009, the Children's Alliance of America (CAA) acquired the copyrights to the program. CAA provides training to internal staff and co-facilitators.

The *Caring for Our Own* program is offered in a hybrid format with three to four of the meetings held in person. Training is co-facilitated by the Kinship Unit, including Kinship Licensing Unit social workers, and resource development specialists. The co-facilitators are vital as they are current or previous kinship providers. Their presence incorporates the shared experience and gives participants an opportunity to ask questions and glean from their lived experience. Guest speakers with lived experience share their perspective on working with CFSA and the impact of their child welfare experience. Speakers include birth parents who have reunified with their children, and former foster youth.

Prospective kin resource parents receive training on conflict resolution, substance abuse, mental health, and permanency planning. Training also helps prepare kinship caregivers to navigate the child welfare system by discussing expectations and how to address potential challenges with the children, birth parents, and team members. Kinship training also discusses child development so that the caregivers have age-appropriate expectations of the children in their homes and can balance this information with the associated trauma that children may experience. The curriculum includes a series of trainings based on the following topics:

1. **Introduction to Caring for Our Own -** This meeting provides an opportunity for kinship caregivers and facilitators to get acquainted with each other, establish comfort and safety, and provide the purpose structure and desired outcomes of the program.

2. **Assessing the Impact of Children Living in My Home -** This meeting provides caregivers with an opportunity to assess the immediate impact of having children live in their homes. This meeting also assists caregivers in assessing their ability to meet the present needs of the children living in their homes.
3. **Looking at my Role in Achieving Permanency -** This meeting provides caregivers with an overview of reunification and adoption and identifies ways in which caregivers can support permanency planning. It also continues to provide caregivers with the opportunity to assess the strengths and needs of the members of their immediate household and their extended family members.
4. **Assessing the Strengths and Needs of the Children in My Care -** The meeting helps caregivers begin to focus on the needs of the children living in their homes and to identify the types of services they need to access to ensure stability in the children's overall growth and development.
5. **Building on the Strengths and Meeting the Needs of Children in My Care -** During this meeting, caregivers learn about trauma and transitional reactions experienced by children. Also presented are methods of managing behaviors as well as identifying and accessing needed services.
6. **Preparing Children and Youth for the Future -** This meeting assists caregivers in understanding their role and responsibilities in the education of the children in their care and in preparing youth for independent living.
7. **Understanding the Issues of Birth Parents -** This meeting provides an opportunity for the participants to examine the challenges birth parents face. It also gives caregivers a better understanding of the transitional reactions of birth parents and how these reactions interplay with the caregivers' own transitional reactions. The meeting gives the caregivers an understanding of the nature of chemical dependence and its effects on birth parents and their ability to assume the primary parenting role with their children. The session further prepares caregivers to explore in Meeting 8 how they can work together with birth parents to meet children's needs and provide them with permanency.
8. **Working with Birth Parents to Achieve Permanency for Their Children -** This meeting examines how caregivers can redefine their relations with birth parents in order to ensure children's physical safety and emotional well-being and support birth parents' efforts to achieve permanency for their children.
9. **Networking and Moving Ahead -** This meeting provide caregivers with the opportunity to complete their assessment of their ability to meet the long-term needs of the children in their care. Caregivers will develop a family plan which will be shared with their caseworkers for the purpose of planning for the child. Caregivers will have the opportunity to plan with each other for how they can maintain contact once the meetings are completed.

Participants share feedback on what they learned and their overall training experience. This information is captured in a survey and input is applied to enhance future training. An additional session is held at the end the curriculum for kinship caregivers to review the information and to complete a knowledge quiz.

Tier 2 In-Service Training

CWTA offer in-service training for all resource parents, whether licensed by CFSA or a private agency. In-service training may also be acquired through third-party online or classroom courses after approval by CWTA. In-service training in Tier 2 focuses on ensuring that new resource parents gain an understanding of CFSA's expectations and anticipated outcomes.

The following in-service courses are specific to the ongoing support of the Agency's resource parents, including specialized courses for relative caregivers, as well as specialized courses in how to support older youth, teen parents, and children and youth who present with additional needs for more intensive trauma-informed care.

- **CONCURRENT PLANNING FOR RESOURCE PARENTS**: Concurrent planning is the process of achieving permanency by simultaneously working two plans at the same time for the purpose of moving children to a safe and permanent family. One of the goals of concurrent planning is to ensure that children in foster care achieve permanency with families in a timely fashion. This 6-hour course is devoted to partnering with resource parents in concurrent planning practice.
- **KINSHIP CARE WORKSHOP SERIES:** This series of seven interactive workshops provides the Agency's kinship care providers with in-service training hours specific to their unique role. Each workshop provides kinship care providers to engage in and interactive with concepts that challenge and develop kinship care providers' skill sets.
  - **KINSHIP CARE REWARDS AND CHALLENGE'S PART 1**: This 2-hour workshop allows the kin caregiver to look through the lens of other members of the family, including immediate, extended, living and even deceased members. The workshop assists the caregiver in recognizing how the crisis in the family impacts more than the child, bio-parent and caregiver.
  - **KINSHIP CARE REWARDS AND CHALLENGE'S PART 2**: This 2-hour workshop includes an exercise that allows the kin caregiver to explore the physical manifestations of being the middle person between the Agency and birth family. The exercise highlights the emotional and physical strains that might surface as a result.
  - **HISTORICAL TRAUMA FOR KINSHIP PART 1**: This 2-hour workshop allows the kin caregiver to discuss how historical trauma impacts their families today. They explore their own family history and the systematic factors that perpetuate traumatic responses that place children at risk for maltreatment.
  - **HISTORICAL TRAUMA FOR KINSHIP PART 2**: This 2-hour workshop allows the kin caregiver to role play conversations with members of their family and to share their thoughts and feelings surrounding their connection to that member at various ages and stages of their lives.
  - **HISTORICAL TRAUMA FOR KINSHIP PART 3**: This 2-hour workshop allows the kin caregiver to discuss how chronic neglect connects to historical trauma. They will explore how it is observed in their families. Strengths-based activities also encourage kin caregivers to embrace a positive vision of their family unit.
  - **KINSHIP CARE PARENTING PARTNERSHIP'S PART 1**: This 2-hour workshop helps the kin caregiver to understand the perspective of their relative whose child has been separated

from the home and why it is often difficult to understand their situation based on how much information might be known or unknown at the time of the separation.

- **KINSHIP CARE PARENTING PARTNERSHIP'S PART 2**: In this 2-hour workshop, kinship caregivers explore the different roles of the various entities and positions within the child welfare team. This workshop allows them an opportunity to see how their roles interface with each team member and the value their part plays as a team member.

- **LIFEBOOKS AND MEMORY MAKING**: Lifebooks and Memory Making is a 6-hour class designed to bring together a child's past, present, and future. The course teaches participants how to document a child's history, celebrate accomplishments, and allow the child's talents to shine. This course also highlights the importance of children understanding and making new meaning of their traumatic history and current experiences by introducing the therapeutic tools that help a child process his or her life journey using photos, artwork, and things picked up along the way.
- **PARENTING SPECIALIZED POPULATIONS**: This 6-hour session provides resource parents with information on ensuring the safety, permanency, and well-being of children in out-of-home care who have been identified as part of a specialized population per the Foster Parent Training Regulation Amendment Act of 2018. Participants receive information regarding the unique development needs, parenting practice, and ways to best support children who are 16 years or older, a victim of sex trafficking, may self-identify as LGBTQIA+, diagnosed with a disability, pregnant or parenting, or has a history of violent behavior. Participants are provided a list of both in-person and online training sessions that include more in-depth and detailed information for each of these populations.
- **POSITIVE PARENTING:** Parenting is both rewarding and challenging. Trauma-informed positive parenting is critical to meeting the unique needs for children in care. This training session brings together trauma-sensitive knowledge and a trauma-informed mindset for resource parents to identify the rewards of parenting amid these challenges. Resource parents learn to promote children's natural potential for optimal outcomes. This session further covers fostering children's emotional intelligence as well as their cognitive abilities, both of which are critically important to their well-being and success. Participants are introduced to the major theories behind positive parenting.
- **PSYCHOTROPIC MEDICATIONS**: To educate resource parents, child welfare professionals, and nurse care managers about psychotropic medications, this course addresses the associated policies, and everyone's roles and responsibilities. Participants learn common classes of psychotropic medications, indications for their use, and potential side effects, including signs and symptoms of serious or life-threatening side effects. Participants learn how to monitor a child for possible side effects as well as recognize whether the psychotropic medication is working as expected. The course covers what to do if the resource parent has concerns about the psychotropic medications prescribed to the child in their care.
- **REBUILDING THE EMOTIONALLY BROKEN CHILD**: This workshop emphasizes the resource parent as an agent of healing, and focuses on the resource parent's ability to understand, build, and maintain a healthy relationship with the child in out-of-home care. Training also focuses on the resource parent's role as a vital bridge between the child and CFSA.
- **TRANSRACIAL PARENTING**: This course helps prospective and current caregivers understand and embrace potential cultural differences between themselves and children joining their

families. Participants will examine the intersection of race and class in American society and its impact on culture. Special attention is given to challenges that may be present and skills to positively address them will be developed.

- **TRAUMA-INFORMED CAREGIVING FOR FOSTER PARENTS**: This training provides information on the Trauma Systems Therapy treatment modality. Participants learn the impact of trauma on children involved with child welfare, as well as the importance of being trauma-informed in service delivery. The training promotes an understanding of child stress responses, as well as factors to assist caregivers with supporting children with maintaining behavioral and emotional regulation.
- **TRAUMA-INFORMED PROFESSIONAL PARENTS (TIPP):** A training series dedicated to the support and retention of CFSA's TIPP population. The training series is an in-service course offered weekday evenings to accommodate resource parent schedules.
  - **MODULE 1 – TRAUMA-INFORMED CARE (9 HOURS) -** This module lays the foundation of trauma-informed care in the context of child welfare. Participants obtain a thorough understanding of their role as a TIPP, revisit discussions of trauma systems therapy, and become introduced to the instrumental concept of unconditional positive regard
    - **OVERVIEW OF TRAUMA-INFORMED PROFESSIONAL PARENTS (TIPP) INITIATIVE -** TIPP homes provide care 24-hours-a-day, 7-days-a-week for children ages 8-12 who have experienced trauma. However, TIPP homes also include youth older than 12 years. The homes provide appropriate family-based foster placement for children and youth with particularly challenging mental and behavioral health concerns. This brief overview provides detailed information to TIPPs about their roles, expectations, and potential for successful outcomes
    - **UNCONDITIONAL POSITIVE REGARD -** Based on the teachings of humanistic psychologist, Carl Rogers, unconditional positive regard is the concept of offering compassion through acceptance and support regardless of an individual's actions. This session provides resource parents with tips on assessing their capacity for unconditional positive regard and ways to enhance this skillset.
    - **TRAUMA SYSTEMS & CHILD WELFARE -** This session is designed to provide opportunities for resource parents to gain the parenting skills needed to support children with trauma histories to regain emotional regulation. Resource and kinship parents - the team members who spend the most time with children placed in their homes - will learn about the impact of trauma and acquire skills that can help them through a systems approach to parent children and teens who have experienced trauma.
  - **MODULE 2 – UNDERSTANDING BEHAVIOR (9 HOURS) -** Module 2 begins the work of understanding the unique development and behaviors of children who have experienced trauma. Participants first focus on a set of specialized populations. Participants are then introduced to the signs and behaviors of common childhood disorders and their likely origin. Finally, cultural humility is discussed as a means of understanding behavior from a cross-cultural perspective.
    - **FOSTERING SPECIALIZED POPULATIONS -** This session provides resource parents with information on ensuring the safety, permanency, and well-being of children who have been identified as part of a specialized population per the Foster Parent

Training Regulation Amendment Act of 2018. Participants receive information regarding the children's unique development needs, quality parenting practice, and ways to best support children who are older youth, have experienced commercial sexual exploitation, self-identify as LGBTQIA+, diagnosed with a disability, pregnant or parenting, or who have a history of violent behavior.

- **COMMON CHILDHOOD DISORDERS -** This session introduces resource parents to common childhood psychological and behavioral disorders in child welfare, as well as distinguishing features of the disorders. Specific diagnostic techniques and strategies for treating childhood disorders are reviewed.
- **CULTURAL HUMILITY -** This session provides Agency resource parents with foundational knowledge of implicit bias and privilege. The session focuses on the impact of oppression on the lives of the children and families served by the Agency. It also includes ways in which Agency resource parents can work to radically transform how they support the children and families.

□ **MODULE 3 – ADDRESSING BEHAVIORS (9 HOURS) –** This module focuses on taking the learning from Module 1 and Module 2 and applying it to positive parenting and trauma-informed de-escalation. The session provides opportunities for participants to assess their parenting style and to support the alignment of parenting with de-escalation techniques through a trauma-informed lens.

- **POSITIVE PARENTING -** This session introduces participants to the major theories behind positive parenting. Participants explore ways in which parenting is both rewarding and challenging, while also bringing together the knowledge and the mindset for parents to meet parenting challenges. Participants explore how rewards increase for parents who are able to promote children's natural potential for optimal outcomes. The session also covers children's emotional intelligence as well as their cognitive abilities, both critically important to their well-being and success.
- **TRAUMA-INFORMED DE-ESCALATION -** The purpose of this training is to reduce the risk of physical injury to the child development professional, the resource parent, and the youth or adult being engaged. The session offers a trauma-informed perspective as a means to engage with an individual during a potentially dangerous or threatening situation. Participants will learn about the brain's response to trauma, techniques to verbally de-escalate a child or youth, and develop plans to address emotional and behavioral dysregulation.

□ **MODULE 4 – STAYING CONNECTED (9 HOURS) -** This module turns the participants' focus away from the work of parenting toward the parent's well-being. Recognizing the need for continued tangible support, Module 4 will highlight what the participant can expect from CFSA and reiterate the importance of understanding the impact of secondary traumatic stress and grief. Participants will learn how building a positive personal support network can aid in finding a safe space to recharge.

- **SPECIALIZED SUPPORT FOR TIPP -** Each TIPP has an assigned resource parent support worker (RPSW) dedicated solely to the support of that individual TIPP. The RPSW serves as an advocate for the TIPP and the point of contact for all matters related to the resource parent community. This discussion will highlight all aspects of support each TIPP can expect from CFSA team.

- **UNDERSTANDING & ADDRESSING PRIMARY AND SECONDARY TRAUMATIC STRESS** - Engaging in the support of children and youth who have experienced trauma leaves the individual TIPP and others at a greater risk of experiencing primary and secondary traumatic stress (STS). This session will provide a clear definition of vicarious trauma while also allowing the participant the opportunity to better understand the impact of secondary traumatic stress. Participants will walk away from the session with tangible next steps to address their experience of STS which will ultimately enhance their work as a TIPP.
- **UNDERSTANDING THE DYNAMICS OF GRIEF & LOSS -** This training will explore the grief and loss process in children and adolescents. Participants will learn the common characteristics of a grieving person and what grief "looks like" throughout the different developmental stages of a child and adolescent. Participants will also learn different tools to use with grieving children and adolescents to facilitate emotional expression.
- **BUILDING A POSITIVE PERSONAL SUPPORT NETWORK -** This workshop will highlight the importance of having a support network made of different people who help participants to see problems in several different ways. Participants will examine how this network can offer advice, physical resources, perspective, and feedback to bolster resolve and to help provide direction during the fostering journey. Participants will also examine the Strengthening Families Protective Factors Framework and highlight how positive social support enhances family resilience and increases one's sense of belonging, feelings of self-worth and feelings of security. Self-assessment tools will be incorporated to determine the areas where positive entities can add value.

Resource parents may also obtain in-service training hours for attending medical appointments about specific medical conditions where the resource parent must be trained on how to provide for the child's needs. Training hours may also apply to mental or behavioral health appointments about specific conditions where the resource parent must be trained on how to provide for the child's needs. Documentation from the medical provider stating the nature of the training and the length of time trained must be attained for the resource parent to receive credit for this form of training.

In-Service Training Schedule

- **Six-Month New Resource Parent Training Requirement:** Within the first 6 months of licensure, new resource parents complete the following training sessions: *Foundations of Child Welfare and CFSA Overview* (4 hours); *Shared Parenting* (3 hours); and *I'm Licensed Now What?* (2 hours).
- **Nine Month New Resource Parent Training Requirements**: During the first 2 years following pre-service training, resource parents are required to complete a minimum of 9 hours of training that address the following topics: *Trauma-Informed Caregiving*; *Understanding Child Development*; *Understanding Childhood Disorders*; *Child Welfare Appropriate Discipline Techniques* and *Parenting Specialized Populations* (as outlined in the Foster Parent Training Regulation Amendment Act of 2018, described earlier).

- The topics of the additional 12 hours of in-service training necessary for licensure renewal will be at the discretion of the resource parent. CWTA trainers encourage new resource parents to focus on the trainings listed above within the first 2 years of licensure.

Tier 3: Training for Experienced Resource Parents:

Tier 3 Training is for resource parents with more than 2 years' experience and therefore focuses on providing training more specific to the resource parent's interests and areas of need, as identified. There are also required trainings for Tier 3: *Intergenerational Trauma* and a series on *Engagement*. At least one of the *Engagement* training sessions should be completed: *Engaging Fathers, Engaging Older Youth,* or *Engaging Biological Parents.*

To comply with the Foster Parent Training Amendment Act of 2018, resource parents with more than 2 years of fostering experience must also complete trainings related to the following specialized populations: youth who are 16 years or older, children who self-identify as LGBTQIA+, victims of sex trafficking, children diagnosed with a disabilities, pregnant or parenting teens, and children with a history of violent behavior. This requirement can be met by completing the CWTA 6-hour *Specialized Populations* course, or by completing online modules related to each specialized category.

Tier 4: Specialized Training

Tier 4 is the final tier of CFSA's multi-tiered approach to resource parent training. Tier 4 is specific to those resource parents interested in specializing in a particular population. Currently, Tier 4 is considered the Agency's Specialized Older Youth (SOY) program. However, Tier 4 extends beyond older youth and includes specific developmental and mental health disorders, as well as children diagnosed as medically fragile and children or youth who are difficult to place, e.g., older youth or youth with a history of challenging behaviors.

What is the state's process for collecting and updating training-related data (e.g., courses, hours, number who were required to attend and who completed) to ensure that the training for foster parents, adoptive parents, and staff of state licensed or approved facilities is current and complete? How does the system allow for statewide tracking of the training program (includes training that is at the state level, training that may be contracted out or provided at the country level, or training provided by state licensed or approved facilities?

Resource Parent Training

Licensed resource parents register for training courses on-line via CFSA's DEA/CWTA website or by directly contacting CWTA for registration support. Training registration links and descriptions are updated quarterly. Once registration has been completed, the enrolled training participants receive invites via Outlook.

CWTA tracks attendance and training completion by cross-checking the registration list, reviewing the course attendance and participation, for each session, and the successful completion of a Knowledge Check quiz, administered through Course Marker (an online testing software).

For virtual training sessions, participants are required to have their cameras on and to engage in course activities. Competence is measured by class engagement and participation along with the successful completion of the knowledge check quiz with a score of at least 80 percent correct responses. Following training completion, the CWTA training specialist reconciles course completion in FACES.NET by verifying course attendance via either course log in information (for virtual sessions) or the training session sign-in sheet (for in-person sessions).

Participants' training transcripts are generated through FACES.NET. Course participation is marked as complete, incomplete, deleted, or a no-show. A "complete" status confirms both attendance and the completion of the knowledge check. An "incomplete" status confirms attendance, but the participant has either not completed the knowledge check or did not attain an 80 percent score. In these instances, participants are given one additional opportunity to complete the knowledge check, or they are required to retake the course to receive course completion credit. The status of "deleted" reflects a participant's request to be removed from the course due to scheduling or other conflicts. A course status of "no-show" reflects the participant's registration for the course but lack of log-in or in-person attendance.

Resource parent support workers help resource parents to meet their in-service training requirements via a regular review of FACES.NET-generated training transcripts and discussion with resource parents. For training completed with external training providers (e.g., the Foster and Adoptive Advocacy Center or CFSA's contracted partner agency, the National Center for Children and Families), resource parents are required to submit a Licensing and Training/CWTA Training Data Entry Submission form that details the training title, date of completion, and total training hours completed by the resource parent. Resource parents submit this form, along with copies of training certificates, to CWTA for approval. The CWTA training specialist enters the courses and hours in FACES.NET to generate the resource parents' training transcript.

For traditional and kinship resource parents, Agency re-licensing specialists track their in-service training hours throughout the 2-year licensing period to ensure completion of the required 30 hours of training prior to licensure renewal. Presently, training hours are tracked through FACES.NET.

Resource parents provide their certificates to the relicensing staff for courses taken via CWTA and from external training providers. For courses taken outside of the Agency, CWTA strongly encourages resource parents to submit the external training form to the relicensing staff member before taking the course to confirm with CWTA that the course is acceptable.

Kinship resource parents sign in for each in-person class attended. When on-line, the roster is completed by the facilitator. The hours are logged in FACES.NET for verification and future reference.

Private Foster Care Agency Providers

For private agency foster care staff, CFSA's Contracts Monitoring Division (CMD) conducts quarterly staff training record reviews to ensure mandated training hours have been completed. CMD completes staff record reviews quarterly to track compliance with pre-service and annual training hours. The record review is completed for 100 percent of the staff during the fiscal year.

As previously indicated, private agencies may include training certificates or a printout of staff training records from FACES.NET as documentation of completion. If the training is outside of CWTA, the external training approval form is to be completed by social workers and signed off by their direct supervisor. The social worker then submits the approval to CTWA via email whose designee then records the training in FACES.NET.

Congregate Care and ILP Facilities

CMD monitors training compliance for congregate care and ILP direct care staff through quarterly on-site reviews of staff training records. As for the private resource and congregate providers, CFSA's Contract and Monitoring Administration includes performance monitors who complete reviews of provider staff on a quarterly basis. The performance monitor reviews staff training logs and certifications of completion for each of the required training hours.

During the staff record review, the performance monitor gathers training data. The monitor ensures that the staff member has received the required pre-service and annual training topics and hours as defined within the contract and Chapters 62 and 63. This training is monitored by reviewing training logs, which are signed off by staff and the training administrators, the provider's training curriculum and schedule, and training certificates of completion.

Performance monitors annually review all active staff and staff that have separated within their first year of employment. All training data is entered into CMD's QuickBase application, which serves as a data collection site for each of the providers. This data is analyzed at the end of each physical year and rolled up into a provider scorecard. Performance monitors use a Staff Record Tool to complete the review. The information is entered into a QuickBase system that allows the provider to receive information regarding their compliance and for CMD to gather the information for data analysis.

The Congregate Scorecard provides a comparative analysis of contracted performance outcomes across congregate provider agencies. The scorecard is calculated by performance monitors on a quarterly basis, with issuance to providers by the last Friday of the first month in each new quarter. The Congregate Scorecard further provides a comparative analysis of contracted performance outcomes across congregate provider agencies quarterly and at the end of the fiscal year. The

scorecard includes a summary report of training completion in compliance with the applicable regulations.

A narrative summary discussing trends and impact of services shall accompany the scorecard. Performance monitors include a Scorecard Summary within the semiannual and annual status reports, after quarter two and four, respectively. After quarters one and three, monitors draft a scorecard summary report, highlighting shifts in trends, services impacts, technical assistance needs and plans, etc. A scorecard is generated and this report aggregates performance across providers and include a summary of aggregate trends. The training completion data is listed at the end of this section.

During quarterly staff record reviews, CMD reviews provider staff personnel files to ensure that staff annually complete 20 hours of instructional training and 20 hours of experiential training. During the course of FY 2023, CMD monitors conducted one-on-one interviews with contracted agency staff. Of 175 staff, 174 reported that they had been made aware of annual training opportunities and had completed it.

During the relicensing period, CFSA's Facilities' Licensing Unit reviews compliance with staff training requirements.

Among all current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities who required initial training in a specified period, how many completed initial training that address the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Training Completion Rates

- **Resource Parents**- In FY 2023, 70 percent (n=56/80) of prospective resource parents successfully completed the NG-PRIDE training. Among the 24 who dropped out, reasons mainly included family matters, emergencies, and competing priorities.
- **Kinship Providers** - In FY 2023, all 56 kinship providers who were enrolled in *Caring for Our Own* completed the training program. Training staff were intentional in their invites, ensuring the class schedule met the kin provider's needs.
- **Congregate Care Staff** - In FY 2023, CFSA's CMD reviewed training requirements for 119 congregate care staff members. Training compliance was found among 73 percent (n=87) of staff members.
- **Private Agency Foster Care Staff -** In FY 2023, CMD conducted an onsite staff personnel and training record review for the three contracted foster care agencies. A total of 143 staff records were reviewed. Forty-one staff in direct service roles were subjected to the pre-service and in-service requirements. Eighty percent (n=33/41) of the combined staff met the pre-service and in-service training requirements.

1. ***B. Among all current or prospective foster parents, and staff of state licensed or approved facilities who required ongoing training in a specified period, how many completed initial training that address the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?***

For resource parents (both traditional and kinship) who were re-licensed between January 2022 and September 2022, 95 percent (n=175/185) completed the required number of in-service training hours prior to re-licensure. CFSA along with its partner agencies continue to utilize its internal continuous quality improvement processes to monitor this measure monthly. This monitoring has contributed to the continued success in achieving the measure. CWTA is committed to providing training opportunities, reminders, and implementation of a dashboard system to provide real-time updates to re-licensing staff on the status of resource parents' training hours to ensure this benchmark is maintained once STAAND is fully implemented.

What is the state's process for addressing circumstances where foster parents, adoptive parents or staff in state licensed or approved facilities do not complete training requirements within the time period required?

DCMR guides CFSA in the implementation of training requirements and the response to issues involving non-compliance. A pre-service training cohort is 6 weeks totaling 30 hours. Anyone who does not complete the training within the specified timeframe will have to register for another cohort and begin the training over. The curriculum does not allow a PRP to transfer pre-service training hours from one cohort to another. A PRP cannot become licensed until they satisfy the total training hours within a cohort.

If a resource parent fails to complete their required 30 hours of in-service training within the 2-year period, relicensing will make them unavailable (if they do not have a placement) until such time that they meet the 30-hours training requirement. If made unavailable, a contact note is entered in FACES.NET indicating that the home is not currently available to receive placements. If a child is placed in the home at the time the resource parent fails to comply with the training requirements, no additional placements can occur until the training requirements are met. If a child is in the home and the parent still does not complete their required in-service training, attempts will be made to work with the resource parent by providing training information, encouragement, eliciting the help of the resource parent support worker and the ongoing social worker to avoid the child having to be replaced.

If the resource parent still fails to comply after a reasonable time frame once their license has expired (generally 30-60 days), the resource parent will be notified by the child's social worker that the home remains unlicensed, that the resource parent continues to be non-compliant, and all efforts have been exhausted to bring them into compliance. Relicensing will inform the social worker that the home is

"unlicensed", and the child should be moved to a new placement. A deficiency letter is always sent to resource parents when they become non-compliant with the training requirement.

Kinship foster parents are not fully licensed until classes are completed. If a kin provider needs special accommodations to complete class, one to one training is provided on an as needed basis.

For private agencies, CMD utilizes a Corrective Action Plan (CAP) or a Performance Improvement Plan (PIP) to address noncompliance issues related to provider performance challenges to include training requirements of staff. CAP's and PIPs are issued to the contracted agency not the individual. In FY 2023, no CAPs or PIPs were issued to contracted provider agencies due to training non-compliance.

How does the state know that it is complying with regulations and its own policies/regarding what happens when foster parents, adoptive parents, or staff at licensed or approved facilities do not complete training requirements within the time period required?

CFSA contracted providers with direct care positions are required to complete preservice training within the first 30 days of hire. Performance monitors coordinate new hire onboarding to include pre-service training enrollment. The monitors track attendance and ensure that new hires successfully complete the required pre-service training prior to receiving FACES.NET access and approval to carry cases.

Resource Parents

- CWTA monitors resource parent pre-service training compliance by tracking attendance, monitoring participation and through the successful completion of the knowledge check quiz. Prospective resource parents that fail to successfully complete the pre-service training are unable to move forward with the licensing process.
- CFSA's Family Licensing Unit in collaboration with CWTA monitors in-service training compliance for resource parents. If resource parents fail to complete the required in-service training the home can be placed on hold and no new placements will be accepted until the resource parent is in compliance.

Private Foster Care Agency Staff

CFSA contracted private foster care staff in direct care and clinical positions are required to complete pre-service training within the first 30 days of hire. Performance monitors coordinate new hire onboarding to include pre-service training enrollment. Monitors track attendance and ensure that new hires successfully complete the required pre-service training prior to receiving FACES.NET access and approval to carry cases. If a new hire fails to successfully complete training, they will not have access to FACES.NET, not permitted to carry cases and are ineligible to work under the contract.

Performance monitors conduct reviews of all provider staff on a quarterly basis. The purpose of these reviews is to ensure that information reported from the providers is accurate and up to date as

reflected in the physical record. The information is entered into a QuickBase system which allows the provider to receive information regarding their compliance and for the Contracts Monitoring Division (CMD) to gather the information for data analysis.

All private agencies have internal processes through their Human Resources department to monitor and track annual in-service training compliance through individual training logs for each training compliance for staff member which is placed in their personnel files. CMD completes an annual on-site staff training record review at the end of each fiscal year for all direct care for staff in direct care roles who are and is required to complete the annual in-service training to ensure each staff member is in compliance with training requirements. If the overall staff training compliance is identified as a performance challenge, CMD can request that the provider develop a Corrective Action Plan (CAP) or Performance Improvement Plan (PIP) to bring the provider in compliance with the contract requirements or applicable regulations.

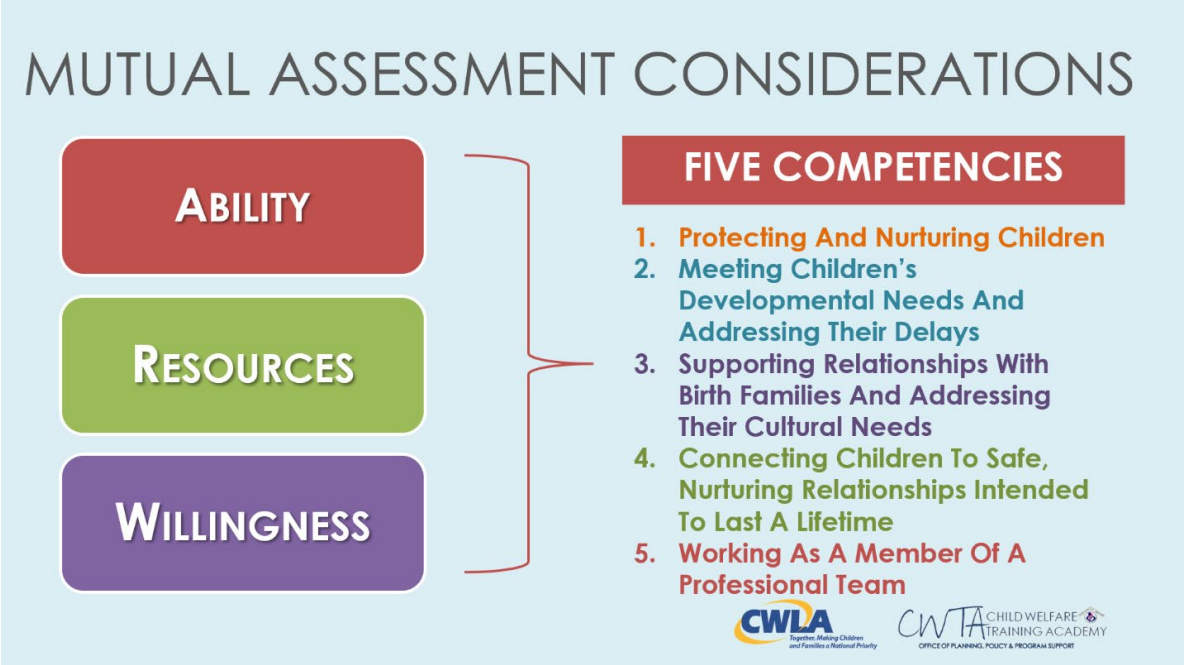
In the 4th quarter of each fiscal year, CMD facilitates an onsite staff personnel and training record review for private agency providers direct care positions (supervisory social workers, social workers, and family support workers). During this review, the performance monitor downloads a FACES.NET Management report that captures staff training hours entered by CWTA and then compares the FACES.NET data with the staff training record (hard file). CMD ensures that in-service trainings topics and hours as defined within the contract and Chapters 62 and 63. This is monitored by reviewing hard files to include training logs, which are signed off by staff and the training administrators, the provider's training curriculum and schedule, and training certificates.

To what extent were foster or adoptive parents and staff who completed initial or ongoing training in a specified period prepared to carry out their duties with regard to foster and adopted children?

Resource Parents

- Consistent with CFSA's philosophy regarding the transfer of learning, CWTA strives to ensure that all training content shifts into practice. At the end of each training session, participants are required to complete a knowledge check of the trained materials wherein proficiency is gauged at 70 percent.
- Prospective resource parents (PRPs) who are enrolled in preservice training are assessed in class via discussions and roadwork or homework assignments that are reviewed by the trainer and then forwarded to the licensing worker for further discussion with the PRP. Foster Parent College pre-service clusters are assessed by the PRP's scoring a minimum of 70 percent on the quizzes. Anyone who scores below 70 percent will review that cluster once more before taking the quiz again. If the minimum is not achieved, the trainer will meet with the PRP to further assess and determine if the PRP is able to continue.

In pre-service training, CFSA explores the PRP's ability, resources, and willingness to take on their roles by meeting the five following competencies:



Performance and Stakeholder Feedback

In FY 2023, CMD monitors facilitated one-on-one interviews with staff members from private agencies, congregate care facilities and independent living programs (see below):

Private Agency Foster Care Staff

- Seventy-six private agency staff were interviewed by CMD monitors in FY 2023. Fifty-six staff held direct care positions and were subjected to the pre-service and in-service training requirements. One hundred percent of those in direct care positions reported that they completed pre-service training within 30 days of their hire date.
- Fifty-three direct care staff reported completion of the annual training requirements. This represented 100 percent of the staff required to complete the in-service training requirements. Monitors inquired about annual in-service training options, 100 percent (n=53) reported that their training needs had been met and they felt prepared for their role. Several social workers identified topics of interest for in-service training including training on strategies to stabilize families, court process overview, and demand payment training.

Congregate Care and ILP Staff

- CMD monitors facilitated one-on-one interviews with 72 direct care staff from each of the congregate care and ILP provider agencies. Of these 72 staff, 100 percent reported completing all training requirements and added that they felt that the training helped prepare them for their role. Several staff commented that there was an extensive training schedule, at least weekly, customized to the population they serve.

Resource Parents

Pre-service training based on the New Generations-PRIDE training model prepares resource parents for their roles as caregivers. While this training is critical, it will not provide the resource parent with all the necessary skills since each child has unique experiences, as do family dynamics. CFSA assigns a resource parent support worker and the social worker to support resource parents post-pre-service training and licensure through the geographically based Bridge, Organize, Nurture and Develop (BOND) program. The BOND program serves as CFSA's "hub" model for resource parent engagement, networking, peer support, and respite care. CFSA assigns resource families to a BOND "squad" of 8-12 peer resource parents. Each squad has an assigned BOND leader, who is an experienced and committed resource parent who provides or arranges for peer support, coordinates special activities, and provides or arranges for respite care.

These post-placement supports to resource parents assist them in navigating systems and addressing challenging behaviors since children who have been separated from their birth parent and placed with a foster parent present with complex trauma, challenging behaviors, mental health, substance use, and extensive needs. The resource parent support worker provides concrete resource information and clinical support to assist the resource parent in receiving the necessary support in their home. Additional details about informational, practical, and motivational supports for resource parents can be found in Item 4 (Placement Stability) and Item 35 (Diligent Recruitment of Foster and Adoptive Homes).

In December 2023, CFSA emailed surveys to 120 resource parents; 15 responded.

Response	Q1: Did you receive enough training and information to effectively serve as a resource parent?
Strongly Agree	2
Agreed	5
Neutral-N/A	4
Disagree	4

When prompted to suggest training approaches and additional topics, resource parents emphasized the need for more concrete and practical guidance based on logistical considerations and real-life situations. The resource parents included recommendations for a readily accessible list of actual supports that are currently available to resource parents, a description of various Agency contacts and their roles, and a breakdown of the actual steps in such processes as licensing, matching, court hearing participation, and case plan teaming. Additional recommendations involved more detailed clinical guidance in such areas as crisis management, children with special needs, youth who self-identify as LGBTQIA+, and trauma.

During individual interviews, five prospective and newly licensed resource parents directly spoke about their feelings of preparedness after completing training. Responses included the following:

- "Class gave me a broad idea of what can come; however, you never really know what you will get. Feel prepared for what might be expected. Training was very helpful, and I even learned about myself."
- "Yes, I feel prepared. The trainer was great! Although, I was not prepared for how much advocating you have to do on behalf of the child. I was warned but didn't expect the magnitude."
- "No, although the curriculum was broad, the videos and shared experiences were not useful in that they were outdated. Needed more instruction on "letting go" i.e., when a child must leave your home after you've bonded. You don't know what you don't know until it happens."

How does the state know that the initial and ongoing training address the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

From a training perspective, CWTA quantifies performance through consistent tracking and monitoring. Included in this process is the regular incorporation of post-training evaluations, which helps CWTA to determine how effective training addresses the basic skill sets and the knowledge base needed for resources parents. Data entry of course completion occurs in FACES.NET and populates training management reports TRN031 and TRN033.

From a practice perspective, resource parent support workers (RPSWs) work closely with all resource parents to assess and address challenges related to skills and knowledge base. Through regular contact with resource parents, RPSWs can assess what additional support or training may be warranted based on observation and discussion. During initial training each resource parent creates a development plan that is then reviewed and updated as necessary with their RPSW following up after licensure.

What mechanisms and methods are used to obtain feedback, how often, and for which trainings (e.g., all trainings)?

CWTA receives post-training evaluations in the form of an online survey sent to class participants immediately after the conclusion of each training session. Questions range from the overall quality of the training to whether trainees experienced improved understanding of the subject matter. Trainees also responded to whether the learning activities promoted skill building for them. Survey questions include how knowledgeable trainers are on individual subject matters, the effectiveness of training styles, open-ended questions for participants to suggest changes or improvements, and suggestions for specific training topics in the future. The compiled data from these surveys are shared with each individual trainer and utilized to inform their performance evaluation. When trends are identified in the evaluations, the information is shared during DEA's professional development and strategies to address feedback are developed. Currently, the post-training surveys are not required. However, with the introduction of the new *Caring for Our Own* training platform, participants will be required to complete an evaluation prior to accessing the knowledge check which is required to obtain training credit.

In FY 2023, six resource parents completed the post-training evaluation for a total of four training sessions, *Cultural Humility*, *De-Escalation*, *Grief and Loss in Children and Adolescents*, and *Engaging Caregivers with Mental Health Needs*. All six resource parents "agreed" or "strongly agreed" that the course content was practical and easy to apply. All six further "agreed" or "strongly agreed" that the course content was relevant to their needs. For the overall quality of the training, the respondents gave a 4.4 average rating out of 5.

Recognizing that responses from six resource parents is a low response rate, CWTA will be migrating all post-training evaluations to the new training platform to require participants to complete the course evaluation prior to submitting their knowledge check for course completion credit. This will force an increase in response rates and provide a better picture of the effectiveness of each training course.

As a result of the need to increase evaluation responses, CWTA developed a post-training evaluation survey for participants who have completed in-service training in the past 30, 60, and 90 days. The survey will be sent out quarterly to those who have attended a CWTA training in order for CWTA to discern levels of training satisfaction and how well the participants felt the training provided information on integrating the content into their daily work. The survey also provides another opportunity for recommendations on how to improve training sessions.

According to the Kinship Unit program manager, feedback from kinship caregivers has been positive insofar as the information captured in the survey administered at Meeting 10 was applied to the development of future training. Participants wanted to hear more from individuals who are directly impacted by the child welfare experience. The enhancements provide greater depth of dialogue and a relevant transfer of learning.

What is the state's process for addressing feedback from foster and adoptive parents, facility staff, and consumers to improve training curricula?

In previous years, CWTA convened quarterly Training Advisory Committee (TAC) meetings with resource parents to gather feedback on training curricula and training recommendations. However, those sessions were not heavily attended.

The pre-service trainer utilizes a Feedback/Opinion Form to collect evaluative and corrective information from the pre-service training participants. Feedback and opinions are also shared directly with the Licensing Unit and CWTA supervisors if further discussion is needed. If feedback requires a resolution, CWTA invites the trainer, supervisor, and trainee to discuss and address the issues or concerns.

In FY 2022, CWTA partnered with the Office of In-Home and Out-of-Home Care to participate in quarterly brown bag sessions with the Agency's resource parents to specifically discuss training needs, updates, and enhancements. Additionally, as with staff in-service training, resource parents are given an opportunity to provide recommendations on future training sessions via the course evaluation provided at the conclusion of in-service training sessions.

As a result of the brown bag sessions and the course evaluations, CWTA added the following coursework to the resource parent in-service curriculum:

- Specialized Populations
- Transracial Parenting
- Trauma-Informed Parenting
- Trauma-Informed De-Escalation

CONCLUSION

The District's training program for resource parents and congregate care and ILP staff remains an area of Strength. CFSA and its private agency providers offer a variety of evidence based pre-service training programs for prospective foster parents and provide relevant, culturally competent ongoing training to enhance the knowledge and skill development of current foster parents. The District continues to focus efforts on improving the feedback loop to ensure resource parent experiences and recommendations are captured in a uniform way and help determine additional course content.

E. Service Array and Resource Development

SYSTEMIC FACTOR 5: ITEM 29

Systemic Factor 5:	**Service Array and Resource Development**
Item 29:	**Array of Services**

STANDARD

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?

- Services that assess the strengths and needs of children and families and determine other service needs.
- Services that address the needs of families in addition to individual children in order to create a safe home environment.
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

RESPONSE

The District's performance for this item is an area of Strength, based on CFSA's ability to assess the strengths and needs of children and families and to identify and refer appropriate services that enable children to remain safely in their homes and to support children in out-of-home care toward the achievement of positive permanency. CFSA completes a variety of assessments to inform quality service delivery, including a comprehensive annual Needs Assessment that directly informs the Agency's Resource Development Plan, which informs both practice improvement and budget programming. The Needs Assessment in particular assists decision-makers in developing those resources and services that are essential to ensuring that CFSA and the District's child and well-being system have the capacity to meet the needs of children and families. While the two most recent Needs Assessments focused on placement and in-home services, every annual Needs Assessment addresses the multiple services outlined in this item to support a child or family's needs directly or indirectly for stabilization, permanency (as applicable), and well-being. Further, CFSA remains responsive and flexible to emerging needs and continues to shift and develop resources accordingly.

POLICY AND PRACTICE

Protocols for identifying service needs, determining eligibility, referring clients, and promoting successful engagement with District providers are detailed throughout various CFSA policies and procedural operation manuals. CFSA details the Agency's approach to the earliest assessment that occurs during a referral intake (Hotline Procedural Operations Manual [POM]), to the in-depth

assessments with children and families that occur during investigations (Investigation POM), and the ongoing risk and safety assessments that occur when the Agency opens a case with the In-Home Administration (In-Home POM) or with the Out-of-Home Administration (Permanency Practice Policies).

As described below, CFSA and its contracted partner agencies use evidence-based assessment tools as well as informal assessments to identify a child and family's needs and strengths. Staff use the results of those assessments to determine the most appropriate, quality services required to address a child or family's needs and to reinforce existing strengths. To ensure that the service array is readily accessible as needed, CFSA maintains strong collaborative partnerships with local government agencies and community-based service providers, both in the District and for children placed in Maryland. At present, having identified and secured connections with a substantial and varied body of providers in the District, the Agency is focusing efforts on educating parties about the available services and removing barriers to positive and meaningful service engagement.

HISTORICAL PERFORMANCE

The District's comprehensive service array is designed to create a safe home environment, promote family stabilization, and achieve permanency as applicable. In CFSR Round 3, the District received an overall rating of Strength for Item 29.

Information from the previous Statewide Assessment along with information collected during stakeholder interviews showed that the District of Columbia's wide array of services addresses the identified needs of the children and families served by CFSA. Continuous expansion of services both for families whose children remain in the home and for those who need out-of-home care has allowed CFSA to ensure tailored services, including mentoring services for school-aged children, nurse care managers for children diagnosed with serious medical concerns, addiction recovery specialists assigned to parents requiring additional assistance; school-based programs to help teen parents finish their high education, and home visitation services to teen parents.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Services, Community Response and Partnership	▪ FY 2023 Annual Public Report ▪ FY 2024 APSR ▪ FY 2024 Diligent Foster and Adoptive Recruitment Plan ▪ FY 2024 Health Care Coordination Plan ▪ FY23 Needs Assessment – Placement Stability	Youth currently or recently in foster care	Survey Focus group
		Birth Parents	Survey Focus group
		Resource Parents	Survey
		Children's Attorneys (GALs)	Survey

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
	▪ FY24 Needs Assessment - In-Home Services ▪ CFSA 2023 Performance Oversight Hearing Responses	Birth Parents' Attorneys	Survey
		Social workers and managers	Survey Focus Group

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

What services does the state provide to assess the strengths and needs of children and families and determine other service needs?

CFSA uses formal and informal assessments and forums to assess the strengths and needs of children and families across the child welfare continuum. In addition, social workers use Motivational Interviewing (MI) as a case management service. MI deepens the assessment process by educating social workers to use a collaborative and client-centered approach to assessing children and families. Using MI principles that include expressing empathy and engaging in a non-confrontational manner, social workers and other staff are able to sustain a conversation about behavior changes needed to help further the family toward case closure.

Prevention-Focused Assessments

The 211 Warmline

CFSA is as focused as ever on enhancing the District's prevention and family preservation network. The manifestation of this effort has intentionally resulted in the community-based and stakeholder-driven transformation of CFSA from a child welfare agency to a child and family well-being system, which is now known as *Keeping DC Families Together*.

Integral to the evolution of a child and family well-being system is the creation of the citywide 211 Warmline and Community Response (WL/CR) model. This model allows for voluntary linkages to the District's governmental systems of care and to the array of community-based services before children, families, and individual community members come to the attention of the Child Protective Services (CPS) Hotline. The creation of the citywide WL/CR model is a fundamental shift away from reacting to, mitigating, or penalizing cases toward getting ahead of challenges through prevention services.

The 211 Warmline Call Center is staffed by a team of five (one supervisor, one lead customer service representative and three customer service agents) who respond to calls, assess family needs through a series of questions, and identify appropriate interventions. The soft launch occurred on October 1, 2023, and the full launch is anticipated before the end of FY 2024.

The information below shows the data collection on service requests that began on October 30, 2023 and ran through December 31, 2023. The first slide defines how data is collected. Recognizing the need for adaptation to the information gathered, CFSA plans to add the caller's neighborhood to better understand needs at the neighborhood level.

211 Warmline: Call Center Data
DEFINITIONS

211 call: A "211 call" is a call made by dialing the three-digit number 211 in Washington, D.C. A 211 A call qualifies as a "**211 connected call"** if the caller is able to speak with a representative. 211 representatives provide service navigation.

Service Navigation: The provision of comprehensive and individualized information, guidance, and support to families to address their needs, connect them to potential resources, assist with problem-solving, and help them understand the service system.

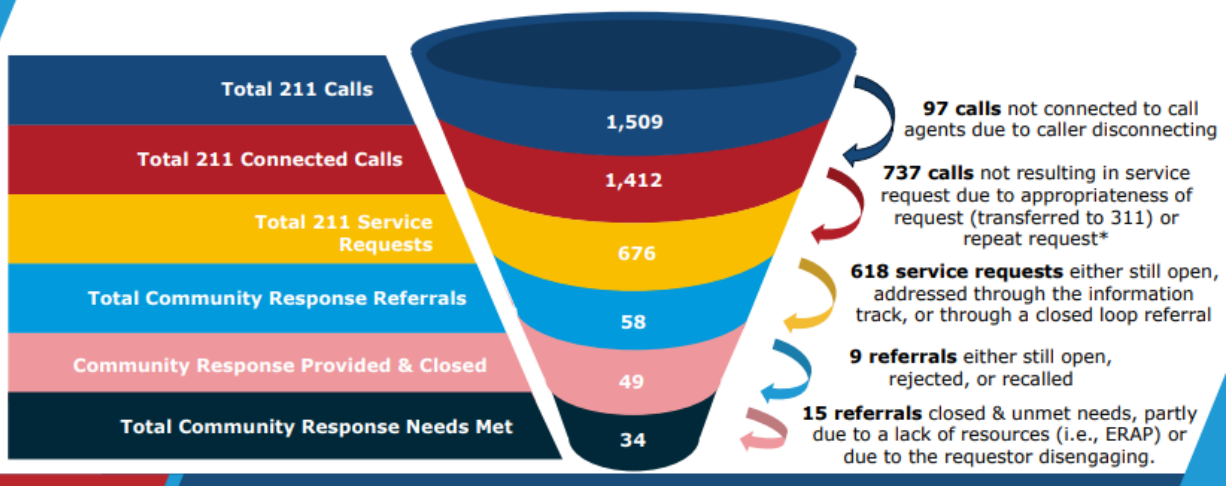
Service request: A service request is a record documenting service navigation efforts to meet caller's needs during a 211 call, detailing the status of those needs, such as whether the client received information, was linked to a community-based organization through a closed-loop referral, or connected with a community response.

Closed-loop referral: A digital record of service navigation activity that involves continuous data-sharing between the referring entity (211) and local service providers, ensuring that the client's needs are met and monitored throughout the entire process.

Community response: Community Response (CR) is a type of closed-loop referral specifically made to the Collaboratives following a 211 call. CR entails specific service navigation efforts undertaken by the Collaboratives, in response to a 211 call, to either address residents' needs or help them navigate services available locally.

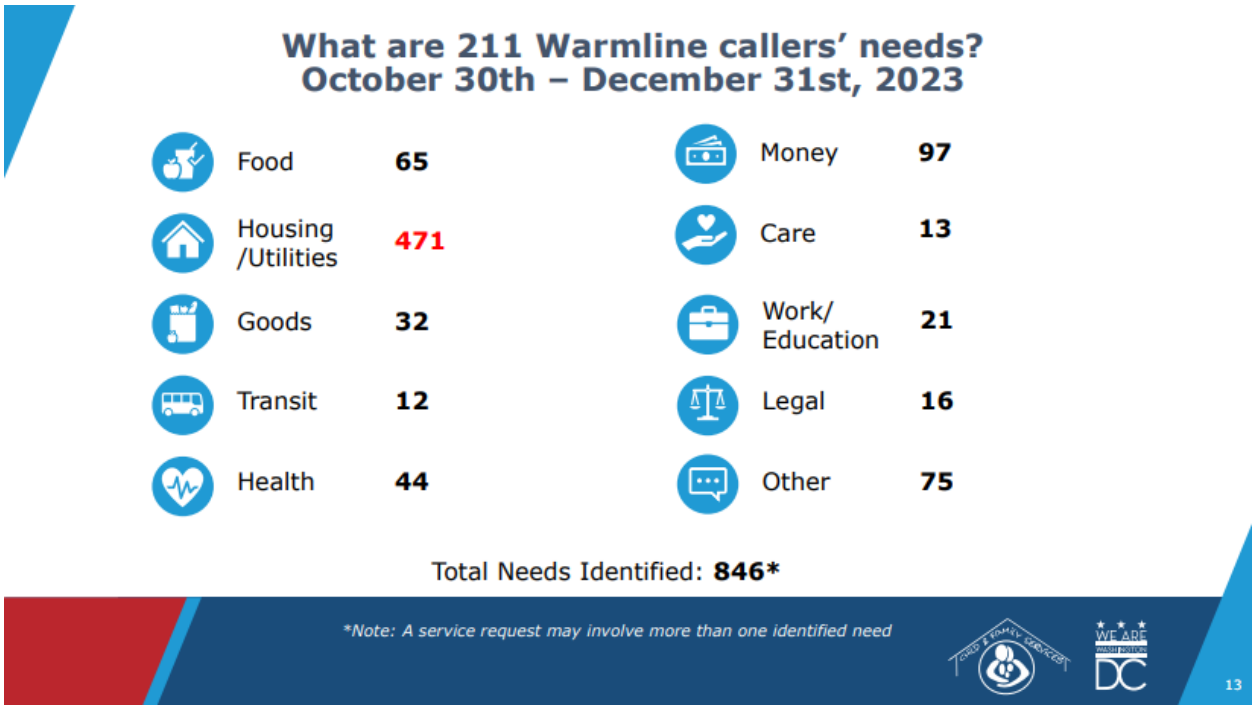
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211 Warmline: Call Center Data
October 30 – December 31, 2023



* We are currently conducting further data analysis to gain a complete understanding of the gap between connected calls and service requests.

11



Hotline and Investigations

Beginning at the CPS Hotline, the Hotline worker engages the caller and initiates the information gathering process and prioritization of information by asking open-ended questions. During this interviewing process, the Hotline worker utilizes reflective and active listening skills to assess the allegation reported and to obtain as much information as possible regarding the child and the family. As the information is gathered, the Hotline worker completes the evidence-based Structured Decision Making (SDM®) tool to determine whether a report reaches the threshold for a CPS investigation.

All reports fall into one of four screening decision categories: (1) reports that do not meet the threshold for a child welfare response (screen out), (2) reports that are forwarded to the Hotline RED Team for a review by a multi-disciplinary team,[29] (3) reports that trigger an investigation, and (4) Information and Referral (I&R) which prompts a non-investigatory response and may include referrals to other agencies. The total number of Hotline reports from FY 2022 through the first quarter (Q-1) of FY 2024 (December 30, 2024) include *27, 433* in FY 2022, *30,024* in FY 2023, and *7,680* as of FY 2024-Q1.

Screened-Out Hotline Reports - Information and Referral (I&R)

During any Hotline call, the Hotline worker gathers information by thoroughly determining the needs of the identified child and family. Once determining that the presenting needs do not require a CPS

[29] In general, the RED (review, evaluate and direct) Team functions in a consultative decision-making capacity for the Hotline, as needed, for the following types of Hotline reports: (a) four or more reports documented with the Agency, (b) three or more reports for the same family within the same year, (c) all reports on open in-home and out-of-home cases.

response, the Hotline worker assists with locating appropriate services and resources or other appropriate next steps that address the purpose of the call. The total number of Hotline calls resulting in I&Rs included *927* in FY 2023 and *269* through FY 2024-Q1. CFSA anticipates that the 211 Warmline Call Center will lower the I&Rs.

Screened-In Hotline Reports

In FY 2023, of 19,743 Hotline Reports, 3902 were screened in for an investigation. The following information shows the number of substantiations by the District's eight neighborhood Wards. As previously noted in this Statewide Assessment, Wards 7 and 8 continue to experience the highest volume of Hotline calls. FACES.NET management reports are the sources of the following data.

Fiscal Year	Ward of Origin									Total Substantiated Investigations
	1	2	3	4	5	6	7	8	No Ward	
FY22	56	20	23	86	130	51	238	359	17	**980**
FY23	49	22	21	56	107	42	177	273	8	**755**
FY24-Q1	3	2	4	5	10	4	9	25	3	**65**

The Top 10 Factors that Led to an Investigation in FY 2023

Allegation Type Category	# of Investigations
Substance Abuse	174
Educational Neglect	160
Physical Abuse	144
Domestic Violence	143
Inadequate Supervision	133
Caregiver incapacity (due to incarceration, hospitalization, physical or mental incapacity)	86
Inadequate Housing	66
Caregiver discontinues or seeks to discontinue care	36
Medical Neglect	34
Neglect	34

CFSA's Educational Neglect Triage Unit

Housed within the Office of Hotline and Investigations, the Triage Unit responds to educational neglect reports received by the District's public and charter school system. Both school systems are required to report to CSFA when children aged 5 to 13 have an attendance record of 10 or more unexcused days of

school. The Triage Unit, which has an established relationship with the schools, assesses the report and may confer directly with the school to determine whether an Agency response is warranted. If a response is warranted, the Triage Unit submits a referral to the Hotline. CPS investigative social workers partner both with the Triage Unit and with the school's personnel to investigate the educational neglect report.

In addition, there are 15 CFSA family support workers (FSWs) dedicated to service requests related to educational neglect calls. The assigned FSW will engage with the family through an assessment process for up to 10 days. The purpose of the assessment is to identify the reason for the child not attending school and to share information with the schools that help ascertain appropriate school-based or community-based services for the family without needing to bring the child into the child welfare system.

From August 22 through July 2023, the Triage Unit accepted 204 educational neglect reports, resulting in 289 service requests. Of those requests, 21 resulted in a CPS investigation. Based on the children and families assessed through the Triage Unit, the following categories are a summary of the service needs identified:

- School and family engagement (n=133)
- School enrollment assistance (n=39)
- Educational accommodations(n=33)
- Transportation assistance (n=33)
- Mental health and substance abuse (n=20)
- Connections to community resources (n=9)
- Housing (n=5)
- Immunizations(n=7)
- Clothing (n=2)

Strengths and Needs Assessments

CFSA uses an array of assessment tools to inform the service referral process and to ensure that children, families, and caregivers receive the services and supports they need. Below is a list of assessments currently being utilized by CFSA:

Structured Decision Making (SDM®) Tools

To support the Agency's goal of safety, permanency and well-being for children and their families, CPS investigative social workers use SDM safety and risk assessment tools during every CPS investigation.

- **Safety Assessment -** Investigative social workers use the SDM Safety Assessment tool to determine levels of safety for each child in the home, outside the presence of a caregiver. The investigative social workers specifically look for any signs of safety risk or imminent danger during each interaction with a child or family throughout the investigation.

- **Risk Assessment -** The investigative social workers also use the SDM Risk Assessment tool to determine the likelihood that a child may be abused or maltreated in the future. This tool assesses families for low, moderate, high, or intensive probabilities of future abuse and neglect. These risk levels, along with the social worker's clinical judgment, guide the decision for action steps prior to closing the investigation. If the family has a risk assessment score of low to moderate with a substantiated finding or a moderate to high risk without a substantiation, CFSA refers the family to the Collaborative closest to the family's neighborhood to receive evidence-based case management services and supports. CPS then closes the investigation with no further CFSA interventions or services needed. A high to intensive risk without a substantiation might lead the Agency to opening a case with the In-Home Administration. For intensive risk, the Agency may have to separate a child from the home to ensure the child's safety and subsequently open an out-of-home case.
- **Danger and Safety Assessment (DAS) -** The purpose of the SDM DAS is to help assess whether any child is likely to be in imminent danger of serious harm or maltreatment. The DAS tool helps the social worker to determine whether a safety plan can be created to provide appropriate protection from that danger or if the child needs to be separated from the home. Social workers complete the DAS for all open CPS referrals upon the first contact with the child and caregiver. The tool can be updated on an ongoing basis. The DAS scores three assessment decision points:
  - **Safe -** No danger indicators are present for the child.
  - **Safe with a Plan** - One or more indicators of danger to the child are present. However, the child can safely remain in the home with the use of a safety plan.
  - **Unsafe -** One or more indicators of danger to the child are present and the danger cannot be controlled through a safety plan for the child.

Assessments for Children Entering Foster Care

Healthy Horizons Assessment Center and Nurse Care Manager Program

It is the policy of CFSA to ensure initial medical screenings for all children entering out-of-home care and to conduct timely, comprehensive, health assessments of children so that all children's health care needs are identified and appropriately met. Further, it is the policy of CFSA to conduct these initial medical screenings and comprehensive health assessments at the Agency's onset medical screening clinic, the Healthy Horizons Assessment Center (HHAC). HHAC assesses all children who are entering, re-entering, exiting, or changing placements while in out-of-home care.

HHAC ensures that children from birth up until an older youth's 21st birthday are seen at one location by a nurse practitioner who has been trained in the clinical needs of children entering the child welfare system. This onsite assessment process allows CFSA to identify the best placement for children and to inform resource providers of the child's immediate health and behavioral health needs.

When medical and mental health assessments determine that a child requires individualized targeted case management (TCM) services, it is CFSA's policy to enroll the child in the Nurse Care Manager

Program. CFSA assigns an individual nurse care manager (NCM) to ensure that the child's medical, dental, mental health care, and medical-related educational, social, and other needs are assessed, provided for, and monitored in a timely and appropriate fashion.

Ages and Stages Questionnaire (ASQ)

Operating out of CFSA's Office of Well=Being, Project Connect nurses administer the ASQ to children from ages birth to five within 28 days of foster care entry or re-entry. The nurses look for any delays in the communication skills, gross motor and fine motor skills, problem-solving abilities, and personal and social needs. Nurse practitioners also complete the Ages and Stages Questionnaire–Social-Emotional (ASQ-SE) to look for any delays in self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction. The outcome of each screening is sent to the District's Office of the State Superintendent of Education (OSSE) Strong Start program or DCPS' Early Stages program for review and determination of need for a more in-depth evaluation or identification of specialized services or supports. The Early Stages program serves children between the ages of two years and eight months to five years and ten months. After reviewing the assessments, the OSSE program may recommend specialized instruction, speech and language therapy, physical therapy, occupational therapy, psychological services, and behavioral support services.

CAFAS/PECFAS

The Child and Adolescent Functional Assessment Scale (CAFAS®) and the Pre-school and Early Childhood Functional Assessment Scale (PECFAS®) help social workers make clinically sound decisions while developing a behavioral-based, trauma-informed case plan. CFSA strives to administer the assessments to all children within 30 days of entering care, and to update the CAFAS and PECFAS assessments when updating the case plan (every 90 days). In addition, CFSA's Office of Well-Being (OWB) maintains databases to track monthly completion rates of the assessments for each social work unit within CFSA and for each CFSA-contracted private agency. Out of the 634 children whom CFSA identified as requiring a PECFAS and CAFAS as of December 13, 2023, 63 percent (n=398) of the children received an assessment.

Best Interest Determination Process for School Placement

CFSA seeks to ensure that children in foster care can achieve academic success at the same levels as their peers. One way of accomplishing this is by providing educational stability for children in out-of-home care. Per the Fostering Connections Act of 2008, CFSA must work to maintain children in the same school (i.e., school of origin) upon their initial entry into out-of-home care or when a subsequent change in out-of-home placement occurs. In making the decision whether it is in the child's best interest to remain in the school of origin, CFSA and (when applicable) private agency education staff utilize the Best Interest Determination (BID) process to collaborate with members of the child's education planning team, birth parents, resource parents, and local educational agencies.

Family/Caregiver Assessments

Family Basic Needs Assessment (FBNA)

The FBNA is an assessment used by Collaborative family support workers to determine the needs of families within the first 5 days of a Collaborative case opening. The assessment is based on a scoring system (5=thriving, 4=safe/self-sufficient, 3=stable, 2=at risk, 1=in crisis) for the following services:

- Housing
- Food/Clothing
- Transportation
- Finance
- Adult Employment I think I got this from Jen
- No at risk/In Crisis Area

The Collaborative will work with the family to offer the appropriate services to the appropriate needs, based on the assessment findings.

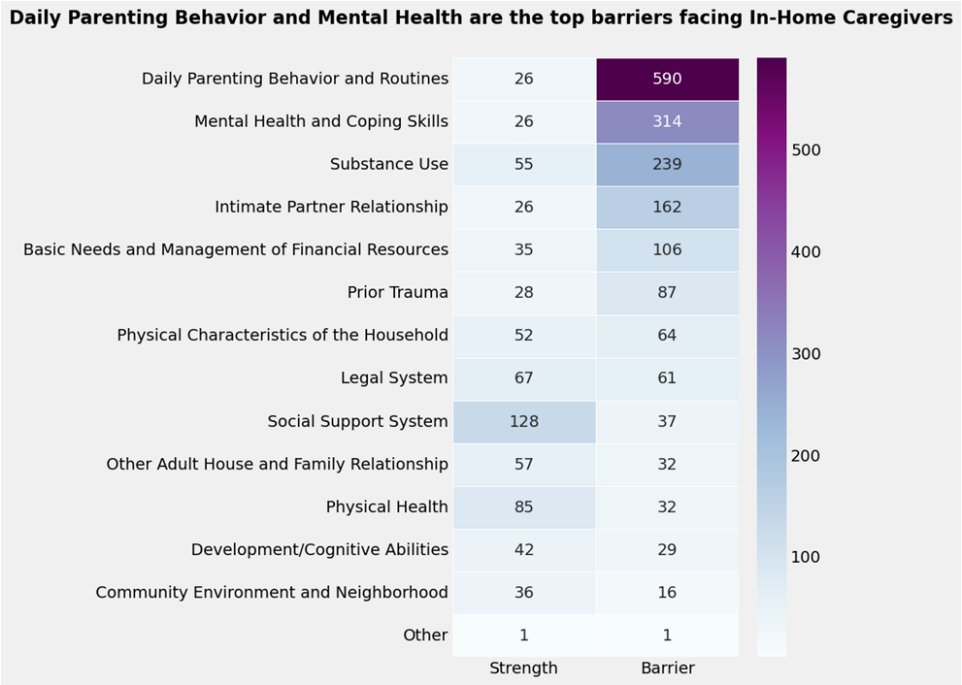
Caregivers Strength or Barriers Assessment

To aid in identifying appropriate services for parents, CFSA social workers and Collaborative family support workers assess caregiver capacity through the Caregiver's Strength and Barriers Assessment (CSBA) tool within the first 30 days of the case opening and at the time of case plan updates (every 90 days).

The CSBA focuses on assessing the parents' capacity to meet the needs of their children through several domains: (a) physical and mental health, (2) cognitive abilities, (3) substance use, (4) prior trauma, (5) household members and characteristics, (6) neighborhood characteristics, (7) social supports, and (8) financial management and resources. CSBA results allow social workers to identify the most critical needs and to assess the extent to which services should be added to the case plan to increase the parents' protective capacity while mitigating the risk factors that led to the Agency's involvement.

CFSA conducted a study based on a sample of high and intensive risk referrals between October 2020 and March 2023. The graph below summarizes the most common strengths and barriers identified in an initial CSBA for 961 caregivers receiving services from the In-Home Administration. The social worker determines whether each of the identified domains is a strength or a barrier for the caregiver. The assessment works on the following four-point scale:

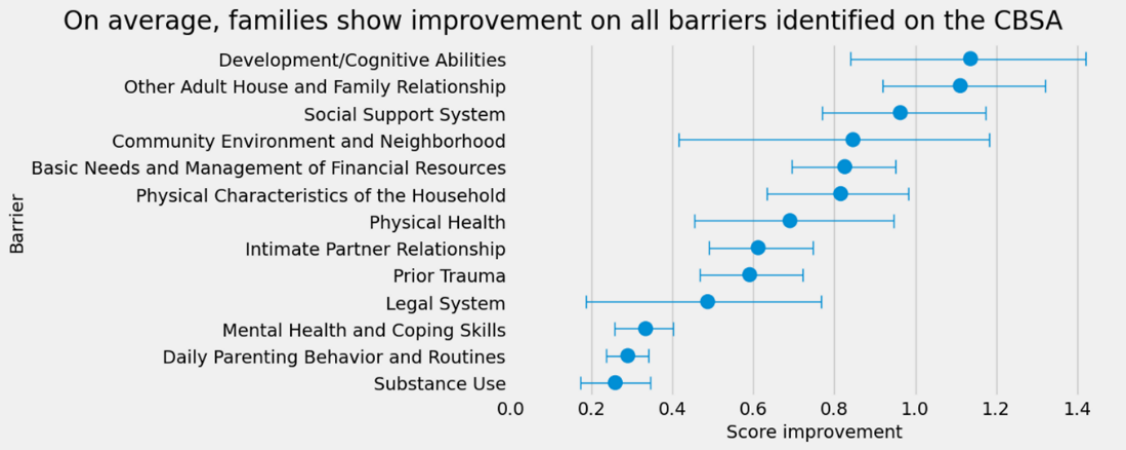
1. Strength
2. Neither Strength nor Barrier
3. Barrier
4. Contributes to imminent danger of serious physical or emotional harm to the child



The most common strengths were having a social support system and physical health. The most common barriers were daily parenting behavior, mental health, and substance use.

Since social workers complete CSBAs throughout the life of the case, they can evaluate the caregivers' improvement by looking at the difference between the initial assessment and the subsequent follow-up assessments. When comparing initial to subsequent results of the CSBA tool, caregivers improved (on average) in every domain previously identified as a barrier, although improvement varied substantially by domain. In the figure below, the higher the score the greater the improvement. For example, the largest improvements happened for relatively uncommon barriers: (1) developmental and cognitive abilities; (2) other adult, house, and family relationships; and (3) social support system – all of which increase at least one point on average. Again, the most common barriers – daily parenting behavior, mental health, and substance use shows the smallest improvement, all ranging near a 0.3-point shift on average.

The following figure summarizes the typical improvement on CSBA barriers identified within the October 2020 to March 2023 sample:



Continuum of Parenting

The continuum of parenting assessment focuses on the differences between adequate or proficient parenting and the extreme of neglectful or abusive parenting. This assessment requires the social worker to consider all possible contributing factors, including environment, family history, domestic violence, poverty, lack of resources or support, and generational trauma.

Protective Capacities and Factors

The In-Home Administration social workers begin assessing protective capacities during the initial contact with families. Protective capacities are specific qualities that a social worker or other professional can readily observe. The following three categories combine ways in which a social worker observes a parent or caregiver's protective capacities:

- **Behavioral:** Actions and performance that result in protection against danger (e.g., a parent controls impulses in challenging situations and sets aside his or her own needs to care for the children).
- **Cognitive:** Knowledge, understanding, and perceptions that result in protection against danger (e.g., a parent recognizes the child's needs and is able to identify when the child's safety is threatened).
- **Emotional:** Feelings, attitudes, and empathy with a child that result in protection against danger (e.g., a parent shows love toward the child and demonstrates secure attachments with the children).

What services does the state provide to address the needs of families—in addition to individual children—to create a safe home environment?

Families referred to the Collaboratives receive services and interventions, as well as a listing of providers and vendors, to address concerns associated with any issues identified during an investigation. The following data summarizes family referrals to the Collaboratives and other family-serving agencies between FY 2022 to FY 2024-Q1:

CPS Referrals to the Collaboratives (families with a substantiation only)

Provider	FY22 Referrals Families (Children)	FY23 Referrals Families (Children)	FY24 Referrals Families (Children)
Collaborative Solutions for Communities	9 (27)	14 (39)	1 (2)
East River Family Strengthening Collaborative	23 (58)	15 (41)	4 (10)
Edgewood/Brookland Family Support Collaborative	12 (26)	15 (30)	2 (3)
Far Southeast Family Strengthening Collaborative	24 (66)	33 (75)	4 (11)
Georgia Avenue Family Support Collaborative	5 (11)	8 (17)	1 (1)
Total	**72 (183)**	**82 (194)**	**12 (27)**

Data Sources: Data is derived from the Community Portal and FACES.NET. Referrals not documented within these systems are not accounted for in the totals.

Types of Additional Service Referrals

Service	Provider
Adolescent Community Reinforcement Approach (ACRA)	Department of Behavioral Health (DBH)
Chicago Parenting Program (CPP)	East River Family Strengthening Collaborative
Child Parent Psychotherapy for Family Violence (CPP-FV)	Mary's Center
Effective Black Parenting Program (EBPP)	Collaborative Solutions For Communities East River Family Strengthening Collaborative
Family Peer Coaches	Community Connections
Functional Family Therapy	Department of Human Services (DHS)
Healthy Families America (HFA)/Parents as Teachers (PAT)	Mary's Center
Multi-Systemic Therapy (MST)	Department of Behavioral Health (DBH)
Family Preservation Project (FPP)	Neighborhood Legal Services (NLSP)
Nurturing Parent Program (NPP)	East River Family Strengthening Collaborative
Parent Child Interaction Therapy (PCIT)	Department of Behavioral Health (DBH)
PASS (Parent & Adolescent Support Services)	Department of Human Services (DHS)
Project Connect	Child and Family Services Agency
Transition to Independence (TIP)	Department of Behavioral Health (DBH)
Trauma-Focused Cognitive Behavioral Therapy	Department of Behavioral Health (DBH)
Trauma Systems Therapy (TST)	Department of Behavioral Health (DBH)

Ensuring child safety is an ongoing process that begins with the CPS investigation and continues throughout the life of the case to closure. Information collection, safety assessments, safety analyses,

and safety planning are integral to successful case planning throughout the life of the case. A thorough analysis of the safety components (danger indicators, child vulnerabilities, parental and child protective capacities, etc.) helps the in-home social worker determine if a child is safe or unsafe. At no time does a social worker leave a child in an unsafe situation. The in-home social worker, family, and other professionals will partner to develop a safety plan to address safety concerns without separating the child from the home. As previously noted, safety planning requires a time-limited, agreed-upon, and signed plan.

What services does the state provide to enable children to remain safely with their parents when reasonable?

Examples of CFSA Offices Linking Children and Families to Services

In-Home Clinical Case Management and Support Administration

Serves families where an investigative social worker determines a safety risk to children that can be mitigated through case management and services while the children remain with their family of origin. These teams are co-located in the community and access community resources to stabilize families to increase protective capacities and to better meet the children's needs. For ongoing In-Home cases, CFSA uses the nationally recognized Standards of Quality for Family Strengthening and Support. These standards are designed and utilized by various stakeholders including public departments, foundations, and community-based organizations. They provide tools for planning, providing, and assessing quality practice.

The Office of Thriving Families (OTF)

Forges community partnerships and supports community-based programs and strategies designed to strengthen families and promote safety and stability. OTF's motto is "community lead, government supported." This division contains the following activities:

- **Primary Prevention** provides direct community-based prevention and supportive services to families and their children. CFSA's primary prevention efforts include the Families First DC (FFDC) program, a continuum of prevention services focused on stabilizing and strengthening families. The 211 Warmline is another primary prevention strategy which is intended to serve as a comprehensive, unified, social services resource and referral call center for all District residents.
- **Community Services (Primary, Secondary, and Tertiary)** provides oversight of community-based prevention services to families and at-risk children in their homes. Programs include the Grandparent Caregiver Subsidy Program and the Close Relative Caregivers Subsidy Program, both of which provide financial assistance services to eligible grandparents and caregivers so that they can maintain children in permanent homes. The Kinship Navigator Program is another prevention program designed to provide a variety of powerful resources, including a support hotline, community resource directory, advisory committee, and support group for kinship

caregivers. OTF also oversees contracts with the Collaboratives, CFSA's housing programs, Flex Funds, and other evidence-based or evidence-informed program providers.

- **Tertiary Prevention** provides support and service navigation to children and their families with current or recent CFSA-involvement. Programs include the Community Engage and Connect Unit (CECU), which supports families transitioning away from CFSA involvement. CECU ensures that families have the supports they need to manage independently and not return to CFSA attention. In addition, the Mayor's Services Liaison Office (MSLO) provides access to District-wide government and community-based resources. MSLO also facilitates interagency collaboration to support Family Court-involved families.

Office of Well-Being

In addition to the well-being supports related to education and health, described earlier, OWB offers and refers children and families for interventions, including the following, to promote safety and stability for children in the home:

- **Parent Education and Support Program (PESP)** – CFSA contracts with the Collaboratives to provide PESP services. These parenting services enhance birth parents' protective factors along with their knowledge base for parenting. The services further assist parents with managing life's stressors to reduce the risk of neglecting or abusing their child.
- **Childcare for In-Home Families** – When families receiving in-home services have a need for childcare, social workers will refer the families to the District's Department of Human Services' Childcare Subsidy Program (Childcare Voucher Program). The Childcare Subsidy Program helps income-eligible employed birth parents to pay for quality, affordable childcare that allows them to continue working and to contribute to the healthy, emotional, and social development of the child. In addition to helping income-eligible, working families, the Childcare Subsidy Program also serves families receiving Temporary Assistance for Needy Families, as well as families pursuing additional education to improve their job opportunities, and teen parents seeking a high school or equivalent degree.
- **Mentoring** – CFSA matches youth ages 14 to 21 with adults in the Credible Messenger program, a mentoring initiative that was fully implemented in 2021 in partnership with the District's Department of Youth Rehabilitative Services. The Credible Messenger mentoring program is detailed in Section C5. Update on Services, John H. Chafee Foster Care Program for Successful Transition to Adulthood. For children under 14, CFSA seeks suitable community-based mentoring resources on an individual basis.
- **Trafficking Victim Support** – The Here Opportunities Prepare you for Excellence (HOPE) Court seeks to alleviate the trauma that affects victims of commercial sexual exploitation of children (CSEC). The HOPE Court arose from the District's desire to reduce CSEC involvement and to provide the juvenile survivor with help functioning in the home, school, and community. HOPE Court connects eligible and suitable juveniles and their parent, guardian, or custodian with services that can provide care and rehabilitation. The program also intensely monitors engagement with services designed to reduce CSEC involvement. Supporting these efforts are the District's Children's Justice Act Task Force, Office of the Attorney General, Department of Behavioral Health, Court Social Services Division, CFSA, Public Defender Service, and representatives of the defense bar, as well as the community-based advocates, Courtney's House, Fair Girls, and Rights4Girls.

- **Health Services for In-Home Families** – Social workers refer families to CFSA's co-located community nurses whenever the infants or children are diagnosed with special medical needs and observed to have a developmental delay. The community nurses assess the child's needs, which can range from outdated immunizations to an acute or chronic health condition. The nurse will then connect the family to appropriate medical services. In addition, the nurse will develop and implement, evaluate, and revise a plan of care to ensure appropriate treatment (based on the child's age, developmental level, and diagnosis). As needed, nurses also connect families to community resources or District agencies and monitor their follow-up health care needs. Community nurses also complete the ASQ (cited above) for children from birth to age three to identify delays in the child's communication skills, gross motor and fine motor skills, problem-solving abilities, and personal-social needs. As needed, the nurses will refer children to the appropriate educational resources in the District and send the outcome of each screening to OSSE's Strong Start or DCPS' Early Stages programs for review and determination of need for a more in-depth evaluation or identification of specialized services or supports.

Office of the Director

Partners for Kids and Families provides children, youth, and families with essential resources and support through generous donations from the community. The team oversees two donation centers and assists social workers, CFSA staff, and community partners with gaining access to resources like clothing, food baskets, holiday gifts, school supplies, baby needs, etc.

Family First Prevention Plan. On October 1, 2019, CFSA launched its 5-Year Family First Prevention Plan to increase preventative services that can help keep children safe at home, whether referred to the Agency or not. Implementation highlights included referrals to the Collaboratives to provide families with additional resources that will also help prevent entry into out-of-home care. Referrals include evidence-based programs and services provided by the District's Department of Health (DC Health) and Department of Behavioral Health (DBH). These evidence-based practice services support family preservation and reunification through parenting and home visiting programs, mental health treatment services, and substance abuse treatment. Services offered under the Families First Prevention Plan have been broken down into the following categories since its inception:

- In-home parenting and skill-building services
- Mental health services
- Substance use disorder services
- Cross-cutting interventions (e.g., MI-based case management)

The following programs are part of CFSA's comprehensive prevention services array:

- Collaboratives' community-based services
- Evidence-based programs (EPBs) provided by the DBH, DC Health, and the Department of Human Services
- Parent Education Support Programs (PESP)
- Families First DC Success Centers (FFDC)

- Community-Based Child Abuse Prevention (CBCAP) primary prevention grantees

The following table illustrates recent utilization of the District's prevention services by number of families served. (Note: families may have received more than one service.)

Fiscal Year	Collaboratives	EBPs	PESP	FFDC	CBCAP
2021	787	203	215	16,038	411
2022	810	276	249	11,859	365
2023-Q2	146	119	44	4,903	118

CFSA uses the term "Front Yard" to describe the service framework for families that are not known to the Agency but require community-based support to enhance protective factors. In FY 2022, the Collaboratives served 240 families in the Front Yard, preventing these families from coming to the attention of the District's child welfare system.

CFSA uses the term "Front Porch" to refer to families that have already been the subject of a CPS investigation but did not present with safety or risk levels that warranted opening a child welfare case. In FY 2022, the Collaboratives served 390 families on the Front Porch.

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

When families with an open in-home case are nearing case closure, they may receive "step-down" services to prepare for the transition. Families receiving in-home services may also participate in a teaming approach to identification and delivery of services with CFSA and their local HFTC Collaborative. As described earlier, CFSA and Collaborative social workers work in partnership to ensure that all services meet the family's needs.

Top 10 Collaborative Services Requested for In-Home Families, October 2022 – June 2023

In-Home Step-Down: Service Type and # Requested	In-Home Teaming: Service Type and # Requested
Housing and/or Housing Supports (29)	Housing and/or Housing Supports (16)
Employment (23)	Parenting Support (12)

In-Home Step-Down: Service Type and # Requested	In-Home Teaming: Service Type and # Requested
Eligibility/Benefits (19)	Eligibility/Benefits (8)
Parenting Support (18)	Employment (8)
Mental Health (Adult) (15)	Mental Health (Adult) (6)
Childcare (11)	Financial Management (4)
Food (9)	Food (4)
Children's Education (8)	Rental Assistance (4)
Clothing (8)	Clothing (3)
Financial Management (8)	Furniture (3)

Flex Funds are available for a variety of needs for CFSA-involved families. The program provides emergency financial assistance to help support family stabilization efforts and to prevent entry into out-of-home care. Residents who are not involved with CFSA can self-refer as a walk-in or be referred by other community-based organizations to their Ward-based Collaborative. The Collaborative will meet with the family and complete an intake process. The family and the Collaborative staff will identify the needs to be addressed and determine if Flex Funds are appropriate. Flex Funds provided by CFSA are always intended to be the resource of last resort after accessing other District services and resources. Flex Funds are subject to funds availability.

Office of Well-Being

Nurse Support. CFSA assigns registered nurses to the In-Home Administration to provide in-home and community health services and other health supports to families with infants and children. The assigned nurse meets with the parent or caregiver prior to assessing the identified child's growth, development, and medical needs, which can range from outdated immunizations to an acute or chronic health condition. The nurse then assists the family with appropriate medical services. The nurse also develops, implements, evaluates, and revises a plan of care to ensure appropriate treatment. This plan includes a review of medications and treatments authorized by the family's regular health care provider. As needed, nurses connect families to additional community resources or District agencies while monitoring any follow-up health care needs. In addition to monitoring and tracking the effectiveness and appropriateness of the health-related services, the assigned nurse works closely with the in-home social worker to assess the safety and well-being of children.

CFSA may also connect a family to a handful of services provided by the Agency's Office of Well-Being. These services fall into three general categories:

- Substance Use Disorder (SUD)
- Domestic Violence Support
- Mental Health Support

The first category, SUD services, includes several service types: an adult SUD assessment, a youth SUD assessment, a Project Connect referral, and an eligibility referral for Family Treatment Court (FTC).[30] Adult SUD assessments represent the bulk (71 percent, n=1132/1596) of all SUD referrals made during the core period of analysis, FY 2021 through FY 2023-Q2.

There was one primary limitation for reporting OWB service referrals during the period of analysis. Social workers made referrals on a set of standalone QuickBase applications that were separate from the primary database of record, FACES.NET. The referrals therefore lacked sufficient information to readily link the records back to FACES.NET data, e.g., the identification number for a referral or case. As a result of insufficient data, there are built-in limits to the amount of detail CFSA can report on OWB service referrals.

Another limitation involves the analysis of SUD referrals entered into the QuickBase application. Many SUD referrals for in-home families occur during the CPS investigation and prior to the case opening. In those situations, the referral was attributed solely to CPS when entered in QuickBase. When the Agency sought to break down the number of referrals by administration, the QuickBase data would fail to include the total number of in-home families who had received a SUD referral outside of the CPS entry. At present, the CPS administration represents 63 percent of all SUD referrals on the SUD QuickBase application.

With those two limitations being noted, the below shows a count of SUD referrals broken out by administration and referral type. Note that the In-Home Administration is the largest requester of Project Connect services.

[30] Family Treatment Court is a court-supervised substance use treatment program that provides access to services and protects children, reunites families when safe to do so, and expedites permanency. Project Connect is a voluntary, intensive, home-based clinical and case management service designed to keep children safe by helping substance-affected caregivers pursue and maintain a lifestyle of recovery.

Total SUD Assessments from FY 2021 through FY 2023-Q2

SUD Referral Type	CPS	CCMS	In-Home	Private Agencies	OYE	Unknown	Total
Adult SUD Assessment	908	80	85	54	2	3	1132
FTC Eligible	7	118	11	43	2	12	193
Youth SUD Assessment	83	31	10	15	5	1	145
Project Connect	1	21	97	7			126
Grand Total	**999**	**250**	**203**	**119**	**9**	**16**	**1596**

Adolescent Substance Abuse Treatment: ASTEP. The District of Columbia offers four locations where young people under the age of 21 living in DC can seek help with a drug or alcohol issue. If the young person needs guidance or just wants to talk to someone about drug or alcohol use, the youth can contact one of the treatment providers available through a network of providers.

In FY 2022, there were eight of ten youth who were assessed and successfully linked to services. In FY 2023, 33 youth were referred for an assessment by an ASTEP provider. Of the 33 youth, seven agreed to an assessment. Of those seven youth, three completed the assessment and were successfully linked to services. The remaining four youth were no-shows. In FY 2024 to date, eight youth were referred for an assessment by an ASTEP provider. Of those eight youth, one youth agreed to an assessment, but was a no-show. For youth that did not engage, a denial of substance use or abuse was the common theme for not attending assessment appointments. When youth did not show up for appointments, CFSA attempted to re-engage the youth. Resultantly, in FY 2024 to date, no youth have been assessed or linked to services.

Domestic Violence Referrals. Domestic violence (DV) support receives substantially fewer service referrals, in part due to resource constraints. CFSA dedicates one full-time employee to DV services. Table 13 shows a count of DV referrals broken out by administration. The In-Home Administration is the Largest Requester of DV Services within the Agency.

OWB Domestic Violence Support Service Referrals by Administration, FY 2021 to FY 2023-Q2.

Administration	Domestic Violence Support Referrals
In-Home	23
CPS	14
Private Agency	13

Administration	Domestic Violence Support Referrals
CCMS	10
Unknown	7
Other	6
OYE	1
Total	**74**

Mental Health Referrals. Technically, children involved in an in-home case are also eligible for OWB's in-house, short-term mental health services**.** However, OWB necessarily prioritizes delivery of mental health services to children recently placed in out-of-home care. Based on the available data, nine children receiving in-home services also received OWB mental health services.

Additional Referrals to Prevent Out-of-Home Care. Safely maintaining children in their home of origin requires several partnerships, including community-based providers and the use of federally and locally funded prevention and family preservation grants and contracts. These grant and contract-funded services focus on children and families identified by medical practitioners and community-based providers as needing family supports, as well as families that "walk-in" to provider offices seeking assistance, even before they are known to CFSA. For example, to provide support for families who are at risk of entering into the child welfare system but are not known to CFSA, CFSA funds the following interventions:

- **Community-Based Child Abuse and Prevention (CBCAP*)*** – CFSA provides CBCAP grants to a network of providers to operate parenting education support, home-visiting and outreach and advocacy programs. Through the network of prevention services providers, under-served populations in low-income areas have been the focus of targeted efforts to increase engagement and participation in services. These populations included minority families, non-English speaking families, fathers, and teen parents. CFSA is the designated lead agency for the CBCAP grant in the District. CBCAP funding supports the strengthening and expansion of the District's network of coordinated child abuse prevention resources and activities. In FY 2022, CBCAP funding supported the following services and supports:
  - Parenting education supports and home visitation through the Collaboratives
  - A community health center that offers home visitation and a fatherhood attachment program through a community based non-profit organization, Mary Center
  - The District's Department of Behavioral Health's Functional Family Therapy for families in the District
  - Supportive services to young parents (under age 24) with young children
  - Evidence-based practices, including the Parents as Teachers (PAT) home-visiting program and Functional Family Therapy for parents with teens presenting behavioral challenges

  In FY 2022, the CBCAP providers served approximately 350 families, just over 300 of which were newly accepted. See the slides below for information on FY 2023 services and data.

CBCAP Snapshot: Our FY23 Partners

Focus:
Foster and Adoptive Parent Advocacy Center (Effective Black Parenting Program)

Strengths:
Highest PFS-2 Survey Completion Rate– Employ innovative strategies in programming

Challenges:
There are currently no challenges identified

Focus:
Nurturing Parenting Program (Home Visitation)

Strengths:
Provide specialized services for returning parents– partners well to provide resources to participants. Wraparound services for participants.

Challenges:
Transient participant population.

Focus:
The Family Place HIPPY Program (Home Visitation)

Strengths:
Provide critical wraparound resources to participants.

Challenges:
Scheduling virtual home visits with families due to competing issues.

Focus:
Functional Family Therapy (FFT)

Strengths:
Counselors are adaptable and flexible to ensure participants receive services.

Challenges:
Translating program data to CBCAP data needs. – Limited program capacity

Focus:
IamProme, Capitol Hill Guys (Nurturing Parenting Program)

Strengths:
Providing families with support and applicable parenting tools.

Challenges:
Recruiting younger program participants, retaining participants in programming

Focus:
Father Child Attachment Program (Home Visitation)

Strengths:
Program provides specialized support and services to fathers.

Challenges:
Recruitment and engagement of participants; PFS-2 Survey completion rate .

DC Children's Trust Fund FY23 Outcomes

Parent Education

10 training webinars and activities to include: Domestic Violence, cultural competence, ABSW and Kwanzaa Essay contest presentation.

114 total people reached via the training webinar

Parent Support

29 outreach activities to establish parent support groups.

134 total people reached via parent support groups outreach activities.

Parent Leadership

2 Leadership Academy's enhancing parents' ability to effectively advocate the needs of their children.

15 total people reached via the Leadership Academy

18 planning activity for Parent Leadership Month

Public Awareness

16 Outreach activities w/ DCCTF serving the public in partnership with other community organizations

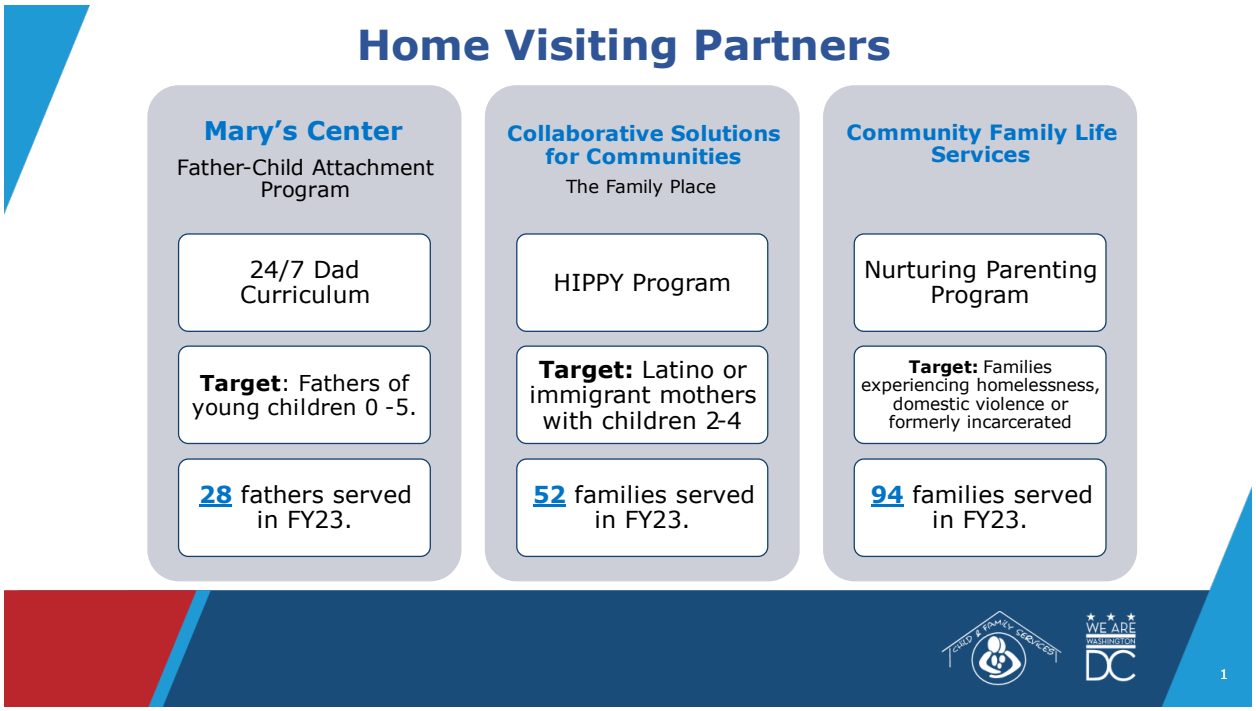
244 total people reached via outreach activities

2 Million + people reached via bus back and DCCTF website

81 total people reached via **4** Family Strengthening Month activities

Source: DCCTF Monthly Report

**ABSW = Association of Social Work Boards*



Family Success Centers (FSC) – As part of the Putting Families First in DC prevention and family preservation infrastructure, FSCs operate out of 11 neighborhood-based centers, strategically located to meet the needs of families where they live. The FSCs offer concrete support, such as food, clothing, and diapers, as well as services and referrals in areas such as parenting, work readiness, mental health and wellness, and economic development.

To assess the FSCs, CFSA's Community Partnerships Evaluation and Data Analytics (EDA) team regularly conducts comprehensive reviews and shares the findings with the Agency's partner providers. Based on spreadsheet data obtained from the FSC's, EDA was able to report that the FSCs collectively received an approximate range of 1,000 to 2,800 service requests per month in FY 2022 and met approximately 85 percent of those requests. The data further suggests that families involved with the FSCs have demonstrated an improvement in family functioning, resilience, nurturing and attachment, social support, and caregiver practitioner relationships. As relationship-building is a fundamental component of the FSC service model, the fact that approximately 48 percent of services were rendered to returning families suggests high levels of trust and customer satisfaction.

CFSA's Family First Prevention Plan (*Keeping DC Families Together*) – The Agency's Family First Prevention Plan builds on the substantial progress made over the past decade to reform DC's child welfare system and to bolster prevention efforts that help to reduce child abuse and neglect. The plan remains in close alignment with the Children's Bureau's vision for keeping families healthy, together, and strong. For example, the plan builds upon CFSA's primary prevention work and reinforces the lessons learned through the implementation of CFSA's Title IV-E Waiver. Further, the plan focuses on the refinement of existing programs and services prior to determining new services in order to

maximize the District's ability to better meet the needs of families before, during and after involvement in child welfare.

CFSA's Lived Experience (LEx) Advisory Council - CFSA understands the value of individuals with lived experience and how their stories are critical to decisions. LEx Advisory Council members are trusted advisors and partners who help inform the Agency and system on how to support children and families better. Council membership comprises community stakeholders and individuals with lived experience who provide opportunities for active engagement of DC families and community residents in the design, implementation, and evaluation of various aspects of the child and family well-being system. Further, the LEx Council focuses on creating a culturally competent system with practices, policies, and training that promote equity throughout all operations and decision-making processes.

Since FY 2022, CFSA and community partners, including LEx individuals, have been developing the Community Response Model and Warmline (CR/WL). As previously noted, the Model and Warmline is designed to preempt an individual or family's involvement with CFSA by allowing for voluntary linkages to the District's governmental systems of care and community-based services. Although Warmline triage protocols may result in a call to the CPS Hotline, there may also be instances where CPS referrals are redirected to the Warmline. The creation of a citywide CR/WL model fundamentally transforms the District's approach to child welfare and community prevention by getting ahead of the challenges that individuals and families experience, instead of reacting to, mitigating, or penalizing crises. The Warmline soft launched on October 1, 2023.

CFSA supports families' housing needs by exploring available city-wide resources and housing services in conjunction with external agencies, e.g., the District's Department of Human Services and the District of Columbia Housing Authority (DCHA). CFSA manages the following housing support programs designed to assist youth and families experiencing housing instability:

- **Rapid Housing Assistance Program (RHAP)** – RHAP is a short-term rental assistance program, ranging from a one-time need to a 12-month need for assistance. This RHAP assistance helps to prevent children from entering foster care and assists families when housing is the only barrier to safely returning a child home. RHAP also assists older youth transitioning out of foster care as well as former foster youth (up to age 23) to establish stabilized housing. In FY 2023, CFSA approved five families for RHAP.
- **Family Unification Program (FUP)** – FUP provides Housing Choice Vouchers (Section 8) through DCHA. These FUP vouchers provide housing to CFSA-involved families where housing is a barrier to family stabilization or a barrier to safely returning the child to the home. The family vouchers allow for lifelong, permanent housing stability. In FY 2023, CFSA referred six families to DCHA for FUP vouchers.

Family Flexible Funds (Flex Funds) - The Flex Funds program includes emergency financial assistance for housing costs to help support families receiving in-home services, or to support family stabilization efforts when families have an open CPS investigation. Categories for Flex Funds include childcare,

emergency funds, food vouchers, clothing, and furniture. These funds are reserved and readily available to meet those urgent needs, particularly for families living in multi-generational homes. In FY 2023, CFSA distributed a total of $630,554.57 Flex Funds to households across five Agency administrations (CPS, Out-of-Home, In-Home, Older Youth Empowerment Administration, and Kinship), in addition to families with children placed and served in Maryland by CFSA's contracted partner, the National Center for Children and Families.

Healthy Families/Thriving Communities Collaboratives (Collaboratives) - CFSA has a long-term partnership with the Collaboratives to provide community-based services throughout the District of Columbia. The Collaboratives coordinate and facilitate an array of resources and services needed by children and families in their communities. The Collaboratives further provide connection and access to evidence-based programs designed to provide intensive family preservation and post-reunification services in order to maintain children safely in their home.

CFSA has continued this long-standing partnership with the Collaboratives via implementation of the Family First Prevention Services Act (Family First), and specifically DC's Title IV-E 5-Year Prevention Plan. Since October 1, 2019, under Family First, CFSA and the Collaboratives have provided evidence-based case management services, using the Motivational Interviewing evidence-based modality, to manage each family's child-specific Prevention Plan and Family Development Plan, as well as assessing formally and informally for ongoing safety and risk. All case-management services maintain compliance with all evaluation, reporting, monitoring, and continuous quality improvement requirements of CFSA's implementation of Family First.

The Collaboratives are required to incorporate the following **five core Standards of Quality for Family Strengthening and Support** into their practices when serving CFSA candidate children and families, as well as Front Yard families:

1. **Family Centeredness** – Working with a family-centered approach that values and recognizes families as integral to the practice
2. **Family Strengthening** – Utilizing a family strengthening approach that values and recognizes families as integral to the practice
3. **Embracing Diversity** – Acknowledging and respecting families' diversity, supporting their participation in a diverse society, as well as engaging in ongoing learning and adaptation to diversity
4. **Community Building** – Contributing to building a strong and healthy community by facilitating families' social connections, developing their leadership skills, and by collaborating with other programs
5. **Evaluating** – Looking at areas of program strength, as well as areas for further development, in order to guide continuous quality improvement and to achieve positive results for families

A major component of the Collaboratives' work includes community engagement, i.e., special events, community forums and trainings, community networking meetings, and daily outreach. To foster awareness of abuse and neglect issues, the Collaboratives coordinate and promote ongoing engagement activities within their respective communities, bringing together residents, merchants, community groups, and other stakeholders around topics such as family preservation and support. The Collaboratives sponsor training and support groups, using multiple evidence-based practices. Examples of parenting training and support groups include the *Nurturing Parenting Program*, *Parenting Education and Supports*, and the *Effective Black Parenting Program*. Each of the preceding programs addresses issues within the child welfare continuum. On a routine basis, data are shared between CFSA and the Collaboratives. Data are specific to referrals, linkages, and service delivery outputs and outcomes for clients. The Collaboratives have also been an integral partner in the Family First Prevention Services and Prevention Planning Work Group.

Example of CFSA's Stakeholder Involvement in Decisions made about Funding Early Childhood Home-Visiting Programs

Decisions about current early childhood home-visiting programs began in FY 2018 when CFSA first initiated the shift from the Title IV-E Waiver to the Family First Prevention Services Act (Family First). CFSA approached this endeavor with thoughtful and informed consideration for ensuring substantial community and stakeholder input.

In June 2018, CFSA created a CBCAP/Primary Prevention Subcommittee as part of the City-Wide Family First Prevention Work Group which was responsible for determining the focus populations and evidence-based service interventions for inclusion in the District's 5-Year Prevention Plan. Work group and subcommittee participants included leadership and program staff from across DC government and local community-based organizations, including DC's Health and Human Services cluster agencies, DC Council, the Executive Office of the Mayor, Family Court, CFSA's court monitor, the Mayor's Advisory Council on Child Abuse and Neglect, advocacy organization partners, and the Collaboratives.

The CBCAP Subcommittee reviewed data from the CFSA Needs Assessment and synthesized it with information about priority populations across the District. The populations and evidence-based services selected for primary, secondary, and tertiary prevention are still used to date.

Early childhood home-visiting programs are one of the three key service interventions allowable under Family First (in-home parenting, mental health, and substance use disorder services) and continue to be an important part of the District's preventions services array.

Continuous quality improvement activities occur during every budget cycle to determine need, utilization, and efficacy of service delivery.

The following key outcomes and recommendations resulted from CFSA's engagement activities:

Evidence-based early childhood home-visiting programs were determined to be an important array of service interventions as part of the District's comprehensive prevention efforts. The priority primary prevention focus populations and services determined by the CBCAP/Primary Prevention Subcommittee are listed below:

- Focus Populations: (1) young parents under age 24 with young children, (2) parents with teens having behavioral challenges, and (3) homeless families – for these focus populations, upstream prevention services were a priority. While it was recommended that services be focused on these populations, families who are not part of the focus populations were not excluded.
- The subcommittee identified the following priority subgroups within the focus populations: (a) families with complexities (e.g., homeless families with young children, young parents with mental health needs); (b) incarcerated parents; and (c) fathers – the subcommittee recommended that services be designed and delivered in a manner that is well-adapted to the priority subgroups, such as the use of tailored recruitment or retention mechanisms, a focus on service accessibility, and the removal of existing barriers to serving theses subgroups.
- Service Interventions: The subcommittee selected (1) home visiting, (2) parenting, and (3) intensive therapeutic interventions as the key services. Within these categories, and in alignment with the Protective Factors Framework, the subcommittee selected six evidence-based interventions to be used with the selected focus populations. See Table 1.0, below, for each selected intervention and that model's target populations. Two additional interventions were noted as complementary services, (1) Parent Cafés and (2) Flex Funds, that could be used in tandem with the other interventions to meet families' immediate needs and bolster parental resilience and social supports.

Physical Healthcare – Community Nurse Unit – CFSA's Health Services Administration provides nursing support for families receiving in-home services. A team of four nurses are co-located at the community-based Collaboratives to support children who are diagnosed with chronic and complex medical conditions. These community-based nurses mirror the same medical case management services delivered by the nurse care managers supporting children in out-of-home care. The Community Nurse Unit receives an average of 24 referrals per month to support children in their homes and communities.

What services does the state provide to help children in foster and adoptive placements achieve permanency?

Services and supports play a crucial role in helping a child achieve permanency when the family is involved in the child welfare system. A combination of those services and supports helps address the complex needs of children and their families, and ultimately helps the child achieve permanency in a safe and nurturing environment, ensuring well-being and stability for the long term. The services and supports listed below individually and collectively contribute to children achieving permanency. The general themes of supports include case management services for family reunification, foster and kinship care coordination and support, referrals and coordination of services that address the reasons for a family's involvement, and guardianship and adoption services when reunification is not an option.

CFSA's Out-of-Home Clinical Case Management and Support (CCMS) team provides case management and permanency support for families whose children were separated from their care. The team supports birth parents, the children in out-of-home care, and the resource parents providing the out-of-home care. The team facilitates the family's path towards positive permanency, preferably through reunification. When reunification is not viable, the team pursues guardianship or adoption. When those options are not available the team prepares youth for adulthood through their 21st birthdays.

Resource parent support workers (RPSWs) are assigned to DC resource parents (foster, kin and adoptive) following completion of the home study. The assigned RPSW conducts monthly home visits, coordinates services, triages challenges that come with children and youth behavior and serves as an advocate for resource parents.

Kinship Support consists of the Kinship Licensing Unit, the Family Team Meeting (FTM) Unit, the PEER (Parent Engagement, Education, and Resource) Unit, and the Innovative Family Support Unit.

- Kinship licensing workers identify viable family resources, conduct FTMs, facilitate placements with relatives, expedite licensing of kinship foster parents, and provide supportive services to kinship caregivers.
- The FTM Unit coordinates and facilitates family-driven meetings throughout the investigation process and life of a case.
- PEER mentors have prior experience with the child welfare system and function in their professional capacity as coaches and mentors to support birth parents whose children are currently in out-of-home care. PEERs use their lived experience to assist birth parents toward successful reunification of their families.
- The Innovative Family Support Units are evening shift (2pm to 12am) workers who provide case management, kinship licensing, and resource parent support services and expertise 7 days a week, 365 days a year for families that often need the most support outside of business hours.

Adoption-Focused Case Management - The CCMS Administration established the Adoption Unit in FY 2022 to focus on streamlining the adoption process, and to ensure that the Agency is responding to all adoption-related matters in a unified and systematic manner. The Adoption Unit assists both pre- and post-adoptive parents with navigation through the legal process and facilitating access to subsidies and post-adoption resources. Although primarily assigned to children whose adoptive parents have already filed an adoption petition, the Adoption Unit also works with children who have had an adoption goal for more than 12 months without an adoption petition yet filed. In these cases, the adoption social workers collaborate with adoption recruiters from the Agency's Recruitment Unit. Together, the social worker and recruiter explore potential adoption resources and, if necessary, broaden the Agency's recruitment efforts outside of the Washington metropolitan area.

For children or sibling groups with a goal of adoption but no pre-adoptive placement home, the assigned recruiter develops individualized recruitment plans along with tailored strategies that reflect

the needs and characteristics of each child or sibling group. The recruiter also examines the case management record to ensure that CFSA has exhausted all efforts to engage any additional local or out-of-state family members or any other supportive individuals. Concurrently, the recruiter may explore the child or sibling group's foster family as an adoptive resource. In addition, many resource parents decide to become adoptive parents when a child or sibling group in their home has a goal change from reunification to adoption. To streamline that process, all District resource parents are dually licensed for foster care and for adoption.

When the Agency cannot identify a viable adoption or guardianship resource from within the child's biological, extended, or foster family, recruiters explore other individuals within the child's support network, such as teachers, mentors, health care providers, and counselors. At the same time, recruiters share child-specific information with the larger resource parent community during matching meetings and peer networking events. When it becomes necessary to share child profiles beyond the CFSA community, recruiters utilize resources with a broader reach, including local health fairs, the Barker Adoption Foundation, A Family for Every Child, Heart Gallery of America, as well as local and national adoption websites, and adoption exchanges.

FamilyWorks Together – To provide further adoption and guardianship services, CFSA continues its partnership with the FamilyWorks Together program (formerly the Post-Permanency Family Center), administered by Adoptions Together, a community-based organization that serves children and families throughout the District. FamilyWorks Together serves as a "one-stop-shop" for post-adoption and post-guardianship families. The program comprises clinicians who provide family and individual counseling and who also facilitate support groups. FamilyWorks Together further administers a training program that addresses issues pertaining to the adoption of infants, older youth, and also children from other countries. Lastly, on its website, the program maintains a compendium of online, on-demand training videos covering a wide array of topics of interest and concern to post-permanency families.

Adoption and Guardianship Subsidies – CFSA provides adoption and guardianship subsidies to adoptive parents whose children came out of the child welfare system and to guardians who provide permanent legal homes to children in out-of-home care. Mostly funded through the federal Title IV-E Adoption Subsidy and Guardianship Assistance Program, both subsidies continue until the child reaches the age of 21. Subsidy amounts typically equal the foster care board payment that the adoptive parent or guardian received during the child's stay in out-of-home care. These subsidies provide a continuity of direct financial support that is often a key driver for permanency. The Agency covers certain non-recurring adoption or guardianship costs as specific needs arise. Resource parent support workers collaborate with CFSA's Subsidy Unit to provide limited ongoing supports for post-permanency families, including information and referrals for families wishing to access services and supports following the finalization of an adoption or guardianship.

Office of Well-Being – As described earlier, the Office of Well-Being (OWB) provides clinical supports that not only promote the safety and well-being of children and families, but also enhance the capacity of caregivers to provide positive permanency. These services and supports include functional assessments, educational supports, and services to address physical health, behavioral health, substance use, domestic violence, vocational skills, life skills, and financial planning.

Office of Thriving Families – As described earlier, the Office of Thriving Families (OTF) works with such community partners as the Collaboratives, Family Success Centers, CBCAP providers, and District government agencies to help families secure vital resources that help promote safe and stable permanency. OTF makes referrals and advocates for families to receive services and benefits related to housing, employment, education, domestic violence, parenting support, therapy, childcare, and various other areas of need.

Additional Strategies – Reunification

For those children who must enter out-of-home care due to imminent safety risks, CFSA continues to facilitate a successful, safe, and timely return of a child to the home of origin through a multifaceted approach that incorporates the following strategies:

- Family engagement
- Shared parenting between the birth parent and the resource parent
- Regular, purposeful visits between parents and children and between parents and social workers
- Parent engagement with the assigned Parent Engagement, Education, and Resource (PEER) staff member (described below)
- Support by the case management team
- Connection to community and other government agency services (e.g., the neighborhood Collaborative, Department of Behavioral Health, Department of Human Services, Department on Disability Services, and the Family Treatment Court)

CFSA uses functional assessments to inform case planning, gauge child and family progress toward identified goals, increase the parents' protective capacity, and reduce safety concerns for children. In addition to identifying and addressing the observed issues that brought the family to CFSA's attention, these assessments can identify underlying issues as well.

Additionally, the following supports, described earlier, can also be used to help reunify children with their families:

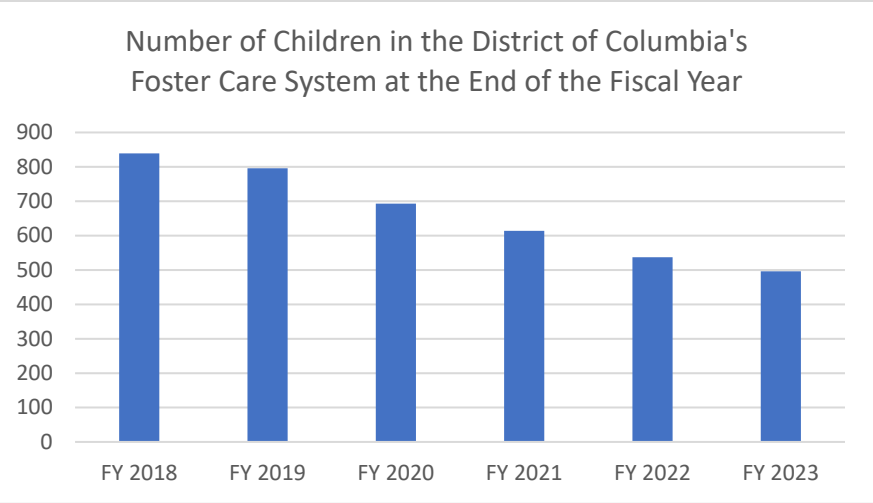
- PEER Unit
- Rapid Housing Assistance Program
- Flex Funds
- Family Unification Program
- Family Treatment Court

- Services from District agencies
- Community-based support services

CFSA believes that all families have strengths and most families, with community support, can raise their children to adulthood. To reduce the time that children spend in out-of-home care and to decrease the number of older youth aging out of foster care, CFSA also focuses on specific strategies and supports to return older youth to their families of origin, or to identify extended family members, resource parents, and other substitute caregivers who are willing and able to commit to timely finalization of guardianship or adoption. Of the 215 children who exited out-of-home care in FY 2023, 40 percent (n=86) were reunified with their primary caregiver or birthparent.

Out-of-Home Strategies

As a result of ongoing expanded and new efforts, the out-of-home care population in the District of Columbia continues to decline.



The following strategies and services are part of the Agency's approach to safely streamline the path to permanency for families with children in out-of-home care:

CFSA's PEER Unit

As previously noted, the PEER Unit is an in-house resource of support specialists who have lived experience with the child welfare system, i.e., birth parents who took steps to prevent the separation of their children from their home or whose children successfully returned home. Each PEER engages and supports the assigned birth parent whose child or children have been separated from the home. Based on their personal experiences, as well as additional training through CFSA's Child Welfare Training Academy, PEERs serve as unique advocates, mentors, and supporters for birth parents. In FY 2022, PEERs supported 110 out-of-home cases, serving a total of 131 birth parents. As of the end of FY 2022, there were 157 out-of-home cases (involving 233 children) with a goal of reunification.[31]

[31] Source: FACES.NET CMT 366, pull date 10/15/2022.

Engaging Incarcerated Parents

CFSA promotes substantive engagement of parents who are incarcerated to ensure they are involved in the lives of their children as needed and appropriate to the goal of strengthening family relationships. CFSA social workers are instructed to consult with the parent's assigned case manager to determine if there is a plan for successful reintegration of the parent into the community. The plan should identify available facility and community resources that have been coordinated to address the affected parent's continuing needs.

Substance Use Support

- **Project Connect** - CFSA facilitates interventions for substance use treatment and recovery, oversees cases involved with the Family Treatment Court (described below), and facilitates the in-house Project Connect program, which works with high-risk families affected by parental substance abuse, mental health issues, and domestic violence. Consisting of a program coordinator, registered nurse, and four resource development specialists, Project Connect offers home-based counseling, substance use monitoring, nursing, and referrals for other services. CFSA will also refer youth to providers in the Adolescent Substance Use Treatment program and will also refer parents for Department of Behavioral Health substance use services. In FY 2022, the Project Connect team served 73 parents representing 165 children. Of this number, 34 parents had their Project Connect case closed in FY 2022 and 39 remained active in the program as of the last day of the fiscal year. Of those parents whose cases were closed, 17 had successful closures, three achieved their program goals before program completion, seven had services terminated when the recommended goal was changed from reunification to another goal, six disengaged for more than 21 days, and one parent voluntarily self-discharged.
- **The District's Family Treatment Court (FTC)** – FTC is a voluntary, court-supervised, comprehensive service program that promotes timely family reunification for parents with a diagnosed substance use disorder. For all caregivers with substance use allegations as a reason for their children's entry into care, CFSA notifies them about their eligibility for FTC. If parents are interested, they appear before the FTC, but in order to enter the program, they must first stipulate to the finding that "caregiver substance use" is the primary reason for the child's entry into care. FTC participants are enrolled in and may complete either an inpatient or outpatient substance treatment program. Regardless of their preferred treatment choice, participating parents must comply with random drug testing. To encourage and support each parent's progress, FTC incentivizes and celebrates the achievement of the following program milestones: (1) increments of time where clean drug tests indicate sobriety, (2) completion of substance use treatment, (3) reunification with a child, (4) completion of a program to advance stability (e.g., education, parenting skills, employment readiness), (5) demonstration of stable housing, and (6) successful completion of the FTC program. In FY 2023, a total of 15 of the 179 foster care entries indicated parental drug use as the primary reason for entry.[32] In FY 2023, a total of five parents enrolled in FTC, three of whom entered a treatment program. Two of the newly enrolled parents completed treatment and one was unsuccessfully discharged from the

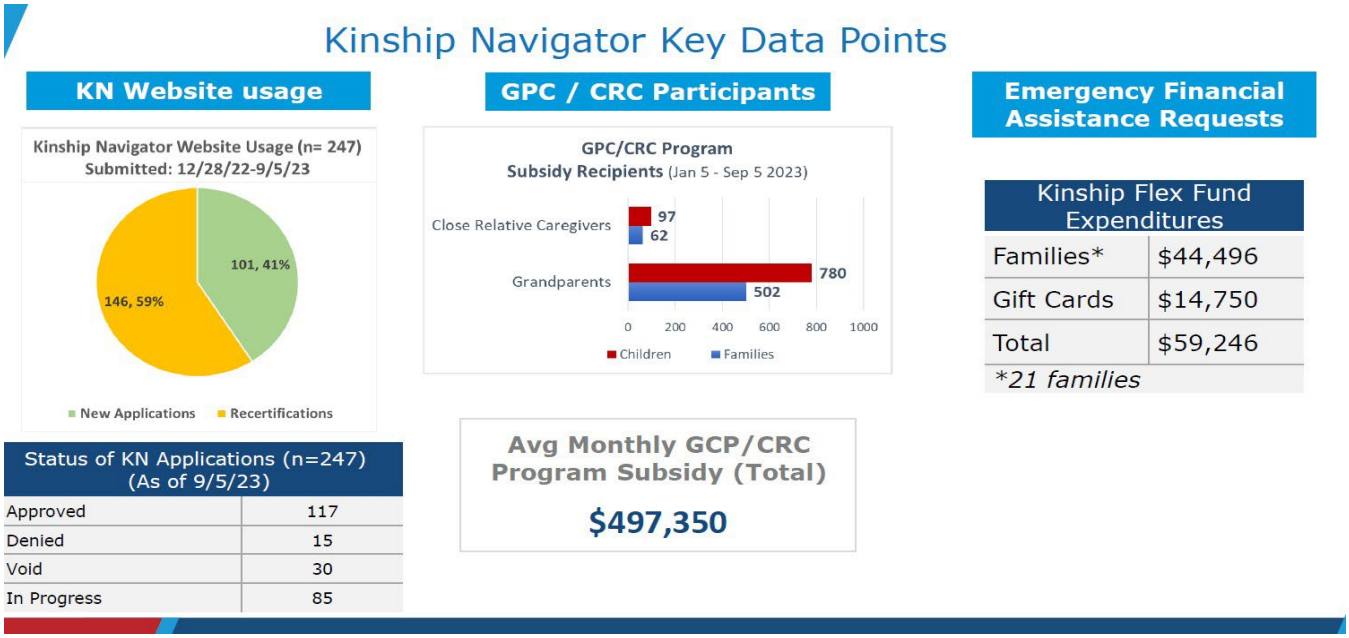
[32] Source: FACES.NET PLC 155 and Tableau.

program. Two of the parents were still active in FTC at the end of FY 2023. Three FTC cases involved parents who were reunified with their children, resulting in successful case closure, and three FTC cases involved parents whose children returned to their care under protective supervision.

Kinship Care Support

As noted in the Outcomes Section on relative placement, CFSA provides the following supports to relatives through the Agency's Kinship Outreach and Support Units:

- **Kinship Caregiver Warmline:** A CFSA-staffed resource for real-time facilitation or mediation of conflicts or issues that are occurring in the kinship caregiver's home.
- **Kinship Navigator Website and Mobile Application:** A centralized information hub for relative caregivers to learn about subsidy programs, emergency assistance, event timelines, community resources, and other supports and activities.
- **Support Groups for Kinship Caregivers**: Bi-monthly facilitated peer-support meetings that address the unique circumstances often faced by kinship caregivers.



Placement Array

In addition to traditional and kinship foster parents, CFSA developed the following placement array to meet the more intensive and complex needs of children and youth in out-of-home care. The placement array provides a different level of intervention for children and youth for stabilization support that can then help facilitate permanency.

- **BRIDGE Program** – In FY 2023 CFSA contracted for a short-term placement provider for eight beds to administer the BRIDGE program where a youth can be assessed for the most appropriate placement to minimize placement disruptions. The program supports youth who are in immediate danger or at risk of safety, as well as youth with varying degrees of emotional and behavioral problems caused by the traumatic circumstances of abuse and neglect, recent

separation from the home, multiple placements, or other traumatic experiences. Intended as an alternative to overnight Agency stays or placement in a youth shelter, the program will normally provide placement for up to 30 days, which may be increased to 60 days for those with complex needs who require additional assessments over time.

- **Intensive Out-of-Home Care** – CFSA 's contract with Children's Choice for intensive out-of-home care placements expired as of FY 2022. CFSA currently contracts with PSI Family Services for 36 beds in family settings for children and youth with behavioral challenges. As of September 30, 2023, there are nine children placed in PSI beds.
- **Stabilization, Observation, Assessment, and Respite (SOAR)** – In 2019, CFSA established SOAR homes with professional resource parents specifically trained in trauma-informed caregiving. SOAR homes provide temporary care for up to 90 days. These homes are particularly appropriate for children who need an array of comprehensive assessments prior to the Agency being able to appropriately identify the best placement match for the children's exact needs. As of December 31, 2023, there are two SOAR homes providing a total of six beds.
- **Trauma-Informed Professional Parents (TIPPs)** – In 2021, CFSA expanded its placement array to include TIPPs who provide specialized care for children with adverse childhood and traumatic experiences. TIPPs work less than 20 hours per week outside of the home, allowing for dedicated time to the care of the children and youth in these homes. TIPPs care for children ages 8 and older who have experienced significant trauma and have presented specific mental or behavioral health concerns that have impeded success in a traditional foster care setting. As of December 31, 2023, TIPPs provide a total of 20 beds.
- **Specialized Opportunities for Youth (SOY)** – In the SOY program, specially trained CFSA foster parents support youth who have had challenges in a traditional family-based setting due to behavioral or mental health needs. Aged 13 to 20, SOY youth require parents who are skilled in working with teens and young adults and can support them in learning required independent living skills.
- **Pregnant and Parenting Youth (PPY) Foster Parents** – CFSA prioritizes placement of its PPY population with relatives first, then in traditional foster homes, and lastly, in an independent living program. In 2018, the Agency developed a program of professional resource parents who contract directly with CFSA and subsequently receive special training to care for pregnant and parenting another professional parent program. In FY 2023, the PPY program merged with the TIPP program.
- **LGBTQIA+** – In addition to targeted recruitment efforts, described later, the Agency periodically surveys its resource parent pool to identify LGBTQIA+ friendly homes, offering training on understanding and working with LGBTQIA+ youth. In a December 2022 resource parent demographic report, 45 percent (n=86/191) of CFSA's resource parents identified as LGBTQIA+ or LGBTQIA+- friendly.
- **Hispanic Children and Youth** – In FY 2023, Latinx children comprised approximately 14 percent of the District's foster care population (n=71/496). For 83 percent (n=59/71) of these children, their primary language was English; for 17 percent (n=12/71) it was Spanish. Recognizing the importance of placing children with providers who share their language as a cultural identity, CFSA and its partners were able to maintain a total of 21 Spanish-speaking homes during FY 2023.

- **Unaccompanied Refugee Minors (URM)** – Lutheran Social Services of the National Capital Area (LSSNCA) provides resource homes in the District and in Maryland for children who have fled war or persecution and have arrived in the United States without parents or guardians. LSSNCA specially trains its resource parents to care for this population and provides youth with case management and supportive services. In FY 2023, a total of 11 URMs entered care from Afghanistan, Eritrea, Honduras, Mexico, Somalia, and Guatemala.
- **Group Homes** – CFSA contracts with seven congregate care providers for 58 beds.

Congregate Care Providers FY 2023 Contracted Placement Capacities

Provider	Service Type	Bed Capacity
God's Anointed New Generation (G.A.N.G.)	Group Home	12
Life Deeds Bridge Program	Short-term Assessment Program	6
Innovative Life Solutions (I.L.S.)	Department of Disability Services	5
Maximum Quest	Group Home	14
Sasha Bruce	Emergency Shelter	3
The Mary Elizabeth House (T.M.E.H.)	Teen Parent Program	12
Umbrella Therapeutic Services	Group Home	6
	Total Bed Count	**58**

Services for Children and Youth in Care

- **Explainer Videos –** CFSA provides children, youth, and family friendly videos (all vetted through people with lived experience) for when children enter out-of-home care to de-mystify what will happen. The videos include CFSA Explainer Video for Younger Children, CFSA Explainer Video for Teens and CFSA Explainer Video for Parents. These are available for the public to view (https://cfsa.dc.gov/service/cfsa-foster-care-videos).

Physical Healthcare

- **Medicaid –** Every child who enters out-of-home care is eligible for Medicaid and youth who age out of care and continue to live in the District are also eligible for DC Medicaid until age 26.
- **Healthy Horizons Assessment Center (HHAC) and Nurse Care Manager Program –** When medical and mental health assessments determine that a child requires individualized targeted case management (TCM) services, the child is enrolled in the Nurse Care Manager program and assigned a nurse care manager (NCM) to ensure that the child's medical, dental, mental health care, and medically related educational, social, and other needs are assessed, provided for, and monitored in a timely and appropriate fashion.
- **HHAC Supportive Resources** – HHAC provides support, resources and consultative services for social workers, foster families, and biological families. Supportive services are based on the child's medical needs. The nurse works closely with the treating physician, support, resource parents and youth to ensure that the needs are addressed. As a part of medical case management, the nurses provide linkage and coordination of medical and specialist appointments and follow up on provider referrals and recommendations. For example, if the

child needs medical supplies, diapers, milk etc. the nurse will start looking with the community to assist the family with acquiring those resources. NCMs develop a health care plan within 45 days of assignment and reassess every 6 months. Case note updates are entered in the child's record monthly, as a minimum.

- **Immunizations for Children and Youth in Foster Care** – Social workers work with resources and birth parents to ensure that all children under 18 have up to date immunizations. The HHAC team identifies children who are behind on their immunizations and will develop a plan for the child's immunizations to catch up.
- **Developmental Needs** – The Department of Disability Services (DDS) and its Developmental Disabilities Administration (DDA) and Rehabilitation Services Administration (RSA), and CFSA entered into a memorandum of understanding (MOU) to coordinate services and case management for eligible youth in CFSA's care and families who are eligible to receive, or are receiving services from both agencies (e.g., when a parent of a youth served by CFSA is receiving or is eligible to receive services from DDS). Examples of services include working together to identify or develop services for parents with intellectual disabilities to assist in parenting skills or other supports. CFSA will remain responsible for case management services and resources for a youth in its care and custody who are or are likely eligible or potentially eligible for DDS funded services until the youth reaches 21 years of age, except where the parties determine that the youth would be better served transitioning to DDS prior to his or her 21st birthday. For youth who have an intellectual disability and are likely to be found eligible for DDS/DDA services, CFSA will convene a team meeting (e.g., during the youth transitioning plan or case plan meetings) when the youth is 18 years old. The team will include a representative from DDS/DDA, and other relevant agencies (e.g., Department of Behavioral Health) to address service needs and supports (including placement) for the youth when they need to transition to DDA or DDS.
- **Summer Camp Subsidies –** CFSA recognizes that children in out-of-home care need to experience the same extracurricular activities as any other child in their peer group. This is especially important during the summer months when structured school activities may not be available. Toward that end, the Summer Camp Subsidy Program was developed to provide safe, healthy, and fun alternatives to children during the summer. Children between the ages of 3 and 14 are eligible for subsidies of up to $1,000. In certain circumstances, such as a youth with special needs, eligibility can be extended up to age 21. Additionally, if the social worker and supervisor determine that a child's best interests will be served in a therapeutic camp setting, the CFSA will pay the full or partial cost of the camp

Access to Behavioral Health

In FY 2023, 93 percent of eligible youth (27 out of 29) received a behavioral health evaluation within 30 days of entry. Note: Eligible children represent children ages 5 and older who are not currently connected to mental health services.

- 29 youth completed mental health evaluations; 23 were recommended for therapy.
- 63.7 percent (448) of youth in CFSA's care were actively engaged in behavioral health services. The data represents CFSA's in-house services and DBH providers.
- CFSA referred 105 unique youth for behavioral health services.

- CFSA served 67 youth with in-house behavioral health services.

In-house clinicians provide the following therapeutic modalities as part of the treatment array:

- Mental health assessments
- Cognitive Behavioral Therapy (CBT)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Grief and Loss Therapy
- Trauma System Therapy (TST)
- Emergency medication management
- Traditional Integrative Therapy
- Child Focused Play Therapy

CFSA teams refer to external providers for the following services:

- Neurological examinations
- Psychiatric Residential Treatment
- Applied Behavior Analysis
- Dialectal Behavioral Therapy
- Eye Movement Desensitization and Reprocessing
- Sex Offender Treatment
- Community Based Intervention
- Ongoing medication management
- Art Therapy
- Equine and Animal Assisted Therapy

Childcare Assistance

- **Childcare Vouchers -** The Office of the State Superintendent (OSSE), operates a federally funded childcare assistance program, which helps eligible families pay for childcare. If a child comes into foster care, they are eligible to receive a voucher, which pays the full cost of day care at childcare centers or family childcare homes in the District that participate in the OSSE voucher program.

  Childcare Subsidy Program - The CFSA Childcare Subsidy is a pre-determined rate that CFSA will pay to a licensed child provider to defray the cost of childcare for birth parents with children living at home under protective supervision via an open court case, teen parents in out-of-home care, and CFSA and CFSA-contracted private agency resource parents. Subsidy rates vary depending on the age of the child (i.e., infant, pre-school, school-age), the type of childcare facility (home-based or center) and its location (in DC or out of state).

Mentoring and Tutoring

CFSA connects children and youth to the following tutoring and mentoring community programs**:**

- **Credible Messenger Mentoring Program** is a transformative, mentoring intervention program through the Department of Youth Rehabilitative Services. The program is modeled on a restorative justice philosophy and applied by mentors who are neighborhood leaders, youth advocates and individuals with lived experience. The mentors' role is to help youth transform attitudes and behavior. CFSA entered into an MOU in FY 2023 to provide mentors to 24 youth ages 14 to 21 years old.
- **High-Impact Tutoring and Community Tutoring Services –** CFSA refers children and youth to the high-impact tutoring (HIT) initiative, led by the Office of the State Superintendent of Education and to community-based tutoring resources.

Educational Services

Educational services ensure that all children served by CFSA have access to an educational program that is appropriate to the child's age and abilities and is designed to meet their unique needs. Educational services are tailored to suitably prepare children for additional education, future employment, self-sufficiency, and independent living.

- **Educational Workshops**. On a monthly basis (at a minimum), the Collaboratives facilitate, and coordinate training designed to provide critical education and information that empowers parents or caregivers to offer optimal care for the children in their homes.
- **School Transportation Needs.** In FY 2022, there were 86 youth referred for school stability transportation. Of that total, 84 youth received the requested transportation. School stability transportation was provided for an average of 103 days. There were two youth referred for school stability transportation who did not receive the service in FY 2022. One youth opted for self-transport and one youth declined the transportation support.
- **School Stabilization.** In FY 2022 and FY 2023, CFSA focused on improving school stability and continuity for the youth in care. CFSA collaborates with OSSE and various local education agencies to implement the provisions of Every Student Succeeds Act (ESSA) that support children's school stability. In addition, CFSA continued to participate in monthly meetings convened by Maryland county schools to promote better coordination of services for DC youth placed in Maryland and to ensure legal compliance with ESSA school stability provisions.

Youth Transition Services

Transition services are available to all youth in out-of-home care aged 14 years and older for a connection to adult human service support agencies and community service providers. Providers assist youth across the following independent living domains: (1) life skills; (2) self-care and health literacy; (3) finances and money management; (4) educational, vocational and career planning; (5) permanent housing and transportation planning, (6) social integration and community connections, and (7) sexual health and family planning.

- Youth exiting care receive consultation to promote continuity of health insurance following transition from care.
- Upon exit from out-of-home care, youth receive original versions or official copies of their birth certificate, Social Security card, District identification card, Medicaid card, immunization

records, school records, health care records, immigration documents, and a signed Ward letter indicating that the youth had previously been in out-of-home care.

- Until the youth reaches 20 years of age, transition and planning meetings with youth occur semi-annually.
- At age 20, transition planning meetings occur at least every 90 days until the youth exits out-of-home care. The youth transition plan is developed and updated in consultation with the youth and, at the option of the youth, with up to two members of the case planning team who are chosen by the youth and who are not the youth's social worker or resource provider.

Older Youth Services

CFSA's Office of Older Youth Empowerment (OYE) provides older youth with linkage to an array of community-based services and support. Services and support are intended to help the youth in out-of-home care to develop their strengths and to address their needs as they prepare to transition out of the child welfare system and into their lives as independent adults.

- **Case Management Services** – These services apply to youth between the ages of 15 and 20 years old who are in out-of-home care (resource homes or congregate care facilities) and served by social workers who specialize in supporting older youth.
- **Trafficking Victim Supports** – CFSA contracts with Courtney's House to provide trauma recovery services to survivors of child sex trafficking and to children at risk of being sex trafficked. The contract is designed to support youth who have an active case with CFSA. Courtney's House's Survivor Hotline provides 24-hour crisis intervention services. It also has a drop-in center that provides a safe environment for youth who can participate in support groups, workshops, and other therapeutic activities.
- **Youth Vocational and Life Skills** – Among the ways in which OYE specialists work with older youth to help prepare them for life after out-of-home care is the evidence-based LifeSet program, which launched in 2019 to provide a comprehensive, intensive, individualized, and youth-driven experience.[71] LifeSet connects youth to internships, vocational training, and employment in the youth's field of interest. Specialists also help youth to develop soft skills and to build their resumes, both of which are essential for youth achieving independence. Overall the program leverages select, intensive supports to help youth transition from out-of-home care to successful independence. The program requires complete buy-in from each youth participant.
- **Financial Literacy Services** - Youth between the ages of 15 to 20.5 years are eligible to receive financial coaching in personal budgeting, financial planning, and credit counseling. These financial literacy skills are essential for youth embarking on self-sustaining independence.
- **Capital Area Asset Builders (CAAB**)- CFSA offers the opportunity for youth to participate in a matched savings program where CFSA's contracted partner, Capital Area Asset Builders (CAAB) matches every dollar. The matched funds are capped at $1,000 per year and funded directly from the Agency's Chafee grant in support of financial literacy. Youth can only access funds to purchase a vehicle or to pay for housing, education, or entrepreneurial endeavors that help support a child's independence and path toward self-sustaining adulthood.

Teen Parents

- **Pregnant and Parenting Youth (PPY) Generations Unit -** PPY need extra support and guidance to complete their education, gain work experience, and master other life skills while balancing the responsibilities of parenthood. OYE provides services tailored to help PPY manage these special challenges. An outreach specialist works with private providers to ensure the teen parents on their caseload are linked to community resources for supportive services.
- **Parenting Young Adults** – CFSA and DC Health utilize a home-visiting program that incorporates the Parents as Teachers (PAT) evidence-based model to support CFSA's pregnant and parenting young adults. Providing parent education early on enhances these young adults' parenting capacity and furthers the potential for preventing their own children from entering care.

Employment, College, and Career Preparation Services

- **Youth Personal Allowance** – Youth aged 15 to 21 in out-of-home placements receive a personal allowance of $100 for the purchase of discretionary items and services, and for learning money management skills. The allowance funds are included in resource provider's existing contractual or otherwise CFSA-approved foster care board payment. Resource providers are responsible for ensuring the allowance is delivered to the youth on a timely basis.
- **Summer Youth Employment Program (SYEP) -** Managed by the DC Department of Employment Services, the Mayor Marion S. Barry Summer Youth Employment Program (MBSYEP) is a locally funded initiative that provides District youth ages 14 to 24 with an enriching summer employment experience through subsidized placements in the public and private sectors. The SYEP provides work experience as well as an opportunity for budgeting income, both of which support a youth's potential for self-sustaining independence.
- **CFSA College and Career Preparation Services for youth ages 15 to 20**
  - College and career preparation services are available for all youth in out-of-home care who are interested in, applying to, or enrolling in post-secondary education.
  - Educational specialists provide individual counseling sessions for youth, facilitate team sessions, provide assistance with college or vocational program searches, and assist youth with selection of schools, entrance pre-requisites, applications, and the financial aid process.
  - Services cover limited financial assistance for academic testing and program enrollment fees, and graduation expenses. Assistance is subject to availability.
  - Limited tuition assistance (not to exceed $5,000 per year) for post-secondary education includes funding through the Chafee Foster Care Independence Program (CFCIP) Education and Training Vouchers (ETV).

Youth Aftercare Supports

- **Youth Aftercare** – Aftercare services are voluntary for older youth starting at age 19.5. Youth in need and in agreement for support receive case management and supportive services for 2 calendars years following their transition from the child welfare system. The services provided include but are not limited to housing assistance, employment or vocational information, guidance on assessing public services, and parenting support for those youth with dependent children. At age 20, youth are assigned one of CFSA's aftercare providers (e.g., a neighborhood Collaborative or a DC Court Appointed Special Advocate). In FY 2022, 113 young adults received

Aftercare Services. As of March 31, 2023, there were 69 additional youth connected to Aftercare.

Older Youth - Housing Resources

- **Rapid Housing Assistance Program (RHAP**) – RHAP is a short-term rental assistance program, ranging from a one-time need to a 12-month need for assistance. RHAP also assists older youth transitioning from out-of-home care, as well as former foster youth (up to age 23) to establish stabilized housing after exiting foster care. In FY 2023, two youth received support through RHAP.
  - **Family Unification Program (FUP)** – FUP provides Housing Choice Vouchers (Section 8) through DC Housing Authority (DCHA). The FUP vouchers provide housing to youth aging out of the child welfare system, as well as youth between the ages of 18 to 24 who left out-of-home care after the age of 16 and are currently experiencing or at risk of homelessness. Historically, youth FUP vouchers were time-limited, i.e., not to exceed 36 months. However, recent amendments to the Fostering Stable Housing Opportunities Act have extended the voucher time limit for an additional 24 months (5 years total), if the youth meet specific education, workforce development, or exemption criteria. In FY 2023, 31 older youth were eligible and referred to DCHA to complete the FUP voucher request.
  - **Chafee Aftercare Support** – Chafee Aftercare funding is available for any youth formerly in out-of-home care, but still residing in the District with extenuating circumstances and in need of independent housing. To be eligible for Chafee Aftercare, youth must have exhausted all other DC housing resources or not be eligible for those DC resources. The average length of support is from 12 months, until the age of 23.

Adoptive and Guardianship Permanency Support

As described earlier, CFSA's permanency and post-permanency support helps streamline adoption and guardianship processes and connect caregivers with necessary resources, including subsidies. Guardianship subsidies help support caregivers who are willing to care for children but require financial assistance in managing the needs of children, commonly in the area of medical care. Adoption subsidies similarly help make permanency possible for children diagnosed with special needs who might otherwise remain in long-term out-of-home care. In FY 2022, a total of 23 children exited the child welfare system to guardianship and 98 exited to adoption. In FY 2023 Q1-Q2, a total of eight children exited to guardianship; 35 children exited to adoption.[33] As of March 31, 2023, there were 466 families receiving guardianship subsidies and 1,225 receiving adoption subsidies.

What are the differences in service availability and accessibility for populations, particularly those within the state that experience poorer outcomes?

[33] Source: FACES.net management report CMT 367, pull dates 10/15/22 and 4/15/23

Family Success Centers

On December 16, 2019, 10 Family Success Center (FSC) grants were awarded. CFSA identified neighborhood locations based on the Principles of Family Strengthening model and the collection and analysis of child abuse and neglect data, as well as the positive outcomes with crime and violence prevention efforts. A qualitative and quantitative analysis of disparities across the District and the impact on Wards 7 and 8 were also completed.

The planning phase for grantees and CFSA occurred from January to September 2020. During the planning phase, a community-driven Community Advisory Council was established to determine the community's needs and how the FSCs would respond to those needs. During this initial planning phase, CFSA utilized existing data, incorporated community input and feedback, and conducted several needs assessments, gap analyses, and community resource mappings.

In 2020, CFSA replicated the Principles of Family Strengthening model from the initial FSCs in Wards 7 and Ward 8 to identify potential areas where a new site to provide community-based services and supports to families with the greatest need. On May 31, 2021, CFSA finalized an analysis to select Ward 5 as an area in need of additional community-based support. CFSA conducted a geospatial analysis to include a review of substantiated child abuse and neglect investigations, crime and violence data that was geo-coded (latitudes and longitudes, or street addresses) for up to 5 years.

CFSA also examined health and social determinants, including food insecurity rates, residential eligibility for the federal Supplemental Nutrition Assistance Program (SNAP), poverty rates, low educational achievement rates, lower life expectancies at birth, housing costs that exceeded 35 percent of a household's income, low health insurance rates, and high unemployment rates. During this process, data was also examined from the Health Equity Report (2015-2019) and the 2020-2022 impact of COVID-19.

The analysis resulted in the identified clusters of child abuse and neglect in Ward 5, based on substantiated reports of abuse and neglect. Based on reviews of the crime rate reported by the Metropolitan Police Department (MPD), specifically homicide rates, Ward 5's Trinidad neighborhood was identified as a less appropriate option for a FSC site.

The Trinidad neighborhood contained adequate public transportation options. The food insecurity rate was 19.3 percent for a population of 870 residents. The source for these data points was the Capital Area Food Bank's Hunger Heat Map, 2020 Feeding America Map the Meal Gap Report (Feeding America Template). Trinidad is centrally located between neighborhoods with high rates of receiving SNAP benefits, based on the 2014-2018 American Community Survey.

Ward 5 is now served by the Carver Langston FSC in addition to the community-based Edgewood/Brookland Family Support Collaborative who is contracted by CFSA to provide evidence-based case management and support to families in Wards 5 and 6.

Community-Based Collaborative Agencies and Family Success Centers:

Wards 1-2-3	Ward 4	Wards 5-6	Ward 7	Ward 8
Collaborative Solutions for Communities (CSC)	Georgia Avenue Family Strengthening Collaborative (GAFSC)	Edgewood/ Brookland Family Support Collaborative (EBFSC)	East River Family Strengthening Collaborative (ERFSC)	Far Southeast Family Strengthening Collaborative (FSFSC)
N/A	N/A	Carver Langston Family Success Center	Benning Road/ Minnesota Ave Family Success Center Mayfair/Paradise Family Success Collaborative	Anacostia Family Success Center/ Martha's Table Bellevue Family Success Center Washington Highland Family Success Center/ Life Deeds program

For several years the top five factors for substantiations of child abuse and neglect were (1) inadequate supervision, (2) educational neglect, (3) domestic violence, (4) physical abuse, and (5) parental inability to provide care due to hospitalization, incarceration, or another issue. CFSA has observed that most local instances of child abuse and neglect are rooted in untreated mental health issues paired with parental substance abuse. These underlying factors are frequently exacerbated by risk factors such as chronic unemployment, unstable housing or homelessness, and social isolation.

CFSA evolved the Title IV-E Waiver program to Family First DC and then merged the work into Keeping DC Families Together to further the ongoing transformation of the District's child welfare system into a child and well-being system with CFSA as the child welfare agency. The District continues to implement Keeping DC Families Together as an upstream, community-driven, family-strengthening model that utilizes a holistic family-centered approach to prevention and mitigation of community risks of maltreatment, crime, and violence.

These upstream prevention services are intentionally tailored to families in targeted neighborhoods. The neighborhoods where the Family Success Centers are located were specifically identified based on key data points: (a) high incidence of substantiated reports of child abuse and neglect, (b) social determinants of health, and (c) crime and violence data. The overlay of these data highlighted these neighborhoods as particularly under-resourced and vulnerable.

As noted above, each FSC has a neighborhood-based Community Advisory Council (CAC) comprising residents of the FSC neighborhood. CAC members decide what services and supports are needed in that particular neighborhood. The members' knowledge of services and programming is critical to the decision-making process about what programs and services are offered at the FSC to ensure programming caters to and meets the needs of the community. Collectively, the 11 FSCs have served over 25,000 families since opening.

The following services are included in the FSC array:

- Neighborhood-based services for family strengthening and engagement (e.g. parenting skills, support groups, and social events)
- Resources for housing, employment training and placement, healthcare, and education.
- Programs, resources, and referrals for wellness, mental health, and the prevention of trauma.
- Opportunities for children and youth to support academics, recreation, social justice, employment, STEAM (Science, Technology, Arts and Math), and much more.

Location	Concrete Supports	Parental Resilience	Social and Emotional Competence	Knowledge of Parenting	Social Connections
Anacostia	▪ Baby Sprinkle ▪ McKenna's Wagon - Food pantry ▪ Diaper Bank		▪ Parent Cafes	▪ Baby & Me ▪ Chicago Parenting	▪ Fathers to the Front ▪ Go Go Fitness ▪ Senior Fitness, ▪ WeFitD ▪ Yoga ▪ Meditation ▪ Quilters Corner ▪ Art as Healing ▪ Book Club
Bellevue	▪ Mask Giveaway		▪ Living the Protective Factors		▪ Let's Get It ▪ Teen Night ▪ Family Arts
Congress Heights	▪ Cooking Class ▪ Job Readiness			▪ Parent Cafe	▪ LIT Teens ▪ Braiding 1 on 1 ▪ Coffee Tea & Credit ▪ Sacred Sister Circle ▪ Men's Mental Wellness Huddle ▪ Family Game Night
Woodland Terrace	▪ GED ▪ Professional ▪ Development ▪ Economic Development	▪ Address the Stress	▪ Zoomies	▪ Parenting Workshops	▪ Find Your Fitness ▪ Family Fun Night ▪ Justice 4 All

Location	Concrete Supports	Parental Resilience	Social and Emotional Competence	Knowledge of Parenting	Social Connections
	▪ Digital Literacy ▪ CDL ▪ Nutrition				▪ Hip Hop & Contemporary Dance
Washington Highland			▪ Exodus House ▪ Computer Literacy		▪ Music Studio ▪ Mentoring
Stoddert Terrace / 37th	▪ Weekly Daily Lunch Distribution ▪ Community Saturday Brunch ▪ DCHA Weekend Meal Distribution ▪ Computer Literacy ▪ Work Readiness Program ▪ Community Hair Cutz ▪ Entrepreneurship Program ▪ Malaziahs Closet ▪ Wellness	▪ Wellness Wednesday Support for Families ▪ Sisters on Deck Support Group ▪ MBI Individual Mental Health Assessments	▪ Glow Girls Mentoring Program ▪ Right Direction Boys mentoring Program ▪ Story Time with Friends	▪ 24:7 Dad-Fatherhood Program	▪ Zumba w/Ladera ▪ Low Impact Fitness ▪ Monday Movie Matinee
Benning & Minnesota	▪ Grocery Giveaway ▪ Workforce Readiness with VMI Solutions ▪ Food Handlers Certification	▪ Wellness Wednesday Talk Therapy w/Crawford Solutions	▪ Motivation Monday Talk Therapy	▪ Sister to Sister Circle	▪ Yoga ▪ EYL-365
Benning Park & Benning Terrace	▪ Grocery Giveaway ▪ Clothing Closet ▪ Workforce Readiness with VMI Solutions ▪ Job Finders ▪ Food Handlers ▪ Certification	▪ Wellness Wednesday Talk Therapy w/Crawford Solutions			▪ EYL-365
Mayfair / Paradise	▪ Diaper Bank ▪ Healthy Eating and Living Weekly ▪ Grocery Giveaway ▪ Navigate your life	▪ Chat and Chew for Successful Parenting ▪ Life Enhancements Counseling Services	▪ Pain Serves a Purpose: Mental Health Group for Youth and Young Adults ▪ Big Dreams Thrive Here, Youth	▪ Chat and Chew For Successful Parenting	▪ Shoot Hoopz Not Guns ▪ Family Game Night ▪ Football training Program for youth

Location	Concrete Supports	Parental Resilience	Social and Emotional Competence	Knowledge of Parenting	Social Connections
	▪ Job Readiness ▪ Resume Workshops ▪ Kids Café		Empowerment Brunch ▪ Parenting, Parent/Child Cooking Class ▪ Play and Thrive Story Time ▪ Dream Academy		▪ Dance Visions of Art ▪ Box don't Blast ▪ EYL-365
Clay Terrace	▪ Saturday Breakfast ▪ Monthly Family Dinner ▪ Community Food Pantry ▪ Emergency Bill Assistance Program ▪ Clothing Closet ▪ Goal Progression Group ▪ Computer Class	▪ Experience in Relaxation ▪ Parents helping Parents Group	▪ Group Art Therapy ▪ Girls Group ▪ Men's Group	▪ Parent Café	▪ Family Game Night ▪ Family karaoke ▪ Family Movie Night
Carver / Langston	▪ Economic Development Classes ▪ GED Class ▪ Nutrition Workshop ▪ Professional Development ▪ CDL Class	▪ Address the Stress w/Sasha Bruce ▪ Health and Wellness with Dr. Beatty		▪ Early Stages Smart to School	▪ Family Fun Night

Healthy Families/Thriving Communities Collaboratives - Tables 1 and 2 below display services and interventions available to all families with an open investigation, in-home case, out-of-home case, or no CFSA involvement (walk-in). CFSA does not track referral source to be able to break out referrals from CPS only. The following focus populations are served through Collaborative interventions:

Table 1. FY 2022 Services and Interventions, Families Referred and Families Served

Services and Interventions	Vendor/Provider	# of Families Referred	# of Families Served
Parent Education & Supportive Services: Families with an open Healthy Families/Thriving Communities Collaborative case, CFSA Investigation, In-Home case, or Out-of-Home case.	Collaborative Solutions for Communities	138	127
	East River Family Strengthening Collaborative	130	122

Services and Interventions	Vendor/Provider	# of Families Referred	# of Families Served
Project Connect- Families with an open, In-Home case, or Out-of-Home case with a goal of reunification.	DC Child and Family Services Agency	84	73
Parent and Adolescent Support Services- Families with an open CFSA investigation or In-Home case (specific cases).	Department of Human Services	90	55
Family Peer Coaches- Families with an open In-Home case.	Community Connections	19	34
Life Set- CFSA pregnant or parenting youth, Office of Youth Empowerment (OYE).	DC Child and Family Services Agency	54	65
Transition to Independence (TIP)- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.	Department of Behavioral Health	1	0
Adolescent Community Reinforcement Approach (A-CRA)- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.	Department of Behavioral Health	2	0
Multi-Systemic Therapy (MST)- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.	Department of Behavioral Health	9	2
Trauma-Focused Cognitive Behavioral Therapy- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.	Department of Behavioral Health	22	3
Parent Child Interaction Therapy (PCIT)- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case	Department of Behavioral Health	8	0
Functional Family Therapy- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.	Department of Behavioral Health	26	11
Child Parent Psychotherapy for Family Violence (CPP-FV)- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.	Department of Behavioral Health	15	4
Trauma Systems Therapy (TST)- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.	Department of Behavioral Health	10	2
Neighborhood Legal Services Program (NLSP)- Families with an open Collaborative Case, CFSA Investigation, Investigation, In-Home case, or Out-of-Home case.	Neighborhood Legal Services Program	89	119*
Healthy Families America (HFA)/ Parents as Teachers (PAT)- Families with an open CFSA Investigation, open or previous In-Home, Out-of-Home cases.	Mary's Center	105	33*
Total		**788**	**592**

*FY22 Services and Interventions data include FY21 rollover families enrolled for services

Table 2. FY 2023 Year to Date - Services and Interventions, Families Referred and Families Served

Service/Intervention	Vendor/Provider	# of Families Referred	# of Families Served
Parent Education & Supportive Services	Collaborative Solutions for Communities	11	6
Parent Education & Supportive Services	East River Family Strengthening Collaborative	7	5
Project Connect	DC Child and Family Services Agency	53	49
Parent and Adolescent Support Services	Department of Human Services	18	24
Family Peer Coaches	Community Connections	4	15
YV Life Set	DC Child and Family Services Agency	25	39
Transition to Independence (TIP)	Department of Behavioral Health	1	0
Adolescent Community Reinforcement Approach (A-CRA)	Department of Behavioral Health	0	0
Multi-Systemic Therapy (MST)	Department of Behavioral Health	2	2*
Trauma-Focused Cognitive Behavioral Therapy	Department of Behavioral Health	4	2*
Parent Child Interaction Therapy (PCIT)	Department of Behavioral Health	0	1*
Functional Family Therapy (FFT)	Department of Behavioral Health	4	2*
Child Parent Psychotherapy for Family Violence (CPP-FV)	Department of Behavioral Health	0	4*
Trauma Systems Therapy (TST)	Department of Behavioral Health	4	3*
Neighborhood Legal Services Program (NLSP)	Neighborhood Legal Services Program (NLSP)	20*	58*
Healthy Families American (HFA)/Parents as Teachers (PAT)	Mary's Center	11	5*
	Total	**88**	**136**

*FY23 Services and Interventions data include FY22 rollover families enrolled for services

Tables 3 and 4 specify all CPS referrals made to the Healthy Families/Thriving Communities Collaboratives, including the number of families referred to and served by each Collaborative.

Table 3. FY22 Collaborative Activity (CPS Only)

Collaborative Agency	Families Referred	Families Served
Collaborative Solutions for Communities	40	43
Georgia Avenue Family Support Collaborative	43	32
Edgewood/Brookland Family Support Collaborative	116	90
East River Family Strengthening Collaborative	119	82
Far Southeast Family Strengthening Collaborative	190	120

Collaborative Agency	Families Referred	Families Served
Total	**508**	**367**

*FY22 Services and Interventions data consist of FY21 Rollover families enrolled for services

Table 4. FY 2023 Collaborative Activity (CPS Only)

Collaborative Agency	Families Referred	Families Served
Georgia Avenue Family Support Collaborative	13	12
Collaborative Solutions for Communities	19	20
East River Family Strengthening Collaborative	24	29
Edgewood/Brookland Family Support Collaborative	27	38
Far Southeast Family Strengthening Collaborative	49	47
Total	**132**	**146**

*FY23 Services and Interventions data consist of FY22 Rollover families enrolled for services

To what extent were there waitlists for services? Which services had waitlists, if any? How long were/ are the waiting times for services? How do waitlists vary by jurisdiction?

The FY 2022 Community Services Report included an evaluation of the Collaboratives' case management utilization, activities, and certain performance indicators. Notably, the Collaboratives successfully transitioned from a 30-day service linkage requirement to a 14-day requirement. As of September 2022, approximately 83 percent of Front Porch and Front Door families were linked to a Collaborative within 14 days of referral.

Prior to the FY 2019 establishment of CFSA's in-house Mental Health Unit, children experienced wait times of anywhere from 60 to 120 days to receive behavioral health evaluations and appointments. Since that time, efforts have been considerably streamlined. In FY 2023, CFSA's Mental Health Unit evaluated 48 children, recommended in-house therapy for 41 children, and provided therapeutic services to 35 children. The unit also referred 11 children to a contracted providers for long-term therapy, including diagnostic assessments, psychiatric evaluations, medication management, individual and family therapy, community support services, and other specialized therapies.

In FY 2023, the average time between a child's separation from the home to the date of a mental health evaluation was 14 days. The average time from the evaluation to the initial appointment was 13 days. From April 2022 to March 2023, the average length of time between receiving a mental health evaluation and beginning therapy was 17 days. From April 2022 to March 2023, the OWB in-house therapists served 41 children. As of March 31, 2023, OWB in-house therapists were actively serving 40 children and youth.

Between April 2022 and March 2023, the psychiatric mental health nurse practitioners and the clinical therapists conducted 32 mental health evaluations within the required 30 days to determine clinical diagnosis. OWB conducted another 12 evaluations after 30 days.

Based on recent reporting from the Office of Thriving Families, there are currently no wait lists for services through CFSA, private foster care agencies, or community partners rendering family services.

To what extent are there gaps in the service array that: assess the strengths and needs of children and families and determine other service needs; address the needs of families in addition to individual children in order to create a safe home environment; enable children to remain safely with their parents when reasonable; and help children in foster and adoptive placements achieve permanency? How do gaps vary by jurisdiction?

Services Related to the Reasons for Agency Involvement and to Achieving Case Plan Goals

The following stakeholder feedback is detailed by category.

Birth Parent Survey and Focus Group Poll Results (n=18)

In addition to 10 birth parents that completed a survey, 8 birth parents completed a poll during a Statewide Assessment focus group, responding to the question, "Did the agency connect you to the appropriate supports and services based on your needs?" The discussion did not identify any significant deficiencies in the service array, apart from some parents' feedback that several protocols were complicated and required self-advocacy and support to navigate. Overall, birth parents generally agreed that there are resources available and accessible.

Response	The Agency understands the services and supports you need to care for your children	The Agency connected you to appropriate supports and services	The Agency connected your child to appropriate services	There are enough appropriate supports in the District to meet your family's needs
Strongly Agree	6 (60%)	8 (44%)	8 (80%)	8 (80%)
Agree	2 (20%)	2 (11%)	2 (20%)	N/A
Neutral	1 (10%)	4 (22%)	N/A	1 (10%)
Disagree	N/A	0 (0%)	N/A	1 (10%)
Strongly Disagree	1 (10%)	2 (11%)	N/A	N/A
Total	**10**	**18***	**10**	**10**

*Includes 8 additional responses from a subsequent focus group poll.

Social Worker Survey (n=34)

Overall, most social workers indicated that birth parents were being appropriately assessed and connected to services relevant to their case plan objectives.

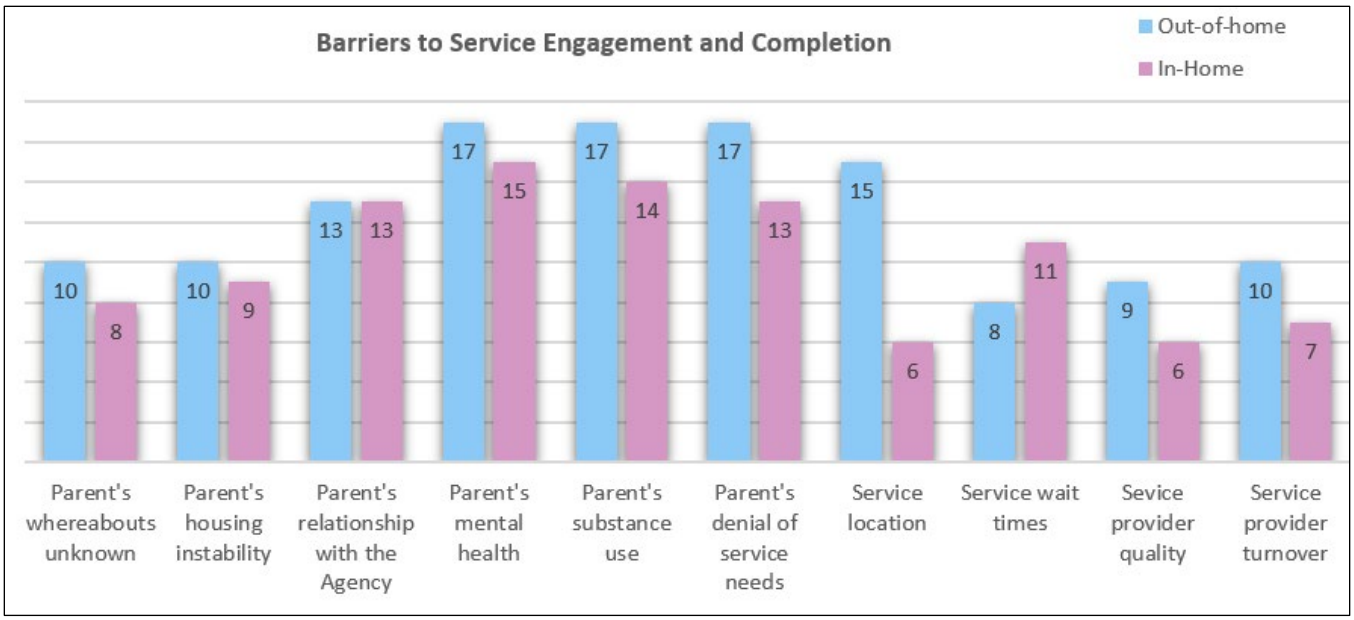
QUESTION: Birth parents' needs are sufficiently assessed to address the issues relevant to Agency involvement and case plan goals.

Response	Out-of-Home Social Workers (17)	In-Home Social Workers (17)	Total
Always	5	6	**11 (32%)**
Usually	10	5	**15 (44%)**
Sometimes	2	5	**7 (21%)**
Rarely	0	1	**1 (3%)**
Never	0	0	**0 (0%)**

QUESTION: When birth parents' needs are identified, they receive services to address the issues relevant to Agency involvement and case plan goals.

Response	Out-of-Home Social Workers (17)	In-Home Social Workers(17)	Total
Always	6	3	**9 (26%)**
Usually	7	10	**17 (50%)**
Sometimes	4	4	**8 (24%)**
Rarely	0	0	**0 (0%)**
Never	0	0	**0 (0%)**

When asked to select from a list of the factors that commonly impact service engagement and service completion, social workers selected the following items.



The social workers' feedback depicted a tendency to select clinical factors (mental health, substance use, denial of need) over systemic factors (location, wait times, quality). This feedback was supported by survey responses in which 18 percent (n=6/33) referenced the service array, and 91 percent (n=30/33) referenced a birth parent's effort, ability, willingness, acceptance, adherence, relationship, communication, follow-through, response, behavior, and trauma.

Out-of-Home Social Worker Focus Group (n=16)

During a focus group in November 2023, out-of-home social workers discussed birth parent assessments and services. One of the 16 participants indicated that assessments rely on self-reported information from parents. Self-reporting may guide service identification but often limits the social worker's ability to gain an in-depth understanding of the parent's actual needs, which impacts the social worker's capacity to assist the parent to address the reason for the Agency's involvement with the family.

Regarding systemic issues, several social workers pointed to health insurance, and whether families understood eligibility criteria and application protocols. Other participants discussed the need for specially trained service providers in such areas as trauma-informed care and cognitive behavioral therapy. Another identified need was for additional providers who can offer targeted services for Agency-involved families, such as family therapy and parenting skills education.

In-Home and Out-of-Home Managers Focus Group (n=8)

During an October 2023 Statewide Assessment focus group, eight CFSA's in-home and out-of-home managers pointed to housing support as a critical area of need within the District's service array. One participant indicated that essential housing supports are almost impossible to obtain, and housing instability impacts a lot of other service needs, e.g., educational instability, lost medical documents,

and exposure to health risks. Participants further expressed that there is a hierarchy of needs, and meaningful service planning cannot take place when a family is facing the fundamental crisis of housing instability.

Guardians ad litem (n=8)

When asked about barriers to achieving case plan goals, the discussion focused on one primary service need, behavioral health. Barriers identified by children's guardians *ad litem* (GALs) included the availability of quality, trauma-informed, culturally competent mental health professionals. GALs noted that mental health services were impacted by long wait lists and the lack of in-person availability near the child's placement, and availability of individual and family therapy options. Another concern was lack of diversity and limited options due to insurance limitations.

Response	The Agency effectively assesses children's needs to determine necessary services for achieving case plan goals.	When needs are identified, the Agency ensures children receive the appropriate services.	The District's service array includes sufficient resources to address the needs of children and families.
Usually	2 (25%)	1 (13%)	2 (25%)
Sometimes	5 (63%)	5 (63%)	4 (50%)
Rarely	1 (13%)	2 (25%)	2 (25%)

Birth Parents' Attorneys (n=5)

Based on the responses from five birth parent attorneys in a December 2023 survey, barriers to achievement of case goals to promote reunification were focused on the Agency's inability to identify the parents service needs in a timely manner. When asked for additional context, one attorney recommended that social workers need to go to the birth parents' homes to get more information. The attorney emphasized the need for timely information. As issues come up later in a case, parents need time to address new reunification requirements. Two attorneys discussed the service array challenges due to lack of housing and employment resources.

Response	The Agency effectively assesses birth parents needs to determine necessary services for achieving case plan goals	When connected with services, the Agency supports birth parents in engaging and completing programs	The District's service array includes sufficient resources to address birth parents' needs and promote reunification
Usually	2	2	N/A
Sometimes	2	2	1
Rarely	1	1	4

Resource Parents (n=16)

In December 2023, 16 resource parents responded to a question regarding services to promote stable placement experiences for children in out-of-home care. When asked to respond to the statement, "The Agency, overall, makes concerted efforts to provide services to children and resource parents to

maintain a safe, stable and positive placement," three resource parents "agreed," three were "neutral," seven "disagreed," and three "strongly agreed."

Resource parents shared examples of the services they considered most beneficial which focused vouchers for childcare, preschool enrollment, general supplies, as well as transportation. When asked what could be added or improved within the service array, resource parents' primary requests related to respite, gift cards, transportation, locating childcare, tickets to more social events, and additional mental health resources.

Youth Services: Assessments and Service Connection - Older Youth (n=13)

In December 2023, as part of the Statewide Assessment, a survey was distributed to 70 older youth through CFSA's Office for Older Youth Employment. The survey generated a response from 13 older youth. Of these youth, 77 percent (n=10/13) of the responses reinforced the social worker team as appropriately identifying youth needs.



Educational Services – Older Youth (n=13)

During the focus group, referenced above, youth had provided largely favorable feedback on educational support. Two youth stated that they had been connected with a CFSA educational specialist that ensured educational needs were met. Another youth described struggling in school but felt that the social worker team understood his needs and helped him get back on track. Youth also shared appreciation for the social worker providing a laptop so she could complete her schoolwork at home.

Response	Does your social worker/team understand any educational needs you have?	If you have education needs, were you connected to services?
Strongly Agree	2 (15%)	2 (15%)
Agree	6 (46%)	7 (54%)

Response	Does your social worker/team understand any educational needs you have?	If you have education needs, were you connected to services?
Neutral/ Not Applicable	4 (31%)	1 (7%)
Disagree	1 (7%)	3 (23%)

Guardians ad litem (n=8)

Response	Does the Agency effectively identify children's educational needs?	When needs are identified, the Agency ensures children receive appropriate educational services.
Usually	3 (38%)	2 (25%)
Sometimes	4 (50%)	4 (50%)
Rarely	1 (12%)	2 (25%)

Social Workers (n=34)

QUESTION: When educational needs are identified, children receive the appropriate services

Response	Out-of-Home Social Workers	In-Home Social Workers	Total
Always	4	5	**9 (26%)**
Usually	10	8	**18 (53%)**
Sometimes	3	3	**6 (18%)**
Rarely	0	1	**1 (3%)**
Never	0	0	**0 (0%)**

Physical and Dental Health Services Youth (n=13)

Response	Does your social worker/team understand your medical/ dental needs?	When medical and/or dental needs are identified, does the agency ensure that you receive the services you need?
Strongly Agree	2 (15%)	2 (15%)
Agree	6 (46%)	6 (46%)
Neutral/ Not Applicable	2 (15%)	2 (15%)
Disagree	3 (23%)	3 (23%)

Guardians ad litem (n=8)

Response	The Agency effectively identifies children's physical and dental health needs	When needs are identified, the Agency ensures children receive the appropriate physical and dental health services
Usually	6 (75%)	6 (75%)

Response	The Agency effectively identifies children's physical and dental health needs	When needs are identified, the Agency ensures children receive the appropriate physical and dental health services
Sometimes	2 (25%)	2 (25%)

Social Workers (n=34)

QUESTION: When medical and dental needs are identified, children receive the appropriate services

Response	Out-of-Home Social Workers	In-Home Social Workers	Total
Always	9	7	**16 (47%)**
Usually	6	8	**14 (41%)**
Sometimes	2	2	**4 (12%)**
Rarely	0	0	**0 (0%)**
Never	0	0	**0 (0%)**

Behavioral Health Services Youth (n=13)

Response	Does your social worker team understand your behavioral health needs?	Did the Agency connect you to appropriate behavioral health services, when needed?
Strongly Agree	2 (15%)	1 (7%)
Agree	7 (54%)	6 (46%)
Disagree	3 (23%)	2 (15%)
Strongly Disagree	1 (7%)	N/A
Not Applicable	N/A	4 (31%)

Guardians ad litem (n=8)

Response	Agency effectively identifies children's behavioral health needs?	When needs are identified, the Agency ensures children receive the appropriate behavioral health services
Usually	7 (87%)	1 (13%)
Sometimes	1 (13%)	6 (74%)
Rarely	N/A	1 (13%)

Social Workers (n=34)

QUESTION: When mental/behavioral needs are identified, children receive the appropriate services

Response	Out-of-Home Social Workers	In-Home Social Workers	Total
Always	5	5	**10 (29%)**
Usually	5	4	**9 (26%)**

Response	Out-of-Home Social Workers	In-Home Social Workers	Total
Sometimes	6	6	**12 (35%)**
Rarely	1	2	**3 (9%)**
Never	0	0	**0 (0%)**

Family Court Judges ***Feedback***

Six Family Court judges participated in a focus group primarily focused on legal and case management factors impacting case timelines. Several judges discussed the link between birth parents with mental health challenges as a barrier to achieving permanency. Judges discussed the need for additional quality mental health providers in the District, due to the high turnover rate with most of the providers which has resulted in service disruption or client disengagement resulting in delayed permanency achievement for children in care.

CONCLUSION

The District's performance for implementation of its service array and the subsequent development of resources is an area of Strength, based on CFSA's variety of assessment tools, community-based services, and the Agency's approach to prevention and permanency. In addition to comprehensive assessment tools that cover the emotional, behavioral, physical, educational, housing, and overall well-being needs of children, birth parents, and resource parents, CFSA-involved families and resource parents subsequently benefit from a District-wide array of community-based services to address the identified needs. Moreover, based on the Agency's annual Needs Assessments and Resource Development Plan, CFSA is able to monitor and track changes in the needs of the populations served by the District's child and well-being system.

SYSTEMIC FACTOR 5: ITEM 30

Systemic Factor 5:	**Service Array and Resource Development**
Item 30:	**Individualizing Services**

STANDARD

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

- Services are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding, as examples of how the unique needs of children and families are met by the agency

RESPONSE

The District continues to have a comprehensive and individualized service array derived from the assessment of children and families' strengths and needs; these services are designed to create a safe home environment, promote family stabilization, and help children achieve permanency.

POLICY AND PRACTICE

As noted throughout the document, CFSA's program policies apply to CFSA's practice across the District and contracted in-home case-managing providers in DC as well as out-of-home case management and child placing agencies in Maryland. Each policy is readily available to staff, partners, stakeholders, and the public on the Agency's website.

CFSA connects children and families to a tailored service array along the child welfare continuum. By ensuring that families have access to early interventions and supports within their own communities, and leveraging supports through community partners, CFSA strives to mitigate risk and prevent separation of children from the home. The following policies most directly speak to the Agency's emphasis on individualized services:

- The Permanency Practice policy and companion business process Case Planning both provide guidance for case management teams for the assessment of individual needs and the identification of appropriate interventions, strategies, and expectations.
- The Language Access policy requires CFSA and its contracted partners to protect the rights of persons with limited English proficiency by designating staff and assigning protocols to ensure interpreter services and documents are provided to clients in their own language and at no cost.
- The Administrative Issuance(AI) Gender-Affirming Care Practice and Health Care for Youth in Foster Care promotes developmentally appropriate case management that is oriented to understanding and experiencing the youth's gender experience, and partnering with children and families to create a supportive environment in which to help them navigate complicated emotions and gender-diverse expressions.
- The AI Immigration Status of Clients requires equitable treatment and the provision of appropriate services to undocumented residents.
- The Healthcare Coordination policy includes a section on specialized healthcare services.
- The Educational Services policy includes a section on specialized education services.
- The In-Home Levels of Service Practice Guidance includes a table that directs specific contact protocols based on each family's risk level and circumstances.
- The Placement and Matching policy requires CFSA to maintain of a continuum of placement types to reflect the diverse needs of children in care.
- The Hotline policy requires staff to obtain an interpreter of translation services when needed.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Services, Community Response and Partnership	▪ FY 2023 Annual Public Report ▪ FY 2024 APSR ▪ FY 2024 Diligent Foster and Adoptive Recruitment Plan ▪ FY 2024 Health Care Coordination Plan	Youth currently or recently in foster care	Survey and focus group responses to service-related questions were added to this item if they addressed individualized needs.
		Birth Parents	
		Resource Parents	
		Children's Attorneys (GALs)	
		Birth Parents' Attorneys	
		Social workers and managers	

HISTORICAL PERFORMANCE

In the 2016 CFSR, the District of Columbia received an overall rating of Strength for Item 30 based on information from the Statewide Assessment and stakeholder interviews, both of which revealed how staff work with children's teams to develop creative solutions to service delivery problems. The Statewide Assessment also found that the District continues to have a service array derived from the assessment of children and families' strengths and needs, and that these services are designed to create a safe home environment, promote family stabilization, and achieve permanency.

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

To what extent are services individualized to meet the unique needs of children and families served by the agency?

Individualized Programs

With CFSA's understanding of its populations, the Agency has been able to effectively tailor services to address families' needs, and to identify additional resources to help prevent child abuse and neglect.

- ***Family Success Centers (FSCs)*** **-** Social determinants of health, violence prevention priority areas, and reports of child abuse and neglect informed the selection of the Families First DC Success Center locations. In addition to the services described in Item 29, the FSCs offer programs such as nutrition workshops, professional development training, stress management, and parenting classes. The model requires that each site establish a Community Advisory Council (CAC) and that members are actively involved in making decisions about service needs for their communities at the grantee level. For example, some of the CAC members vote on the sub-partners and decide topics for programming, and the FSC hiring process. Members have also received trainings and have been advocates and decision-makers at the table with CFSA across the DC Family Success Center Network.
- ***Collaboratives*** **-** CFSA contracts with the community-based providers, the Healthy Families/Thriving Communities Collaboratives for supports to strengthen families and reduce the risk of child abuse and neglect, ultimately preventing the need for foster care placement.

Contracted services include evidenced-based case management, supportive services, essential core services, specialized services, mental, behavioral, and physical health services, and co-location of CFSA staff. Collaborative agency providers are contracted to provide community-based services to three case types outlined in the contract: Front Yard (no CFSA involvement), Front Porch (CFSA involvement has ended), and Front Door (CFSA's case is open and CFSA is teaming with the Collaborative).

To determine the needs of families, CFSA conducts qualitative and quantitative analyses of families living in areas of the District that experience relatively high levels of child welfare involvement. Analysis includes existing data, community input and feedback, needs assessments, gaps analyses, and community resource mappings. Data has revealed that some areas have disproportionate experiences related to food insecurity, transportation, education, and the need for such public benefits as the Supplemental Nutritional Assistance Program (SNAP). The data is used to determine what services would be offered to address these needs in the various neighborhoods, which in the District are most commonly Wards 5, 7 and 8.

Based on the population in each of the Wards, the Collaboratives hire case management staff to meet the cultural and language needs for the families they serve. As an example, Ward 5 has a high population of Latinx families who recently immigrated to the District. In response to this need, the Collaborative serving this Ward 5 hired Spanish-speaking case management staff and parenting support workers to serve families in their native language. The Collaborative also developed partnerships with client-serving agencies that are funded to provide supports to new immigrant and migrant families.

- ***Specialized Behavioral Contracts*** – The Office of Well-Being contracts with behavioral education service providers that offer psychological assessments, parent coaching and applied behavior analysis (ABA) services to youth and families. Individualizing mental health services means tailoring the treatment to the specific therapeutic needs of the client. For example, a client with attention deficit hyperactivity disorder may be treated with cognitive behavioral therapy, while a client with post-traumatic stress disorder may be treated with a specific trauma-focused modality.
- ***Trauma-Informed Professional Parents (TIPPs)*** – In 2021, CFSA expanded its placement array to include TIPPs who are compensated to provide specialized out-of-home care. Based on the unique needs of children with adverse childhood and traumatic experiences, CFSA requires that no TIPP works more than 20 hours per week outside of the home, allowing for dedicated time to the care of the children in these homes. TIPPs care for children ages 8 and older who have experienced significant trauma and have presented specific mental or behavioral health concerns that have impeded success in a traditional foster care setting. In FY 2022, because of the placement stability success rate of children residing in homes of professional parents, CFSA expanded its placement array to include four more TIPPs. In FY 2023, CFSA recruited two additional TIPPs to care exclusively for children who are diagnosed as medically fragile or as being on the autism spectrum.
- ***Credible Messenger Program*** – Launched in FY 2017 through the District's Department of Youth Rehabilitative Services (DYRS), the Credible Messenger program stems from a core belief that individuals from the same communities with similar lived experiences as those they serve are uniquely positioned to engage young people and family members considered hard to reach.

Credible messengers are also full-time employees contracted by DYRS to deliver intensive, transformative mentoring to youth and their parents or adult caregivers. This daily support incorporates evening group sessions, support circles, crisis intervention, and 24-hour responsiveness. In addition to working with individual youth and families, mentors also serve as mediators and peace-brokers in their community. DYRS partners with CFSA social workers to develop and implement youth-centered success plans that support young people as they create and meet their goals. This wraparound continuum of care includes transformative mentoring, parent peer coaching, restorative justice practices, economic opportunities, and neighborhood-based programming. Over FY 2022, the Credible Messenger program connected 44 youth with a mentor. In FY 2023 Q1-Q2, the program served 17 youth.

Populations Targeted by Individualized Services

- ***Birth Parents of Children in Care –*** CFSA's Parent Engagement, Education, and Resource (PEER) Unit includes parents with prior firsthand experience in the child welfare system. For birth parents with current involvement, their PEERs provide a shared understanding of the trauma of child welfare involvement, and, in many cases, a shared cultural identity.
- ***Pregnant and Parenting Youth (PPY) in Care*** – CFSA's Office of Older Youth Empowerment's (OYE) Generations Unit provides parenting classes, daycare vouchers, linkages to federal Women, Infant, and Children (WIC) program funds, and other services to assist pregnant and parenting youth in out-of-home care. OYE's Generations Unit offers extra support and guidance via custom case management and other support for PPY. These youth especially need extra support to complete their education, gain work experience, and master other life skills while balancing the responsibilities of parenthood. OYE provides services tailored to help these youth manage their special challenges while providing essential skills for parenting and self-sufficiency that the youth need for successful independence and overall well-being for their children.
- In FY 2022, the OYE Generations Unit served 38 pregnant and parenting youth, 12 of whom aged out of the child welfare system. In FY 2023, the Generations Unit transitioned with OYE to CFSA's Office of Well-Being. During the first two quarters of FY 2023, the unit served 24 PPY, many of whom have continued from the previous year. Six recently aged out of care.
- ***Children Presenting with Emotional and Behavioral Challenges*** – Until 2021, CFSA had more than one contract with private agencies to provide intensive foster care programming for children of all ages in need of a family-based setting but experiencing (or likely to experience) placement instability. After the 2021 conclusion of the Children's Choice contract for intensive foster care, CFSA sought a new contract partner for intensive out-of-home care beds. In FY 2022, CFSA entered into a contract with PSI for intensive out-of-home care for up to 36 children. As of April 30, 2023, CFSA has placed 20 youth placed in PSI homes. As needed, CFSA refers children for one-on-one behavioral supports through an accredited ABA provider.
    - CFSA ensures that evidence-based specialized services are available to children and youth through, either through in-house therapists or through the District's Department of Behavioral Health (DBH). Interventions include but are not limited to multi-systemic therapy, functional family therapy, trauma-focused cognitive behavioral therapy, child-parent psychotherapy for family violence, parent-child interaction therapy, grief and loss therapy, and play therapy. In FY 2023, CFSA's in-house therapists provided 56 children with specialized services and the Agency made 48 referrals to DBH and 11 referrals to MBI, a core service agency contracted with CFSA.

- For children with attachment disorders, CFSA's internal therapists, DBH clinicians, or private agency counsellors can provide trauma systems therapy or trauma-focused cognitive behavioral therapy. Additionally, CFSA offers staff and resource parents with the specialized in-service training, *Attachment, Grief, and Loss.*
- CFSA enrolls children diagnosed with an autism spectrum disorder (ASD) with Health Services for Children with Special Needs (HSCSN) to receive behavioral therapy and medication management, as needed. Children may also receive speech, language, and occupational therapy, as well as social skills through an individualized education plan. Due to the potential for CFSA to serve children with ASD, CFSA offers social workers, family support workers, resource parents, nurses, and community partners an in-service training course, *Autism Spectrum Disorder*. The course reviews the diagnostic parameters and spectrum symptoms as outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. The course also reviews interventions and best practices for children and youth diagnosed with ASD. Also discussed are perspectives on the impact of the disorder on service delivery for the families in the District of Columbia.

Where appropriate, CFSA can also connect children with the following interventions:

- ***Animal-Assisted Therapy*** incorporates animals such as horses (equine-facilitated) and dogs (canine-facilitated) into the treatment plan. The therapist guides the client to explore emotions, behaviors, and even traumatic history during interactions with the animal. All activities are in alignment with the individualized treatment plan. These animal-facilitated therapeutic interventions may be provided in isolation or used to enhance and complement the benefits of traditional talk therapy. The therapies are particularly useful for children and youth to experience nuanced levels of unspoken communication. CFSA has a 19-year-old-youth who recently completed animal-facilitated therapy. This youth had previously presented with aggression, anxiety, and depression. Therapy was successful in helping the youth enhance communication, socialization skills, and regulation of emotions.
- ***Applied Behavioral Analysis Therapy (ABA)*** is a therapeutic modality based on the science of learning and behavior. The modality helps to increase positive and productive daily behaviors and to decrease behaviors that may be harmful or impact everyday learning and functioning. For example, a 4-year-old child diagnosed on the autism spectrum has been receiving ABA services to stabilize the child's behavior and has helped to keep his placement intact.
- ***Dialectical Behavioral Therapy (DBT)*** helps to address depression, self-harming, and other self-destructive behaviors with a focus on emotional regulation and coping mechanisms. This treatment process requires extensive time and commitment from the youth and family. CFSA has two youth, aged 16 and 18 years old, who are both receiving DBT treatment. DBT has been instrumental in managing their emotions and behaviors which has resulted in stable and supportive placements for both youths. The 18-year-old in particular has been able to self-regulate for successful academic performance in an out-of-state college placement.

- ***Children with Special Medical and Intellectual Needs*** – The Agency works with local medical care providers to highlight recruitment of resource parents for children diagnosed as medically fragile. Sometimes children are born with severe medical conditions that require feeding tubes, heart machines, even full-time nursing care, but the children do not require a full-time hospital

setting. The Agency works with the current resource parent community to add child-specific information to newsletters and to facilitate presentations where firsthand experiences are shared.

- Through a contract with Innovative Life Solutions, a local therapeutic network, CFSA has procured five group home beds for males who are diagnosed with intellectual disabilities or developmental delays. In addition, CFSA has contracted with Community Services for Autistic Adults and Children for group home placement of male and female youth who are diagnosed with more severe ASD and require 24-hour care and support. As of April 30, 2023, the Innovative Life Solutions' residential program is providing five beds to older youth in this population.
- Serving as the Agency's medical intake center, HHAC serves as a health information resource for resource parents and children in their care. For children with special medical needs, Agency nurses conduct placement visits to ensure the resource parents are educated in requisite information to ensure the child's well-being and to ensure that children are up to date with medical appointments. HHAC will assist when necessary to obtain medical documentation. The nurse and social worker also collaborate in the education of birth parents around any medical concerns to help increase the birth parents' capacity to care for their children upon reunification. HHAC also consults with medical providers to ensure the current treatment plan is current.
- As noted, CFSA partners with HSCSN to provide complete healthcare for children and young adults with disabilities and complex medical needs. Children may enroll with HSCSN if they are under 26 years of age, live in the District, and receive Supplemental Security Income (SSI) benefits through the Social Security Administration or have an SSI-related disability. Children enrolled in HSCSN are assigned a health care manager who works with them and their caregivers to coordinate care for the child's medial needs. All children with HSCSN insurance also have a primary care provider.

- **Youth with Specific Educational or Career Interests** - To help meet the individualized needs of youth in care, CFSA also maintains a separate pool of Chafee funds to assist with expenses that are incidental but still necessary to successfully participate in programs of study, including but not limited to uniforms, supplies, transportation, and other items not covered by education and training voucher (ETV) funds. Through these Chafee ETV funds, eligible youth can attend summer Bridge programs where the youth spend 1 week on the campus of a college that they may be interested in attending. Chafee funds can also be applied to tuition for pre-college programs, such as training opportunities that may not lead to nationally recognized certifications but nonetheless provide experiences and outcomes.
- **Youth Victims of or at Risk for Human Trafficking** – When the Agency detects possible trafficking through specialized screening approaches, youth are referred to one of the District's designated community resources specializing in commercial sexual exploitation/sex trafficking for assessment and intervention. In FY 2023, a total of 111 participants participated in CFSA's five training sessions on human trafficking issues. In addition, 36 of CFSA's investigative social workers completed a specialized training related to the commercial sexual exploitation of children.
- **Hispanic Children and Youth** – Over the past 5 years, children of Hispanic ethnicity have accounted for 15 to 17 percent of the District's foster care population. Currently, 28 percent of this group speaks Spanish as a primary language. CFSA recognizes the importance of placing

these children with families who share their language and cultural identity. Additionally, two of CFSA's in-house clinical therapists are bi-lingual, and can engage Spanish-speaking youth in their own language,

- **Unaccompanied Refugee Minors** – Lutheran Social Services of the National Capital Area (LSSNCA) provides foster homes in the District and in Maryland for children and youth who have fled war and persecution, and subsequently arrived in the United States without parents or guardians. LSSNCA specially trains its resource parents to care for this population and provides clients with case management and supportive services.
- **Deaf/Hard of Hearing Community Members** – The Agency modified the resource parent application in 2017 to include the linguistic demographics of prospective resource parents. Resource parents now indicate whether they are deaf or hard of hearing and whether they can use sign language. This information allows the Agency to cross-reference linguistic demographics and to identify recruitment needs that support the placement matching process.
- **Families Coping with Substance Use Issues** – CFSA's Office of Well-Being facilitates interventions for substance use treatment and recovery, oversees cases involved with the Family Treatment Court (described below), and facilitates the in-house Project Connect program, which works with high-risk families affected by parental substance abuse, mental health issues, and domestic violence. Consisting of a program coordinator, registered nurse, and four resource development specialists, Project Connect offers home-based counseling, substance use monitoring, nursing, and referrals for other services.
  - In FY 2023, the Project Connect team served 71 parents representing 105 children. Of this number, 49 parents had their Project Connect case closed in FY 2023; 22 parents remained active in the program as of the last day of the fiscal year. Of those parents whose cases were closed, 21 had successful case closure, four successfully achieved their program goals before program completion, three had a goal change, 10 disengaged for more than 21 days, nine withdrew, and two were voluntarily discharged.
  - The District's Family Treatment Court (FTC) is a voluntary, court-supervised, comprehensive service program that promotes timely family reunification for parents with a diagnosed substance use disorder. In FY 2023, a total of 15 of the 179 foster care entries and re-entries indicated parental drug use as the primary reason for entry. In FY 2023, a total of five parents enrolled in FTC, three of whom entered a treatment program. Two of the newly enrolled parents completed treatment and one was discharged from the program without completion. Two of the parents were still active in FTC at the end of FY 2023. Three FTC cases involved parents who were reunified with their children, resulting in successful case closure, and three FTC cases involved parents whose children returned to their care under protective supervision.
- **Survivors of (or those at risk for) Sex Exploitation and Trafficking** - CFSA may refer females to Youth for Tomorrow (YFT) when there is suspicion or evidence of sexual exploitation and trafficking. YFT accepts females ages 12 to 19. The program offers specialized therapeutic and recovery services in a safe and secure residential setting. In addition, CFSA works with Courtney's House, a community-based drop-in center that provides trafficking survivors with a safe housing environment, support groups, workshops, and other therapeutic activities.
- **Families Presenting with High-Risk Levels** – CFSA's guide to In-Home Visitation and Levels of Service tailors the frequency and nature of contacts to each family's risk level, which is

evidenced through a parent's demonstration of protective capacities and positive behaviors, as well as the extent to which the child's needs are being met. Families presenting with intensive risk levels must receive at least weekly Agency visits and at least two contacts per month with service providers. Families presenting with low and moderate risk factors receive at least twice monthly visits, which can occur by case managers from the community-based Collaboratives and must have at least one contact per month with service providers.

To what extent are the services in Item 29 developmentally and/or culturally appropriate (including linguistically competent)?

In line with the DC Language Access Act of 2004, CFSA provides translation and interpretation resources to all individuals with limited English proficiency (LEP) as well as no-English proficiency (NEP), ensuring that both populations can have access to and participate in CFSA services. To ensure full access, the Agency employs a language access coordinator who trains staff on how to comply with the law. CFSA also maintains contracts to provide document translation as well as face-to-face and telephonic interpretation services.

During FY 2022, CFSA established the Development and Equity Administration, which has continued the integration of Diversity, Equity, Inclusion, and Belonging (DEIB) principles into CFSA's philosophy and day-to-day activities through workshops and wellness activities, as well as focused work on the intersection of DEIB and training. Some of the DEIB training is required for all Agency staff, regardless of case-carrying responsibilities. During FY 2022 and into FY 2023, CFSA staff were required to complete the *Understanding Race Equity in Child Welfare* training. This course focuses on understanding implicit personal biases, recognizing their impact, and being culturally responsive while applying a racial equity lens to social work practice. As of February 2023, 53 percent of staff have completed this training.

The *Cultural Humility* in-service course provides social work staff with information about the role that poverty and bias can play in the decision-making process in response to allegations of abuse and neglect. Supervisors may also discuss the impact of poverty on allegations during clinical supervision.

Stakeholder Feedback

The eight CFSA in-home and out-of-home managers participating in the October 2023 focus group discussed individualized services available to youth with special needs, and how certain types of risks are hard to address. Feedback revealed that in the area of mental health services, there is a lack of resources and facilities for individuals with mental health challenges. Feedback also noted that the Department on Disabilities Services operates from a siloed approach in that it only serves adults as individuals but does not consider supports related to their role as parents. Discussion further revealed that there is a shortage of staff and facilities for psychiatric services. Participants also discussed the need for additional supports for intellectually and developmentally delayed parents and for juvenile justice system-involved youth, who benefit more from skill-building perspectives than from a penalties-

based approach. To better support non-English-speaking residents, the District needs more language access resources, including multi-lingual tools and interpreters.

In response to a December 2023 Statewide Assessment survey question on supports for placement stabilization, one resource parent commented on the need for flexible funding unique to each youth. The respondent provided examples, including funding for specialized therapies, funding for children with disabilities to access activities adapted for their needs in the community, and items to meet sensory needs. In addition to the services that the Agency tends to provide to resource parents, funding is sometimes the most effective way of helping to access appropriate services that already exist. The respondent indicated that the current stipend is too small to cover the needs of children with special needs.

In the same survey, another resource parent described a child who should not have been placed in that resource parent's home because the child had a physical disability and the home was inaccessible. The resource parent recommended more transparency and communication to identify service needs that promote placement stability.

What are the disability and special needs characteristics of the children and families served by the state?

Older Youth

From a permanency context, the Agency commonly considers adolescents and young adults among its specialized populations due to the challenges in finding adoptive resources beyond relatives or foster parents currently caring for the child. As detailed in Item 35, teens are among the groups for whom the Agency regularly launches targeted recruitment activities. One strong characteristic of the District's foster care population of teens and young adults is that they effectively advocate for themselves. CFSA continues to have a relatively large population of older children who not only advocate for their own wishes but play an integral part in their own case planning. In some cases, they remain connected to their parents and do not wish to legally sever their existing relationship with their parents. At other times, they focus on acquiring the additional skills and resources that are critical to successfully transitioning from foster care to independent adulthood.

Spanish Speaking/Latinx

In FY 2022, Latinx children comprised approximately 15 percent of the District's foster care population. For 77 percent of these children, their primary language was English; for 23 percent it was Spanish. CFSA recognizes the importance of placing children with families who share their language and cultural identity. Against an FY 2022 target of recruiting three language-appropriate families, CFSA was able to recruit six families, four of which obtained licensure. The FY 2023 goal is to recruit four Latinx resource parents. As of February 28, 2023, CFSA has licensed one Latinx family. In an effort to supplement the need for Spanish-speaking resource parents, CFSA extended its contract with LSSNCA in FY 2023 to

provide to provide family-based foster services to Spanish-speaking youth and their families. LSSNCA's contract continues to include foster home and adoption placements for unaccompanied refugee minors.

Financially Insecure Families

Financial insecurity and poverty have long been established as risk factors for child welfare involvement, regardless of efforts to distinguish environmental stressors from neglectful conduct. As of the end of FY 2022-Q3, both Black and White residents accounted for just under 46 percent of the District's population.[34] However, Black children accounted for 78 percent of the foster care population and White children accounted for approximately one percent.[35] In March 2022, Wards 7 and 8 combined to account for 22 percent of the District's overall population but were the Wards of origin for 57 percent of the District's foster care population. This racial disproportionality continues a historical trend. In efforts to serve the population to the best of its ability, CFSA uses Flex Funds to address immediate financial needs of birth parents to prevent entry of children into care and to help stabilize families (see below for more information).

Incarcerated Parents

When parents are imprisoned it can have a serious effect on children and youth, as well as the disruption of family relationships. CFSA's policy on Engaging Incarcerated Parents outlines step-by-step procedures to ensure that social workers make every effort possible to maintain relationships between children and parents, as well as including incarcerated parents in case planning (as appropriate). In addition, CFSA's Child Welfare Training Academy offers trainings to promote best practices for engaging incarcerated parents. The purpose of the session is to provide participants with practical skills to engage with clients who are incarcerated in an effort to address the entire family's safety, permanency, and well-being needs.

Children Requiring Specialized Out-of-Home Placements

While it is challenging to obtain data on the physical characteristics of all children and families that have contact with the District's human services network, the placement array can provide somewhat of an indication of the characteristics of children in out-of-home care. As of September 30, 2023, there were 496 children in out-of-home placements, in addition to traditional family-based and congregate care placements. The following numbers indicate children in specialized placement types:

- Developmentally disabled – 6
- Diagnostic and emergency care – 3
- Hospital – 6
- Refugee minor – 20

[34] Source: Census.gov – percentages exclude individuals of more than one race.

[35] CFSA population data available on the CFSA Public Dashboard last accessed September 2022. Hispanic children accounted for 16 percent of the foster care population and there was no race data recorded for the remaining 5 percent.

- Residential Treatment Facility – 14
- Intensive foster care – 13
- Parenting youth – 11
- Therapeutic home (family and group) – 3[36]

When youth are diagnosed with an intellectual disability or significant deficits in adaptive skills, the youth are eligible for transition to the District's Developmental Disabilities Administration (DDA). Responsible for the overall coordination of services for District residents with developmental disabilities, DDA works with youth and their families to support lifelong planning and to create meaningful opportunities for individuals to become fully integrated in their communities.

If the state serves children and families using flexible funding, what types of individualized services are provided through the funding?

Flex Funds provide emergency financial assistance for utility bills, housing related expenses, daycare, food, clothing etc. Birth families, kinship providers, and older youth in need of assistance may be eligible. In FY 2022, CFSA distributed Flex Funds to a total of 181 households across administrations (CPS, Out-of-Home, In-Home, OYE, and Kinship), in addition to distributing funds to families with children placed and served by NCCF in Maryland. CFSA also approved three families for Rapid Housing and identified five families and eight older youth as eligible for referrals to DC Housing Authority to apply for Family Unification Program vouchers. In FY 2022, CFSA approved eight youth for Rapid Housing.

CFSA administers and funds (through grants and contracted partnerships) for various direct intervention services at the Front Door of the child welfare continuum. These include home visitation programs, housing assistance, legal assistance, individual and group support programs, and post-adoption and reunification support services. The Agency uses local tax dollars, federal formula grants, and (as of FY 2021) Title IV-E prevention funding to underwrite these services.

CONCLUSION

The District continues to demonstrate an area of Strength in making intentional efforts to identify the needs of children and families and customizing individualized services to meet those needs. CFSA leverages federal funding, partnerships with community-based organizations and District government agencies to best meet the range of DC families' needs. The Collaboratives and Family Success Centers support the District's child and family well-being system by providing resources designed to strengthen families and reduce the risk of formal child welfare system involvement. Contracted services include evidenced-based case management, supportive services, essential core services, specialized services,

[36] Source: FACES.net management report, CMT 366 pull date 10/15/2023.

mental and behavioral health, and physical health services, and co-location of CFSA staff to ensure concentrated efforts to support special needs.

F. AGENCY RESPONSIVENESS TO THE COMMUNITY

SYSTEMIC FACTOR 6: ITEM 31

Systemic Factor 6:	**Agency Responsiveness to the Community**
Item 31:	**State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR**

STANDARD

How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

RESPONSE

Overall recent performance indicates that the Agency's efforts to be responsive to the community in the engagement and consultation with stakeholders is an area of Strength.
Ongoing partnerships and information gathered during the stakeholder interviews showed that CFSA consults with a wide array of partners in developing, implementing, and evaluating programs which are then reported in the CFSP and APSR. CFSA makes extensive efforts to include service providers, partner agencies, the courts, and advocates in workgroups and planning activities. Youth and other persons with lived experience are essential and a priority in the processes CFSA has designed to gather input, as can be seen by the development of the LEx Advisory Council.

POLICY AND PRACTICE

CFSA regularly includes stakeholder participation in developing and updating policies and practices, as well as stakeholder feedback for informing resource development and development of other documents.

The Agency's diverse and comprehensive approach to regularly and meaningfully incorporating all stakeholder voices is evidenced in *Section C1*. *Collaboration and Vision*, of the FY 2024 Annual Progress and Services Report (APSR) which lists a variety of public forums, strategic partnerships, standing commissions, advocacy groups, task forces, workgroups, peer engagement activities, and other structured information-gathering practices. Additionally, examples throughout this section can be found to illustrate Agency capacity, strategy, and performance in responding to the community.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Services, Community Response and Partnership	FY 2024 APSR	Children's Law Center	Survey
		Citizen Review Panel (CRP)	Survey Focus group
		DC Children's Justice Act Taskforce (CJA)	Survey
		DC Office of the Ombudsman for Children	Survey
		Foster and Adoptive Parent Advocacy Center (FAPAC)	Survey
		Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN)	Survey Focus group
		Office of the Attorney General	Survey
		Others: pediatrician, child psychiatrist, foster parent, mental health professional, education professional, child welfare professional	Survey

HISTORICAL PERFORMANCE

As a result of the 2016 CFSR, the District of Columbia received an overall rating of Strength and was found to be in substantial conformity for Item 31. However, birth parent, resource parent, and youth surveys at the time found mixed reports regarding the effectiveness of Agency communications. In a survey of eight birth parents, seven of the parents addressed the effectiveness of the Agency's communications. In general, the respondents commented that there was more communication between the Agency and its partners and stakeholders than in the past. Nevertheless, they also reported that there was room for improvement as clients and resource parents are still not fully aware or adequately informed about community resources.

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

How does the agency engage in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family serving agencies?

CFSA engages in ongoing consultation with DC Government agencies, community-based partners, the Family Court, advocates, foster parents, and children and families, as a vehicle to better understand the needs of families across the District. Through various forums and convenings such as stakeholder gatherings, steering committees, regularly established meetings, and pop-up briefings, CFSA works in partnership to build knowledge and skills needed to help families, share information and resources across systems, strengthen assessments, and engage in shared decision-making that is essential to best support families and promote the safety and well-being of children and youth.

Stakeholder Forums and Convenings

Public Town Halls and Listening Sessions

- In 2020 and 2021, CFSA conducted a series of events to engage all interested stakeholders and provide an opportunity for meaningful information exchange. Stakeholder recommendations involved such topics as teaming between birth and resource parents, information-sharing within the Agency and across providers, supporting older youth in out-of-home placements, education on the child welfare and legal process, and mechanisms for confirming the resolution of elevated issues. The Public Town Halls were convened to demonstrate the Agency's capacity and commitment to sustain transparency and accountability. However, stakeholders who attended the Public Town Hall sessions expressed a desire for fewer topics allowing for more time to answer questions. As a result, CFSA changed the format to quarterly "Pop-Up Briefs" (described below). These briefs covered one topic to allow for deeper discussion.

Pop Up Briefs

- CFSA conducts "Pop-up-Briefs" for such stakeholders as community-based service providers, foster parent advocates, legal professionals, public oversight bodies, and District government officials. Each briefing focuses on one area, allowing for in-depth information and discussion during a presentation and a question-and-answer session.
- In June 2022, the Kinship and Placement Administration presented information to kinship caregivers and other interested stakeholders on the Kinship Navigator, the Grandparent and Close Relative Caregiver programs, and placement data. In August 2022, the Agency and the Office of Attorney General provided internal and external stakeholders with updates on the Agency's Safety Planning and Informal Family Planning data and policies. In October 2022, CFSA presented the philosophical and practical drivers for promoting quality improvement through the Four Pillars Public Performance Framework. In December 2022, the Kinship unit presented and demonstrated the Kinship Navigator website and mobile application.
- In February 2023, the District's Office of the Ombudsperson for Children (described later in this section) provided updates on office functions and reported activities. In March 2023, the Agency provided stakeholders with a status update and definition of the Child and Family Well-Being System, and shared progress on Agency efforts to change the District's statutory definition of "neglect" as described earlier. These forums allow for stakeholder feedback and the opportunity to ask questions and to obtain any needed clarifications.

Budget Stakeholder's Forum

- Prior to presenting the proposed budget for the upcoming fiscal year to DC Council, CFSA leadership shares the budget with internal and external stakeholders to maintain transparency, share Agency strategies and priorities, and address questions from community members. In April 2023, CFSA presented the FY 2024 proposed budget to a broad variety of Agency, court, and community-based stakeholders via webinar.

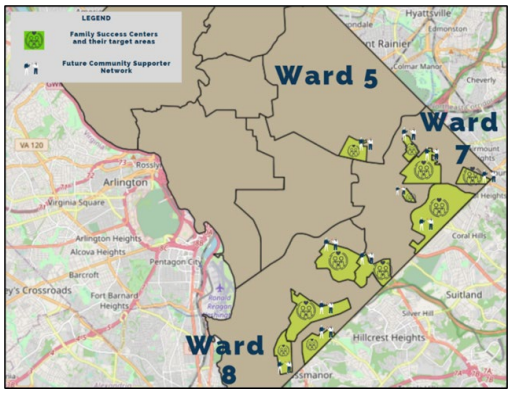
Ongoing Forums and Meetings

Keeping DC Families Together Steering Committee Meetings and Sub-committees

In 2021, CFSA applied to be a member of the Round 2 jurisdiction in Thriving Families, Safer Children: A National Commitment to Wellbeing, now known as Keeping DC Families Together (KDFTC). CFSA utilizes multiple forums including a quarterly steering committee, bi-weekly planning committee and three sub-committees (Warmline, Diversity, Equity, Inclusion and Belonging, and Evaluation and Impact) to co-create a child and family well-being system where the community-based organizations and people with lived experience are central to its development. The goal is to steadily prevent the initial occurrence and ongoing maltreatment of children whenever possible, prevent needless family disruption, reduce family and child trauma, and interrupt intergenerational cycles of maltreatment. DC is committed to services and supports that are community and family-driven and supported with cross-sector public resources.

As precursors to this work, CFSA has a strong history of leveraging federal resources to serve youth and families, resulting in reinvested local funds upstream and partnering with other government agencies and community-based organizations to offer critical supportive services. Further, CFSA implemented both the Title IV-E Waiver Demonstration project and the Community-Based Child Abuse Prevention (CBCAP) grant to bolster prevention efforts across the District. CFSA has used Family First as a tool to design a comprehensive prevention services array in partnership with citywide sister agencies and partners. CFSA's Family First Prevention Plan built on the substantial progress made over the past decade to reform DC's child welfare system and bolster prevention efforts to reduce child abuse and neglect. The Prevention Plan reinforces the successes garnered through the implementation of CFSA's Waiver and capitalizes on the critical lessons learned to refine programs and services to better meet the needs of DC's children, youth, and families.

Through this process, CFSA has regularly convened key stakeholders including sister agencies, community-based service providers, parent advocates, and subject matter experts throughout the child welfare system. With the long-standing partnerships with the Collaboratives in place, CFSA's CBCAP grantee framework developed as part of the Agency's Family First planning work, along with the establishment of 11 Family Success Centers, to strengthen the robust network of community based primary prevention supports. CFSA recognized the need to further strengthen the safety net of high needs communities in the District. Building on the prior success of the Families First DC implementation, CFSA continues to look at social determinants of health data (income, literacy, employment, health, child development) and examine current trends and challenges across the District to deepen its focus and identify current gaps in services in targeted neighborhoods.



Ward 8
- Woodland Terrace
- Anacostia
- Congress Heights
- Washington Highlands
- Bellevue

Ward 7
- Benning Park and Benning Terrace
- Clay Terrace
- Mayfair/Paradise
- Stoddart Terrace/37th St
- Benning Road and Minnesota

Ward 5
- Carver Langston

As a result, CFSA has established a Warmline and a Community Responder Model as an alternative to the CFSA Hotline for situations in which child maltreatment is not suspected. CFSA worked with the Collaboratives to modify their scope of work to act as Community Responders when this service is needed. See section 3.A for details.

Office of Well-Being (OWB) Informational Forums

OWB holds informational forums for resource parents at the Fellowship and Feedback sessions. Sessions include an overview of OWB, including school transportation. Information on school stability transportation services is provided to other stakeholders as requested. In September 2023, OWB reviewed the school transportation services as part of a training on CFSA's Educational Services, which is offered to all DC Superior Court Neglect Magistrate Judges. School stability transportation services have also been presented to the Children's Law Center (CLC) staff and the Court's Education Working Group.

Regular Consultation to Address Concerns around Truancy and Educational Neglect

CFSA continues to partner with the District of Columbia Public School System (DCPS), District of Colombia Public Charter Schools (DCPCS), Office of State Superintendent of Education (OSSE), the Every Day Counts Task Force (EDCTF), which is a partnership of education, health, and justice agencies and stakeholders that collaboratively advance and coordinate strategies to reduce chronic absenteeism and truancy in the District. CFSA continues to collaborate closely with several other involved entities around the subject of educational neglect via the following strategies:

1. Monthly meetings with DCPS/DCPCS leadership
2. Weekly consultation hours for DCPS/DCPCS attendance staff with the Educational Triage unit's supervisors to discuss any attendance issues related to the education neglect portal submission and family circumstances.
3. Participation in the EDCTF Taskforce
4. Annual educational neglect outreach to all local education agencies
5. Automated feedback to the mandated reporter who submits through the educational neglect portal. The feedback includes who the supervisor is for follow up if the report was accepted, and the outcome of the referral.

Monthly Meetings with Prince George's County Public Schools

CFSA continues to participate in monthly meetings convened by the Prince George's County Public Schools to promote better coordination of services for DC youth enrolled in its schools and ensure legal compliance with the federal Every Student Succeeds Act school stability provisions.

Partnership Meetings with CFSA's Maryland Private Provider – The National Center for Children and Families (NCCF)

CFSA's Deputy Director for the Office of In-Home and Out-of-Home Care, and the administration's leadership team, hold monthly partnership meetings with the NCCF management team to share CFSA guidance and practice directives, answer questions and problem-solve.

Partnership Meeting with CLC and the Office of the Attorney General

The District-based non-profit CLC provides legal services and policy advocacy for children and birth parents. For example, the CLC employs guardians *ad litem* for DC children in out-of-home care and attorneys for parents and caregivers. In addition to the case-specific teaming that arises from representation of CFSA clients, CLC ensures that the voices of children are represented in system-wide discussions, as well as activities to develop and revise policies. The CLC meets bi-monthly with CFSA and the Office of the Attorney General to discuss systemic issues, policies, and case-related matters. FY 2023 meetings included opportunities to obtain CLC's perspective on education and transportation services for children in out-of-home care, social worker and attorney collaboration for older youth transition planning, the placement array and service delivery, and policy development and practice guidance related to DC legislation impacting children and families involved with CFSA and other government systems. A recent example involves the Preserving Our Kid's Act of 2022 which requires CFSA to screen all children in out-of-home care for eligibility of Social Security benefits, and if so, to apply for benefits on their behalf, and conserve these benefits in a savings account for the child's benefit once the child exits out-of-home care.

Department of Behavioral Health (DBH) Collocated Staff

CFSA's Office of Well-Being (OWB) has a DBH co-located staff who assists social worker teams with ensuring that children and families experience an easy process when connecting with core service agencies for mental and behavioral health services. In addition, OWB collaborates with various DBH staff when complex mental and behavioral health concerns require a multi-disciplinary approach to provide coordination of care for youth and families. The DBH co-located staff member also supports CFSA's Office of Thriving Families (OTF) to ensure seamless connection to behavioral health services as part of a child's prevention plan. DBH's staff support data analysis and are a part of continuous quality improvement efforts to streamline processes and improve collaboration. Additionally, CFSA has been working closely with DBH in support of the soft launch of the 211 Warmline to streamline business processes that improve caller navigation to DBH services.

CFSA Youth Council Meetings

As part of the Office of Older Youth Empowerment's continuing commitment to incorporating the views of older youth and encouraging self-advocacy, during various meetings, CFSA's Youth Council lends its voice and perspective to a variety of activities, including life skills workshops, and panel discussions on relevant issues for children and youth in out-of-home care.

Community-Based Child Abuse and Prevention (CBCAP) Grantee Meetings

CFSA regularly meets with CBCAP grantees who provide prevention and intervention services for families known and unknown to CFSA. CFSA is the designated lead agency for the CBCAP grant in the District of Columbia. CBCAP funding supports the strengthening and expansion of the District's network of coordinated child abuse prevention resources and activities. The CBCAP providers in FY 2023 included the Healthy Families/Thriving Communities Collaboratives which offer classes in parenting and home visitation programs; Mary's Center, a community health center that offers home visitation and a fatherhood attachment program; and DBH, which provides functional family therapy.

Resource Parents

The Agency engages in ongoing consultation with resource parents, kinship caregivers and birth parents through the following opportunities:

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

Kinship Caregivers

- ***Kinship Programming Advisory Committee (KinPAC)*** – During quarterly meetings, kinship support staff address issues that impact kinship caregivers, in addition to discussing any new laws, strategies, supportive services, and tools. The following entities comprise the KinPAC membership:
  - CFSA's Office of Thriving Families
  - DC Department of Human Services (DHS)

- DC Department of Aging and Community Living (DACL)
- DC Department of Health (DOH)
- Foster and Adoptive Parents Advocacy Center (FAPAC)
- KinCare Alliance
- DC Office of the State Superintendent of Education (OSSE)
- Healthy Families/Thriving Community Collaboratives (HFTCC)
- Caregivers
- Youth

- ***Family Enrichment Activities*** – On a quarterly basis, CFSA celebrates the whole family through fun and engaging events, including educational activities and holiday-themed events. In FY 2023, 12 events were held and in FY 2024 through December 31, 2024, four events occurred.
- ***Support Groups for Kinship Caregivers*** – Beginning in March of 2022, these monthly events have occurred both virtually and in-person. Topics address the unique circumstances often faced by kinship caregivers, including children's medication management, and assisting children who have difficulty being separated from their parents.

Birth Parents

- ***Parent Talk*** – Facilitated by the birth parent advocates from CFSA's Parent Engagement, Education, and Resource (PEER) support team, this bi-weekly virtual support group provides a safe space for birth parents to socialize with others who understand what they are going through.
- ***Dad Lab*** **-** In the fall of 2022, the PEER Unit launched the Dad Lab, a 12-week program to engage fathers and to promote their meaningful involvement in their children's lives. In 2023, Dad Lab was changed to D.A.D. (Dads Acknowledging Dads) and is held on the last Wednesday of the month at 6:30pm. D.A.D. is a safe space for dads (whose children are in out-of-home care) to support each other with confronting day-to-day challenges, e.g., child support, shared parenting, building stronger relationships, housing, and employment.

How does the state identify and engage with communities that have been historically underserved? "Underserved communities" refers to certain populations with shared characteristics and to geographic communities that have systemically lacked adequate access to social services. Examples of underserved populations include families who are homeless, people with disabilities, and people who are incarcerated.

Identifying Underserved Populations

CFSA is in the process of transitioning the Agency's practice and reputation from a child welfare agency to a child and family well-being system, including intentional, guided, data-focused discussions about the social determinants of health (income, literacy, employment, health, and child development) and their relation to overall well-being. Within the District of Columbia, economic prosperity is threatened by inequity with "the median wage for workers of colors being $26, compared to $40 for white workers," (National Equity Atlas). Barriers to higher education continue to lead to workforce inequities

with only 27 percent of the District's Black population having a bachelor's degree or higher. Both factors lead to unnecessary calls for child welfare involvement due to systemic issues that lead to the experience of poverty. "While poverty does not equate to abuse or neglect, it is a risk factor that can interfere with a parent's ability to care for their children by restricting access to basic needs, such as housing, food, and health care," (Child Welfare Gateway, 2021, p. 5). Additionally, mandated reporters tend to contact the CPS Hotline for situations of "poverty and other vulnerabilities experienced by families of diverse racial and ethnic backgrounds," (Child Welfare Gateway, 2021).

According to similar data from the Child Welfare Information Gateway (2021), there are several overarching pathways to disproportionality and disparity in child welfare. In addition to high rates of poverty, other pathways include racial biases exhibited in individuals, lack of community resources for families of diverse racial and ethnic backgrounds, geographic context, structural racism, policy, and legislation. Aligned with the high rates of the poverty pathway, "roughly 9 out of 10 of the children living in poverty in Washington, DC are Black" (DC Kids Count, 2023). The child poverty rate is 24 percent in Ward 5, 38 percent in Ward 7, and 40 percent in Ward 8. The unemployment rate is 8.5 percent in Ward 5, 11.6 percent in Ward 7, and 15.4 percent in Ward 8. Additionally, in relation to access to nutrition and basic needs, 73 percent of children in Wards 5, 7, and 8 are enrolled in the Supplemental Nutrition Assistance Program with limited access to grocery stores to purchase healthy foods.

In FY 2022, the CPA Hotline received 10,804 calls regarding children and families living in Wards 5, 7, and 8 (noted above as the Wards with the highest poverty rates in the District). Of these calls, the Hotline screened out 67 percent (n=7,228) due to the calls not meeting the Hotline requirements for an investigation. Nevertheless, the calls may still lead to an increase in these children's and families' exposure to other social services systems. Also in FY 2022, 319 families living in Wards 5, 7, and 8 had in-home cases initiated due to allegations of neglect, representing 75 percent of all initiated in-home cases (CFSA Dashboard, July 2023). Seventy-six percent of these families were Black, 20 percent were multiracial families, and 3 percent were Brown families.

In March 2023, due to substantiations of abuse and neglect, more children were separated from their families in Ward 5 (n=91), Ward 7 (n=124) and Ward 8 (n=169) than in the other 5 District Wards combined (n=120), (CFSA Dashboard, March 2023). Demographically, 64 percent of the children living in Ward 5 are Black with 16 percent identified as Latinx. In Ward 7, 92 percent are Black with 5 percent identified as Latinx. Lastly, in Ward 8, 87 percent are Black with 5 percent identified as Latinx (DC Kids Count, 2023).

CFSA works in partnership with its contracted community-based partner, the *Healthy Families/Thriving Communities Collaboratives* (Collaboratives) and the *Families First DC Family Success Centers (FSC)* to identify and engage underserved populations. These two community-based social service organizations are strategically located in District neighborhoods that have a high representation of families in contact

with the child welfare, as well as those neighborhoods where there is heightened risk for child welfare involvement. Families in these neighborhoods often face barriers that make it difficult to meet basic needs and secure services and support. The location of these organizations within these communities allows CFSA and our partners to identify vulnerable populations at the neighborhood level and provides a space for these underserved individuals and families to seek help close to home.

The following examples are important equity tools in the context of racial disproportionality and disparity in CFSA engagement. First, CFSA's Office of Thriving Families looks at neighborhood vulnerability by utilizing geospatial analysis to identify clusters of substantiated child abuse and neglect at the neighborhood level. They also gather satisfaction and well-being surveys from the neighborhood-based Family Success Centers (FSC), which helps the Agency assess the impact of CFSA-funded programs in each neighborhood where a FSC is located.

As an example, the Agency funded the FSC in the Mayfair Paradise neighborhood has an average rating of 4.8 stars and helps residents move up one step on the Cantril Ladder, which is a scale used to measure life satisfaction with 0 being the worst and 10 being the best. In other words, CFSA can demonstrate that residents achieve higher levels of well-being thanks to the services we are funding in their neighborhood.

CFSA has implemented important programs that direct resources to children and families to attempt prevention of child separation. Examples include: Kinship Navigator, Grandparent and Close Relative Caregiver Program, Family Success Centers, 211 Warmline and Community Responder model, among others.

The Kinship Navigator Program

The Kinship Navigator program's current menu of services includes the following supportive services:

- Grandparent Caregiver Program (GCP)
- Close Relative Caregiver Program (CRCP)
- Whole family enrichment and educational events
- Support groups focused on providing emotional support to kinship families and caregivers
- Referrals to community resources for ongoing services, i.e., Family Success Centers and Collaboratives
- Temporary financial assistance, including the following benefits:
  - Rental Assistance
  - Utility Assistance
  - Walmart Gift Cards (Food, Household Supplies, Clothing)
  - Transportation

Grandparent and Close Relative Caregiver Program

The Grandparent Caregiver Program (GCP) provides subsidies to help low-income residents who are raising their grandchildren, great-grandchildren, and great-nieces or nephews. The Close Relative Caregiver Program (CRCP) was developed as a direct result of family members who do not fit within the eligibility criteria for the GCP. The CRCP provides a monthly subsidy to assist low-income DC residents who are raising their siblings, nieces, nephews, and cousins. The CFSA Kinship Navigator website provides information and the application to receive subsidies for grandparents, subsidies for close relative family assistance, and emergency financial assistance to assist relatives who care for their family members instead of them entering foster care.

In FY 2023, 467 families were in the GCP program. In FY 2024 (through December 31, 2023), 473 families are in the GCP program. In FY 2023, 806 children were serviced by the GCP program and in FY 2024 (through December 31, 2023), 730 children were served. In FY 2023, the CRCP had 67 families and 106 children served. In FY 2024 (through December 31,2023), 60 families and 90 children were served. These important initiatives reflect the ongoing transformation of CFSA and are important equity tools in the context of racial disproportionality and disparity in CFSA engagement.

Family Success Centers

At the heart of Families First DC are 11 Family Success Centers (FSCs) located in targeted neighborhoods where most of the children and families served by CFSA live, along with disproportionate levels of poverty. Social determinants of health, violence prevention in priority neighborhoods, and reports of child abuse and neglect all informed the selection of the Families First DC Success Center locations. All FSCs offer programs such as nutrition workshops, professional development training, stress management, and parenting classes.

The FSCs provide supportive interventions directly to families in the neighborhoods that historically demonstrate heightened risk for child welfare involvement. Currently operating from 11 locations across Wards 7, 8 and 5, the FSCs not only render services, but they also collaborate with CFSA in the ongoing evaluation and enhancement of the District's upstream prevention framework. Comprising CFSA and FSC managers, the DC FSC Network meets quarterly to discuss strategies and updates related to the empowerment and well-being of communities, families, and staff; the integration of services and partnerships; and data, programming, and continuous quality improvement (CQI). Additionally, CFSA staff meet monthly with each FSC to conduct CQI meetings. When appropriate, Agency staff also attend ongoing programming meetings held by the FSC's leadership body, the Community Advisory Council.

Through close engagement between community stakeholders and community-based partnerships, the individual FSCs have developed their own unique Community Advisory Councils comprising residents and stakeholders who help determine services that can increase protective factors. In so doing, tailored services help to mitigate trauma, fill in gaps in services to the local community, and empower families from the identified neighborhoods.

Assessment Tools

In addition, CFSA identifies underserved populations in its regular assessments of those children and family members who become involved with the child welfare system as well as through the work of partners in the community who provide support and services to families in their neighborhoods. The use of the assessment tools that are part of the Structured Decision Making (SDM®) model aid child welfare staff in assessing safety and risk, but also help determine the delivery of appropriate services for children and their families. The assessment process often identifies the unique needs of each family from physical and mental health challenges to issues such as homelessness and incarceration.

211 Warmline and Community Response Model

The Warmline and community response model was envisioned and developed in collaboration with people with lived experience, community-based organizations, and DC government agencies, to link individuals, families, and the communities to appropriate resources and supports to Keep DC Families Together. CFSA will continue to meet on a quarterly basis with the Citywide Advisory Committee, the 211 Warmline and Community Response Subcommittee, the Impact Subcommittee and DEIB Subcommittee in order to further implement, track and measure impact. The Warmline and Community Response model is non-emergency dedicated social services resources and referral line for DC that will help to reduce unnecessary calls to the CPS Hotline, and to connect families upstream with the supports and services they need.

On October 30, 2023, CFSA successfully partnered with the District's Office of Unified Communications (OUC) and the Collaboratives to begin operations of the 211 Warmline and community response model in a "soft launch" format. As part of the soft launch, four dedicated call agents and one supervisor are triaging social service-related calls that come into 211, providing accurate and timely information to callers, and making referrals to community responders and other community-based organizations, as needed.

From October 30, 2023, through December 31, 2023, the 211 Warmline received 1412 connected calls. Of those, 676 were service requests. Of these requests, Warmline workers identified 846 needs. Housing and utilities accounted for the largest request category (471). Additional examples of need included money (97), food (65), health (44), goods and (32), work or education. Fifty-eight of the 676 calls were connected to the Collaboratives for support. Of the 58 community response referrals, 51 were accepted and 34 individuals were successfully served. The balance of the other calls was mostly redirected to the 311-call center for other types of city services. Data will be gathered and analyzed ongoing to better understand the needs and how the Warmline and Community response model can continue to support upstream prevention activities. Moreover, the 211 Warmline has also started to collect addresses for those residents comfortable with sharing. This will eventually allow the Agency to identify clusters of social needs (housing, food, etc.) at the neighborhood level.

The 211 Warmline and Community Response Model are integral to creating a child and family well-being system in the District of Columbia. By FY 2025, CFSA aims to publicly launch the 211 Warmline and Community Response Model to serve as a comprehensive, unified, social services resource and referral Call Center for all District residents.

Expanding Older Youth Permanency Options

In FY 2023 and continuing into FY 2024, CFSA has been exploring the Casey Family Services' SOUL Family permanency option for older youth in foster care. SOUL Permanency is a structured model involving committed, supportive adults who promise to maintain involvement with and connection to the lives of older youth who exit the foster care system to independence. Specifically, the proposed SOUL Family permanency option would create a circle of caring adults who provide support, opportunity, unity and legal relationships for young people ages 16 and older.

Like adoption and guardianship, the SOUL Family option would establish a legal connection between a young person and at least one caring adult, ensuring young people exit foster care with a support system as they transition into adulthood. Unlike adoption or guardianship, the SOUL Family option would allow young people to make these new connections without severing their legal ties with birth parents and siblings. When reunification with the birth family isn't possible but maintaining bonds with loved ones and community is healthy and desirable, the SOUL Family option offers an alternative opportunity.

At this critical point of development, young people need the anchor of a nurturing, life-long family. For young people in out-of-home care, the current legal options for permanence are adoption, guardianship and reunification with their birth families. According to the Annie E. Casey Foundation website, these options forge families that benefit many young people. However, young people have made it clear that these options do not meet the needs of every child or youth. Each year, about 20,000 young people age out of foster care without a legal, permanent family. These young people need support. In the District, 108 youth out of 496 youth in out-of-home care had a goal of Alternative Planned Living Arrangements (APPLA) in FY 2023. In FY 2024 (through December 31, 2023), 103 out of 487 youth had an APPLA goal.

To determine whether the SOUL Family option would be a process for DC to implement, CFSA partnered with DC-FYI (https://www.dcfyi.org/). CFSA also engaged the CFSA Youth Advisory Council to get their impressions of permanency options and whether the SOUL Family option would be a good fit for DC. In addition, the Annie E Casey Foundation agreed to become a partner with CFSA to bring SOUL to DC if the Youth Advisory Council agreed that SOUL made sense for DC and would lead the work. The Youth Advisory Council agreed. As a result, there have been several monthly meetings with youth on the steering committee.

CFSA must draft legislation to implement the SOUL Family model. To do so, CLC, CFSA's Office of the General Counsel, and the Office of the Attorney General are conducting a legal analysis of this type of permanency option in support of the legislative process. CFSA is working to identify birth parents, and adults who have considered permanency for older youth to inform the legislation and practice implementation. Youth will be involved at every step of the implementation process if DC implements the model.

Housing Supports

CFSA supports families' housing needs by exploring available city-wide resources and housing services in conjunction with external agencies, i.e., the District's Department of Human Services (DHS) and the District of Columbia Housing Authority (DCHA). When external resource options have been exhausted, CFSA employs supportive internal strategies, e.g., CFSA's Office of Thriving Families manages the following three housing support programs designed to assist youth and families experiencing housing instability:

- Rapid Housing Assistance Program (RHAP) – RHAP is a short-term rental assistance program, ranging from one-time to up to 12 months of assistance, to prevent children from entering foster care and assisting families when unstable housing or homelessness is the only barrier to safely returning the child to the home. RHAP also assists older youth transitioning out of foster care, as well as former foster youth up to age 23, to establish stabilized housing post foster care. In FY 2023, CFSA approved two older youth and five families for RHAP.
- Family Unification Program (FUP) – FUP provides Housing Choice Vouchers (otherwise known as Section 8) through DCHA. These FUP vouchers provide housing to CFSA-involved families where housing is a barrier to family stabilization or a barrier to safely returning the child to the home. The family vouchers allow for lifelong, permanent housing stability. The FUP vouchers also provide housing to youth aging out of foster care, as well as youth from ages 18 to 24 who left foster care after the age of 16 and are currently experiencing or at risk of homelessness. Historically, while Youth FUP vouchers are time-limited (36 months), recent amendments to the Preserving Our Kids' Equity through Trusts and Fostering Stable Housing Opportunities Amendment Act have extended the voucher time limit for an additional 24 months if specific education, workforce development, or exemption criteria are met (for up to 5 years total). In FY 2023, CFSA identified six families and 31 older youth as eligible for referral to DCHA to apply for FUP vouchers.[37]
- Family Flexible Funds (Flex Funds) - The Flex Funds program includes emergency financial assistance for housing costs to help support families involved with CFSA. Flex Funds support reunification efforts when families are receiving out-of-home services in addition to helping prevent children from coming into care, i.e., supporting family stabilization efforts when families have an open CPS investigation or are receiving in-home services. These funds are reserved and readily available to meet the urgent service needs of families, providing additional concrete social support, particularly to families living in multi-generational homes. Flex funds are accessible both to CFSA-involved families and families working with Collaboratives in their

[37] Due to the high costs of housing in the District, youth and families can receive consecutive FUP vouchers to apply to a single rental unit.

communities. In FY 2023, CFSA distributed $630,554.57 in Flex Funds to households across five Agency administrations (Hotline and Investigations, In-Home and Out-of-Home Care, Older Youth Empowerment Administration, and Kinship), in addition to families with children placed and served in Maryland by CFSA's contracted partner, the National Center for Children and Families (NCCF).

What gaps exist in consultation?

November 2023 Survey to Multidisciplinary External Stakeholder Teams

As previously noted, 18 stakeholders provided feedback to the November 2023 survey which focused on the Agency's responsiveness to the community and asked questions related to how the Agency is doing with engaging, involving, and listening to stakeholder groups. Feedback from the survey on how CFSA could enhance engagement efforts to reach families' that are currently overrepresented in the child welfare system included the following highlights:

- **Warm Handoffs** – Stakeholders stressed the importance of warm handoffs as a key factor in supporting families in getting their needs effectively addressed. Direct connections for families at-risk are paramount.
- **Prevention –**Stakeholders recommended ongoing community engagement that includes messaging around the prevention of child abuse and neglect, along with direct connections to services, support, and resources. Despite CFSA's efforts these efforts, one stakeholder commented that while resources may be out there, they are not effective if people don't know about them. They highlight the need for CFSA to convene town halls or community meetings in Wards 5,7 and 8 to hear directly from the community about how CFSA can be a partner in prevention efforts.
- **Consistency –** Stakeholders highlight the need to ensure consistency in support and access to services for all families. They also highlight the need to ensure a shared understanding of processes across the Agency that promote the support of families.
- **Engagement –** Several stakeholders commented on engagement and the importance of building relationships of trust with the informal and formal leaders in each community. They also highlight the need to connect with families and further help them connect to needed services, including engagement with schools, school parent organizations, faith-based organizations, and colleges or universities. Engagement with the immigrant community in Ward 4 was also noted.
- **Feedback –** Stakeholders emphasized that the Agency must clearly outline expectations of stakeholder groups when asked for feedback. Moreover, if feedback and recommendations are made, it is critical that the Agency close the loop on recommendations or risk stakeholders feeling ignored and their recommendations dismissed.

Note: *Over the past fiscal year CFSA's Office of Thriving Families (OTF) has participated in several community forums in communities in Ward 7 and Ward 8 sharing our vision and goals of our Keeping DC Families Together (KDCFT) and 211 Warmline Community Response Project. These in-person meetings took place at the Ward 7 and Ward 8 Faith-Based Leaders monthly meetings during the spring*

and summer of 2023. One forum focused on gun violence. The OTF also presented and participated in virtual and in-person community meetings before the Ward 8 Health Council.

To what extent are there other groups or entities with which the state consults that are not represented here?

In the November 2023 survey, one stakeholder felt that immigrant communities are not adequately represented, especially from Central American countries, and that there is a need for more Spanish-speaking social workers with cultural competency. Despite CFSA's recruitment efforts for Spanish-speaking social workers, per the stakeholder, using the Language Line for interpretation is not the same as having a social worker who speaks the language and understands the culture.

What is the impact on potential gaps in knowledge needed for a comprehensive CFSP?

CFSA will utilize the Statewide Assessment to determine which gaps require being addressed prior to the development of the CFSP with the to bridge the following potential knowledge gaps:

- Ensuring the variety of relevant stakeholders are available and included in the CFSP development process.
- Ensuring the stakeholders understand the various service models that CFSA utilizes, including the comprehensive service delivery models depending on experience and knowledge of stakeholders.

What are the barriers or challenges, if any, to engaging with particular stakeholder groups?

During an interview, one stakeholder noted that challenges exist in engaging immigrant families, even those with lawful status, due to the level of fear and uncertainty they may experience given their immigrant status. Families fear deportation and being separated from their children. These fears can have negative effects on the well-being of children and their families making the need to service these communities critical.

With which stakeholder groups did the agency consult? Did the stakeholder groups include all appropriate offices and agencies within the state agency, a wide array of state, local, Tribal, and community-based agencies and organizations across the state, and parents, including birth, adoptive, and foster parents; families with a member with a disability; children both in and outside the child welfare system; and service users from diverse groups?

Collaboration

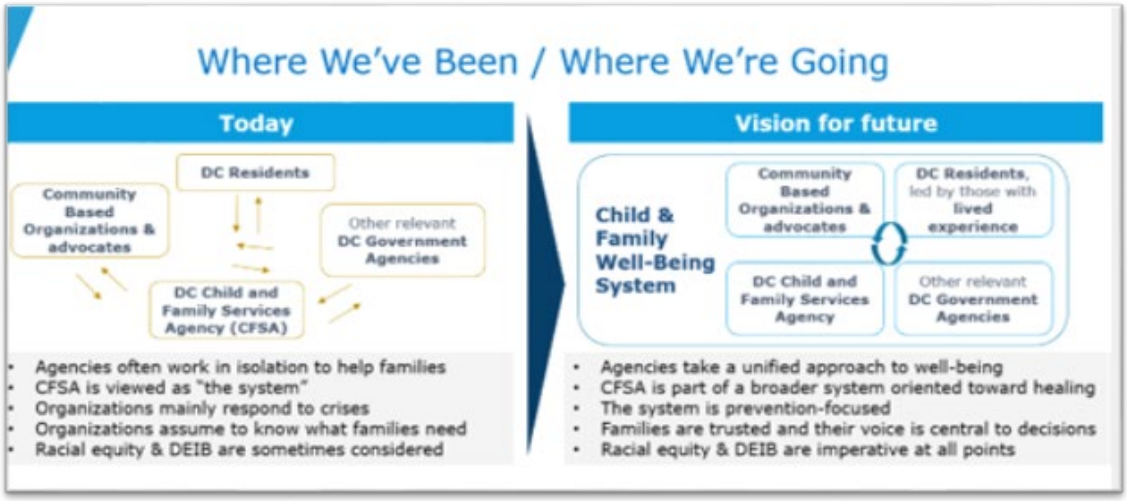
Central to the Agency's ability to maintain and build upon its successes to-date are the strong cross-system collaborations with CFSA's sister agencies and community-based partners. Collectively, CFSA and stakeholders' mutual focus on prevention and long-term vision for the District's health and human

services agencies provides a strong foundation for ongoing collaboration to support the safety and well-being of children and families. The District is fortunate to have within its borders an array of child and family-serving organizations and advocacy groups locally focused on improving the child welfare system. While these groups vary in areas of concentration (e.g., some focus on specific areas of practice or service while others maintain interest in the entire child welfare spectrum), all have played a key role in keeping DC's child welfare system and moving to a child and well-being system. CFSA described across multiple Statewide Assessment Items the extensive, comprehensive collaboration partners.

- **Children's Law Center (CLC)** – The District-based non-profit CLC provides legal services and policy advocacy for children and birth parents. In addition to the case-specific teaming that arises from representation of CFSA clients, CLC ensures that the voices of children are represented in system-wide discussions, as well as activities to develop and revise policies. Currently, CLC meets bi-monthly with CFSA and the Office of the Attorney General to discuss systemic issues, policies, and case-related matters. In April 2023, CLC supported CFSA's Budget Stakeholder forum by compiling stakeholder questions and contributing to dialogue on the District's new child welfare information system, kinship supports, the placement array, well-being supports, housing assistance, and community-based providers.
- **Court Appointed Special Advocates (CASA) for Children of DC** – At the recommendation of case-involved parties, Family Court judges may appoint a CASA volunteer to provide a voice in court and a supportive relationship for children in care. In addition to teaming with CFSA in the individual case management process, CASA volunteers and staff provide an advocacy role by participating in stakeholder meetings and collaborations with other programs, such as the Court Improvement Project.
- **Foster and Adoptive Parent Advocacy Center (FAPAC*)*** – FAPAC is a community-based organization that provides training, support, and advocacy for resource parents. FAPAC also partners with CFSA, participates in the monthly FAPAC meetings, shares feedback from the resource parent community, and develops strategies to promote continuous system-wide improvements in resource parent engagement, support, and performance. Additionally, FAPAC participates in discussions regarding the status of CFSA practices and special projects.
- FAPAC and CFSA are currently partnering in the implementation of a Resource Parent Mentoring Program in which FAPAC will recruit and train 17 current resource parents to serve as mentors to prospective resource parents. The AmeriCorps program sponsors the mentoring.[38]
- **DC Metropolitan Foster and Adoptive Parent Association (DCMFAPA*)*** – DCMFAPA is another community-based organization that provides training and supportive services to resource parents. DCMFAPA participates in the monthly FAPAC meetings and has been a valuable contributor to discussions involving the Temporary Safe Haven Redesign, the *Resource Parent Handbook*, the *Foster Parent Statement of Rights and Responsibilities*, and incorporation of the Reasonable and Prudent Parenting language into existing polices and administrative issuances.

[38] AmeriCorps is a network of local, state, and national programs that assist public agencies, non-profits, and community-based organizations to meet community needs.

- **Families First DC Family Success Centers (FSC)** – In October 2019, the District became the first jurisdiction in the nation with a federally approved Title IV-E Prevention Plan, allowing the Agency to smoothly transition from the end of the Title IV-E Waiver Demonstration Project to federal claiming for eligible evidence-based prevention services under the Family First Prevention Services Act (Family First). Fundamental to the implementation of the Act has been the creation of the Keeping DC Families Together framework. To this end, the FSCs provide supportive interventions directly to families in the neighborhoods that historically demonstrate heightened risk for child welfare involvement. Currently operating from 10 locations across Wards 7, 8 and 5, the FSCs not only render services, but they also collaborate with CFSA in the ongoing evaluation and enhancement of the District's upstream prevention framework.
- **Keeping DC Families Together Steering Committee (KDCFT) –** To implement the Family First Prevention Services Act, CFSA has engaged stakeholders citywide to design and draft the District's Title IV-E Five-Year Prevention Services Plan. The TFSC Citywide Steering Committee makes key recommendations for inclusion in CFSA's Prevention Plan. The Committee convenes quarterly to solicit, discuss, and operationalize stakeholder feedback. Meetings are geared toward soliciting and leveraging the expertise of individuals with lived experiences, both for the power of their stories and the impact their perspective can have on clinical decision-making. CFSA is now in Year 4 of the 5-year implementation for Family First.



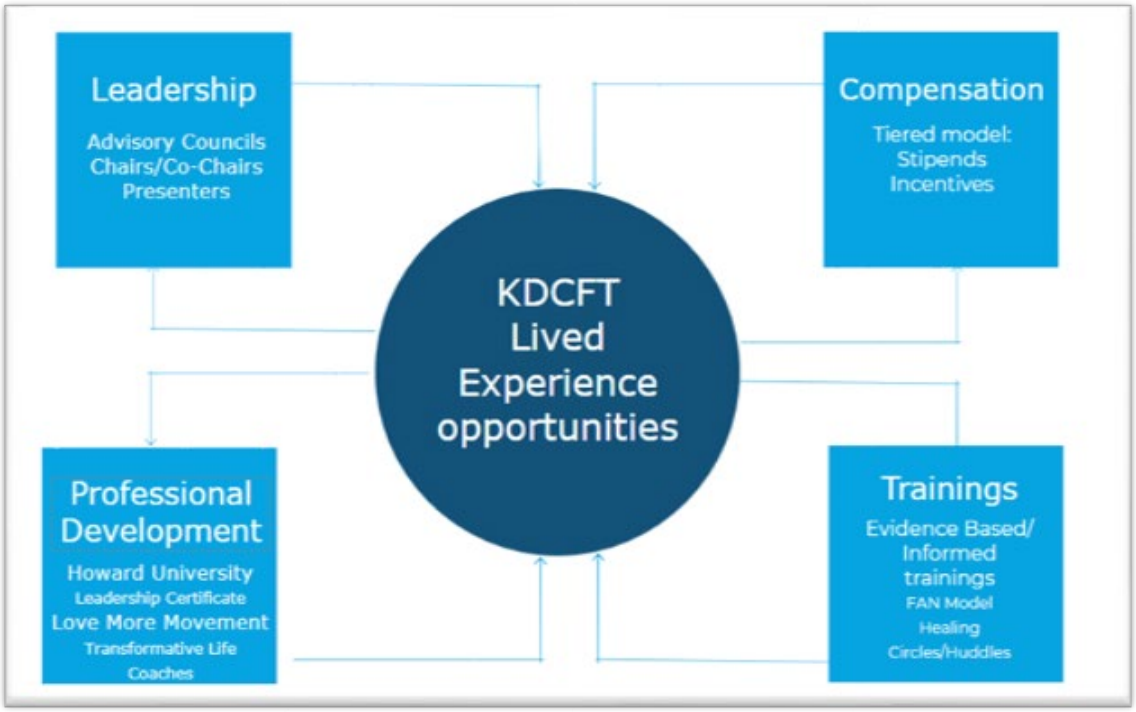
The TFSC Citywide Steering Committee includes the following three subcommittees which meet monthly to further implement plans for comprehensive, inclusive, and effective outreach:

- The *TFSC Warmline Subcommittee* focuses on creating a resource that can be utilized when families need the support of their community (as opposed to child welfare intervention).
- The *TFSC DEIB Subcommittee* examines practices and terminology that promote inclusivity and understanding to eliminate biases and prejudices, and to help internal and external stakeholders to move beyond the stigma associated with an individual's life experiences.
- The *TFSC Impact & Evaluation Subcommittee* evaluates methods used to ensure that the necessary stakeholders are at the table, including youth, and that they are engaged and made to feel valued.

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



- ***Lived Experience (LEx) Advisory Council –*** In FY 2022, the LEx Advisory Council emerged as a vital catalyst for the development and enhancement of the District's prevention and family preservation service framework, *Keeping DC Families Together*. Comprising District residents with lived experiences involving child welfare, homelessness, mental and behavioral health services, employment, and other systemic needs, LEx Advisory Council members meet monthly to decide on resources, approaches, and strategies that serve the best interests of the community.



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



- **Fathers/Fatherhood** – In fall 2022, the Agency found that trends in internal Quality Service Review (QSR) activities indicated a decline in father engagement by CFSA case-carrying administrations and NCCF. To address this decline, in early 2023, CFSA's fatherhood initiative underwent a revitalization. The focus of the work was to reboot the Agency's fatherhood engagement efforts across all case-carrying administrations and to re-establish a working group consisting of subject matter experts on the topic of fatherhood engagement.

  A three-point charge was established to (1) broaden the definitions of fathers at CFSA, (2) reevaluate social worker values, (3a) develop a final product - a tool that promotes healthy father or fatherlike engagement at the Agency, and (3b) strengthen service navigation to support fathers and fatherlike figures with connecting to resources. CFSA held focus groups with Lived Experience (LE) fathers and fatherlike figures on their experiences and involvement with the Agency to identify the gaps and make father-strengthening recommendations. The Agency also included non-CFSA fathers in this initiative. Partnerships in the reboot of the fatherhood initiative include DC Health, DC Superior Court - Fathering Court, Mary's Center, and the Far Southeast Collaborative. Fatherhood workshops were also held as part of pre-service and in-service worker in partnership with CWTA.

Standing Commissions, Councils, Task Forces, and Advocacy Groups

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

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

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

Each year MACCAN reviews and offers comments on CFSA's Annual Public Report (APR) which CFSA submits to DC City Council. The APR describes ongoing and specific actions the Agency has taken to implement the federal *Adoption and Safe Families Amendment Act of 2000* (DC Law 13-136; 47 DCR 2850). Recent examples of CFSA responses to MACCAN feedback have been summarized in a table later in this section.

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

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

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

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

- **Internal Child Fatality Review Committee (ICFR)** – The Agency's ICFR comprises representation (at a minimum) from CFSA leadership, the CFR Unit, the Office of the General Counsel, the

National Center for Children and Families (CFSA's contracted foster care provider in Maryland), and the Office of the Chief Medical Examiner (OCME). At each monthly meeting, CFR Unit staff present the committee with details of individual fatality cases for any child known to the Agency within 5 years of the child's death. Presentations emphasize practice issues and any identified themes related to the family's service needs during any involvement with CFSA. The CFR Unit also tracks data on all fatalities for inclusion in the CFSA Annual CFR Report. In-depth committee discussions among the membership may result in recommendations for practice changes.

Strategic Partnerships

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

Healthy Families/Thriving Communities Collaboratives

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

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

As community-based social service organizations, the five Collaboratives are strategically located in District neighborhoods that have a high representation of families in contact with the child welfare system. In addition, CFSA has several nurses and in-home social workers co-located across the Collaborative sites, increasing direct accessibility of services and referrals from Agency clinicians partnering with Collaborative family support workers.

CFSA contracts with the Collaboratives to provide a range of services that fall within over-arching service categories: family support services, evidenced-based practices, and community capacity building. As part of these contractual agreements, the Collaboratives must engage in (and report on) activities that encompass a wide range of efforts to strengthen and expand the neighborhood resources available to community residents.

As part of the work on the 211 Warmline, the Collaboratives will serve in the role of Community Responders. Community Responders are trained community-based service navigators dispatched by

the 211 Warmline to support callers who require assistance that cannot be resolved over the part of the work on the phone or through investigation and referral (I&R).

Families First DC Family Success Centers (FSC)

As mentioned earlier, the FSCs provide supportive interventions directly to families in the neighborhoods that historically demonstrate heightened risk for child welfare involvement

Community-Based Child Abuse Prevention (CBCAP) Grantees

CFSA, as the District's lead agency for the CBCAP grant, ensures that CBCAP funding supports the strengthening and expansion of the District's network of coordinated child abuse prevention resources and activities across the city.

Office of the Ombudsperson for Children

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

Collaboration with the Court and Legal Community Members

DC Superior Court

The Family Court works with CFSA to discuss ideas and data, and to share issues that need resolution. Representatives from CFSA's Office of the General Counsel, Office of the Director, Office of Program Operations, and the DC Office of the Attorney General (OAG) meet with the Family Court on a quarterly basis to review Agency practice. The same representatives also address and strategize for the improvement of permanency outcomes, including reunifications, adoptions, subsidized guardianships, and re-entries.

Court Improvement Program (CIP) – Qualitative Information Exchange

CIP provides regular, structured opportunities for CFSA, OAG and the Family Court to address mutual barriers to permanency, as identified in the CFSR, Quality Service Reviews, and Agency performance analyses. CIP regularly conducts focus groups with judges and attorneys to discuss court-related

barriers such as goal changes, trial delays and scheduling issues. CFSA and the Family Court also engage in focused collaboration around data-sharing and implementation of data-informed practice improvements. Notably, the Agency and the Family Court jointly review sample cases to identify trends and barriers pertaining to timely permanency. The Agency also shares data obtained from CFSA's comprehensive Permanency Tracker platform to assist with the Family Court's understanding of Agency data.

Children's Law Center (CLC)

In addition to the advocacy described earlier, CLC also serves as a valuable thought partner when assessing policy and practice issues and operationalizing new strategies related to child welfare matters.

The Agency also engages in ongoing consultation with resource parents, kinship caregivers and birth parents through the forums mentioned previously: resource parents (Fellowship and Feedback, SOY parent meetings, BOND, monthly parent meetings); kinship caregivers (KinPAC, family enrichment activities, support groups); birthparents (Parent Talk, D.A.D.).

What was the agency's process for understanding and documenting the major concerns and/or interests of these representatives?

To complement the stakeholder-feedback opportunities that are inherent in the collaborations described above, CFSA continuously performs targeted activities to evaluate and enhance the policies, programs, services, and approaches to serving the District's children and families in the community, in the home, and during out-of-home placements. While protocols vary based on the type of event, including, for example, confidentiality considerations that prevent recording, Agency practice requires complete and detailed recording of meeting activities with an emphasis on action steps, client recommendations, and areas of major concern. Meeting facilitators review notes and as needed, elevate issues to the appropriate program staff.

Lean Events

CFSA uses Lean events to explore process improvements across the Agency. Supported by the consulting firm Leanovations International, Lean is a plan, act, do, and check model designed to help government systems identify then implement the most efficient, value-added way to provide services. As needed, CFSA conducts week-long Lean events, which are focused on a targeted, defined process to identify opportunities for the Agency to better serve children and families while streamlining processes for CFSA staff. Lean Teams include CFSA staff and managers assigned to the relevant topic area, and commonly include Agency planning, policy, and data specialists. A vital component of the Lean process involves a presentation of the week's findings and recommendations to representatives of all impacted stakeholder groups. During the presentations, stakeholders are asked to share their impressions and additional recommendations. The Lean Teams who formulate recommendations during their Lean

workshops are also responsible for implementing the identified changes. This results in a broad, coordinated set of change efforts across the Agency on various key processes, led by the staff most familiar with the work. The Lean Teams work to identify changes in three broad categories: "Quick Wins" (those that can be completed in roughly 90 days), "Good State", (those that take longer to implement), and "Great State" (those changes that require major technology changes to implement, typically via the CCWIS technology project underway).

Older Youth – Information-Gathering Activities

CFSA continues to actively pursue diverse and effective methods of incorporating the voice of youth for programming decisions and process improvements. Through interviews, focus groups, surveys, the Youth Advisory Council, and events facilitated by Agency partners, youth have shared experiences and recommendations on the placement array, the foster care experience, the service array, Agency protocols, and social work practices.

Birth Parents – Information-Gathering Activities

Through peer networking events, described earlier in this section, birth parents have shared experiences and recommendations related to support needs, service approaches, teaming, and communication. The Agency's annual *Needs Assessment* surveys and focus groups have also allowed birth parents to discuss such topics as the value of therapeutic services around loss and healing, employment assistance, furniture and food donations, behavioral health services, childcare, parenting education, and legal services. In response, CFSA's annual *Resource Development Plan* summarizes strategies to address areas of need.

As a result of this input, parents can participate in an in-depth informational exchange developed to enhance social outlets and connections not only to each other, but also to other needed services and resources. In addition to the support group component, topics reflective of the Needs Assessment are discussed. The PEER team leads the discussion and shares personal experiences, research connected to outcomes, and educational videos to engage varying learning styles. Although these gatherings highlight a topic of focus, parents also have the opportunity to express their frustrations, explain needs, share progress, and offer recommendations.

Parents with open in-home or out-of-home cases are invited to participate in the *Parents' Talk*, a virtual support group and educational forum that occurs every other Wednesday. Fathers in particular are invited to participate in D.A.D., referenced earlier, which is also an on-line virtual fatherhood-focused forum that occurs on opposite Wednesdays.

Resource Parents – Information-Gathering Activities

Although resource parents can share their experiences and recommendations with their support workers, peer network members, or through the regular group activities described earlier in this section, the Agency regularly obtains feedback through surveys, focus groups, and specialized work

groups. Over the past several years, these activities have revealed that resource parents' experiences vary by case management agency as well as by needs of the child in their care. Resource parents have indicated that they require as much information as possible about the children about to be placed in their care and that the Agency must make more concerted efforts to mitigate the impact of emergency placements. Other concerns included the Agency more consistently placing children in accordance with resource parents' capacity and expressed preferences. In addition to the above, resource parents also stressed the need for more trauma-informed resources (e.g., mentors, tutors, crisis management), improved case planning communications, improved publicizing of available resources, and increased wellness supports.

In early FY 2023, CFSA launched the Kinship Navigator website and companion mobile application to assist resource parents in accessing requested supportive services, including emergency assistance. The Kinship Navigator also allows grandparents and caregivers to apply online for the Grandparent Caregivers and Close Relative Caregiver subsidy programs. In addition to Kinship Navigator, the following activities are in place to address the expressed needs of resource parents:

KinPAC

To address needs for kinship foster parents, KinPAC meets quarterly with caregivers, community organizations, advocacy groups and sister agencies.

Trauma-Informed Resources

- Mentoring, tutoring and crisis management services are generally offered via the case management team and the Office of Well-Being. CWTA also offers an array of training specific to trauma-related education.

Improved Case Planning Communication

- A Transition Planning protocol has been established which social workers are encouraged to utilize when children move from one placement to the next for whatever reason, e.g., planned foster care placement, reunification, or adoption.
- For children who are newly placed in out-of-home care or who have experienced a second placement within the first 12 months of entering foster care, the resource parent support worker (RPSW) coordinates and facilitates a "Placement Stability Staffing" (PSS) to share information necessary to promote placement stability. Meeting participants must include the resource parent and social worker, but other team members are welcome, e.g., a child's GAL or other service providers.
- The Family Meeting Team (FTM) Unit coordinates and facilitates the "360 Stabilization Process" which is purposed to gain a comprehensive overview of the case components, nuances, status, and progress. Meeting participants include all team members, e.g., the social worker, school personnel, medical professionals, community-based providers, and others who work with a child to identify any concerns or barriers to well-being, placement stability, or positive permanency planning.

- RPSWs maintain monthly contact (at a minimum) with assigned resource families and social workers to ensure proper information sharing among the team. Various meetings are scheduled with the team as needed to address case specific matters with the intention of improving organic communication.

Publicized Available Resources

- Efforts to improve communication with resource families includes mass emails sent via a central email address, cfsa.recurtiment-retention@dc.gov, which offers updated available resource for families and children. Services may be provided by the Agency or the community (e.g. trainings, services, and community-based resources).
- A resource parent website is available 24/7 to provide answers to FAQs related to fostering.
- DC Fostering Connections Newsletter is sent out each quarter.
- Fellowship and Feedback meetings are hosted by senior CFSA management for resource families to openly discuss and share information about specific Agency-related topics that impact the fostering process.

Increased Wellness Supports

- BOND (Bridge, Organize, Nurture and Develop) services are available to all resource families. Services include peer support, resource parent community network support, and respite services as available.
- CFSA offers fun activities at least four times a year to promote retention and well-being. Two of the events are geared specifically for resource parents (Annual Foster Parent Celebration and 2023 Paint and Chew event). The remaining two events are family activities for the resource parent and children in out-of-home care, e.g., the 2023 Fall Carnival and the Movie and Brunch Event. Activities may vary from year to year.
- REACH (Recruit, Engage, Advocate, Collaborate, Help) Stabilization Line - resource families have access to support services via phone through the REACH Stabilization Line. Responders answer general inquiries and may provide support with caring for a child in the resource home.
- RPSWs assess resource parent well-being via regularly scheduled contacts. The decisions include but are not limited to assessing the impact of fostering on the resource family and children in their care, determining best placement matches, the need for additional support or breaks in fostering.

CFSA Staff – Information-Gathering Activities

As part of CFSA's ongoing CQI efforts, the Agency gathers information through the CFSP, *Needs Assessments*, Quality Service Reviews, and program-level activities to examine Agency functioning, strengths, and areas of need across program areas. Information gathering includes surveys and interviews on all topics pertaining to the safety, well-being, and permanency of the children served by CFSA.

What evidence does the state have to show that it addresses the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

CFSA's response to community feedback is demonstrated throughout the FY 2024 APSR. Several recent notable examples are listed below.

Community Stakeholder Feedback

Community Concern	Agency Response
Disproportionate child welfare involvement and outcomes result when systems do not work to distinguish a parent's reportable conduct from the type of environmental circumstances that can be ameliorated through community-based support.	CFSA is developing the 211 Warmline (scheduled to begin operating in 2024) and Community Response Model to direct inquiries (or re-direct Hotline reports, as appropriate) to a community-based array of services to support and empower families.
The Child Protection Register (CPR) expungement law includes lifelong consequences that are too harsh, not just for the people on the register but for the children who lose potential kinship providers due to CPR status.	In collaboration with community partners, CFSA and the OAG successfully advocated for the District Council to amend the CPR Expungement Statute, including now tiers of substantiations that allow reduced periods on the register and automatically expunge substantiations based on the tiers.
Hotline referrals evidence racial and socioeconomic disproportionality in child welfare involvement.	The District will amend its Mandated Reporter curriculum to require an "Implicit Bias" module. The proposed Warmline and Community Responder model will also address this concern.
Permanency delays can be caused by complications and inconsistencies in completing frequently used court documents, such as adoption and guardianship forms.	A CFSA-OAG working group is developing new report templates with autofill features as part of a substantially expanded integration between the CFSA and DC Superior Court data systems.
Individuals with lived experience (LEx) have indicated that case plans need to be more family friendly.	A workgroup, which included LEx members, developed the Family Roadmap to serve as a concise, streamlined, and family-friendly tool.
Informal and formal kinship caregivers need easy access to updated information, community resources, and application forms.	In partnership with kin providers and a variety of stakeholders, CFSA continues to evaluate, expand, and enhance its Kinship Navigator resources, including the new website and mobile application.
Resource parents who have gone through the licensing process report that it would be helpful to have a more accessible and efficient method of providing information and completing the licensing process.	CFSA launched an online portal in STAAND to help prospective and current resource parents' access and upload documents to a single technology system for engagement, increased transparency, and improved communication with CFSA.
Based on Ward 5's increasing proportional levels of child welfare involvement, as well as a deeper-dive into neighborhood-level data, CFSA identified communities in Ward 5 that would benefit from upstream supports.	In FY 2022, CFSA expanded the Family Success Center network into Ward 5 by launching *Smart from the Start* in the Carver-Langston neighborhood.
Data and stakeholder feedback historically show barriers to effectively engaging fathers as partners in case planning and as permanency resources, even	CFSA launched the Fatherhood Engagement Steering Committee, which includes a workgroup of subject matter experts who will help reboot the Agency's fatherhood engagement efforts through targeted pre-

Community Concern	Agency Response
though there is some indication of current improvement.	service and in-service workshops for staff, technical assistance from leaders in the field, and focus groups with LEx fathers.
Nationally and locally, systemic inequities persist throughout social service infrastructures and workforces, based on race, culture, nationality, sexual identity, gender identity and additional demographic considerations.	CFSA established the Development and Equity Administration to promote diversity, equity, inclusion and belonging through a values-based framework based on integrity, respect, appropriate language, and cultural humility.
When developing and improving systems related to human services, LEx individuals must be invited to the table, and must also assume a leadership role based on their critical perspective.	Members of the Lived Experience Advisory Council have been integral to implementing the District's vision: *Keeping DC Families Together*. LEx members are included in the planning meetings and co-chair subcommittees that have identified essential components for the new upstream prevention framework and have contributed proposed language for new laws around mandated reporting, CPR expungement, and the definition of child neglect.

CFSA also receives feedback from the Citizen Review Panel via projects that evaluate the child welfare system and via the CRP's annual report. The CRP's January 2022 evaluation *District of Columbia Child and Family Services Agency (CFSA): Preparing Older Youth for Independence report* provided several findings and recommendations for financial readiness and educational achievement for older youth, ages 15-21, who reside in out-of-home care. In February 2022, CFSA convened a virtual meeting with CFSA leadership, CFSA's Office of Older Youth Empowerment (OYE), and the CRP. During this meeting, CFSA provided a detailed response to each CRP recommendation.

In the Agency's commitment to transparency and stakeholder involvement, CFSA held follow-up meetings with the CRP members to discuss the progress made on the recommendations. In addition, CFSA's director and leadership readily respond to CRP requests to attend meetings to discuss issues, answer questions that CRP members may have about CFSA or the child welfare system across the District, including any new initiatives. Between October 2022 and October 2023, CFSA either facilitated meetings or coordinated with partners to ensure meetings occurred to present activities and data to the CRP. These presentations included updates on child fatalities, MACCAN, CFSA's Public Dashboard, the Children's Justice Act Task Force, Family Success Centers, CFSA's policy development process, and the 211 Warmline.

Citizen Review Panel Recommendations

CRP Recommendation	Agency Response
Provide regular, accessible opportunities for all youth to engage in financial literacy curriculum rather than just the single orientation	The Capital Area Asset Builders (CAAB) contract includes financial literacy workshops. CFSA will assess the curriculum to determine if CAAB has infused the

CRP Recommendation	Agency Response
	Consumer Financial Protection Bureau (CFRB) curriculum into their curriculum.
Provide financial literacy curriculum to resource parents (RP) so that they can serve as positive financial role models and contribute to the financial socialization of youth in their care.	CFSA is proposing that CAAB offer monthly sessions to the Fellowship and Feedback resource parent support group. OYE will also ask CAAB if they can provide online training for resource parents.
Increase supportive services to older youth to increase enrollment and participation in the Making Money Grow (MMG) program.	OYE regularly offers information and training to ensure staff, including case managers, are aware of MMG and other OYE programs.
Improve MMG policies, technical infrastructure, and procedures.	All policies will be reviewed annually to ensure essential revisions occur, effective December 2022. CFSA will recommend that CAAB revamp current workshops to include increased interactive curricula, adding youth friendly guests with support from an OYE Facilitator.
Ensure that youth for whom CFSA receives Supplemental Security Income (SSI)iii payments understand how and when they can request to become their own payee. Youth should also know the amount they will receive and any restrictions or conditions that apply.	CFSA's Office of Well Being (OWB) has dedicated staff that provides support to youth, social workers, and resource parents on SSI payments and social security disability. OYE ensures that social security income continue is discussed in the youth transition planning (YTP) process.
Develop and implement programming designed to ensure that youth, social workers, and resource parents are aware of the vocational training opportunities available.	An OYE program specialist coordinates training opportunity presentations to social workers and resource parent support workers, as well as a monthly presentation to interested youth.
Report publicly, at regular intervals, with clearly defined metrics, the outcomes for youth in the Life Set Program, including those who leave the program prior to completion.	CFSA reports on outcomes under the Four Pillars Performance Report which is posted on CFSA's website.
Develop a clear mission statement for older youth in care, specifically those for whom emancipation is the most likely path to exit from care. This mission statement ought to include a culturally responsive definition of "success" on the part of the Agency in preparing youth for independence.	CFSA's mission, vision, goals, and objectives with respect to older youth is available on the OYE webpage.
Develop a strategic plan for older youth programming that includes, among other things, a tool for measuring the success of programming offered to older youth in helping them reach their goals prior to emancipation.	OYE's level of care system is a six-question assessment tool designed to determine a youth's level of progress in the area of life skills to include: education, financial literacy, employment and small gains determined. The Level of Care system will be conducted every 90 days by social workers.
Create a comprehensive guide or policy manual on programming available to older youth in care which includes eligibility requirements for each resource. This guide should be publicly available and regularly updated.	Details, eligibility requirements, and enrollment steps for all OYE programs are available in a series of flyers accessed through CFSA's Youth Services webpage.

Mayor's Advisory Committee on Child Abuse and Neglect Recommendations

As noted earlier, each year MACCAN reviews and offers comments on CFSA's Annual Public Report (APR) which CFSA submits to the mayor and DC City Council.

MACCAN Comment	Agency Response
There was no formal evaluation of the Collaboratives in 2020. Outcomes and indicators were developed to ensure child safety, but no quantitative or qualitative data. We look forward to learning more about the Collaboratives and their ongoing efforts to implement Family First.	This year, the APR's includes summary information from two internal reports conducted by CFSA's Office of Community Partnerships. The first is an evaluation of CBCAP and Collaborative services and outcomes over Fiscal Year 2022. The second is the September 2022 Monthly Analytics Report, which evaluates utilization, service delivery, and outcomes for the District's Family Success Centers.
Due to COVID, virtual hearings were the norm since March 2020. MACCAN suggests that CFSA explain those processes and their impact. An evaluation of virtual and hybrid virtual and in-person hearings and services is helpful to improve court processes, such as efficiencies or negatives for families and other interested parties, court date scheduling, and court-mandated treatment and services.	In 2021, the Family Court conducted a study on youth participation in permanency hearings. Reviewing 58 cases with a total of 231 permanency hearings, the study noted an increase in youth attendance when hearings are conducted virtually. In April 2021, the Family Court distributed surveys to gather stakeholder feedback on virtual hearings. A total of three Family Court Judges, 83 child welfare professionals (attorneys and social workers) and 31 birth and resource parents responded to the surveys. Notable findings included the following: ▪ The participation and punctuality of youth and parents have improved since virtual court proceedings began. ▪ Virtual hearings did not impact the distribution of court reports, counsel preparation, caseworker testimony, delays caused by continuances, or the number of issues raised. ▪ Parents were the most common group to have difficulty accessing technology. ▪ Remote appearances should continue after in-person hearings resume particularly as it relates to children, out-of-state parties, inclement weather, and unforeseen circumstances. ▪ Virtual hearings have improved the work/life balance of social workers ▪ Virtual hearings are convenient for resource parents. They require less time and money (e.g., no need to take time off work/arrange for childcare); however, in-person hearings allow for better engagement with other parties.
Members of MACCAN expressed concerns about youth in transition and their life skills to handle finances and life skills as they leave care. Behavioral competencies	In a spring 2022 survey on youth preparedness, 72 percent (n=163) of social workers indicated that their youth clients had committed adults (e.g., family,

MACCAN Comment	Agency Response
could strengthen the youths' preparation for the work environment and coping with life challenges.	resource parent, social worker, GAL) helping manage their money and plan for the future. CFSA acknowledges financial and life skills planning as an ongoing area of development for youth in care. To address this, the Agency continues to offer financial incentives, including matched savings, to youth who participate in a financial literacy program. Between 2018 and 2022, the number of youth who enrolled in financial literacy programming increased from 89 to 143 (this was despite the declining population of youth in foster care). For more details about financial and life skills planning, please refer to CFSA's most recently published Annual Progress and Services Report (APSR). FY 2022 Annual Progress and Services Report (p. 346-61).
Follow-up studies on youth leaving care could identify strengths and weaknesses of current programs and focus the resources of CFSA. COVID may present unique and challenging options for Youth Transition planning that required new approaches.	By operating its own aftercare program for young adults, aged 21 to 23, CFSA can now monitor, firsthand, the individual progress of youth that have recently aged out of foster care. CFSA's youth council provides regular opportunities for peer feedback on programs related to older youth support. Additionally, youth exiting from foster care assess their level of preparedness by completing surveys for the National Youth Transition Database (NYTD). Survey domains include employment, education, financial supports, community connectedness, life experience, parenthood, and health insurance. The data, which are aggregated among all child welfare jurisdictions in the nation, alert the District to areas of comparative strength and need. For more details, please refer to the Children's Bureau's Youth Outcomes Reports. In the summer of 2022, the Office of Planning, Policy, and Program Support designed a survey for OYE to distribute to youth in order to determine which in-house supports are being utilized, which supports are helpful, and what else is needed. OYE is currently exploring methods of distributing this survey to ensure maximum completion rates.
Stronger collaborations with Department of Education to facilitate identification of learning differences and identifying education supports is warranted, particularly early child education.	In FY 2022, CFSA began collaborating with the District of Columbia Public Schools (DCPS) on a Memorandum of Understanding to enhance and update data sharing practices. Notably, the agencies are moving toward a system in which CFSA will have immediate and direct access to DCPS recordkeeping systems (as opposed to the current standard of quarterly access) thus allowing for more timely interventions to promote the educational success of children in care.

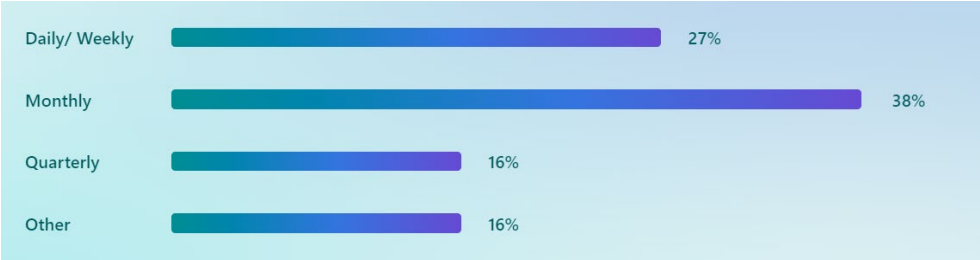
MACCAN Comment	Agency Response
As CFSA serves and includes the increasing diverse population, diversity, equity, and inclusion plans should be part of the planned legislative and program planning updates.	During FY 2022, CFSA established the Development and Equity Administration, which has continued the integration of DEIB principles into CFSA's philosophy and day-to-day activities through workshops and wellness activities, as well as focused work on the intersection of DEIB and training. As this year's APR indicates, the Thriving Families Safer Communities Steering Committee created a DEIB subcommittee to promote diversity of stakeholder input in the design of the District's child and family well-being system, and to ensure equitable service delivery.

What were representatives' perceptions of how the agency addressed their concerns (i.e., were their concerns heard? Could they see their concerns and recommendations reflected in the agency's CFSP/ASPR or program improvement efforts?) and how often the agency has engaged with them?

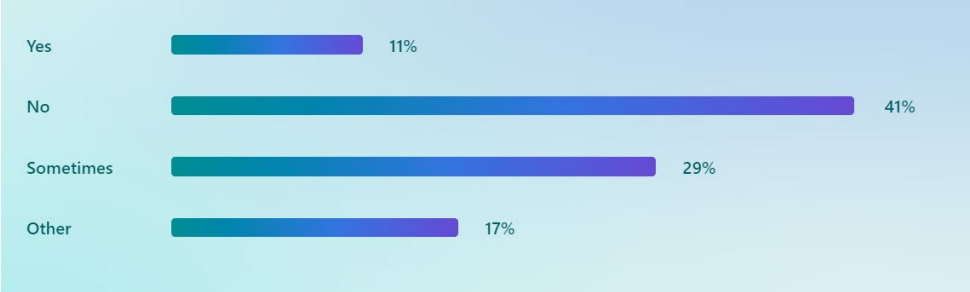
November 2023 Survey to Multidisciplinary External Stakeholder Teams

In the 2023 survey, 18 representatives from external stakeholders responded to survey questions regarding their experience engaging CFSA and obtaining response to stakeholder concerns and recommendations. Stakeholder groups included the Children's Justice Act Task Force, Citizen Review Panel, Children's Law Center, Foster and Adoptive Parent Advisory Council, Mayor's Advisory Committee on Child Abuse and Neglect, Office of the Ombudsperson for Children, Children's National Hospital System, and the DC Department of Behavioral Health.

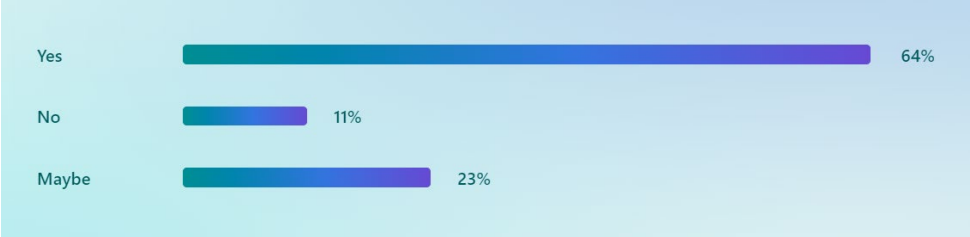
How often do you or your stakeholder group interact with CFSA?



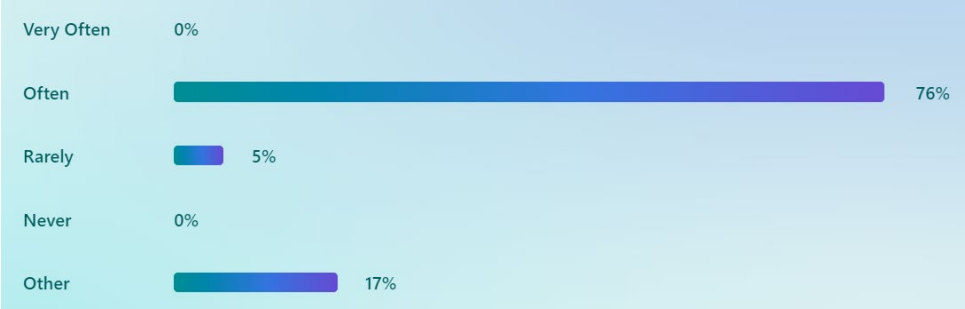
Have you or your stakeholder group experienced any challenges or barriers in your ability to connect, engage or partner with the Agency?



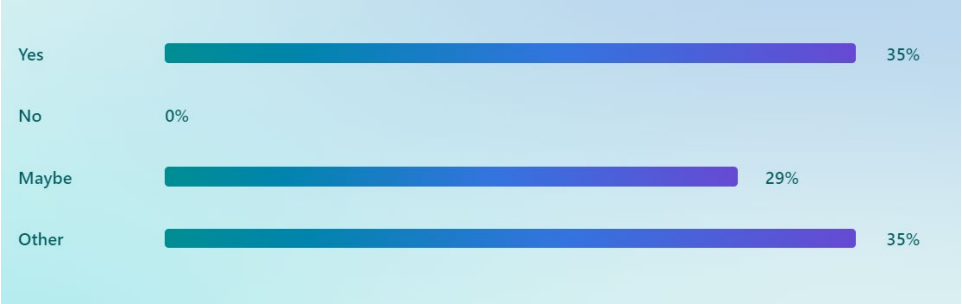
Did the Agency satisfactorily address the concerns elevated by you or your stakeholder group (e.g., were the concerns heard)?



Does CFSA consistently make efforts to identify and engage with stakeholder groups? (e.g. service providers, foster (resource) parents, the Juvenile and Neglect Branch of DC Superior Court and any public or private child and family serving agencies?



Does CFSA make concerted efforts to engage underserved communities and individuals with lived experience in planning and implementation of new initiatives or to enhance existing services?



The representatives also provided the following additional comments:

- I believe CFSA is striving to be as responsive as possible.
- In my opinion, CFSA could use the pop-up events in a more effective way that could encourage stakeholders to feel more connected. Currently most of the people who attend are CFSA staff; this could be because the word goes out very close to the event and the process to get connected by the link is challenging. I know of members as well as other community advocates who have tried to get on and couldn't and (although I don't think this is the case), it gives the impression that CFSA might not really be responsive to more significant outside input.
- Make a good faith effort to act on input.
- One area that our office has observed in reference to responsiveness is CFSA's lack of response to citizens making reports of child abuse and neglect to the Hotline. We have heard constituents state that once their report is made, they have no idea what has happened with the report. They don't know if CFSA has taken any action on the report. I've served in other jurisdictions where the child welfare agency would send a "reporter letter" to every reporter that makes a CPS report. The letter is very general, just informing the reporter that the report has been received and the status of the report, whether accepted for investigation or screened out and the reason for the screen out. One state that I previously worked in even sent a follow-up letter to the reporter at the conclusion of an investigation, sharing the results of the investigation, basically if the case was substantiated or not, or if the investigation resulted in a foster care episode.

CONCLUSION

The Agency's responsiveness to the community system is functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, consumers, service providers, foster care providers, the Juvenile and Neglect Branch of the DC Superior Court, and other public and private child- and family-serving agencies. The District includes the major concerns of these representatives in the goals, objectives, and annual updates to the CFSP. Overall recent performance indicates that the Agency's efforts to be responsive to the community in the engagement and consultation with stakeholders is an area of Strength.

SYSTEMIC FACTOR 6: ITEM 32:

Systemic Factor 6:	**Agency Responsiveness to the Community**
Item 32:	**Coordination of CFSP Services With Other Federal Programs**

STANDARD

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

RESPONSE

The District's performance for Item 32 is a Strength, based on strong relationships with federally funded partner agencies to ensure coordinated services for the District's children and families.

POLICY AND PRACTICE

Through memoranda of agreements (MOAs), CFSA's policy and practice ensures coordinating services and benefits under the CFSP with services or benefits of other federal or federally assisted programs serving the same population. The following CFSA administrations oversee the MOAs and are responsible for their implementation:

- CFSA's Business Services Administration (BSA) is responsible for processing, administering, and managing all federal revenue-claiming functions within the Agency. Units within BSA also coordinate services with the DC Economic Security Administration (ESA), which determines eligibility for federal benefits for District residents, including Temporary Assistance for Needy Families (TANF), Medicaid, and the Supplemental Nutrition Assistance Program (SNAP).
- CFSA's Office of Thriving Families (OTF) is responsible for processing, administering, and managing housing services for CFSA clients. OTF partners with the DC Housing Authority (DCHA), the Community Partnership for the Prevention of Homelessness (TCP), and the Interagency Council on Homelessness (ICH). Through these partnerships, OTF is able to utilize the US Department of Housing and Urban Development (HUD)-funded Family Unification Program (FUP) vouchers for youth who are between the ages of 18-24 and who left foster care after the age of 16, or who will leave foster care within 90 days and are homeless or at risk of becoming homeless. OTF also manages the HUD Housing Choice Vouchers ("HCV") that are available to eligible DC parents with children in foster care, as well as eligible DC families at risk of homelessness when the child is still in the home.
- CFSA's Office of Well-Being (OWB) is responsible for processing, administering, and managing childcare subsidies provided by the Office of the State Superintendent for Education (OSSE). Accordingly, an OWB childcare specialist helps resource parents who need to secure childcare for the children in their homes. The specialist identifies locations and completes the application process for the voucher.

STATEWIDE ASSESSMENT INFORMATION-GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Services, Community Response and Partnership	▪ FY 2024 APSR ▪ Memoranda of Understanding and Memoranda of Agreement with partner agencies and providers	CFSA's Office of Thriving Families	Interviews

HISTORICAL PERFORMANCE

As a result of the 2016 CFSR, the District received an overall rating of Strength for Item 32. The CFSR information showed that the District of Columbia has developed strong relationships with federally

funded partner agencies to better coordinate services for children and families. Longstanding endeavors as well as new initiatives have been designed by CFSA and its partner agencies to increase program capacity, expand the service array, simplify the referral and eligibility processes, better coordinate services, and improve access.

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

What federal or federally assisted programs serving the same population does the state partner with to provide services, and what services are provided?

Federal/Federally Assisted Programs

- **TANF and SNAP -** BSA coordinates services with DC ESA, which determines eligibility for TANF benefits and SNAP programs in the District.
- **Medicaid -** BSA serves as liaisons for the District's Medicaid program covering children in foster care. Young adults formerly in foster care from the District and from other states receive Medicaid coverage through the District. In late 2022, BSA met with staff from the DC Department of Health Care Finance's (DHCF) Health Care Policy and Research Administration to amend the policy requirement to offer Medicaid to eligible young adults formerly in foster care who move to a new state. On May 19, 2023, the federal Centers for Medicare and Medicaid Service approved a state plan amendment (SPA) for this policy. The policy is currently in the programming stages through the District of Columbia Access System (DCAS). DCAS is an umbrella eligibility and enrollment system for DC Health and the District's Department of Human Services (DHS). DCAS provides access to cross-agency automated databases for case demographics, beneficiary data, and benefit issuance. The system also determines Medicaid eligibility. Coordination between CFSA and DHCF ensures relevant stakeholders are aware of the amended policy. CFSA also receives Medicaid reimbursements for therapy services.
- **Childcare Vouchers and Subsidies.** Childcare vouchers (full cost) and subsidies (pre-determined rate) are available to help all families pay for childcare. OSSE provides the vouchers, while CFSA administers the subsidies. The OWB childcare specialist helps resource parents identify childcare centers and assists with processing the childcare voucher applications and referrals for emergency services until long-term childcare arrangements can be secured. Childcare resources include daycare programs for children who are not yet school-aged, as well as extracurricular and recreational activities, and respite. When families receiving services through CFSA's In-Home Administration need childcare, in-home social workers will refer families to DHS's Childcare Subsidy Program (Childcare Voucher Program). The Childcare Subsidy Program helps income-eligible working families who live in the District to access and pay for quality, affordable childcare. This access to childcare allows the parents to continue working and to contribute to the healthy, emotional, and social development of the child. In addition to helping income-eligible, working families, the Childcare Subsidy Program also serves the following populations:
    - Families receiving TANF and participating in education and training in accordance with their individual responsibility plan.
    - Families not receiving TANF, pursuing additional education to improve their job

opportunities.

- Teen parents seeking a high school degree or its equivalent.

- **Head Start -** Head start is another federally funded program utilized prior to, during, and after family involvement with CFSA. Through the Head Start program, DC offers free, pre-kindergarten (Pre-K) education to 3- and 4-year-olds across the District. Head Start is offered through all Title I elementary schools and education campuses through these available Pre-K slots. Eligible families apply through a lottery process for these spaces. CFSA staff plan with families to include Head Start into case goals as needed to support child well-being, family stabilization and reunification as applicable.
- **HUD programs\Social Security-**The District uses HUD funding to administer the FUP vouchers to provide housing support to CFSA-involved families where housing is a barrier to permanency or family stabilization. In FY 2023, CFSA identified six eligible families and 31 eligible older youth for referrals to DCHA to apply for FUP vouchers.[39]
- **Office of Juvenile Justice and Delinquency Prevention (OJJDP)** -–The Office of Well-Being facilitates interventions for substance use treatment and recovery, oversees cases involved with the Family Treatment Court (described below), and facilitates the in-house Project Connect program, which works with high-risk families impacted by parental substance abuse, mental health issues, and domestic violence. Consisting of a program coordinator, registered nurse, and four resource development specialists, Project Connect offers home-based counseling, substance use monitoring, nursing, and referrals for other services. In FY 2023, the Project Connect team served 68 parents representing 105 children. Of the 68 parents, 49 had their Project Connect case closed in FY 2023; 22 parents remained active in the program as of the last day of the fiscal year. Of those parents whose cases were closed, 21 had successful closure, four achieved their program goals before program completion, three had a goal change, 10 disengaged for more than 21 days, nine withdrew, and two voluntarily discharged.
- **Family Treatment Court (FTC)** – The District's FTC is a voluntary, court-supervised, comprehensive service program funded through OJJDPs Family Drug Court Program. FTC promotes timely family reunification for parents with a diagnosed substance use disorder. In addition to the judge, team members include the FTC coordinator, recovery specialist, assistant attorney general, social worker, and treatment providers. FTC conducts entry hearings, weekly group hearings, and weekly virtual case review meetings. Individual court appearances occur on a weekly, bi-weekly, or monthly basis, depending on the parent's circumstances and progress toward identified goals. FTC participants are enrolled in and may complete either an inpatient or outpatient substance treatment program. In FY 2023, a total of 15 of the 179 foster care entries and re-entries indicated parental drug use as the primary reason for entry.[40] In FY 2023, a total of five parents enrolled in FTC, three of whom entered a treatment program. Two of the newly enrolled parents completed treatment and one was unsuccessfully discharged from the program. Two of the parents were still active in FTC at the end of FY 2023. Three FTC cases involved parents who were reunified with their children, resulting in successful case closure, and three FTC cases involved parents whose children returned to their care under protective supervision.

[39] Due to the high costs of housing in the District, youth and families can receive multiple, consecutive FUP vouchers to apply to a single rental unit.

[40] Source: FACES.NET PLC 155 and Tableau.

- **Maternal Infant Early Childhood Home Visiting (MIECHV) -** The federal Maternal and Child Health Bureau – MIECHV program funds the District's home visiting programs through DC's DHS. The home visiting programs provide new and expectant parents with support to build their basic caregiving skills and assist parents and other primary caregivers in bonding with children to encourage healthy child development and a positive home environment. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services.
- **Education and Training Vouchers (ETV) Program -** For youth in foster care and for youth who left foster care after achieving an adoption, kinship, or guardianship goal, the Office of Older Youth Empowerment (OYE) administers the Chafee-funded ETV program, which is an important financial resource to help youth defray costs for attendance at an institution of higher education. Funding assists with tuition, fees, books, housing, and other related-college expenses. Up to $5,000 worth of ETV funds are available to youth only after all other forms of financial aid have been explored and utilized. Youth receive ETVs on a first-come, first-served basis until the ETV funds are exhausted. Youth must re-apply for an ETV each academic year. In FY 2022, CFSA provided a total of $112,692 in ETV support. In the first two quarters of FY 2022, the Agency provided $47,957. In the 2021-2022 school year, CFSA awarded a total of 40 ETVs, of which 15 were new awards. In the 2022-2023 school year, CFSA awarded a total of 34 ETVs, of which 15 were new. In FY 2022, CFSA used approximately $2,215 in Chafee funds to directly support four youth for pre-college-related programming. CFSA spent $950 to provide this support in the first quarter of FY 2023.
- **Kinship Navigator** – To better support kinship caregivers, CFSA has developed a host of resources through the Kinship Navigator Program, funded by federal dollars. These resources include a helpline, an online community resource directory, a kinship caregiver support group, and kinship care workshops to support unique kinship caregiving needs. On December 8, 2022, CFSA launched the Kinship Navigator website which allows participants to have access to support and services and the ability to apply online for the Grandparent Caregivers and Close Relative Caregiver subsidy programs. As of March 25, 2023, the website has had approximately 1,200 unique visitors and 4,000 page views. A mobile application is now also available to reinforce the purpose of the website and encourage engagement by kinship users.
- **Family First**–The District continues to implement the Title IV-E Family First 5-Year Prevention Plan through a comprehensive approach towards prevention strategies. The Prevention Plan highlights primary, secondary, and tertiary levels of supports and services, and highlights the use of Motivational Interviewing (MI) as an evidence-based case management model, which is currently in use both by CFSA social workers and the community-based Collaboratives. CWTA has trained all staff in the use of MI to support families to achieve their goals.

Children's Bureau Grant Programs

- ***Community-Based Child Abuse and Prevention (CBCAP) –*** CBCAP funding supports the strengthening and expansion of the District's network of coordinated child abuse prevention resources and activities. CBCAP grantees strengthen families and protect children from abuse and neglect through public education and parent support programs. CFSA continues to conduct strategic and outcome-focused planning for CBCAP-funded activities that promote long-term, sustainable prevention efforts in the District. Activities included parenting classes, community

cafés, and activities specific to Child Abuse and Prevention Month. The following CBCAP-funded programs are included in CFSA's array of services:

- Community Family Life Services – Nurturing Parenting Program (Home Visitation)
- Collaborative Solutions for Communities – The Family Place (subgrantee) – HIPPY Program (Home Instruction for Parents of Preschool Youngsters) - Home Visitation
- DC Children's Trust Fund – Capacity Building/Circle of Parents
- Far Southeast Family Strengthening Collaborative – Nurturing Parenting Program/Quenching the Father's Thirst Program (Parent Education)
- Foster & Adoptive Parent Advocacy Center – Effective Black Parenting (Parenting Education)
- Mary's Center – Father-Child Attachment Program (Home Visitation)

- ***Children's Justice Act (CJA)*** – The District's CJA Task Force is a multi-disciplinary, stand-alone body that works to enhance investigative, administrative, prosecutorial, and judicial processes for child victims of abuse and neglect. The Task Force focuses on child fatalities related to abuse and neglect, commercial sexual exploitation of children, and the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect. The Task Force also makes child maltreatment policy and training recommendations to organizations, offices, or entities within the community. CFSA coordinates and monitors the CJA grant with one dedicated CFSA staff member serving on the Task Force within the category on child protection agencies. CFSA has presented the Task Force with findings from the CFSR, along with progress on the Agency's Performance Improvement Plan (PIP) and the APSR. Presenting issues are used as discussion points as the Task Force identifies goals for the three subcommittees (training, child welfare/criminal justice, and legislation). CFSA shares data and family-based issues with other committee members from partnering agencies who also share initiatives and issues they confront as they work to serve District families. Annually, CJA funds the Regional Academy on Family Violence, as well as the Shared Hope Juvenile Sex Trafficking conference, along with initial updates to the Structured Decision Making® (SDM) tool. In addition, funds support the maintenance of the Mandated Reporter Training website. In FY 2023, the grant funded necessary updates to Mandated Reporter Training website to ensure compliance with the District's Expanding *Supports for Crime Victims Amendment Act of 2022*. The updates incorporated key provisions related to the mandated reporter training, originally introduced by the Office of the Attorney General (OAG) under the *Protecting Children and Vulnerable Adults Through Mandated Reporting Amendment Act of 2021*. Additional updates to the mandated reporter training included emphases on competence in diversity, equity, inclusion and belonging (DEIB). With curricular components geared toward recognizing and overcoming internal and systemic biases, the training helps ensure that the community of mandated reporters recognizes and views all situations through a DEIB lens. This DEIB-infused curriculum includes information about implicit bias and how it might impact on a decision to call the Hotline. Moreover, the training serves as another mechanism for helping achieve the District's goals related to prevention and equity.

Formal Agreements with Partners in the District of Columbia Serving Older Youth

CFSA partners with a variety of District government agencies that jointly serve older youth. CFSA currently has a memorandum of understanding (MOU) with the Department of Behavioral Health

(DBH) around the administration of family functional therapy, as well as the operation of Wayne Place, a transitional living program for young adults who recently aged out of care and require an additional period of support and stabilization. CFSA also has an MOU with the District of Columbia Public Schools (DCPS) in the ongoing implementation of and adherence to the federal Every Student Succeeds Act, which includes coordinated efforts around school stability, best interest determinations, records transfer, and transportation. In addition, CFSA has a memorandum of agreement (MOA) with OAG, Metropolitan Police Department (MPD), Freddie Mac, Safe Shores, and the US Attorney General for the District of Columbia to discuss investigation, prosecution, and prevention strategies for child physical and sexual abuse matters. CFSA also has an MOA with the DC Criminal Justice Coordinating Council (CJCC) to streamline interagency communication through an electronic data access protocol.

Participation on Multidisciplinary Work Groups

- **DC Criminal Justice Coordinating Council (CJCC)** – The OYE program administrator sits on the Juvenile Justice Committee with members from CJCC, DBH, OAG, MPD, DCPS, DHS, the Department of Youth Rehabilitative Services (DYRS), and several other local government agencies. During quarterly meetings, members identify current policy efforts to address the following issues:
  - Utilization of existing resources
  - Data sharing on juvenile justice trends
  - Coordination of cross-systems trainings focusing on issues relevant to cross-systems-involved youth
  - Identification and promotion of existing resources to benefit practitioners, their clients, and the community
  - Identification and development of policies to reduce recidivism or re-entry into the juvenile justice system
  - Development of strategies to share information and coordinate case management
- Mayor's Juvenile Justice Advisory Group (JJAG) – OYE's program administrator also sits on the JJAG in partnership with members from the OAG, Family Court, DBH, DCPS, DYRS, MPD, several other community organizations and several community members with lived experience in various systems. The JJAG advises the Executive Office of the Mayor and other District government agencies on compliance with core requirements of the Juvenile Justice and Delinquency Prevention Act (JJDPA). In addition, JJAG obtains input from youth with experience navigating the juvenile justice system, reviews and comments on juvenile justice grant proposals, and assists in monitoring all juvenile detention and correction facilities and grant-funded community-based programs to ensure compliance with the JJDPA.
- ***Court Improvement Program (CIP)*** – CFSA collaborates with the Family Court by participating in the CIP. The CIP Advisory Committee holds quarterly meetings to discuss the ongoing grant-funded programs and plans for new programs to be funded. Co-chaired by the deputy presiding judge and the CIP director, the committee membership comprises many stakeholders in the child welfare community, including CFSA, OAG, DBH, resource parents, a former foster youth, and others. CIP also participates in data-sharing activities with CFSA and other District agencies to promote quality assurance, efficient performance review, and the monitoring of treatment

outcomes, and will collaborate with the Family Court's presiding judge and the magistrate judges to finalize permanency strategies for submission of the CFSR PIP.

- **Coordination with the Metropolitan Police Department (MPD)** – All reports involving allegations of child physical abuse and sexual abuse are forwarded to MPD's Youth and Family Services Division. From that point onward, MPD and the US Attorney's Office assess whether the report meets the criteria for a criminal investigation. CFSA and MPD are also partners in a shared DC MOA on Child Physical Abuse Investigation, Prosecution, and Prevention. CFSA works in partnership with the multidisciplinary team (MDT) as part of Safe Shores Child Advocacy Center on child abuse investigations and prosecution. The Safe Shores Forensic Services Program coordinates and conducts neutral, developmentally sensitive, fact-finding interviews with child victims on behalf of CFSA and fellow MDT agencies. In addition to CFSA, the MDT comprises:
  - Children's National Medical Center (The Freddie Mac Child and Adolescent Protection Center).
  - Metropolitan Police Department (Youth Investigations Branch and Special Victims Unit).
  - Office of the Attorney General (Child Protection Section, Juvenile Section and Neighborhood Victim Services).
  - United States Attorney's Office for the District of Columbia (Sex Offense and Domestic Violence Unit and the Victim/Witness Assistance Unit); and,
  - Safe Shores—The DC Children's Advocacy Center.
- **Coordination with Domestic Violence (DV) Service Providers** – Within CFSA's Office of Well-Being, a DV specialist and supervisor collaborate with District-wide DV providers who receive federal funding to coordinate services for clients and families. Some of these agencies include DC Safe, House of Ruth, My Sister's Place, DASH (District Alliance For Safe Housing), and the DC Coalition Against Domestic Violence. CFSA is also a partner in a city-wide lethality alert system (LAP-Lethality Assessment Project) that provides confidential and controlled notification of cases involving high risk and increased lethality concerns. In addition, the Agency serves on the DV Fatality Review and DV System Review Boards, which comprise DC agencies that provide subject expertise and collaborative reviews specific to DV cases in the District.
- **Coordination with Mental Health (MH) Service Providers** – the Office of Well-Being (OWB) Mental Health Unit coordinates with DBH and other core service agencies to ensure the delivery of mental health treatment to children and families. OWB internally tracks assessment and referral rates and service timelines for children who demonstrate a need for behavioral health support. In FY 2022, the MH Unit evaluated 69 children, recommended in-house therapy for 63 children, and provided therapeutic services to 43 children. OWB also referred 12 children to MBI Health Services, LLC (MBI), a core service agency contracted through CFSA. MBI provides diagnostic assessments, psychiatric evaluations, medication management, individual and family therapy, community support services, and other specialized therapies. Also in FY 2022, the average time between a child's separation from the home to the date of a mental health evaluation was 22 days. The average time from the evaluation to the initial appointment was 21 days.

What is the state's process for partnering with these programs (e.g., shared funding streams or shared data or metrics; prioritization of access for families served by the child welfare agency, use of the same providers)?

CFSA coordinates with federal programs, District partners, and families to further enhance and expand the service array to meet the needs of the children and families served. The following services are included:

- The CFSA **Kinship Navigator** assists caregivers by linking them to DHS when applying for TANF, SNAP or benefits through the Women, Infants, and Children program. The service adds children to housing vouchers, or applications for childcare subsidies. The Navigator may also assist the caregiver with completing online applications, as needed.
- **IV-E funded Flex funds** aids families with respite services, support groups and training, family group conferencing, parent education support, mobile stabilization support, and homemaker services.
- **IV-E funded Kinship Flex Funds** support identified kin for foster care licensure. These funds have been used to buy furniture and minor household repairs to support safe housing, and other concrete supports for families needed for immediate placement with kin.
- **Family Unification Program (FUP)/Fostering Youth to Independence (FYI) Vouchers** As noted earlier, CFSA continues to partner with DCHA, TCP, and ICH to provide FUP vouchers to youth who are between the ages of 18-24 and who left foster care after the age of 16, or who will leave foster care within 90 days and are homeless or at risk of becoming homeless. Social workers can assist youth who need additional time and support to transition with safe housing in applying for the FUP. CFSA collaborates with ICH and TCP to implement a youth data match to identify eligible youth in the community for FUP/FYI vouchers. These youth have exited care and are no longer formally involved with CFSA or the OYE Aftercare program. This data match was implemented as a proactive measure to identify youth who may need FUP/FYI vouchers but are no longer attached to the Agency. CFSA's Office of Thriving Families reports that the partnership with ICH and TCP has been going well as TCP/ICH are both responsive partners and collaborate well with CFSA.
- **HUD's Family Unification Program (FUP) Housing Choice Vouchers** are made available to eligible DC parents when the family is at risk of homelessness**.** CFSA social workers complete an internal application process to request housing support for a family with whom they are working. This housing support application includes a narrative application about the family's needs and requires a budget form to detail the family's financial situation.
- **Home Visiting –** Early childhood home-visiting programs are one of the three key service interventions allowable under Family First DC (in-home parenting, mental health, and substance use disorder services). These interventions continue to be an important part of the District's preventions services array.

CFSA also coordinates with federal programs and District partners at the state level to further enhance and expand the service array to meet the needs of the children and families served. The following partnerships are included:

- **Children's Justice Act (CJA) Task Force –** Noted earlier, CFSA administers the CJA grant and has CFSA staff members assigned to serve on the Task Force within the category of child protection agencies, health professional, and parent or parent advocate. The CJA grant is a federally funded program that helps states develop, establish, and operate programs to improve the investigation and prosecution of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation. The grant further improves the handling of cases of suspected child abuse or neglect fatalities.
- CJA Task Force members comprise 14 required disciplines, including representation from law enforcement, criminal and civil court judges, prosecuting and defense attorneys, child welfare and mental health professionals, as well as individuals with lived experience. CFSA members of the Task Force work alongside partners such as MPD, CIP, OSSE, OAG, and the Child Advocacy Center.
- **Citizen Review Panel (CRP**) – The locally and federally mandated CRP includes a group of DC residents who are appointed by DC City Council and the mayor to volunteer as an external, independent oversight body for the District's child welfare system. CRP examines the policies, practices, and procedures of CFSA and any other District government agency or community-based provider that offers services to children who are at risk of abuse and neglect, or who are already victims of abuse and neglect and currently in foster care. At bi-monthly meetings, the CRP often hears from outside speakers and invites them to share recommendations, which the CRP itself may endorse. CFSA's leadership team members attend CRP meetings, upon request, to provide Agency updates. The CFSA grant monitor meets on a quarterly basis with the CRP facilitator and interim chairperson to check in and discuss any open issues and needs. CFSA also partnered with the CRP in recent updates to the MOA to continue to ensure an effective and collaborative working process.
- **District of Columbia Home Visiting Council –** Home visiting is a prevention strategy used by CFSA to reduce child abuse and neglect, promote positive health outcomes, and empower families to support their children's growth and development. CFSA participates as a member of the District's Home Visitation Council to enhance and increase strategic support for home visitation with the goal of preventing involvement of families in the child welfare system and to support those families that have children in the child welfare system. Home visiting in the District is supported by both local and federal funding. CFSA partners in this work on the state level with other member agencies or organizations, including but not limited to DC Health, Community Family Life Services, Children's National Hospital, Children's Law Center, DC Department of Health Care Finance, Georgetown University Center for Child and Human Development, and Healthy Babies Project Inc.
- **Keeping DC Families Together City-Wide Steering Committee -** The Keeping DC Families Together City-Wide Steering Committee (formerly known as the Thriving Families, Safer Children Citywide Steering Committee) makes key recommendations for inclusion in CFSA's Prevention Plan. The two key focus areas are (1) identification of the target populations for services (i.e., "candidates" for foster care) and (2) recommendations for the best evidence-based services to meet these families' needs. Workgroup participants include directors of partnering human service organizations and representatives from the Executive Office of the Mayor, the DC Council's Health and Human Services Committee, Parent Watch DC, and the Collaboratives. Additional participants include members from community advocacy organizations, community-based agencies, the Citizen's Review Panel, the Mayor's Advisory

Committee on Abuse and Neglect, the Family Court Operations Division (Family Court), and DC Council.

- **CBCAP Primary Prevention Services -**The CBCAP/Primary Prevention Subcommittee identified primary prevention and services for the following prioritized populations: (1) young parents (under age 24) with young children, (2) parents and teens with behavioral challenges, and (3) homeless families. The following member agencies and organizations are represented on the subcommittee:
  - Community Family Life Services (CFLS)
  - Collaborative Solutions for Communities (CSC) – The Family Place subgrantee
  - DC Children's Trust Fund
  - Department of Behavioral Health (DBH)
  - Far Southeast Family Strengthening Collaborative
  - Foster & Adoptive Parent Advocacy Center (FAPAC)
  - Mary's Center

  In addition, the subcommittee identified the following priority subgroups within the target populations: (a) families with complex concerns (e.g., homeless families with young children, young parents with mental health needs), (b) incarcerated parents, and (c) fathers. It was the subcommittee's recommendation that services be designed and delivered in a manner that is well-adapted to the priority subgroups, such as the use of tailored recruitment or retention mechanisms, a focus on service accessibility, and the removal of existing barriers to serving these subgroups. The subcommittee selected the following key services: (1) home visitation, (2) parenting skills, and (3) intensive therapeutic interventions. Within these categories, and in alignment with the Protective Factors Framework, the subcommittee selected six evidence-based interventions to be used with the selected target populations. Two additional interventions were noted as complementary services: (1) Parent Cafés and (2) Flex Funds (described earlier). Both interventions should be used in tandem with the other interventions to meet families' immediate needs and bolster parental resilience and social supports.
- **Unite Us -** In the spring of 2022, CFSA joined Unite Us for the District and the state of Maryland. Unite US is a platform for coordinated care network of services consisting of healthcare, government, non-profit and other human services agencies. The Unite Us software allows CFSA and all partner agencies and contracted providers to securely identify, deliver, and share information to address the needs of children.

By leveraging Family First and other federal funds to provide Agency-involved families with critical services, including early childhood home visiting programs, CFSA has created the space for sister agencies and community partners to think about their core work differently. The District's continuum of family-centered prevention services for children and families at the Front Yard, Front Porch, and Front Door blend local and federal resources to contract services with private agencies, non-profit organizations, and sister agencies to serve families at home and in their communities.

How does the state ensure that services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

The District's Family First Prevention Plan (*Keeping DC Families Together*) builds on the substantial progress made over the past decade to reform DC's child welfare system and to bolster prevention efforts that help to reduce child abuse and neglect. The plan remains in close alignment with the Children's Bureau's vision for keeping families healthy, together, and strong. For example, the plan also builds upon CFSA's primary prevention work, and reinforces the lessons learned through the implementation of CFSA's Waiver. Further, the plan focuses on the refinement of existing programs and services prior to determining new services to better meet the needs of District families before, during and after involvement in child welfare.

The development of the Family First Plan included a collaborative effort put forth by members of the Family First Prevention Work Group, which comprised a diverse selection of CFSA staff and external stakeholders from key community organizations and sister agencies. The stakeholder members met over a period of six months to discuss coordination and integration of evidence-based practices that increase protective factors against possible child maltreatment. The Work Group prioritized the following broad criteria for selecting the prevention services:

- Identifying the populations that are at higher risk to entering the child welfare system by examination and analysis of data on populations being served by the community-based Collaboratives as well as DC's array of other social services agencies.
- Identifying a service array that aligns with the characteristics and service needs of statistically vulnerable families (i.e., the target populations), thus ensuring that each family will be able to secure a service that meets their specific needs and circumstances.
- Ensuring that each identified service has a level of evidence of effectiveness, based on national evaluations as well as the District's experience with the programs and positive outcome data after implementation.
- Prioritizing the selection of services that are currently successful within the District's service array, i.e., building on existing capacity, model familiarity, and effectiveness.

In addition to the above priorities, CFSA's ongoing work is guided by collaborating with federal or federally funded programs that promise to help prevent families from coming to CFSA's attention. For families that do come to the attention of the Agency, CFSA expects to maximize federal funding to ensure that the most appropriate services are in place for any welfare-involved family. The following section provides an overview of how the Agency used data and evidence to inform the selection of services (in accordance with the criteria).

Throughout the continuum of services, CFSA's work with children and families includes the involvement and coordination with numerous federally funded and community-based public and private providers. The Agency refers families to the Collaboratives (described earlier) when there is no open CFSA case, and the family has low and moderate risk levels. Families with high risk levels but that

do not warrant separation of the child from the home receive in-home case management services and may also receive referrals to services related to mental health, substance use, domestic violence, etc. Families with high risk levels and evidence of safety concerns that led to their children entering foster care, these families receive child-specific well-being services, including mental health, tutoring, mentoring, etc. Birth parents may also receive services for purposes of reunification (e.g., FUP housing vouchers, mental and behavioral health, substance use, and other services as identified through the case plan).

Services through federal programs such as TANF, SNAP, Medicaid, Head Start, and childcare vouchers are utilized prior to, during, and after family involvement with CFSA. CFSA staff plan with families to include aspects of these programs into case goals to ensure that the most appropriates services are utilized for family stabilization and reunification.

As mentioned previously, the federal US Department of Housing and Urban Development funds the District's Family Unification Program while the federal Maternal and Child Health Bureau - Maternal, Infant and Early Childhood Home Visiting Program funds the District's home visiting programs through the DC Department of Human Services. In addition, the District's Office of Victim Services provides funding toward DC's Families First DC Success Centers (FSC), which include trauma-informed support and services to residents impacted by violence. The FSCs intentionally assist victims and communities to heal.

Similarly, case planning and coordination, and service delivery through other local public providers include the Department of Behavioral Health, the Department of Health, the Department of Health Care Finance, and the Department of Youth Rehabilitation Services.

In FY 2023, CFSA and the DC Department of Healthcare Finance agreed to participate in the Child Welfare and Health Infrastructure for Linking and Data Analysis of Resources, Effectiveness, and Needs (CHILDREN) initiative. The cross-jurisdictional collaboration is intended to enhance the data infrastructure and analytic capacity of public child welfare and Medicaid agencies with to improve service deliver and oversight; enhance the ability to monitor program spending; and conduct cross-program research on evaluation of services and outcomes.

What evidence does the state have that the services are coordinated?

Reports/Descriptions of Multidisciplinary Teams

CFSA has several MOAs that speak to the Agency's coordination with federal and federally assisted programs serving the same population. Additionally, several MOAs incorporate data sharing agreements to increase efficiency, improve timeliness and support better outcomes for children and families.

RECORD YEAR	AGREEMENT TYPE	AGENCIES	DESCRIPTION
2015	MOA	DC Office Of The Attorney General (OAG)	Cooperation And Coordination: To Seek Reimbursement Under Title IV-E (Federal Funding) On Neglect Cases Handled By Attorneys With OAG
2017	MOA	Criminal Justice Coordinating Council, The Court Services And Offender Supervision Agency, The Court Social Services Division of the District Of Columbia Superior Court, The DC Department Of Youth Rehabilitation Services, the Pretrial Services Agency, and CFSA	Information Sharing and Case Management Services
2019	MOA	Criminal Justice Coordinating Council (CJCC)	Data Sharing Agreement
2019	MOA	Social Security Administration	Strengthening protections for social security beneficiaries act
2020	MOA	APHSA	NEICE System
2020	MOA	DC Health	Data-Sharing Agreement for the DOH Home Visitation Program/Heath Resources and Services Administration
2020	MOA	Department of Healthcare Finance (DHCF)	Data sharing agreement
2021	MOA	Office of the State Superintendent for Education (OSSE)	Data sharing agreement
2021	MOA	DHS	Information Sharing for Foster Care Program (FCP), Grandparent Caregivers Program, and Close Relative Caregivers Program (collectively GCP/CRCP)
2021	MOA	DHS	MOA to support the exchange of information among the Parties to the minimum extent necessary to continue to support FCP, GCP, and CRCP at CFSA.
2022	MOA	DHS, DHCF	State Verification Plan Data Sharing
2022	MOA	Citizen Review Panel	Specifies the roles and responsibilities of the CRP and CFSA to guide the working relationship and ensure the mandated goals of the CRP are successfully achieved.

The following programs and related data (also noted above) speak to the agency's coordination with federal and federally assisted programs serving the same population:

- **HUD programs\Social Security** – In FY 2023, CFSA identified six families and 31 older youth as eligible for FUP vouchers.[41]
- **Office of Juvenile Justice and Delinquency Prevention (OJJDP)** -– In FY 2023, the Project Connect team served 68 parents representing 105 children. Of this number, 49 parents had their Project Connect case closed in FY 2023; 22 parents remained active in the program as of the last day of the fiscal year. Of those parents whose cases were closed, 21 had successful closure, four achieved their program goals before program completion, 3 had a goal change, 10 disengaged for more than 21 days, 9 withdrew, and 2 were voluntarily discharged.
- **Family Treatment Court (FTC)** – In FY 2023, a total of 15 of the 179 foster care entries and re-entries indicated parental drug use as the primary reason for entry.[42] In FY 2023, a total of five parents enrolled in FTC, three of whom entered a treatment program. Two of the newly enrolled parents completed treatment and one was unsuccessfully discharged from the program. Two of the parents were still active in FTC at the end of FY 2023. Three FTC cases involved parents who were reunified with their children, resulting in successful case closure, and three FTC cases involved parents whose children returned to their care under protective supervision.
- **Education and Training Vouchers (ETV) Program** – In FY 2022, CFSA provided a total of $112,692 in ETV support, and in the first two quarters of FY 2022, the Agency provided $47,957. In the 2021-2022 school year, CFSA awarded a total of 40 ETVs, of which 15 were new awards. In the 2022-2023 school year, CFSA awarded a total of 34 ETVs, 15 of which were new. In FY 2022, CFSA used approximately $2,215 in Chafee funds to directly support four youth for pre-college-related programming. CFSA spent $950 to provide this support in the first quarter of FY 2023.
- **Kinship Navigator** –As of March 25, 2023, the Kinship Navigator website has had approximately 1,200 unique visitors and 4,000 page views. A mobile application is now also available to reinforce the purpose of the website and encourage engagement by kinship users.

To what extent does the state experience challenges, i.e., geographic, economic or others, in trying to coordinate services across systems?

The challenges noted in 2016 surrounding OJJDP funding utilization have been resolved. CFSA is proactively coordinating and engaging with partners across the child welfare system in regularly scheduled meetings to enhance the Agency's collaborative partnerships.

Current challenges:

- **FUP Vouchers** - CFSA partners with DCHA to process and issue FUP Vouchers. While delays in communication are occasionally experienced, they are not generally systemic and are therefore addressed on a case-by-case basis.
- **MIECHV -** In FY 2023 the Parents As Teachers (PAT) program, provided by Mary's Center, experienced difficulties engaging and enrolling families for services. During this period, staff

[41] Due to the high costs of housing in the District, youth and families can receive multiple FUP vouchers to apply to a single rental unit.

[42] Source: FACES.NET PLC 155 and Tableau.

turnover increased drastically, which had an impact on the workload of family support workers and the response time to connect and engage with families. Despite the challenges, Mary's Center leveraged these complexities to better inform participants of the benefits of enrolling in the PAT program. They engaged with CFSA CPS social workers through information sharing sessions and presentations, assessed families short-term and long-term needs and connected them with other programs and community organizations (Martha's Table, Community of Hope, HFA) better equipped to support them. This shift can be seen as a great strength of character to the program and opens the dialogue to be more inclusive of other organizations CFSA can partner with throughout the district.

CONCLUSION

The District's performance for Item 32 continues to be a Strength. The District has developed strong relationships with federally funded partner agencies to better coordinate services for children and families. Longstanding endeavors as well as new initiatives have been designed by the CFSA and its partner agencies to increase program capacity, expand the service array, simplify the referral and eligibility processes, better coordinate services, and improve access.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

SYSTEMIC FACTOR 7: ITEM 33

Systemic Factor 7:	**Foster and Adoptive Parent Licensing, Recruitment, and Retention**
Item 33:	**Standards Applied Equally**

STANDARD

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

RESPONSE

The District's application of standards remains an area of Strength due to coordinated efforts between CFSA administrations and private foster care agencies to adhere to clear and comprehensive regulations.

POLICY AND PRACTICE

The District of Columbia's Municipal Regulations (DCMR) Title 29 sets forth licensing standards in family-based homes and youth residential facilities. CFSA's Facilities Licensing Unit reinforces the regulations and provides detailed licensing protocols for care providers in the District, including relative (kinship) care providers, foster parents, childcare institutions (congregate care providers, group homes,

residential treatment facilities) and independent living programs. CFSA's Contracts Monitoring Division (CMD) works to ensure that contracted foster care agencies in Maryland adhere to the same standards outlined within the respective contracts and state regulatory requirements.

The contract for the Maryland-based family provider, the National Center for Children and Families (NCCF), requires a process to ensure that homes are licensed in compliance both with DCMR and the Code of Maryland Annotated Regulations (COMAR). The contract further outlines the standards within the 120-day timeline from the first day of pre-service training, and that re-licensing occurs in a timely fashion so that licenses do not lapse. The contractor must also provide CFSA with documentation establishing initial and ongoing licensure of foster homes.

To facilitate its goals of expediting placement of children with eligible kin in exigent situations, CFSA has established a process for temporary licensure of foster homes for kin residing within the District of Columbia and Maryland. The Temporary Licensing of Foster Homes for Kin policy provides guidance and procedures to allow for this immediate placement of a child. The policy ensures that upon written application and for good cause, the CFSA director may waive any provision of 29 DCMR §6027 and §6028 for licensing the kinship caregiver (residing within the District of Columbia only) whenever that licensure does not adversely affect child safety. For kinship resource parents in Maryland, the policy covers steps under Procedure C: Process for Temporary Licensure of Kinship Foster Homes in Maryland. If all other criteria for an Emergency Temporary License have been met and the waiver has been granted, the applicant shall be granted a license within 48 hours of receipt of this signed waiver.[43]

The Interstate Compact on the Placement of Children (ICPC) Policy states that under the Border Agreement between the District of Columbia and the state of Maryland, ICPC referrals do not have to be completed for foster care placements in either state. An ICPC referral is required in the state of Maryland only if the foster or kinship parent files a petition for adoption or guardianship. All guardianship ICPC referrals must be submitted as a foster care request in the State of Maryland.

Border Agreement for Contracted Child Placing Agencies

Historically, half of the children in the District's foster care system have been placed in Maryland due to geographic and environmental limitations requiring placement in adjacent communities, despite significant efforts by CFSA to recruit families in the District.

As CFSA does not have authority as a licensed child placement agency in Maryland, the District relies on contractual relationships with CFSA's contracted child-placing agency, NCCF, to license foster homes and provide foster care placement and case management services for children who are in the custody of CFSA. Pursuant to this arrangement, the District has had a long-established Border Agreement with Maryland. The agreement has facilitated recruitment of resource homes for the placement of children

in Maryland while allowing, as necessary and appropriate, geographical access to schools and services in the District.

Regarding retention of resource parents, CFSA updates it annual Foster and Adoptive Parent Diligent Recruitment Plan with retention activities. Per its contractual requirements with CFSA, NCCF must also develop a comparable retention plan to be updated annually and shared with CFSA through the updates to the Foster Parent Retention Plan report. The plan and its quarterly updates must include performance indicators, data collection tools, and exit interviews to accurately assess why families choose to discontinue fostering. Integrated into both CFSA and NCCF retention plans are an explanation of how feedback from resource parents and team members is used to implement strategies for retention.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Placement	▪ FY 2024 APSR ▪ DC – Maryland Border Agreement ▪ Private Provider Survey and Interview Report	CFSA Contracts and Monitoring Division (CMD) Managerial Staff	Interviews
		CFSA Family Licensing and Relicensing Managerial Staff	Interviews
		CFSA Facilities Licensing Managerial Staff	Interviews

HISTORICAL PERFORMANCE

During the 2016 CFSR, the District received an overall Strength rating for this item, based on a licensing, recruitment, and retention system that functioning statewide to ensure that state standards are applied to all licensed foster family homes and childcare institutions.

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

What are the state's standards that are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

Due to the level of operational detail prescribed in the DCMR's licensing provisions, each relevant chapter (Chapters 60 – 62) serves as a policy to guide Agency functioning. The standards vary by caregiver type and are described below. Standards are applied equally based on regulations included in contract language for provider agencies. Standards differ for kinship and traditional homes, but within each category the standards are applied equally based on respective regulations (e.g., kinship homes may waive non-safety related standards). All licensed homes must meet the standards.

How do the state's standards vary by caregiver type (e.g., foster parent vs. adoptive parent vs. licensed kinship provider) or institution type (e.g., group home vs. other types of childcare institutions, including private child placement agencies)?

Licensing Standards

The District's licensing standards and practice focus on safety considerations to the extent that there are no variations by caregiver type within each placement category. For example, the Agency provides different pre-service training curricula to kinship parents and traditional foster parents, but the standards are the same in terms of the required training hours and the certification of the trainers and programs. Aside from opportunities for kin to initially obtain temporary licensure and waive certain non-safety related requirements, they are held to the same standards as traditional foster parents when it comes to home studies, background checks, and ongoing adherence to the licensure requirements. In a congregate setting, the standards are also consistent across traditional and therapeutic group homes.

Standards for Foster Family Homes

DCMR Chapter 60 establishes standards for foster, kinship, and adoptive homes. The regulations are comprehensive in scope, addressing high-level requirements, personal role-based rights and responsibilities, child safety and security, interior and exterior environmental requirements, behavioral expectations (of social workers, resource parents, and children in care), family integration, behavioral management, child well-being, community engagement and support, and of course the home study and application process itself. Programmatically, the chapter highlights the collaborative nature of social work and emphasize the concept of teaming, transparency, and a mutual respect among a child's team members that is fundamental to the successful outcomes for children. The chapter also defines the application activities, inspections, training, and documentation that must be completed for every prospective resource parent and for existing resource parents wishing to renew their licenses. These standards are communicated from the very beginning, including during the twelve annual orientation sessions for prospective resource parents. Additionally, each resource parent's capacity to meet and maintain the standards is assessed from the initial visit to inspect the home environment.

Just over half of the District's foster care population resides outside of the District's boundaries. Much of this out-of-state population resides in nearby communities in Maryland. CFSA has a contractual relationship with a Maryland-based private child placing agency (NCCF) to facilitate placements in that state. NCCF has the authority under Maryland law to license and approve foster family homes according to the Code of Maryland Regulations. The NCCF contract states that NCCF will make efforts to license foster homes in Maryland in accordance with COMAR standards and DCMR Chapter 60, as applicable for families referred by CFSA.

Border Agreement for Contracted Child Placing Agencies

CFSA is not a licensed child placement agency in Maryland and therefore relies upon its contractual relationship with Maryland-based foster care providers to license foster homes and provide foster care placement and case management services for children and youth who are in the custody of CFSA. To enable this arrangement, the District has had a long-established Border Agreement with Maryland which has facilitated recruitment of resource homes to facilitate the placement of children in Maryland while allowing geographical access for schools and service provision in the District. The initial agreement was signed on February 7, 2013. The agreement was extended on June 8, 2018 and remains in effect. Under the 2013 Border Agreement, ICPC referrals do not have to be completed for foster care placements in either state to expedite the ICPC process. An ICPC referral is required in the state of Maryland only if the foster/kinship parent files a petition for adoption or guardianship.

Emergency temporary kinship licenses are issued by CFSA's Kinship program and immediately transferred to the contracted provider in Maryland to complete the licensing process. Temporary kin licenses are issued based on the applicant residing in DC or MD, application submission requesting licensure and completion of the temporary kin licensure packet to their state of residence. To maximize continuity for children placed in Maryland, case management responsibility will transfer from CFSA to the contractor at the time the emergency temporary license is issued by CFSA.

Kinship Licensing

District regulations permit CFSA to issue emergency temporary kinship licensure to facilitate the placement of children in a relative (including fictive kin) home on a temporary basis. CFSA's Kinship unit has the capability to run clearances, complete the necessary steps to facilitate the placement of children in the kinship home on a temporary basis until all of the licensure requirements have been met to issue a full license for homes located in the District. Through the aforementioned Boarder Agreement with the state of Maryland, CFSA is able to extend emergency temporary kinship licenses to homes located in Maryland. The Border Agreement lays out criteria, agreements, and processes to facilitate the issuance of an emergency temporary license for kinship caregivers residing in Maryland.

As previously noted, kinship foster parents are subject to licensure requirements in accordance with the same laws and regulations established for and applicable to non-kin foster homes. To facilitate its goals of expediting placement of children with kin in exigent situations, CFSA has established a process to issue emergency temporary kinship licensure of foster homes located in the District and in the state of Maryland through a Border Agreement. An emergency temporary license permits an immediate placement with kinship caregivers consistent with the procedures in the policy (see policy and practice section above for criteria, requirements, and process). The Director of Child and Family Services Agency, upon written application and for good cause, may waive any provision of 29 DCMR §6027 and §6028 for licensing of kin (residing within the District of Columbia only) if that does not adversely affect child safety. (See Attachment B for waivable non-safety requirements). If all other criteria for an

Emergency Temporary License have been met and the waiver has been granted, the applicant shall be granted a license within 48 hours of receipt of this signed waiver.

CFSA's contracted Maryland child placing agency, NCCF, conducts home studies, regulatory reviews, and prepares ICPC packets for foster homes located in Maryland. In addition, NCCF is required to fully license kinship and adoptive homes in Maryland in accordance with Maryland COMAR standards and DC Chapter 60 for families referred by CFSA. When CFSA provides an emergency temporary license for kinship homes, NCCF is required to issue full licensure within 120 days per COMAR and Chapter 60. Kinship applicants can either complete pre-service training with CFSA or NCCF.

In FY 2022, the Agency drafted a comprehensive update of Title 29 DCMR, Chapter 60 – Foster Homes Regulations to conform to changes (e.g., terminology, language, and definitions) in local and federal law and to address changes in practice. The proposed rulemaking was published in the District of Columbia Register on July 28, 2023 but has yet to be adopted as of this report.

Standards for Youth Residential Facilities (YRFs) and Independent Living Programs (ILPs)

DCMR Chapter 62 for YRFs and Chapter 63 for ILPs share many commonalities among their respective requirements while still distinguishing between the two placement settings. For example, the standards in 29 DCMR Ch. 62 are clearly articulated across the following licensing domains:

- Operating procedures
- Building, grounds, and equipment
- Interior space and physical plant
- Fire and carbon monoxide protection
- Sanitation
- Utilities and hygiene facilities
- Personnel policies
- Staff development
- Documentation and recordkeeping (including background check requirements for staff)
- Confidentiality
- Timeliness of completion of required activities for licensure

Most of these requirements are reiterated in 29 DCMR Ch.63, albeit with differences in the physical plant, staffing, monitoring, and other programmatic requirements that account for the higher level of independence granted to youth in this setting. Others are unique to ILP programming and service modality (e.g., initial individual transitional independent living plans).

How does the state monitor the licensing and relicensing processes?

CFSA monitors licensing and relicensing through three separate units that cover the licensing of foster homes (DCMR Chapter 60) and facilities, i.e., YRFs (Chapter 62), and ILPs (Chapter 63). There is also a relicensing unit to ensure that licenses do not expire. As applicable, each unit ensures monitoring of licensure throughout the continuum from application through renewal.

Foster Family Homes

Licensing specialists monitor the licensing process at the front end through a comprehensive system of deliberate and coordinated checks and balances. Licensing specialists enter data packets into a shared electronic spreadsheet, which initiates a detailed and comprehensive review process up the chain of command, including reviews by the licensing supervisor and program manager, who verifies all necessary steps and is ultimately responsible for signing off on the initial home study. Included in the monitoring process, CFSA and its contracted partner agencies must maintain compliance with caseload standards for traditional licensing social workers, which are not to exceed 30 cases. In FY 2023, caseloads averaged 22 per specialist.

A monthly report indicates the number of homes, beds, and vacancies by license type. Additional data, when aggregated, proves helpful in informing trends, such as common reasons for recent closures. For example, in FY 2023, there were 15 closures due to a child's achievement of permanency, 10 due to the resource parent's request, and three due to clinical or regulatory reasons. Additional details about closures and placement disruptions can be found in Item 4.

During the relicensing monitoring process, the relicensing specialist will conduct quarterly home visits. The supervisor reviews all the documents in the relicensing record and conducts a quality assurance review to ensure that all regulations are met, including all clearances, prior to approval of the renewed license.

Licensing and relicensing modules were among the first domains to be included in the initial CCWIS STAAND launch in FY 2023. The launch included a series of checks and balances in the form of prompts for such factors as expiring licenses and clearances. Currently undergoing modifications, the licensing and relicensing modules will be updated with improved dashboard prompts and other automated built in functionalities in FY 2025.

Congregate Care Facilities

The Facilities Licensing Unit implements similar protocols and conducts similar trend analyses to the Resource Home Licensing Unit, but typically sees less variation in performance or activities from year to year. The program manager approves or denies original licensing applications, which include a three-phase process: (1) submission of the licensing application with supporting documents, (2) sanitation and environmental on-site inspection, and (3) final walk-through and issuance of the license.

Contracted Foster Care Providers

Contracted agencies are required to conduct home studies and regulatory reviews, and to prepare Interstate Compact for the Placement of Children (ICPC) packets for foster homes that transfer or are recruited. In addition, the provider is required to fully license kinship and adoptive homes in Maryland in accordance with COMAR standards for therapeutic foster homes and DC Chapter 60 for families that are referred by CFSA. For kinship homes, CFSA will provide an emergency temporary license and the provider must then conduct all efforts required for full licensure within 120 Days per COMAR and Chapter 60. Kinship applicants can either complete pre-service training with CFSA or the provider. Additional details can be found in the Quality Assurance Monitoring section of this item.

Annual Reconsideration process

MD COMAR requires an annual reconsideration of each resource home which includes at least one home visit to determine continuing compliance with resource home regulations. The review also determines whether the resource home remains in compliance, and whether any major life changes could impact the resource parents' ability to care for children.

Compliance Monitoring

CFSA's Contracts Monitoring Division (CMD) reviews the completion of resource parent licensure requirements through data entered in FACES.NET. CMD also receives a copy of the resource home license prior to linking resource homes to the provider's contract in FACES.NET, permitting payment to be generated to the provider. For emergency temporary kin licenses, CMD receives a request from CFSA's Kinship Unit to link new kinship homes to the provider responsible for licensing the home in Maryland.

CMD also participates in joint monitoring on site visits with the state of Maryland's Office of Licensing and Monitoring as part of the aforementioned Border Agreement between the District and the state of Maryland. Joint monitoring activities include reviews of resource parent records and visits to resource parent homes. In addition, CMD completes independent reviews for a random selection of resource parents' files as part of an annual onsite records audit.

Federal Audit

As an external monitoring mechanism, the Title IV-E Annual Single Audit (formerly called the OMB Circular A-133 Audit) includes a review of licensure for providers who have received title IV-E foster care maintenance payments. Auditors select a sample of 60 foster care maintenance payments from the fiscal year and check every facet of child and provider eligibility using a review tool known as the A-133 Compliance Supplement. The FY 2023 audit found that for 7 of 60 samples, CFSA did not provide complete evidence of criminal background record checks and fingerprint-based checks from the national crime information databases. CFSA indicated that the issues with the background checks

pertained to “other adults residing in the home” who were not licensed foster parents. As a result of the audit, CFSA will include the sections of the applications/re-applications for foster family home licensure, as appropriate, into the digital catalogue of readily available licensure documentation available for audit retrieval. These documents corroborate household composition for the purpose of identifying who, within the household, requires background checks.

If the state has a waiver process (e.g., for relative caregivers, or to allow large sibling groups to be placed together), what is the state’s process for granting waivers? Who grants waivers? What are the reasons for granting waivers, and are waivers specific to the child or to the home? How are waivers tracked? How often is the process for granting waivers reviewed? How many waivers were granted in the past 3 years and for what reasons (e.g., how many were for safety-related reasons)?

For traditional foster parents, CFSA will allow placement of siblings together and waive non-safety related factors such as space, as long as no other children are in the home. DCMR 29-6027.1 permits kinship caregivers to obtain temporary licensure if they have completed background checks and application protocols. Additionally, the Agency can issue certain non-safety-related requirements for relatives if clinical judgment supports such a decision. These include considerations around the number of children residing in the home, the physical space, sleeping arrangements, relative caregiver income, foster parent training completion, and prior fraud convictions. The Agency is also allowed to waive certain safety-related licensing requirements in accordance with clinical judgment and with the approval of the Agency director. These include certain prior criminal convictions or a positive return on the District’s Child Protection Register (CPR).

The Kinship Licensing database collects information on waivers for kinship families. The conditions for the waiver are also entered in FACES.NET in the provider screen at the time that the license number is issued and approved. In FY 2023 and first quarter of FY 2024, CFSA issued 11 waivers. Three were related to kin on the CPR database. Both the administrator and the program manager reviewed these cases prior to child placement in the home. The findings in the CPR were determined to pose no current risk to children. Of note, these waivers occurred prior to the expungement legislation recently passed by DC Council. Four waivers were due to the size and function of the bedrooms not meeting regulations. One was issued for insufficient income. One waiver was issued for no health form for a household member, based on the team using school records. One waiver was issued to excuse a pet vaccination form. Another waiver was issued for a child who was living with a non-blood relative without a relative affidavit. The relationship was proven by the school and community members. Due to heightened conflict within the birth family, relatives were uncooperative.

In FY 2023, eight kinship applicants were denied licensure. Three applicants had current or past criminal charges that posed safety threats to the children who would be placed in the home. One applicant was unable to verify a relationship with the birth family or the child. Two applicants did not

meet Maryland COMAR licensing requirements. Two applicants became unwilling to complete the home study during the course of the process.
In FY 2024 (through December 31, 2023), one kinship applicant was denied licensure due to providing false and misleading information regarding their household composition. The applicant was also unable to provide a backup caregiver in case of emergency.

For Maryland-licensed foster homes, COMAR places a limit of two children per home, and three for sibling groups without prior approval via a waiver request from the Maryland Office of Licensing and Monitoring (OLM) via the provider's assigned licensing coordinator (monitor) with the Maryland Department of Human Services.

Waiver requests are most commonly based on the need to accommodate sibling groups. Provider agencies may request an exception by submitting a Maryland Treatment Foster Care Bed Capacity Exception Packet to OLM for consideration, and must copy CMD on the request. OLM, CMD and the CFSA Deputy Director for the Office of In-Home and Out-of-Home Care provide additional context, as needed to support the request. Since MD COMAR placement standards are more restrictive than DCMR standards, all Maryland-licensed providers are monitored based on their adherence to the MD COMAR standard.

Historically, due to the waiver request being solely based on the COMAR regulations, CFSA did not have a mechanism for collecting data for waiver submissions. CMD tracked waiver request submissions and approvals on a case-by-case basis. As a result, CMD is in the process of developing a data collection method to capture waiver submissions and approvals.

Similar to the process for waiving a resource home licensing requirement, the District's congregate care providers and independent living programs can submit a "request for variance" as permitted by DCMR 29-6212 and DCMR 29-6310. Historically, most variances have involved excess or umbrella insurance amounts. Other requests are related to in-service training hours for part-time staff, as well as education and experience requirements for program administrators. When variances impact the residential composition, such as placing youth who are under the minimum age as defined by the contract, or placing additional youth beyond the specified contract number, the provider documents additional measures that will be put into place to accommodate the variance. The provider also submits documentation to the social worker, who elevates the variance to the Facilities Licensing Unit. CFSA does not grant variances when a potential safety issue is identified. The following is a summary of variance requests submitted over the past 3 years:

Congregate Care Variance Requests

Request Type	2021	2022	2023	Total
Age range	6	12	7	**25**

Request Type	2021	2022	2023	Total
Staff shortage	2			**2**
Training	2	2	2	**6**
Carbon Monoxide Detector		1 (denied)		**1**
Medical		1	1	**2**
Length of Stay		1		**1**
Insurance		1		**1**
Staff Position (case manager)		1 (denied)		**1**
Staff Position (education)			1	**1**
Staff Position (clearance)			1	**1**
Gender			1	**1**
Total	**10**	**19**	**13**	**42**

Independent Living Facility Variance Requests

Request Type	2021	2022	2023	Total
Age range	1		1	**2**
Training	1	1	1	**3**
Stipend		1	1	**2**
Bank Accounts	1	2	2	**5**
Total	**3**	**4**	**5**	**12**

What is the state's QA process to monitor the application of the standards?

For family-based foster homes, resource parents must meet initial licensing standards, which are monitored through the licensing process. The program manager reviews licensing packets to ensure compliance. After a foster parent is licensed, ongoing monitoring occurs through regular home visits. Resource parent support workers visit the foster homes every other month. In so doing, they observe the home environment, as well as all individuals living in the home, to determine whether any changes may impact ongoing compliance with the standards.

Additionally, re-licensing workers visit the home twice per year to formally assess the home and determine whether any factors would impact compliance. If a home is out of compliance, CFSA will not close the home, but will make it unavailable until the situation is rectified. However, a home could be closed if the circumstances are not rectified. During supervision, the licensing specialist will consult with the supervisor to discuss any providers that may be unavailable for regulatory reasons, and what

is involved in bringing them back into compliance. In FY 2023, three homes were closed for regulatory reasons.

For congregate care providers and Maryland foster homes, CMD monitors compliance with regulatory requirements through completion of resource parent case record audits. CMD utilizes an audit tool to verify the existence of updated licensing documents within resource parent files, including an updated home study, background checks, including for household members over 18-year-old, health certificates, and vehicle insurance. Audit findings are entered into CMDs system of record to calculate compliance.

Additionally, CMD performance monitors make unannounced visits to congregate facilities to observe each shift. These visits may take the form of physical plant inspections or unannounced program observation visits where staff and willing youth are also interviewed. At least two visits for each facility occur after hours annually. Monitors complete one visit near the conclusion of the late-night shift (normally before 8am) and another during the midday shift (normally conducted after 5pm). These visits typically last 1 hour, except for apartment style facilities that may take 2.5 hours to complete when conducted as a physical plant inspection.

CMD has a Monitoring Activity Plan (MAP) for each child placing agency and congregate care partner. The MAP is a template that CFSA staff use to evaluate contractor performance and to ensure compliance with applicable District licensure requirements. The tool is used for every provider (within each service category as outlined below) irrespective of the jurisdiction in which the provider is operating.

Universal Contract Monitoring Activities

Activity	Frequency
Provide Technical Assistance	As needed or requested
Draft and Final Performance Evaluation	Biannually/Annually
Maintain agency monitoring files	Ongoing
Monitor agency Program Improvement Plans	As needed
Track Unusual Incidents/Critical events	Ongoing
Respond and address complaints	As needed
Review Staff Clearance	Quarterly
Child record reviews	Monthly
Staff record reviews	Quarterly
Resource parent record reviews	Quarterly/ Annually
QA system assessment	Quarterly

Activity	Frequency
Review Staff Clearance Packets	As needed
Meet with Agency Leadership	As needed

Specific Family-Based Unit Activities

Activity	Frequency
Special oversight	As needed
Foster parent record reviews	75-100 percent
Staff interviews	Monthly
Census analysis	Monthly
Linkage of Foster Homes	As needed
Process demand payments	As needed

Specific Congregate Unit Activities

Activity	Frequency
Youth record reviews	Monthly
Youth interviews	Monthly
Staff interviews	Monthly
Physical Plant Inspections	Monthly
Census Analysis	Weekly
Status Report	Monthly
Linkage of Independent Living Apartments	Daily
Monitor placement changes	As needed
Special Oversight	Weekly

If providers are found to be out of compliance with regulatory requirements during the relicensing process, monitors will work with the provider to develop a tailored corrective action plan (CAP). The CAP must document the compliance issues and outline the steps necessary for the provider to remedy the issues within a reasonable time period. In FY 2023, three CAPs were issued to two congregate providers due to failure to maintain the required staffing array as stipulated in their contract. Both contractors' corrective actions were closed after 90-day observations and evidence of successful implementation of their CAPS.

The final stage in the performance improvement process is the issuance of a Performance Improvement Plan (PIP). A PIP is used when a provider has failed to address multiple concerns from

CFSA on the same issue. Before a PIP is issued, the performance monitor and the supervisory performance monitor will meet to review the issues, discuss the history of the complaints, and review the steps taken and technical assistance offered to resolve the challenges. The supervisory performance monitor will inform the program manager who will direct any further internal notification to the CMD and senior leadership.

There is also a Progressive PIP that is categorized at two separate levels and can be initiated at either a Level I for "major" impact issues that present substantial risk of harm to children or at a Level II for "serious" impact issues that place the health, safety, and well-being of children in imminent danger. It is CMD's goal to work collaboratively with providers to resolve problems in an agreed-upon timeframe. However, if a provider placed at a Level I does not resolve the identified issues, the monitor may place the provider at a Level II. A subsequent "Notice of Cure" may be necessary if the provider is unable to resolve the concerns after being initially placed at a Level II or being escalated to Level II. The performance monitor, supervisory performance monitor, program manager, contract administrator, and contract officer will meet to assess the provider's inability or unwillingness to make the required improvements. The Notice to Cure request is the final step in CMD's attempt to assist the provider's ability to cure a breach and end violations of the contract.

CONCLUSION

As the Agency's licensing and contracts monitoring teams continue to consistently apply the District's comprehensive and compliant licensing standards and ensure that contracted providers in Maryland are doing the same, this item remains an area of Strength in the District.

SYSTEMIC FACTOR 7: ITEM 34

Systemic Factor 7:	**Foster and Adoptive Parent Licensing, Recruitment, and Retention**
Item 34:	**Requirements for Criminal Background Checks**

STANDARD

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

RESPONSE

The District's performance for this item is an area of Strength, based on clear and comprehensive guidance by local regulations, and coordinated monitoring and enforcement efforts carried out between CFSA and agency partners in Maryland.

POLICY AND PRACTICE

Consistent with the Social Security Act section 471(a)(20) and the Code of the District of Columbia Title 4-1501.03(b), the District of Columbia's Municipal Regulations (DCMR) Title 29 set forth requirements for criminal records and the District's Child Protection Register (CPR) background checks for placement providers in family-based homes and youth residential facilities. In the District, CFSA's Family Licensing and Relicensing staff ensure that the requirements of Chapter 60 are upheld by requiring all resource parent applicants and resource parents up seeking licensure renewal have completed a criminal background check and local police clearance, while the Agency's Contracts Monitoring Division (CMD) coordinates with contracted foster care providers to ensure the regulations are reinforced for Maryland placements.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Placement	▪ FY 2024 APSR ▪ Private Provider Survey and Interview Report	CFSA Contracts and Monitoring Division (CMD) Managerial Staff	Interviews
		CFSA Family Licensing and Relicensing Managerial Staff	Interviews
		CFSA Facilities Licensing Managerial Staff	Interviews

HISTORICAL PERFORMANCE

For the Round 3 CFSR, the District received an overall rating of Strength for this item based on a showing that CFSA tracks and monitors compliance with federal criminal background check requirements, including fingerprinting, for all foster family homes and licensing staff.

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

What is the state's process for ensuring that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, including placements in childcare institutions managed by private child placement agencies licensed by the state?

Key functions of the Family Licensing and Relicensing Units involve informing, supporting, and monitoring all providers to ensure compliance with the following provisions:

- DCMR § 6008 requires documentation of criminal records checks along with clearances from the CPR database for all potential foster parents, including CPR clearances for all adults over 18 who reside in the potential foster home during a child's placement. Applicants are automatically prohibited from obtaining licensure if, within the previous 5 years, they have had

a felony conviction for fraud or a drug-offense or, if at any time, they have ever had a felony conviction for child abuse, child neglect, spousal abuse, or any other crime against children, including child pornography, or a crime involving violence, including but not limited to rape, sexual assault, homicide, assault, or battery.

- DCMR § 6209 and § 6324 require checks and clearances for all employees of facilities (i.e., childcare institutions) licensed for placement of children in out-of-home care in the District.
- Pursuant to Chapters 62 and 63, facilities must obtain the written approval of the licensing agency and the contracting entity prior to employing any person who has been convicted of fraud or a drug-related offense.
- All prospective foster parents, adults living in a foster parent's home, and employees of congregate care facilities must undergo a criminal record's check from the Interstate Identification Index System, also known as the National Crime Information Center.
- Prospective foster parents, adults in the foster home, and facility employees must also apply for clearances from the Federal Bureau of Investigation (FBI) and local police.
- CFSA's in-house fingerprinting results are used to check the backgrounds of the prospective foster parent, adult, or facility employee using FBI "LiveScan" technology.
- Prospective congregate care staff utilize an approved FBI channeler to satisfy the criminal background check requirements of Chapters 62 and 63.
- If an individual does not reside in the District, they must obtain a local police and CPR clearance from their state of residence or place of employment for foster parents.

As a part of the orientation process, Agency staff inform prospective resource parents that background check findings will prohibit licensure, and that staff will only license resource parents whose background checks are complete and meet all requirements. In FY 2023, there were no positive findings of criminal activity among applicants.

In the case of newly hired congregate care staff members, the provider uploads a complete packet of required documents on each prospective staff member. A Facilities Licensing Unit staff member reviews the documents and physically visits the facility to review the criminal background (FBI) report. The Facilities Licensing Unit also prepares an employment decision letter and sends this letter to the provider with a copy to CMD. Once the formal approval is received, CMD creates an approval letter for its contracted District providers. For private agencies contracted to provide foster care placements in Maryland, CMD completes the entire review process.

Since the last CFSR, the District has prohibited the copying and transmission of criminal clearance documents. Staff from the Facilities Licensing Unit and CMD must now visit the facilities in person to view and verify the hard copies. In FY 2023, 99 background checks were completed for new staff and 196 renewals were completed.

What is the state's process for ensuring that foster care and adoptive placements remain in compliance with required criminal background clearances (including changes in family

circumstances, such as a new adult family member entering the household, children reaching the age of 18, or new staff at a childcare institution)?

As part of licensing reviews, CFSA performs criminal records checks once every two years and CPR clearances annually. CFSA's social workers and resource parent support workers, who are informed of background clearance requirements during initial training, assess household dynamics during the course of regular visits to foster homes. Specifically, they scan for and, as appropriate, ask household members about new residents, frequent visitors, or any other adults who may be assisting the foster parent in caring for the child or otherwise have regular access to the child. Such assessments more formally occur during twice-yearly visits from relicensing workers. Relicensing workers also track birthdates and will initiate background clearance protocols whenever a household member turns 18 years old. In the District, background clearances are conducted every 2 years. In Maryland, a provider is fingerprinted prior to licensure, and the state has an automated process for receiving updates from the FBI whenever a caregiver is charged with a crime.

With respect to Youth Residential Facilities and Independent Living Program providers, the Facilities Licensing Unit's standard practice includes review and approval or denial of each request for employment of any individual with a positive identified criminal history. During this review, the licensing specialist examines each conviction and current life circumstances of the individual before deciding if a specific conviction would prohibit a licensee from ensuring that an individual with a criminal conviction could provide responsible care for adolescents or young adults consistent with DCMR regulations. CMD reviews and has the authority to approve or deny all job applicants based on the results of their criminal background check.

Each facility provider must submit to CFSA the following documents for analysis to determine if the provider's proposed staff is eligible for employment under a CFSA license. The first document is submitted to the licensing specialist in all instances, while the remaining items may be required if CFSA deems them necessary to render a final employment decision regarding any convictions:

1. Official documentation outlining the specifics of all arrests from each arresting jurisdiction, indicating the results of criminal records check and the final official disposition for each arrest
2. A self-disclosure statement from the named individual of an arrest
3. Three character-support references
4. A letter of support from the provider's program administrator
5. Copy of the most recent performance evaluation for an individual, if employed for at least one year
6. A signed copy of the individual's initial employment application
7. A current copy of the individual's drug testing results
8. A current copy of the individual's CPR results

If the licensing specialist discovers that an individual is working with an arrest record but without obtaining the required approval, or if staff have expired clearances, the provider is cited in a Report of Findings and the individual is prohibited from working until a decision is made about their continued employment. CFSA will also issue approval or denial letters based on review of traffic records. Once checks and clearances are approved, initial and expiration dates of checks and clearances are entered on the Employee Record Checklist for each provider. Licensing management staff review each report and follow up on any necessary corrective action plan as part of the Agency's continuing quality improvement process. Results are also referenced in the family home or facility environment study; originals are filed in the case file. As an additional safeguard, social workers are trained to observe and assess all adults living in the home, including any new residents or individuals that may be spending extended periods in the home. This safeguard is part of best practice standards for visitation and safety assessment protocols.

What evidence does the state have to demonstrate that licensed foster care and approved adoptive placements, including those placements managed by childcare institutions or private child placement agencies licensed by the state, have met the requirements?

As detailed in DCMR chapters 60, 62, and 63, the licensure process is designed to ensure compliance with the background check requirements. For family-based foster homes in the District, a license cannot be issued unless all of the licensure checklist requirements are met. After the licensing specialist completes the checklist, the supervisor reviews all the elements, and the program manager will only sign off on the home study after completing an additional check to ensure all appropriate steps have been taken.

For congregate care providers and Maryland foster homes, CMD monitors compliance with regulatory requirements through completion of resource parent case record audits. CMD utilizes an audit tool to verify the existence of updated licensing documents within resource parent files. Current documents sought include updated home study, background checks, including for household members over 18 years old, health certificates, vehicle insurance, etc. Audit findings are entered into CMDs system of record to calculate compliance. DCMR is the basis for compliance for DC private foster care agencies while COMAR is the basis for compliance for Maryland agencies.

If the requirements were not applied to foster care and adoptive placements, what is the process for addressing noncompliance?

CMD uses the Monitoring Activity Plan to evaluate every contractor's performance to ensure compliance with applicable District licensure requirements. If providers are found to be out of compliance with regulatory requirements during the relicensing process, monitors will work with the provider to develop a tailored corrective action plan (CAP). If the provider does not sufficiently address

the CAP items, the Agency may put the provider on a Performance Improvement Plan (PIP). None of the CAPs conducted in FY 2023 were related to background clearances.

Does the state have a process for identifying instances when a child was placed in a foster care or adoptive placement, including at childcare institutions, before the required background check was completed and, if so, how often does that happen?

Although the District's practice is to ensure that all providers are licensed before any placement, there remain instances when children enter placements with individuals for whom background checks were not completed. These instances most commonly occur in short-turnaround situations, such as when an older youth absconds from a licensed placement to the home of a relative, friend, or even the birth parent from whom the youth was separated. In these cases, if the youth is in contact with the Agency or the placement provider and no risks are detected, CFSA's Business Process, Missing, Abducted, and Absent Children directs the placement provider to try to engage the youth through telephone calls, text messages and, as appropriate, discussion with the individual providing placement in order to bring the youth home. The social worker will log the youth's status into FACES.NET, indicating the youth is "not in a legal placement." Reliable tracking and data aggregation for this status is not practicable due to the frequency with which some youth abscond, as well as the quick turnaround of these stays and challenges associated with distinguishing among circumstances that warrant "not in legal placement" or "abscondence" data entries.

Private foster care agencies do not receive payment for children placed in homes that do not have verified background checks. CMD reviews all private foster care resource parent licensing documents. Upon verification of a complete packet, CMD updates FACES.NET to make resource parents' homes available for placement matching and reimbursement. When resource parents' background check information expires within FACES.NET, the system automatically makes homes no longer available for reimbursement.

What is the state's process for monitoring the ongoing safety of foster care placements for children (e.g., re-running criminal background checks, assessing child safety while in placement or while on trial home visits, responding to allegations of child maltreatment in out-of-home placements, responding to allegations of policy violations in out-of-home placements; response to children on runaway status)?

CFSA performs annual CPR clearances and criminal records checks once every 2 years. The Agency responds to allegations and findings of DCMR violations in accordance with DCMR Chapters 60, 62, and 63, and, as needed, the CAP and PIP protocols described earlier.

As described below, CFSA's Visitation Policy details the necessary components of safety assessment that child welfare practitioners must conduct during placement visits.

In instances where alleged child maltreatment in an out-of-home placement results in a near fatality or serious bodily injury, CFSA's Critical Events Policy directs the placement provider to make an immediate report to 911 and the CPS Hotline. In all other cases of alleged maltreatment in an out-of-home placement, the policy directs the placement provider to contact the assigned social worker within 1 hour, and for the social worker to immediately notify the CPS Hotline.

In addition to the protocols described earlier for youth who may have absconded, but whose whereabouts are known and for whom no safety concerns are noted, CFSA's policy Missing, Abducted and Absent Children details elevation protocols for whom youth there is an identifiable high risk, e.g., the youth or child's whereabouts are unknown or there is a suspicion that the child has been abducted. The policy requires that placement providers must immediately conduct outreach efforts within the community in order to determine the child's whereabouts, and within 1 hour file a police report and a CPS Hotline report. Congregate care providers must also make an electronic report to the District's Telephone Reporting Unit system within 1 hour and must submit an Unusual Incident report to the Agency within 24 hours.

CMD engages in a range of monitoring activities to assess the ongoing well-being of children in private foster care and congregate care settings, including but not limited to the following steps:

Activity	Frequency
Tracking of unusual incident reports	Daily
Youth interviews	Monthly
Staff interviews	Monthly
Resource parent interviews	Quarterly
Child case record audits	Monthly
Resource parent record audits	Quarterly
Staff record audits	Quarterly
Inspection of congregate facilities	Monthly
Review of resource parent licensing packets	Ongoing as needed
Review of new hire packets to include background check findings	Ongoing as needed
Monitor placement changes	Ongoing as needed

In response to maltreatment allegations or other safety concerns in family-based out-of-home placements, CFSA conducts an investigation. Based on the allegation, CFSA makes a clinical decision regarding whether the child can safely remain in the home, or if it is best to re-place the child in another foster home. When allegations are substantiated, the Agency will revoke the provider's license.

As noted, in congregate care placements, provider agencies must submit Unusual Incident reports within 24 hours of any unusual incident, per DCMR. Performance monitors review the submitted UIs to ensure accuracy of reporting (i.e., who, what, when, where) before the UI is entered into the electronic tracking system. The performance monitor inputs all UIs into the system weekly. In some instances, the performance monitor will require a UI follow-up based on the issue. The provider should complete the UI follow-up using the initial UI submitted. The provider has up to 3 business days to respond to a follow-up UI. The performance monitor should have closure with the UI no later than 7 days following the incident.

Special Oversight Reviews

CMD receives complaints from internal and external stakeholders. When a complaint is serious or complex, the performance monitor completes a Special Oversight Report (see Special Oversight Report attachment). The performance monitor may also consult with the supervisory performance monitor and program manager to determine when a Special Oversight Review is warranted. The following situations are examples that might warrant such a review:

- Any allegation of maltreatment against providers' staff
- Any serious allegation of inadequacy of providers procedures that is harmful to the wellbeing of CFSA clients (i.e. Lack of appropriate staff ratios, permitting unauthorized persons into facility, etc.)
- Social worker concerns or issues
- Multiple complaints by neighbors or the community
- Health or safety issues
- Lack of food, heat, or air conditioning in a facility or home
- Other areas of concerns

The performance monitor will conduct a thorough assessment of the circumstances of the complaint. Initiation will begin within 24 hours or 1 business day. The assessment includes a review of the complaint and all supporting documentation; asking clarifying questions; requesting supporting documentation, if necessary, to verify information; conducting a telephone or face-to-face interview with the complainant; and completing a review of records related to the child, foster parent, or provider, as applicable. Once all information is gathered, the performance monitor completes the Special Oversight Report within 1 week of initiation. The monitor follows up on any recommendations from the Special Oversight Review within 1 month of the event's occurrence.

CPS Reports

Any CPS or UI reports involving a child's fatality or a provider's resource home must be reported to the assigned program manager. Upon receipt of a CPS report, the performance monitor reviews the content to determine the severity. As applicable, the performance monitor contacts the social worker to find out if the report was accepted and the outcome of the investigation. All Institutional

Investigations within CFSA-contracted foster homes are considered UIs that require the monitor to follow up with the provider to ensure that any contract violations or safety issues are remedied. In the event of an allegation against a resource parent or congregate provider, the monitor should immediately inquire about next steps and safety precautions for the named child. In the event the foster home meets the criteria for closure, the monitor ensures that the provider is aware of the required action and that the foster home is closed. The monitor must enter any action taken, including the investigation disposition, into the Incident Tracker database.

Providers should review the CPS report and provide written follow-up to the performance monitor within a reasonable timeframe (2-3 business days). Upon receipt, the monitor reviews the response to ensure that the issue was thoroughly addressed. If the issue was not addressed, the monitor follows up with the provider until issue is resolved.

Quality and Wellness Review

For congregate care facilities, performance monitors conduct monthly unannounced Quality and Wellness checks (formerly physical plant inspections) which occur early in the morning, late afternoons, or on weekends. Monitors are instructed to mix and match the on-site visits and not to keep a consistent schedule for the visits. Family-based and specialty providers' inspections occur quarterly and may be announced.

Performance monitors use a Quality and Wellness Tool to evaluate several pre-determined factors on such areas as health and safety, physical appearance, food, youth well-being, and whether or not the location represents a home-like environment. There are also seven additional factors used to assess Teen Parent Programs for child safety. Staff rely upon DCMR Chapters 62 and 63 for additional reference, consulting with the assigned supervisor or program manager as needed.

Quality and Wellness checks are conducted at all providers' locations to ensure compliance with contract requirements. While on-site, performance monitors conduct staff and youth interviews, and review staff rosters (as applicable to a provider) to ensure congregate facilities are properly staffed and to confirm that sign-in logs and house meeting notes, etc. are in compliance. At the conclusion of the inspection, an exit conference is conducted with staff to discuss the findings. Any health and safety issues observed during the inspection must be addressed within 24 hours. For instances where the provider may need additional time to fix an issue, the provider must justify the delay in a discussion with the monitor, who in turn will consult with the assigned supervisor.

After the check, the monitor updates the Quick Base system within 24 hours of the visit with the final document saved on the One-Drive within 48 hours. Final reports are sent to the provider within 72 hours. Performance monitors send a formal report to the provider's program director or chief executive officer within 2 business days after the on-site review. The report outlines any minor or

major findings from the physical plant inspections. When necessary, the performance monitor may conduct additional inspections to follow-up on concerns or issues experienced by a provider.

How often did safety concerns surface for children placed in licensed foster homes, pre-adoptive homes, or childcare institutions?

The ongoing CFSR case reviews included 13 cases that were applicable for reviewing the safety and stability of children in foster care placements. None of the cases presented safety-related concerns for the children, nor did they include evidence of issues related to facility licensure or provider clearances. In FY 2023, two resource parents had their licenses revoked for safety reasons.

In FY 2023, the following UIs were reported across all family-based and congregate care facilities:

Unusual Incident Category	Total
Personal Injury	3
Physical Assault of staff	2
Fatality of CFSA child/youth	2
Loss of any utilities (power, water, sewage etc.)	1
Sexual Assault	8
Self-Harm	2
Victim of Physical Assault	4
Suicidal Ideation	15
Hospitalization (Medical)	22
Hospitalization (Psychiatric)	19
Unauthorized Guest	6
COVID	10
Theft	10
Contraband	11
Verbal Threat between youth	11
Physical Assault of youth	13
Medication Refusal	12
Destruction of Property	17
Arrest of Child	33
Drugs	18
School Suspension/Expulsion/other School Incident	69
Verbal Threat between youth & Staff	24
Medical/Health	31
Absent/Missing Person	267
Fire	4
Use of Restraint	1
Automobile Accident	5
Abuse	29
Misconduct or fraud (staff)	2
Neglect	14
Sexualized Behavior	9

As noted, family-based providers and congregate care providers must submit a UI report to performance monitors, who review them and consult with the social worker when there are concerns to address them. Many of the UIs related to abuse occur when the child is on a visit with the parent. The investigation will occur for the UIs that rise to the level of an institutional investigation for congregate-care facilities and private agency foster homes. However, of the 24 homes that were investigated, only 10 had unusual incidents. Three homes were closed, but a UI was not submitted. As a result of the Statewide Assessment process, follow-up will occur to determine why a UI was not submitted and to establish a system for checks-and-balances.

What is the state's process for ensuring safety when children are placed in non-licensed/approved placements (e.g., hotel rooms or agency offices) overnight until a placement is secured, and how often does this happen?

Since 2016 no children have stayed in a hotel while awaiting a licensed placement. In FY 2022, a total of 34 youth stayed at the Agency offices for a combined total of 40 nights. In FY 2023, six youth between the ages of 14 and 17 stayed at the Agency for a total of 16 nights. Two of the youth, ages 15 and 16, accounted for 12 of these stays. Documented reasons surrounding their repeated overnight stays include a history of abscondence, placement instability, refusal to return to the foster care provider, and placement in residential treatment facilities. The youth received appropriate care and supervision while awaiting placement. Depending on individual needs, CFSA will assign from one to three staff members to ensure the youth are safe, stable, comfortable, and that their food and hygiene needs are met.

Because of the repeated patterns and reasons for older youth not accepting available placement options, in FY 2023 CFSA contracted for a short-term placement provider for eight beds to administer the BRIDGE program where a youth can be assessed for the most appropriate placement to minimize placement disruptions. The program supports youth who are in immediate danger or at risk of safety, as well as youth with varying degrees of emotional and behavioral problems caused by the traumatic circumstances of abuse and neglect, recent separation from the home, multiple placements, or other traumatic experiences. Intended as an alternative to overnight Agency stays or placement in a youth shelter, the program will normally provide placement for up to 30 days, which may be increased to 60 days for those with complex needs who require additional assessments over time.

What is the state's process for ensuring that it has a case planning process in place that includes provisions for addressing the safety of foster care and adoptive placements for children? Are there differences between monitoring contracted providers who recruit and manage homes or operate facilities versus those that are recruited and managed by the child welfare agency?

CFSA's Visitation Policy directs Agency and contracted social work staff to continuously assess for safety, including by examining the physical environment and by interviewing the child outside the presence of the care provider. In particular, the social worker must perform the following activities during every visit to children, regardless of the placement type:

- Speak with the child about activities and how to remain safe outside the home (i.e., in the community or at school) with a focus on preventing future harm.
- Speak with youth about their ability to protect themselves from harm and practicing self-care, including health issues related to safe sex practices, avoiding use of drugs and alcohol, and taking steps to ensure gynecological health (for female youth).
- Assess caregiver-child interactions, and caregiver responsiveness to a child's basic needs.
- Observe the physical environment of the home for potential hazards, provision of food, and operable utilities.
- Identify the factors that could make the child or youth at risk for child maltreatment.
- Identify caregiver strengths as well as protective factors that reduce a child or youth's risk of maltreatment.
- Formulate a safety plan with the caregiver, if needed, to ameliorate immediate danger and risk in the future.
- Determine accessibility and availability of services and activities need to reduce risk of maltreatment and to promote well-being.
- Engage caregivers in the assessment of the child or youth life skills and create a plan for the caregiver that supports attainment of these life skills.
- Discuss with the caregiver his or her relationship with the child's biological parents, and the caregiver's potential role as a teaming partner or possible mentor for the biological parent.
- Spend part of each home visit with the caregiver and child together and part of it alone with each.

Family Court permanency hearing orders include a section, *Children's Response to Placement*, which memorializes reported findings, as well as discussions between the parties about the child's relationship with the provider, general well-being, and any issues that may have been observed or reported.

In addition to the above, CMD conducts child case record audits for children placed with private foster care agencies and youth placed in congregate care facilities. CMD utilizes a tool that describes the provision of services required per CFSA's contract to verify case planning services are delivered. Findings from the audit are entered into CMD's quality assurance database where findings are scored for compliance. Audit trends are presented to providers monthly and highlighted in semi-annual and annual performance reports. For congregate care providers, certain aspects of the audit tool are included in the provider scorecard. The scorecard ranks providers on compliance with contractual requirements and may serve a basis for determination of contractual renewal. In the FY 2023

Congregate Care Scorecard, for example, 84 percent of staff were compliant with background checks, and the following data highlights were captured based on youth safety, permanency, and well-being:

FY23 Congregate System Scorecard Outcomes	
Assessment Period	Annual
Total unique youth placed in congregate care	100
Placement utilization rate	73%
Total child records reviews sampled	52
Total staff record reviews sampled	127
Total corrective actions	3
Performance Indicator by Incidence	
Total incidence of Unusual Incidents	384
Total incidence of unplanned discharges	33
Total incidence of youth who ran away	23
Total youth who step down within nine months of placement *	6
Performance Indicator by rate	
SAFETY	
% of staff with compliant background checks	84%
% of days when staffing array was maintained	94%
% of staff meeting training standards	73%
% of youth who did not experience maltreatment by staff	100%
PERMANENCY	
% of Youth Transition Planning (YTP) meetings attended by staff	-
% of youth with current ISPs aligned with YTPs	-
% of current Behavior Management Plans	87%
WELL-BEING	
% of youth receiving life-skill supports	100%
% of youth with current routine health exams	87%
% of youth with current routine dental exams	69%
% of youth reporting satisfaction with placement services	88%

Quality Service Reviews (QSR)

The QSR framework includes assessments of safety for children in out-of-home placements, based on an 80 percent performance benchmark. In 2022, all 68 sample cases received an acceptable rating for "safety in the home," and 66 (97 percent) cases received an acceptable rating for "planning for safety." In an FY 2023 QSR report on children in CFSA out-of-home placements in the District, 97 percent (n=35/36) of the cases received an acceptable rating for safety in the home. In a comparable FY 2023 QSR report for children placed in Maryland through NCCF, 100 percent (n=26) of cases received an acceptable rating for safety in the home.

CONCLUSION

Based on detailed regulations and protocols, which CFSA and its contracted partners strictly and consistently follow, the District's application and monitoring of licensing requirements related to background clearances continues to be an area of Strength.

SYSTEMIC FACTOR 7: ITEM 35

Systemic Factor 7:	**Foster and Adoptive Parent Licensing, Recruitment, and Retention**
Item 35:	**Diligent Recruitment of Foster and Adoptive Homes**

STANDARD

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

RESPONSE

The District of Columbia's foster and adoptive parent recruitment and retention system is an area of Strength based on evolving initiatives and practices that CFSA and its partners have implemented in response to changing environmental and societal conditions.

POLICY AND PRACTICE

CFSA and its contracted private partner agencies look to place children with kinship caregivers whenever it is appropriate to do so. Because suitable kin cannot always be identified, the Agency and its partners strive to maintain a 10 percent surplus of beds in the homes of a diverse array of foster parents. Pursuant to Section 422(b)(7) of the Social Security Act and Section 4.1 of the Multi-Ethnic Placement Act, CFSA and its partners are committed to recruiting foster and adoptive parents who reflect the racial, ethnic, and cultural diversity of children and families being served by the District's child welfare system.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Placement	▪ FY 2024 APSR Foster and Adoptive Parent Diligent Recruitment Plan ▪ Private Foster Care Provider Contract Requirements ▪ FY 2022 Needs Assessment and Resource Development Plan	Foster Parents	Survey Focus Group
		Foster and Adoptive Parent Advisory Council	Focus Group
		Family Court Judges	Focus Group

HISTORICAL PERFORMANCE

For the Round 3 CFSR, the District received an overall rating of Area Needing Improvement for this item, based largely on a reported lack of recruitment coordination between CFSA and its contracted private foster care agencies. Additionally, during Round 3 interviews, stakeholders revealed that although data demonstrate a need to recruit Spanish-speaking foster homes, recruitment efforts were not specifically targeted to the growing Hispanic population.

In 2018, the District took significant steps to improve coordination of CFSA and private agency recruitment practice by launching the Safe Haven Redesign, an initiative that saw the foster care system transition from seven private foster care agencies to four. Under the new system, each provider was contracted to serve a clearly identified population:

- The National Center for Children and Families (NCCF) serves children placed in Maryland family-based foster homes, and as of September 30, 2023 accounts for 40 percent (n=200) of the District's foster care population.
- Lutheran Social Services of the National Capital Area (LSSNCA) serves unaccompanied refugee minors, and as of September 30, 2023, accounts for 5 percent (n=27) of the District's foster care population.
    - Latin American Youth Center had served Spanish-speaking youth until the end of FY 2022; LSSNCA currently serves this population and has 10 beds.
- Children's Choice provided therapeutic foster homes until its contract ended in 2020, and now PSI Family Solutions serves children presenting with heightened behavioral needs. As of September 30, 2023, there were nine children placed in homes through PSI Family Solutions.

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

What is the state's process for recruiting foster and adoptive parents (e.g., what data and information are used to develop the plan and determine whether the plan addresses statewide needs; how the plan is monitored, including whether recruitment targets are met; and how often the plan is reviewed and revised to reflect needs statewide)?

Determining Bed Capacity and Recruitment Needs

To support children in out-of-home care who need temporary and adoptive homes, CFSA has a General Recruitment Unit. The unit comprises master-level social worker recruiters who are committed to engaging resource parents who reflect the racial, ethnic, and cultural diversity of children and families being served by the District's child welfare system. Recruiting foster and adoptive resource parents is a strategic process from recruitment to retention that relies on data analysis and evaluation in conjunction with the formation of homes.

To ensure that the Diligent Recruitment Plan addresses the needs of children in the District of Columbia, specific data and management reports are used to formulate the target number of foster and adoptive parents to recruit. The formula establishes recruitment targets by multiplying the total number of children that entered foster care during the previous fiscal year by 10 percent, which is the required surplus of beds that the District must have available. At the end of FY 2022, 200 children entered foster care. Therefore, the target number for bed development for FY 2023 was based on an additional 10 percent (n=20).

The Agency also analyzed the ages of children coming into care and their resident Ward of origin to generate general and targeted recruitment strategies.

Children who entered foster care, by age, in FY 2022

Ages	Initials	Percentage
0-5	92	46%
6-11	50	25%
12-18	58	29%
Total	**200**	**100%**

As in previous years, children ages 1 to 5 had the highest proportion of foster care entries (46 percent in FY 2023). The outcomes resulted in the following metrics: in FY 2023, 50 percent (n=10) of the 20 beds developed would be for children between infancy and five, 20 percent (n=4) for children ages 6-11, and 30 percent (n=6) for teenagers.

In FY 2023, the Agency exceeded its goal by developing 18 homes and 26 beds. The following chart depicts the beds created by ages. Analysis of the ages of children and youth entering care during this period also helped determine strategies for targeted recruitment.

Age	Target Number	Outcome
0-5	9	13

Age	Target Number	Outcome
6-11	5	6
12-18	6	7
Total	**20**	**26**

In terms of the Ward of origin, 94 percent of the children entering foster care in FY 2023 came from Wards 4, 5, 6, 7, and 8. The chart below depicts by Ward the resources homes newly developed and licensed in FY 2023. Of these homes, 89 percent came from the same Wards of origin for children coming into care, i.e., Wards 4, 5, 6, 7, and 8.

Children in foster care, by ward of origin, as of September 30, 2023

Ward of Origin	Number of homes	Percent
Ward - 1	0	0%
Ward - 2	2	11%
Ward - 3	0	0%
Ward - 4	2	11%
Ward - 5	5	28%
Ward - 6	4	22%
Ward - 7	3	17%
Ward - 8	2	11%
Total	**18**	**100%**

Tracking and Monitoring the Licensing Process for Foster Parents

From application to licensure, recruiters are assigned to support and monitor prospective resource parents (PRPs), helping to troubleshoot any difficulties and to facilitate the following processes:

- PRPs are invited to attend a monthly information session that occurs every second Saturday of each month. One-to-one sessions are also offered.
- Individual PRPs receive an invite generated from STAAND to create their profile in the portal.
- The portal alerts them to complete the “Pre-Screening” tool, which is a form that assesses each PRP’s attitude and readiness to embark on the process.
- To further help make an informed decision, the PRP attends a 75-minute information session which is led recruitment and licensing specialists. The session outlines the landscape of foster care in the District, the licensing process, pathways to adoption, shared parenting, and the “village” that supports the District’s resource parents. Additionally, individuals with current or recent lived experience present their stories, including resource parents, foster care alumni, PEERs (Parent Engagement, Education and Resource), and birth parents.

- Once they determine they are ready, the PRPs submit an application, which alerts recruiter that a home consultation is needed to assess the PRP's home and readiness to complete the licensure process.
- During the home consultation, the recruiter uses a "Family Clock" to assess the PRP's schedule and availability. The recruiter also goes over the pre-screening tool which assesses the PRP's attitude in supporting children and their families toward reunification.
- The recruiter enters all pre-screening, application, background, and consultation information into STAAND. The supervisor reviews the information and forwards it to the licensing supervisor to register the PRP for pre-service training.
- The recruiter monitors PRP attendance in training and compliance with licensing protocols and troubleshoots any issues until the PRP is licensed.

Assessing and Monitoring of the Recruitment Plan

The Recruitment Unit monitors the ongoing implementation of the Diligent Recruitment Plan through the following activities:

- On a monthly basis, recruiters report to their supervisor the efforts and outcomes of Recruitment Plan strategies, such as events attended and inquiries received.
- The recruitment supervisor reports to the program manager the yield from monthly activities, including the following counts by referral source: (1) inquiries received and screened by recruiters, (2) PRP invited to orientation, (3) PRP attendance at orientation, and (4) PRP who submitted applications and registered for pre-training services.
- Quarterly, the recruitment supervisor provides the program manager with findings and recommendations based on assessment of strategies and outcomes.
- Annually, the Recruitment Unit analyzes outcomes data to determine whether each recruitment strategy will continue, be modified, or be discontinued.

Number of Foster Care Placements

To provide additional perspective on resource parent recruitment efforts and their impact on the District's overall placement array, CFSA regularly tracks the number of times a child changes placements during their time in out-of-home care. Some reasons for placement changes are positive, including the licensing of a kinship caregiver, or the identification of a pre-adoptive resource home. By contrast, placement disruptions (described in the following section) are typically associated with challenges within the resource home or congregate care setting that cannot be overcome through clinical or other interventions. Placement disruptions may also be caused by procedural circumstances, such as the ending of a placement provider's contract. Since 2013, the median number of placement changes for all children in foster care has ranged from two to the current level of three. When broken down by age, the most significant change was found among youth ages 18-to-20 years old. For this age group, the median number of placements decreased from eight to six. Additional information about placement stability can be found in Item 4.

How does the state ensure that the pool of available foster and adoptive families meets the ethnic and racial diversity and unique needs of the children in the state for whom foster and adoptive homes are needed?

Data reports, including statistics available on the public Dashboard inform recruitment specialists of the race, ethnicity, age, gender, and Ward of origin of children in foster care.[44]

CFSA uses a variety of ways to determine whether the available foster and adoptive families meet the ethnic, racial, and unique needs of children in out-of-home care, including tracking and maintaining monthly demographics of resource parents to capture their race, capacity, utilization, language, and age preference.

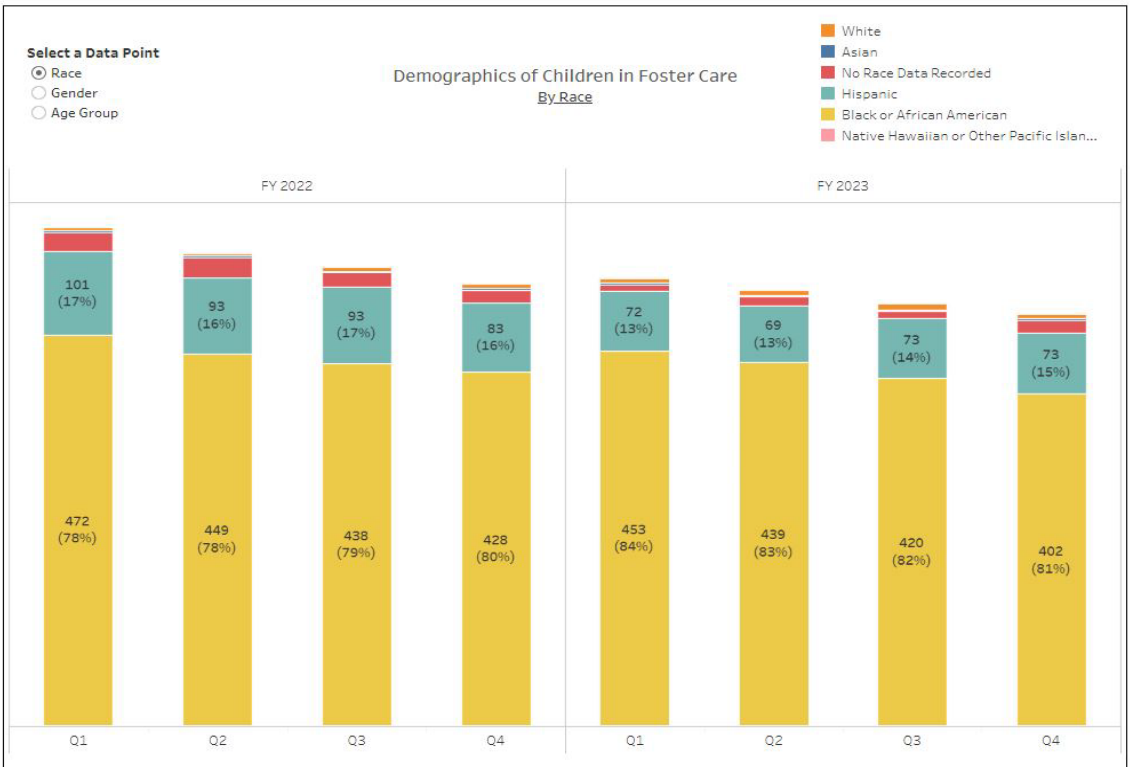
In looking at the racial diversity, at the end of FY 2023 there were 119 CFSA foster homes comprising 158 resource parents. Of these parents, 65 percent (n=103) were Black, 32 percent (n=50) were White and the remaining 3 percent (n=5) were Latinx, Asian, or Native American.

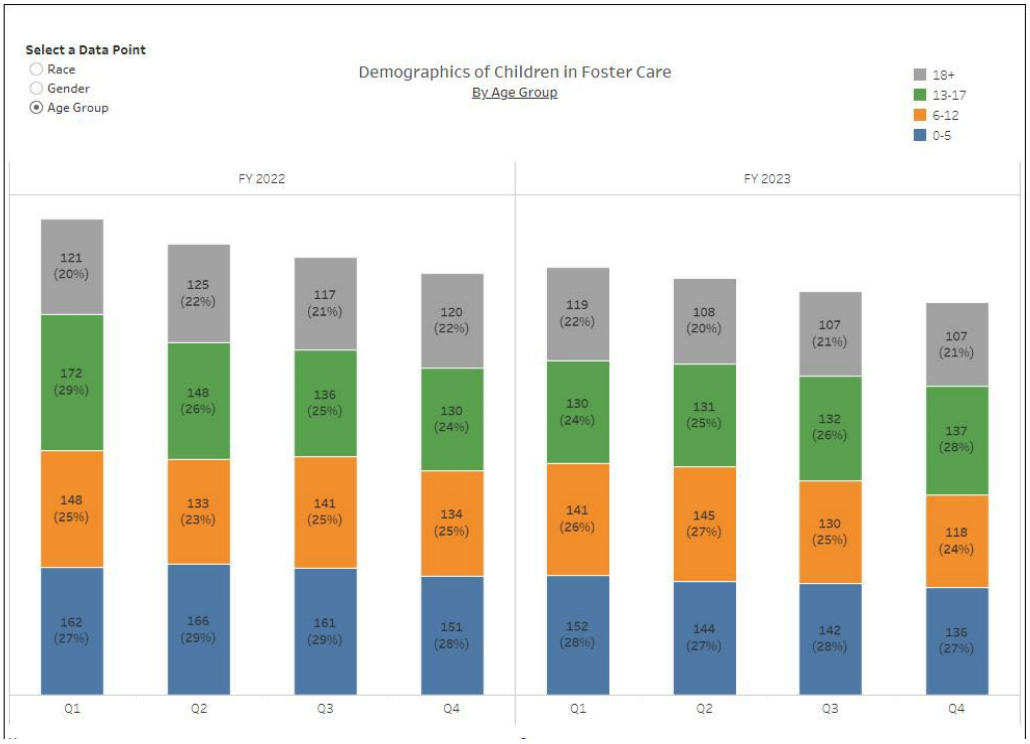
In FY 2023, CFSA's recruitment team registered over 300 people for an information session. More than half attended and completed the application. In looking at the applications received, 54 percent were from people who identified as African American, and 46 percent were Caucasian and Hispanic. Most applicants, 44 percent, came from social media advertisements focusing on African American, Latinx, and LGBTQIA+ professionals across the District.

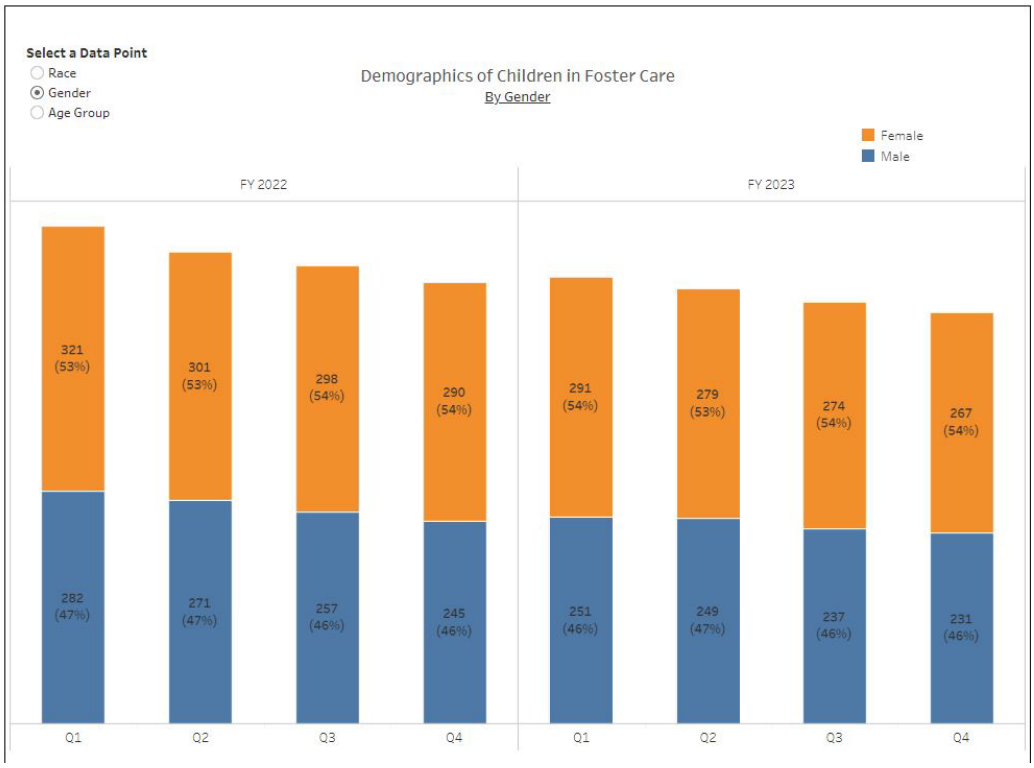
An environmental scan that looked at the District's population of Wards by race, single homes, income, levels of foster care involvement, and other indicators recommended a focus on Wards 5, 6, 7, and 8 to find resources that mirror the population of children. In FY 2023, Wards 4, 5, 6, 7, and 8 represented 85 percent of the newly licensed families.

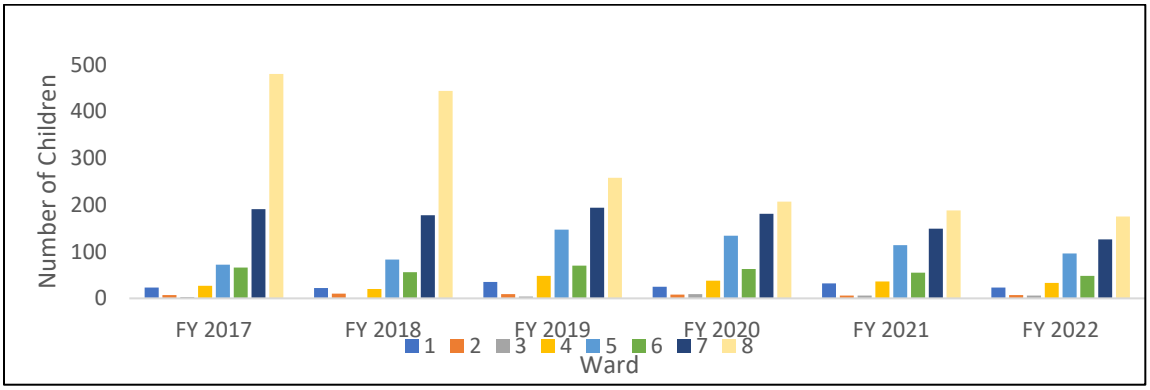
The charts below are a point-in-time count for age, race and ethnicity and gender of children served in out-of-home care as of the last day of the quarter for FY 2022 and FY 2023.

[44] Gender is currently defined by the sex assigned at birth. While this reporting does not consider the self-reported gender identity of the children served in-home if different from what was assigned at birth, the Agency does recognize that some youth identify as gender non-conforming. CFSA recognizes that not all gender-nonconforming youth identify as being transgender. As such, if a youth self identifies to their social worker, this information is discussed with persons responsible for implementing the case plan.


Select a Data Point
Race
Gender
Age Group
Demographics of Children in Foster Care
By Race
White
Asian
No Race Data Recorded
Hispanic
Black or African American
Native Hawaiian or Other Pacific Islan...
FY 2022
FY 2023
101 (17%)
93 (16%)
93 (17%)
83 (16%)
72 (13%)
69 (13%)
73 (14%)
73 (15%)
472 (78%)
449 (78%)
438 (79%)
428 (80%)
453 (84%)
439 (83%)
420 (82%)
402 (81%)
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4


Select a Data Point
Race
Gender
Age Group
Demographics of Children in Foster Care
By Age Group
18+
13-17
6-12
0-5
FY 2022
FY 2023
121 (20%)
125 (22%)
117 (21%)
120 (22%)
119 (22%)
108 (20%)
107 (21%)
107 (21%)
172 (29%)
148 (26%)
136 (25%)
130 (24%)
130 (24%)
131 (25%)
132 (26%)
137 (28%)
148 (25%)
133 (23%)
141 (25%)
134 (25%)
141 (26%)
145 (27%)
130 (25%)
118 (24%)
162 (27%)
166 (29%)
161 (29%)
151 (28%)
152 (28%)
144 (27%)
142 (28%)
136 (27%)
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4





Source: FACES.NET management report PLC 156

Black and African American Children and Youth

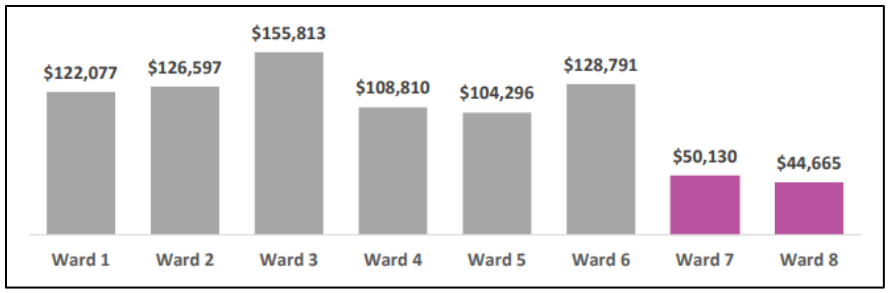
As Black and African American children have historically comprised the majority of the District's foster care population, the recruitment of Black and African American resource parents remains a key consideration, not just in general outreach strategies, but with regard to targeted campaign strategies for all specialized populations described in this section.

The District's changing racial and socioeconomic landscape (e.g., gentrification and prohibitively expensive housing) has presented inherent challenges to maintaining a placement array that can completely reflect the racial composition of the foster care population. According to the 2020 census, the proportion of the District's Black residents (who do not identify by more than one race or by

Hispanic or Latino ethnicity declined from 51 percent in 2010 to 41 percent in 2020. Throughout this period, a significant majority of children in foster care have been Black or African American. According to foster care demographic information on the District's public facing Dashboard, 81 percent (n=402) of children in care as of September 30, 2023 were Black or African American.

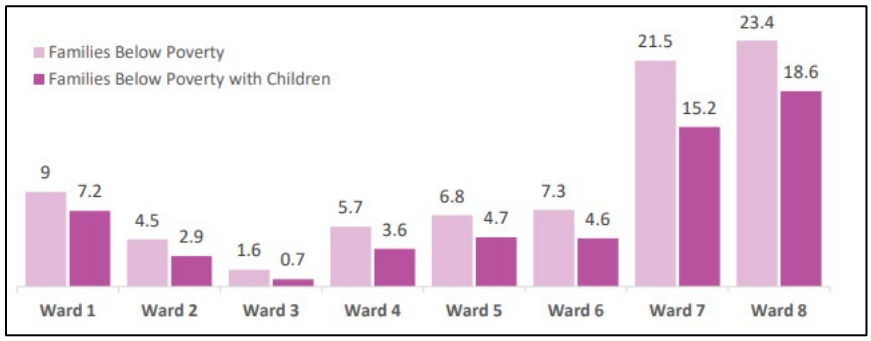
The discrepancy between the racial composition of children needing out-of-home placements and the pool of available resource parents is amplified by racial and socioeconomic discrepancies within the District. Black and African American residents in the District have historically experienced, and continue to experience, lower incomes, higher unemployment rates, higher poverty rates, and less housing stability. As of March 2022, the median household income for White residents, $160,914 was over three times greater than the $53,629 median for Black or African American residents. Additionally, the District's geographic Wards that experience the highest level of child welfare involvement have disproportionately low household incomes and high poverty rates.

District of Columbia Median Household Income by Ward As of March 2022



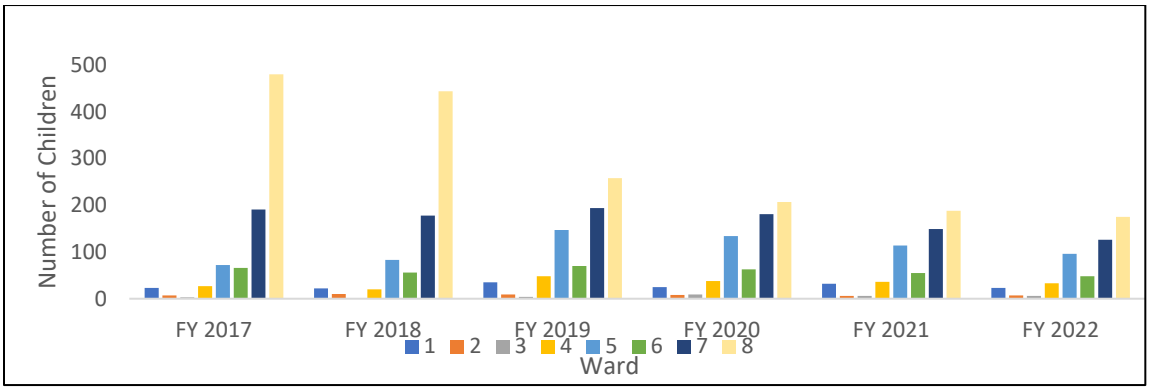
Source: dchealthmatters.org

District of Columbia Poverty Rates by Ward As of March 2022



Source: dchealthmatters.org

Ward of Origin for Children in Foster Care



Source: FACES.NET management report PLC 156

A 2019 DC Housing Survey Report found that Black residents are over three times more likely than White residents to have last moved due to an inability to pay a bank or landlord. Twenty percent of Black residents in Wards 7 and 8 believe they will need to move within 3 years due to an inability to pay housing costs. In the context of placement resources, this level of disproportionality results in significant limitations in the number of relative caregivers and of non-relative caregivers who reflect the racial landscape of the foster care population, as well as the amount of available and stable foster care homes in or near the children's neighborhood of origin.

Unaccompanied Refugee Minors

Lutheran Social Services of the National Capital Area (LSSNCA) provides foster homes in the District and in Maryland for youth who may have fled war, persecution, or other circumstances to arrive in the United States without parents or guardians. LSSNCA specially recruits and trains its resource parents to care for this population and provides these children with case management and supportive services.

Hispanic Children and Youth

Over the past 5 years, Hispanic children have accounted for 15 to 17 percent of the District's foster care population. Currently, 28 percent of this group speaks Spanish as a primary language. CFSA recognizes the importance of placing them with families who share their language and cultural identity. As part of the District's FY 2020 to 2024 Child and Family Services Plan (CFP) CFSA implemented the following strategies, the status of which was most recently updated in the District's FY 2024 Recruitment Plan:

- A spotlight on Hispanic resource families in print and online publications and websites
- Collaboration with Hispanic staff and CFSA partners for Hispanic-learning outreach activities
- Two focus groups with Hispanic resource families to fully understand the needs and challenges around placing children
- A biannual advertisement through Spanish-leaning media outlets in DC and Maryland, including a social media campaign with Spanish language postings

LGBTQIA+ Youth

CFSA continues to explore strategies for developing a pool of resource parents who are supportive and will provide foster care for this population. Strategies include CFSA's partnerships with LGBTQIA+ based community organizations, such as the LGBTQ Center, Rainbow Families, Human Rights Campaign, SMYAL,[45] and the Mayor's Office of LGBTQ Affairs. Through these partnerships, CFSA has been able to publish stories about LGBTQIA+ resource parents in print magazines such as *Gay Parent Magazine* and *Washington Blade*. CFSA also conducted two focus groups with nine existing LGBTQIA+ resource parents to gather feedback on recruitment. Over the course of the FY 2020 to FY 2024 CFSP, the Agency planned and completed the following:

- Maintain ongoing collaborations with various LGBTQIA+ community partners and businesses to host events, post-recruitment specific information and disseminate collateral material through such media as community calendars.
- Highlight resource parents who have fostered and adopted LGBTQIA+ children and youth via online platforms, newsletters, and ceremonies.
- Develop and run digital advertisements on social media platforms, targeting LGBTQIA+ professionals, individuals, and families.
- Partner with LGBTQIA+ resource parents and allies to conduct quarterly focus groups and participate in three joint recruiting events in the community.
- Produce promotional videos highlighting stories and experiences of LGBTQIA+ resource parents.

Sibling Groups

CFSA routinely assesses and tracks the placement of siblings to determine trends and to make improvements wherever needed. Unfortunately, the impact of the District's racial, socioeconomic, and geographic disparities, described earlier, is even greater for sibling groups in foster care. According to 2020 United States Census Bureau Data, only 13 percent of homes in the District and only 7 percent of the homes in Wards 7 and 8 had four or more bedrooms compared to the national average of 23 percent. The 2019 DC Housing Survey Report found that over one third of low-income, large households in the District face a bedroom shortage. DC regulations limit the licensing capacity for some foster homes because of space. The total number of birth and foster children in a household cannot exceed six children, and CFSA cannot place more than three foster children in one home. This severely limits the number of potential homes that can accommodate large sibling sets near their community of origin.

During the FY 2020 to FY 2024 CFSP period, CFSA implemented the following recruitment strategies to help large sibling groups stay connected and interact with their siblings:

[45] SMYAL (Supporting and Mentoring Youth Advocates and Leaders) supports and empowers DC youth who self-identify as LGBTQ. Through youth leadership, SMYAL creates opportunities for LGBTQ youth to build self-confidence, develop critical life skills, and engage their peers and community through service and advocacy.

- Partner with faith-based organizations to develop community and church-based sibling clusters of foster parents through information outreach activities.
- Collaborate with civic associations and neighborhood advisory councils to develop a and regularly update a Ward-specific list of resources.
- Research best practices and proven interventions used by child welfare jurisdictions with similar demographics through participation in national workgroups and councils.
- Produce video and written profiles for sibling groups with the goal of adoption.

Pregnant and Parenting Youth (PPY)

CFSA has always prioritized placement of its PPY population with relatives first, then in traditional foster homes, and lastly, in an independent living program. In 2018, the Agency developed a program of professional resource parents who contract directly with CFSA and subsequently receive special training to care for pregnant and parenting youth. As of June 30, 2022, the PPY program included two resource parents and four beds, all of which are occupied by two parenting teens and their children. In FY 2023, the PPY parents merged under the Trauma-Informed Professional Parents (TIPP) program.

Children from Birth to age 5

Over the past 5 years, the Agency has reached out to over 100 community partners to highlight the needs of young children in foster care and to provide an overview of the supportive resources that are available to foster parents. Collaborations have included information sessions, presentations from resource parents currently caring for young children, and website announcements.

Youth aged 12 and Above

In partnership with the Agency's Youth Advisory Board, the recruitment team has facilitated matching events, created social media postings, and produced individual video profiles to leverage the power of the youth voice in explaining the rewards of caring for this population.[46] Additionally, CFSA provides current resource parents with a $500 incentive for referring new resource parents to care for teenagers.

Commercial Sexual Exploitation of Children (CSEC) Youth

To identify suitable resource parents for this vulnerable population, CFSA hosts quarterly CSEC information sessions, highlights available supports in the community partner newsletters, and conducts presentations at events held by fellow District agencies, community organizations, and faith-based organizations. CFSA has also worked with technical advisors to create and post professional resource parent recruitment advertisements on Google and Facebook.

[46] CFSA's Youth Advisory Board comprises older youth, ages 17 to 21, meeting regularly to advise the program area managers and deputy director about how the Agency can do more to address issues and meet the needs of youth. Members receive leadership training and other growth opportunities in return for their involvement and input that help to improve the foster care experience for all youth in care.

Children and Youth Requiring Short-Term Placement

Prior to the development of emergency kinship licensing protocols in 2015, CFSA had placed children, when necessary, in interval resource homes for stays of 3 to 72 hours. These short-term placements allowed sufficient time for CFSA to complete federally and locally required background checks of kinship providers. Until FY 2018, CFSA's Stability and Respite (STAR) home program provided short-term foster care placement in a family setting.

- In 2019, CFSA established the placement option of SOAR homes (Stabilization, Observation, Assessment, and Respite) with professional resource parents specifically trained in trauma-informed caregiving (described below). SOAR homes provide temporary care for up to 90 days. These homes are particularly appropriate for children who need an array of comprehensive assessments prior to the Agency being able to appropriately identify the best placement match for the children's exact needs. As of December 31, 2023, there were two SOAR resource parents providing a total of six beds.

Children with Special Medical Needs

For children who are diagnosed as medically fragile or who present with intellectual disabilities or social and behavioral challenges (e.g., children on the autism spectrum), CFSA strives to maintain a placement array that can provide specialized attention in a family-based setting. The following strategies have been developed or implemented during the FY 2020 to FY 2024 CFSP:

- Partner with multiple District and Maryland medical care providers and hospitals to profile medically fragile children for potential adoptive resources.
- Utilize case mining, diligent search, and reverse search tools to locate viable resources.
- Spotlight children with special medical needs in CFSA's foster parent newsletter.
- Partner with organizations working with children on the Autism spectrum to host periodic recruitment events and training sessions.
- Engage resource parents caring for this population to share their experiences during annual orientation sessions.
- Collaborate with nurses assigned to medically fragile children to inform the recruitment, placement, and matching processes.

Children and Youth Requiring Special Behavioral Supports

In 2019, CFSA contracted with the Maryland-based private agency, Children's Choice, to provide 36 beds as part of an intensive family-based foster care program. The homes have since served children of all ages in need of a family-based setting but experiencing (or likely to experience) placement instability. Either risk or history of placement instability may have been based on such factors as a history of physical or verbal aggression, step-down from a diagnostic or psychiatric residential treatment facility, or current mental health diagnoses. Children's Choice did not renew their contract at the end of 2021. In July 2022, the Agency awarded a contract to PSI Family Services who won the solicitation, for 40 beds. As of September 20, 2023, there are nine children placed in PSI beds.

- ***Professional Resource Parents –*** In 2021, CFSA expanded its placement array to include TIPPs, who are compensated like PPY and SOAR foster parents to provide specialized foster care. Based on the unique needs of children with adverse childhood and traumatic experiences, CFSA requires that no TIPP works more than 20 hours per week outside of the home, allowing for dedicated time to the care of the children and youth in these homes. TIPPs care for children ages 8 and older who have experienced significant trauma and have presented with specific mental or behavioral health concerns that have impeded success in a traditional foster care setting.

  As of December 31, 2023, there are eight PFP homes providing a total of 20 beds, 17 of which are occupied. In addition to a TIPP home currently located in Maryland, NCCF operates another professional parent program. NCCF selects its own professional foster parents (PFPs) based on the PFP's demonstration of exceptional commitment to supporting children and youth with the most severe behaviors. PFPs provide emergency placement, assessment, advocacy, and support toward positive permanency.

What evidence does the state have to demonstrate that the diversity of the current pool of available foster and adoptive homes meets the ethnic and racial diversity and unique needs of the children in the state for whom foster and adoptive homes are needed?

Black and African American Children and Youth

In September 2023, African American children represented approximately 81 percent (n=402) of the foster care population, while African American adults represented 65 percent of the resource parents (n=103).

Hispanic Children and Youth

At the end of FY 2023, Latinx children comprised approximately 15 percent of the District's foster care population (n=73/496). The FY 2023 goal was to develop four Latinx resource parents. By the end of FY 2023, the District had developed three additional resource homes with a total of six additional beds.

LGBTQIA+ Children and Youth

Based on data captured by the Resource Parent Support Unit from the Resource Parent Demographic report (published December 31, 2022), 45 percent (n=86/191) of the current pool of traditional and child-specific resource parents self-identify as LGBTQIA+ or LGBTQIA+ friendly for placement of LGBTQIA+ youth.[47]

Children and Youth with Special Needs

In FY 2022, CFS met its target of creating two homes (three beds) for this population. Two additional targeted homes for FY 2023 will be with professional parents.

[47] The District of Columbia's Mayor's Office of Lesbian, Gay, Bisexual, Transgender and Questioning Affairs is using the acronym LGBTQIA+ to include all gender identities and sexual orientations that are not specifically covered by LGBTQIA+.

Sibling groups

As of September 30, 2023, there were 224 siblings in out-of-home placements. Of this number, there were 71 sibling groups that included a total of 182 children who had entered foster care with – or within 30 days of – their siblings. For purposes of determining sibling placement rates, children with certain placement status (e.g., abscondence, correctional facilities, hospital) are excluded. Of the 165 eligible children, 68 percent (n=113) were placed with at least one sibling.[48]

If potential foster and adoptive families do not reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed, what is the state's process for addressing the gaps?

When recruiting and developing resource parents, a guiding principle includes the assessment of prospective resource parents' emotional and cultural understanding for working with the District's foster care population. In the past 5 years, the pool of resource parents has changed from 71 percent to 59 percent Black, and 28 percent to 41 percent White and Hispanic families. Because of this shift, resource parent development efforts are increasingly emphasizing the education of families on how to support Black and African American children emotionally and culturally. For example, in FY 2023, the Agency conducted monthly information sessions, during which a current resource parent would provide their lived experience. When asked about how to approach being a White or Caucasian resource parent caring for Black or African American children, one resource parent provided an insightful response:

> *Accepting and having the mindset that despite the trauma that the children have experienced they love their parents and maintaining a connection, even if it cannot be physical, is essential.*

In FY 2021, the Child Welfare Training Academy (CWTA) added the course, *Transracial Parenting*, to help prospective and current resource parents understand and embrace potential cultural differences between themselves and children joining their families. Participants examine the intersection of race and class in American society and its impact on culture. Special attention is given to identifying challenges that may be present and developing skills to positively address them.

In FY 2023, CWTA developed a special training for those identified as TIPPs. The training included a module on *Cultural Humility* to provide resource parents with foundational knowledge of implicit bias and privilege. The training focuses on the impact of oppression in the lives of the children and families served by the Agency. It includes ways in which resource parents can work to radically transform how they support children and families.

[48] Source: FACES.NET Management Report PLC 251.

CONCLUSION

Despite geographic and socioeconomic barriers presented within the District's boundaries, the recruitment and retention system is an area of Strength based on persistent, comprehensive, innovative, and culturally sensitive resource parent development practices. While the ethnic and racial demographics of the placement array may not mirror the foster care population, the statistical discrepancies are acceptable given the available housing and provider options. Moreover, the resource parent development process is focused on ensuring all providers have the requisite competence and values to care for any child as their own while, at the same time, respecting and supporting their racial, ethnic, and cultural identity and expression.

SYSTEMIC FACTOR 7: ITEM 36

Systemic Factor 7:	**Foster and Adoptive Parent Licensing, Recruitment, and Retention**
Item 36:	**State Use of Cross-Jurisdictional Resources for Permanent Placements**

STANDARD

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

RESPONSE

Thanks to evolving practices, the District is addressing and overcoming many of the challenges that previously impacted timely cross-jurisdictional placements. Performance is now an area of Strength.

POLICY AND PRACTICE

CFSA's requirements for ensuring effective use of cross-jurisdictional resources is described in the policy Interstate Compact on the Placement of Children (ICPC), which adheres to the federal ICPC provisions as well as District law. Protocols for completing, submitting, and reviewing ICPC applications and related activities, such as home studies, are further detailed in the Agency's ICPC Business Process. The District's ICPC Office operates from within CFSA's Licensing Division.

Due to the District's size, as well as the fact that it borders Maryland to the south, east, and north, the two jurisdictions have a Border Agreement that supplements the usual and mandatory ICPC procedures.

As noted in the Permanency Practice policy and Adoption business process, CFSA's Recruitment Unit utilizes a variety of national media, as described later in this section, to conduct child-specific recruitment efforts and identify suitable adoptive parents nationwide.

STATEWIDE ASSESSMENT INFORMATION GATHERING ACTIVITIES

Workgroup	Source Materials	Participating Stakeholders	Feedback Method
Placement	▪ FY 2024 APSR ▪ ICPC Regulations and Policies	DC ICPC Deputy Compact Administrator	Interviews
		CFSA Resource Parent Recruitment Managerial Staff	Interviews

HISTORICAL PERFORMANCE

For the 2016 CFSR, the District received an Area Needing Improvement rating for this item. Despite some evidence of child-specific adoption recruitment across state lines through national databases and resources, stakeholders indicated that efforts in this area were limited and that most adoptions are by foster parents. The review also found that the District did not appear to use data to best identify which children could benefit from referrals to cross-jurisdictional resources or the effectiveness of the use of adoption exchanges. Additionally, the review found that the District was challenged in meeting the requirement to complete ICPC home studies for families within the required time frames, particularly because the District's deadline of 100 days exceeded the 60-day federal standard.

The District continuously looks for methods to further reduce timeframes, particularly as they relate to home studies. One mechanism to address barriers is the National Electronic Interstate Compact Enterprise (NEICE), an electronic system for transferring data and documents across state lines quickly and securely, which the District began using in 2014 along with several pilot states.

ASSESSING SYSTEMIC FACTOR FUNCTIONING USING DATA AND EVIDENCE

What is the state's process for using cross-jurisdictional resources to facilitate timely adoptive or permanent placements within the state for waiting children? What tools and resources do they use? How does the state know whether its tools and resources are effective?

CFSA is the state office and sole child welfare agency in the District of Columbia. Although the District is broken into distinct communities, locally known as "Wards," there are no jurisdictional divisions within the District that have any bearing on placement resources or protocols.

What is the state's process for using cross-jurisdictional resources to facilitate timely adoptive or permanent placements outside of the state for waiting children? What tools and resources do they use, such as exchanges, national recruitment, or agreements with border states? How does the state know whether its tools and resources are effective?

CFSA's ICPC Policy and Business Process guide District practices with regard to adoptive and permanent placements outside of the District, including the following considerations outlined in the policy:

Section A: General Process for Completing an ICPC Request When Placing Children in Another State

Any child in the care of CFSA placed in another state or a child from another state placed into the District of Columbia for the purpose of foster care and adoption (including kinship, psychiatric residential treatment facility (PRTF), and group home placements) shall be placed in compliance with ICPC requirements, unless the placement falls under an exception listed in item 1 below.

1. An ICPC is not required when a child is placed outside of the District of Columbia for the following conditions:
    a. Children placed with parents outside the District of Columbia, unless an ICPC placement is court ordered. Note: ICPC approval is required for parent placement in the District of Columbia but only at the sending state's request. Please see Section E for more information regarding out-of-town inquiries (OTIs).
    b. A placement with a relative made by an adult (e.g., parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt or child's guardian) who has custody of a child not in foster care with CFSA, or under and order of a DC Court or other "sending agency".
    c. Placements covered by any other interstate compact, e.g., Interstate Compact on Juveniles (ICJ), Interstate Compact on Adoption and Medical Assistance (ICAMA), or Interstate Compact on Adults (ICA).
    d. CFSA children visiting another state for less than 30 days or for more than 30 days if the visit begins and ends during the school vacation period, and the duration of the visit is clear based on the circumstances or there is an expressed ending date.
    e. Parental Custody Home Study requests from the DC Domestic Relations Division, located in the DC Superior Court.
    f. Placements in medical and mental health facilities.
    g. Placements in boarding schools or any institution that is primarily educational in character.
2. An out-of-state placement that requires an ICPC may only occur upon receipt of an ICPC approval from the "receiving state".
3. When placing CFSA children in another jurisdiction, all out-of-state placements must be licensed, certified, or approved.
4. ICPC approvals shall be valid for not more than 6 months from the date of issuance. The child must be placed with the approved placement resource in the receiving State within 6 months of the ICPC approval from the receiving state. Note: if the placement does not occur within 6 months, a new ICPC request is required.
5. Under the ICPC, when CFSA places a child out-of-state, the receiving agency is responsible for the following activities:
    a. Conducting monthly face-to-face home visits

b. Monitoring the placement and ensure the overall safety, permanency, and well-being of the child
c. Providing quarterly progress reports to CFSA.

6. As a sending state, CFSA shall retain legal and financial responsibility for the child until the placement ends or the case closes.
7. Throughout the out-of-state placement, CFSA maintains all case management responsibilities with the assistance of the receiving state's social worker, until the placement ends or the case closes.
8. If the out-of-state placement disrupts, as the sending agency, CFSA shall make arrangements to ensure the return of the child to the District.
9. All changes to placement status shall be documented through the use of Form ICPC-100B.

Per the Border Agreement with Maryland, ICPC referrals do not have to be completed for foster care placements in either state. An ICPC referral is required in Maryland only if the foster parent files a petition for adoption or guardianship. All guardianship ICPC referrals are submitted as foster care requests.

The District also connects with ICPC liaisons in other states through the American Public Human Services Administration and the Association of Administrators of the Interstate Compact on the Placement of Children. ICPC liaisons can facilitate the adoption home study, on-going supervision, services, and finalization.

When suitable adoptive resources cannot be found within the District, and it becomes necessary to share child profiles with prospective adoptive parents beyond the CFSA community, the District leverages its membership in the National Adoption Foundation and utilizes resources with a broader reach, including health fairs, Adoptuskids.org, the Barker Adoption Foundation, A Family for Every Child, Heart Gallery of America, local and national adoption websites, adoption exchanges, matching events, trainings and webinars. The websites feature children's profiles and current pictures. Families or individuals who are looking to adopt can search through the various adoption websites and identify children they may be interested in learning more about.

Children who are not in an adoptive placement but have the goal of adoption receive an internal CFSA recruiter who develops individualized recruitment plans and strategies for that child or sibling group. The Recruitment Unit comprises four recruitment social workers with one person dedicated to child-specific recruitment. The recruiter examines the child's case management record to ensure that CFSA has exhausted all efforts to explore local and out-of-state family members and other supportive individuals. In addition to connections through the biological family, the recruiter explores the foster family as an adoption resource.

When there are no viable family or foster care connections, broader recruitment efforts include exposure on local and national adoption websites. Other options include the Heart Gallery, a travelling exhibit that displays professional quality photographs of waiting children, as well as adoption exchanges, which connect children awaiting adoption with prospective resources. The Recruitment Unit does not close out a case until (1) a letter of intent is signed and a petition is filed and the child is placed in the pre-adoptive home, or (2) the child's goal changes to guardianship or reunification.

Children without a waiver of confidentiality are not eligible for the adoption exchange because the Agency does not have the legal right to publicize their information. Moreover, older youth are not always open to having their picture displayed on adoption exchanges as this is part of social media and they do not want their friends to see their information. There are no barriers to the interjurisdictional placement of children (when deemed appropriate). Staff first explores (and exhausts) all local and out-of-state family contacts before matching children based on the profile and needs of the child and the resources available, specifically home studies within CFSA. Recruiters review their caseloads of children with the goal of adoption and review a monthly tracking list of current and updated home studies for foster to adopt families wanting to adopt.

What evidence does the state have to show that cross-jurisdictional resources are effective in the facilitation of timely adoptive or permanent placements for waiting children statewide?

In FY 2023, 40 children with no identified adoptive resource required specialized recruitment for permanency. This recruitment included two large sibling groups, five children with special medical needs, one transgender youth, and 19 youth over the age of 14. Of this number, 26 were successfully matched, 22 of whom were in jurisdictions outside of DC (Maryland, Virginia, and Pennsylvania). Four children were matched but had the adoption disrupted. For this group, as well as the remaining 14 youth who have yet to be matched, CFSA continues to actively recruit to secure safe, stable, and permanent homes.

In FY 2022, 58 children with no identified adoptive resource required specialized recruitment for permanency. That recruitment included four sibling groups (nine children total), one transgender youth, four children with medical needs, and 23 youth over the age of 14. Of this number, 31 were successfully matched. Of those matches, 21 children were in jurisdictions outside of DC (Maryland, Virginia, and North Carolina). Two children's goal changed to guardianship. Seven of the children's goal changed to APPLA and four children were matched but had the adoption disrupted. For this group, 14 of the youth needing permanency were rolled over to FY 2023.

What is the state's process for sending ICPC home study requests to other states?

The District's process for sending ICPC home study requests to other states is detailed in the ICPC Business Process. The following provisions are included:

ICPC Request for Placements Outside the District of Columbia

As a sending state, to request approval for an out-of-state placement, not including foster care placements or placement with parents unless court ordered, in Maryland, the assigned social worker or designee (hereinafter, the referring social worker) shall submit electronically, via the NEICE database, an ICPC referral packet to the DC ICPC office. Before submitting the ICPC referral packet, the sending social worker or designee shall review and complete the applicable ICPC Request Checklist (A1 –A6) to ensure that the documents in the ICPC referral packet contain the necessary information required by the DC ICPC office.

1. Within 5 calendar days of receipt of an ICPC request via NEICE, the ICPC specialist shall review the ICPC referral packet to ensure that all documents are present and complete.
2. If the ICPC referral packet is complete, the ICPC specialist shall complete the following steps in NEICE:
    a. Review and sign electronically the Interstate Compact on the Placement of Children Request Form 100A (hereinafter, ICPC 100A form).
    b. Submit the request to the receiving state's ICPC Office for approval within 5 calendar days of the referrals receipt.
    c. Retain a copy for DC ICPC records.
3. If the ICPC specialist determines, within the 5 calendar days review time frame, that the ICPC referral is incomplete, the ICPC specialist shall call or send an e-mail to the referring social worker and indicate the outstanding documents or missing information.
    a. If the ICPC specialist receives no response from the referring social worker within 3 days, he or she shall make a second call or e-mail to the referring social worker, or to his or her supervisor.
    b. If the outstanding documents or missing information are not received within 10 days from the time of receipt, the ICPC specialist shall return the incomplete ICPC referral packet to the referring social worker with a transmittal, located in NEICE, outlining the reason(s) the referral is incomplete.
4. Upon receipt of the ICPC referral packet, the receiving state's ICPC office is expected to review the request and complete any further action required (i.e., conduct a Home Study when requested).
5. 5. If the ICPC request is denied by the receiving state, the DC ICPC specialist shall inform the sending social worker of the denial within 5 calendar days of notice.
6. If the ICPC request is approved, the DC ICPC specialist shall forward the approved form ICPC 100A no later than 5 calendar days to the sending social worker, and the child may be placed in the receiving state.
    a. If the child is not going to be placed in the approved out-of-state placement, or the proposed placement request is withdrawn, the CFSA referring social worker shall

forward the Interstate Compact on the Placement Of Children Report on Child's Placement Status (hereinafter form ICPC 100B) to the receiving state's ICPC office as notification of a change to the child's proposed placement status.

b. Upon receipt, the DC ICPC specialist shall forward the form to the receiving state's ICPC office as notification of termination or change of the proposed placement.

7. Upon receipt of an ICPC approval, the sending social worker shall place the child with the approved placement resource. The sending social worker shall work together with the receiving agency social worker to arrange the details of the child's placement into the home or facility.

8. Once the child is placed, the referring social worker shall submit form ICPC 100B to the DC ICPC office as confirmation of the child's placement. Note: The child must be placed with the approved placement resource in the receiving state within 6 months of the approval or the ICPC approval will expire. If the placement does not occur within 6 months, the sending social worker shall resubmit a new ICPC request (if needed) to the DC ICPC office for review and processing.

9. The DC ICPC specialist shall forward form ICPC 100B to the receiving state so that the receiving state can begin supervising and monitoring the child in the placement.

    a. Per ICPC regulations, the receiving agency social worker is required to monitor the placement by conducting monthly face-to-face home visits to ensure the overall safety, permanency, and well-being of the child.

    b. The receiving agency social worker is also required to complete progress/supervisory reports in NEICE if applicable, or mail, email, or fax the report to the receiving state's ICPC office on a quarterly basis until the placement terminates or until case closure occurs with prior concurrence of the receiving state.

10. The receiving state's ICPC office shall forward the quarterly progress/supervisory reports to the DC ICPC office.

11. The DC ICPC office shall (1) review the quarterly progress/supervisory report (2) retain one hard copy for DC ICPC records, and (3) upload a copy to the referring social worker for his or her records if it has not already been done.

12. Through the use of form ICPC 100B, the referring social worker shall notify the DC ICPC office of any changes in the child's placement status or case closure. Changes in the child's placement status may include but are not limited to any of the following circumstances:

    a. The child achieves permanency

    b. The child reaches the age of majority (anywhere between 18 and 21 years old, depending on the individual state)

    c. The child is legally emancipated.

    d. Change in placement

    e. The appropriate authorities in the sending state and receiving state concur that the ICPC case can be closed

13. When necessary, the sending worker shall make arrangements to ensure the return of the child to the District.

14. If a child disrupts from a placement in another jurisdiction, the following actions shall be taken:

    a. Arrangements are made with the receiving state or receiving agency social worker for the child to be returned to the District at the District's expense.

    b. If the placement disrupts due to safety concerns, the child shall be removed and placed in a foster home licensed by the receiving state or in an appropriate licensed facility until the District can make arrangements for the child's return.

    c. The District shall be responsible for any fees incurred as a result of arrangements made for the child's return.

    d. The DC ICPC office shall assist CFSA with reimbursement of any service expenditures incurred from the receiving state.

ICPC Request for a Home Study (for Parent(s) if Court-Ordered, Kinship, Guardianship, Foster or an Adoptive Home)

1. To initiate an ICPC request for a Home Study, the sending social worker or designee shall review and complete ICPC Request Checklist A1 before submitting the referral packet to the DC ICPC office via NEICE.

2. When a Home Study is requested, the receiving state shall provide a written justification of their decision to approve or deny the placement request within 60 calendar days from the date the request is received in the receiving state.

    □ Full licensure requests are expected to be completed within 120 days from the time of the request

ICPC Request for Placement Approval in a Placement in which a Home Study is Already Completed

ICPC Request for a Regulation 7 Priority Home Study (Parent and Relatives) Expedited placement of a child with a parent or relative in another state requires the court to issue an order for a Priority Placement Home Study. The proposed priority placement must be with a parent, stepparent, grandparent, adult brother or sister, adult uncle or aunt, or with the legal guardian of the child.

1. To initiate a priority placement, the sending social worker or designee shall review and complete ICPC Request Checklist A6 before submitting the referral packet to the DC ICPC office via NEICE.

2. The sending social worker and the Assistant Attorney General (AAG) shall ensure that at least one of the following criteria is satisfied before a priority placement can be requested:

a. There is an unexpected dependency due to a sudden or recent incarceration, incapacitation, or death of a parent or guardian. ("Incapacitation" means a parent or guardian is unable to care for a child due to a medical, mental, or physical condition of a parent or guardian.)

b. The child sought to be placed is 4 years of age or younger and there are older siblings who need to be placed with the same proposed placement resource.

c. The court finds that any child in a sibling group has a substantial relationship with the proposed placement resource. "Substantial relationship" means the proposed placement has a familial or mentoring role with the child, has spent more than cursory time with the child, and has established more than a minimal bond with the child."

d. The child is currently in an emergency placement. Note: a priority placement request does not apply to instances where the request is for the placement of the child in a foster, kinship, or adoptive placement that is already licensed, certified, or approved; or if the child is already in the receiving state in violation of ICPC.

3. The sending social worker and AAG shall ensure that the Court Order is signed and dated by the presiding judge and includes the judge's full name, address, telephone number, and if available, fax number. The Court Order shall reflect the finding that a proposed priority placement is necessary.

4. The sending social worker shall submit the referral within 3 business days from the time the Priority Court Order is issued by the Court to the DC ICPC office.

5. Upon receipt of priority placement request, the DC ICPC office shall send the complete referral to the sending state via NEICE if applicable, or by overnight express mail carrier service, fax, or email within 2 business days of receipt.

6. In accordance with the ICPC Regulations, the receiving state shall provide a written justification of their decision to approve or deny a priority placement request within 20 business days from the date the request was received in the receiving state. If the receiving state denies the priority placement request, the denial shall be made in writing

What has been the state's experience with ICPC home study requests to other states? How many requests have been responded to within the 60-day federal requirement? How many requests have resulted in a placement for a child?

According to the ICPC report from the NEICE database system, the District submitted a total of 63 adoption and guardianship requests to other states in FY 2023. Of this number, five requests were withdrawn within the 60-day federal requirement timeframe.[49] Of the 58 remaining requests, 79 percent (n=46) were approved/had a status report within 60 days and 21 percent (n=12) were not

[49] Requests were drawn in two cases because the identified relative changed their mind to be considered as a resource; one family did not want to through with a background check, one family could not commit to the pre-service training schedule, and in one case the social work team made a clinical decision not to proceed with a home study on the family.

approved/reported within 60 days. A total of 45 children were placed in other states, and 37 adoptions or guardianships were finalized.

What is the state's process for responding to ICPC home study requests from other states?

CFSA's ICPC Policy and Business Process guide the Agency in receiving and facilitating requests from other states to place children in the District. The process, which involves OTIs (referenced earlier from the policy) for home assessments or full home studies, includes the following considerations and steps:

> Section E: Requests from Other States to Place Children in the District of Columbia: Out of Town Inquiries (OTI) For Home Assessments or a Full Home Study

As a receiving state, CFSA is responsible for responding to ICPC placement requests that are made in accordance with the current terms of the ICPC or any agreements between the District of Columbia and another state. CFSA shall abide by the timeframes for processing requests, home studies, notifications back to sending states, safety checks and the submittal of progress reports as required by the ICPC.

1. Under the ICPC, a sending agency shall not place any child in the District unless that resource provider is licensed or approved for the placement of that child or sibling group by CFSA. Note that if the sending agency does not request an ICPC placement with a parent, CFSA will not apply the ICPC.
2. CFSA will complete a relative home assessment or a full home study as requested by the sending state.
    a. If the request is for a relative home assessment, within 60 calendar days of the date of receipt of the request, CFSA shall complete the home assessment with written recommendation of the approval or denial of the placement request and forward it to the sending state.
    b. If the request is for a full home study, before the 60th calendar day of the date of receipt of the request, CFSA shall provide a status report of the placement request and forward it to the sending state. Full licensure requests shall be completed within 150 days from the Licensing Unit's receipt of the request.
3. If children are placed with a relative or parent per a home assessment in the District of Columbia, then the caretaker shall be financially and medically responsible for the child's care. If the placement is made upon full licensure, then the sending state will provide foster care payments
4. Approval or the denial of the placement request shall be documented on the ICPC 100A and signed by the CFSA ICPC Administrator (or designee).
5. Following the child's placement, CFSA shall make a home visit the caretaker's home within 5 business days.

6. CFSA is not responsible for performing home studies, provider licensing activities, home visits, safety checks, or any other activities related to an ICPC as a receiving state, unless the sending state complies with the requirements of the compact.

Due to the District's size and the fact it most of its border is adjacent the state of Maryland, the two jurisdictions maintain a Border Agreement, which outlines placements across jurisdictional boundaries. Consistent with ICPC procedures, the Border Agreement includes specialized protocols for information sharing with state education agencies, joint monitoring of child placement agencies, provisions for emergency kinship placements, and procedures for child abuse investigations and safety checks.

As noted earlier, the District also utilizes NEICE resources to promote timely placements of children from other jurisdictions. The District evaluates the effectiveness of its protocols and practices by reviewing regularly reported placement timeline data. Details are provided later in this section. The ICPC Business Process provides guidance for completing homes study requests submitted from other states:

G. Requests from Other States to Place Children in the District of Columbia: Out-of-Town Inquiries (OTI) for a Home Assessment or a Full Home Study

1. When initiating an ICPC request to place a child in the District of Columbia, the sending state is encouraged to review and complete ICPC Request Checklist A5 before submitting the referral packet to the DC ICCPC office.
2. Within 5 calendar days of receipt of an OTI request, the ICPC specialist shall review the OTI referral packet for completeness.
    a. If the referral packet is incomplete, the ICPC specialist shall contact the sending state's ICPC office to request the required documents.
    b. If the ICPC specialist does not receive a response within 3 business days, he or she shall make a second contact to the sending state's ICPC office.
    c. If the outstanding documents are not received within 10 business days from the time the initial request for the required documents was made, the ICPC specialist shall return the incomplete referral to the sending state's ICPC office with a transmittal outlining the reason(s) the referral was deemed incomplete.
3. If the ICPC specialist determines that the referral is complete, within 5 calendar days of receipt, he or she shall forward the request to the CFSA Family Licensing Unit for completion of the home study.
4. CFSA shall complete a relative home assessment or a full home study as requested by the sending state.
    a. If the OTI request is for a relative home assessment, within 60 calendar days of the date of receipt of the request, the assigned licensing social worker shall complete

the home assessment with written recommendation of the approval or denial of the placement request, and forward it to the sending state.

b. If the OTI request is for a full home study, before the 60th calendar day of the date of receipt of the request, CFSA shall provide a status report of the placement request, and forward it to the sending state. Full licensure requests shall be completed within 150 days from the Licensing Unit's receipt of the request.

5. Within 5 calendar days of receipt of the home assessment and written recommendation, the ICPC specialist shall complete the following tasks

   a. Review the documents to determine whether the placement request shall be approved or denied.

   b. Document the placement decision by completing section IV of form ICPC 100A.

   c. Forward the home assessment and supporting documentation to the sending state's ICPC office with an ICPC transmittal.

6. If the OTI placement request is approved, the ICPC specialist shall coordinate a transfer staffing with the licensing social worker and the ongoing CFSA social worker in order to transfer case responsibility to the CFSA ongoing social worker within 3 to 5 business days of approval.

7. Upon receipt of an approval, the CFSA ongoing social worker shall contact the resource provider and the child's social worker in the receiving state to confirm the child's placement in DC within 30 days, and monthly until the child is placed or the ICPC approval expires.

8. Once the child is placed in the District, both the CFSA ongoing social worker and the ICPC specialist shall ensure receipt of form ICPC 100B as confirmation of the child's placement. The ICPC specialist shall also enter the child, birth family and resource provider's information as a new case in FACES.NET. Note: If the child is not placed in the home within 6 months of the ICPC approval, or if the placement will no longer be used, the ongoing social worker shall ensure that the sending agency submits form ICPC 100B to the DC ICPC office as verification of ICPC case closure.

9. Once a child is initially placed, the CFSA ongoing social worker should visit the resource provider's home within 5 calendar days.

10. Upon the child's placement, the CFSA on-going social worker shall conduct monthly face-toface home visits to monitor the placement and ensure the child's safety, permanency and well-being.

11. The CFSA on-going social worker shall complete and submit the progress/supervisory reports on a quarterly basis to the DC ICPC office.

12. The DC ICPC specialist shall review the quarterly report and forward it to the sending state's ICPC office and retain the remaining copy for DC ICPC records.

13. The CFSA ongoing social worker shall continue to monitor the placement and provide quarterly reports to the DC ICPC office until one of the following events occur:

a. The child stabilizes in the home and closure is recommended by both the CFSA ongoing social worker and the sending state social worker.

b. Legal guardianship/custody is granted to the caretaker by the sending state or the child is adopted.

c. The child reaches the age of majority or the case is closed in the sending state.

d. The child disrupts from the placement resource. If disruption occurs, the following actions shall be taken:

   i. Arrangements are made with the sending state or social worker for the child to be returned to the sending state at the sending state's expense.

   ii. If the placement disrupts due to safety concerns, the child shall be removed and placed in a District-licensed foster home, or in an appropriate facility, until the sending state can make arrangements for the child's return.

14. The sending state shall be responsible for fees incurred for arrangements made while waiting for the child's return. The DC ICPC office shall assist CFSA with obtaining reimbursement of any service expenditures incurred from the sending state.

For what percentage of cases did the state complete ICPC requests for home studies within the 60-day federal requirement? How many requests have resulted in a placement for a child?

According to the federal ICPC report, the District received a total of 53 adoption, guardianship, and birth parent placement requests from other states in FY 2023. Excluding two requests that were withdrawn within 60 days, 90 percent (n=46) were approved/had a status report within 60 days, 10 percent (n=5) were not approved/reported within 60 days.[50] A total of 22 children were placed in the District and seven adoptions or guardianships were finalized.

What are the challenges to effective use of cross-jurisdictional resources for permanent placements?

Most commonly observed challenges in the overall cross-jurisdictional placement process involved home study timelines. As seen among the 10 percent of requests from other states that were not approved within 60 days, it continues to be difficult to obtain all necessary information and perform all functions at the placement location within a 60-day period. The District's Deputy Compact Administrator identified additional sources for delays when requests are submitted to other states, including the completion of pre-service training when the state only offers it every other month. There can also be challenges getting background clearances completed in other jurisdictions when, in

[50] One withdrawal was from a father who no longer wished to be considered due to housing issues; one withdrawal was by a caregiver who determined they would be unable to handle the responsibility of caring for an additional child.

addition to resource parents, other household members and back-up caregivers also need to be checked.

How does the state work with other governments, e.g., other countries and Tribes, to facilitate the placement of children?

At the national level, the District of Columbia actively collaborates with all 50 states through the American Public Human Services Administration and the Association of Administrators of the Interstate Compact on the Placement of Children. The District regularly contributes to listserv discussions, attends monthly meetings, and participates in conferences geared toward peer information exchange, technical assistance, and the dissemination of new evidence-based practices.

The District's Deputy Compact Administrator maintains regular dialogue with neighboring jurisdictions, including the Deputy Compact Administrators in the Virginia Department of Social Services and the Maryland Department of Social Services. The administrators exchange updates and strategize on how to address case-specific and systemic delays.

For children adopted in other countries, the Agency contracts with International Social Services, which works with the adoptive parent in their home country and coordinates all steps toward adoption finalization. District residents adopting children from other countries work with private adoption agencies, overseen by the local government agency, DC Health.

CONCLUSION

Although certain practical challenges persist, the District's overall performance in coordinating with other jurisdictions to facilitate timely licensure of adoptive parents and conducting child-specific recruitment to identify permanent resources is an area of Strength.