

District of Columbia Citizen Review Panel Annual Report



May 1, 2018 - April 30, 2019

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Executive Summary

During the period of May 1, 2018 to April 30, 2019, the District of Columbia, Citizen Review Panel (DC-CRP) was extremely productive in meeting the mandate as specified in the Child Abuse Prevention and Treatment Act (CAPTA) and DC Code: § 4-1303.51 to provide oversight of Child and Family Services Agency and other DC community providers of vulnerable children. There were significant changes in the number of panel members, Chairperson leadership, and operation of the CRP. On June 5, 2019, four new members were appointed by Resolution of the DC City Council. Leadership of the CRP Chairperson changed twice during the year and currently, we have a new panel member serving as the Vice Chairperson. Fortunately, the DC-CRP received an additional \$8,450 to bring the annual budget to \$43,450 for the year. This additional funding allowed for enhancement of the CRP, by providing resources for incentives to participants that engaged in project activities, reimbursement for transportation, childcare support, travel to CRP National Conference, and enhancement in technical support. On June 5, 2019, four new members were appointed by Resolution of the DC City Council and in August one appointment by MOTA.

This annual report will discuss the activities of two CRP working groups known as Youth Ageing out of the Foster Care and In-Home Services. Specifically, the first working group will evaluate how well DC Child and Family Services Agency (CFSA) is meeting the needs of older youth that age out of foster care, and the second working group has designed a research project to examine agency policies and practices used to serve families that receive in-home care.

The overarching goal of the Youth Ageing Out Working Group is to ensure youth who are leaving the foster care system due to reaching the maximum age, develop appropriate skills to transition into successful adulthood. Currently, the Young Women's Project (YWP) is under contract with CFSA to provide pre-transition services for youth ages 20 ½ to 21 years old, and aftercare services for youth ages 21 to 23. This is a very challenging population and since 2017, CRP has focused on monitoring the activities of the YWP. Panel members worked closely with YWP and CFSA to identify how client outcomes should be evaluated. During this report period, CRP activities have involved reviewing YWP data collection, conducting a discussion group with young adults, and collaboration with the Office of Youth Empowerment (OYE), which is a division of CFSA. OYE support older foster youth ages 15-20 and offers an array of resources and opportunities in the areas of education, employment and financial literacy. Most of the older youth in foster care have their cases managed by OYE social workers, and the administrator oversees the YWP contract.

CRP is concerned that the process to contract monitoring does not adequately address how to measure client outcomes. CRP is seeking to re-examine how prior recommendations were addressed by CFSA. There is on-going discussions regarding these recommendations that focused on (1) assessment of the effectiveness of the YWP contract with respect to preparing youth for independence; (2) YWP to create an evaluation tool for individual youth; and (3) CFSA should assign one staff person to oversee and be fully accountable to the CFSA Director for the effective implementation of the YWP contract.

The CRP In-Home Working Group-during the past year-has been focusing on how to define and document CFSA policies and practices concerning services for families from which a child has

not been removed. Special attention is directed to better understand changes in In-Home policy and practice that have been implemented beginning May 2017.

This section of the Annual Report begins with laying the groundwork to understand the program modifications that have been implemented by CFSA. There is discussion about the Level of Care approach which determines the expected number of visits the family should receive. Emphasis is on safety as the top priority. A new case transfer process was adopted to improve information sharing between Child Protective Services (CPS) and In-Home Care.

The CRP provided details on the history of CFSA's involvement with other community providers that worked with families in their home (e.g., Homebuilders, Mobile Stabilization Support, and Project Connect). CRP's In-Home Services Work Group developed a project plan to assess the performance of In-Home Services in the wake of the changes. Further, this CRP Working Group examined the impact of these changes on the increased frequency of removing children from their home. Overall, this Working Group project includes three components; focus groups with parents and social workers (completed), a cohort group analysis (in process), and a review of the literature on the impacts of in-home services (in process).

Details are provided about the themes from focus groups and the cohort group analysis which led to the development of nine specific recommendations. In general, initial recommendations focused on (1) providing equal access to services for children served in-home; (2) improving timeliness of assessments and referrals; (3) improving quality and availability of needed services; and (4) adding new services to meet the needs of high needs families. Additional recommendations included (5) clarification of the policy and process around transition of cases from CPS to In-Home units; (6) extending Peer Mentor Program to In-Home parents; (7) revamping of the case plan document or providing a one-page summary document to make it more understandable to parents and more useful to both sides as a roadmap to case closure; and (8) providing childcare vouchers for all In-Home parents with children below school age (and three-year-old children that do not have access to Pre-K.) Finally, it is recommended that (9) CFSA should always solicit staff comments before instituting new policies. CRP anticipates that the entire project will be completed by August 30, 2019.

Introduction/Overview

The purpose of this 2019 annual report is to document the accomplishments, activities and recommendations of the District of Columbia's Citizen Review Panel for the period of May 1, 2018 to April 30, 2019. The goal is to ensure compliance with the requirements of the Child Abuse Prevention and Treatment Act (CAPTA). As documented in DC Code: § 4-1303.51, the District of Columbia Citizen Review Panel (DC-CRP) was established "to serve as an external, independent oversight body for the District's child welfare policies and practice."

Our intent is to inform the Department of Health and Human Services (DHHS), DC Child and Family Services Agency (CFSA), the Mayor, DC Council, and community stakeholders of the strategies that are needed for improvement of child welfare services. To achieve this, each year, DC-CRP examines key elements of CFSA to assess how well they implement programs and services to vulnerable children and their families. The focus of this report is to discuss the working group activities on In-Home Services, and Youth Ageing out of the Foster Care System. The Citizen Review Panel consists of residents with diverse representatives from throughout the District of Columbia. Panel members must not be employees of the District Government, and since inception in 2006, CRP members have contributed thousands of hours of volunteer services to review cases of children in out-of-home placement and to monitor child welfare programs. Panel members are volunteers who have expertise in the prevention and treatment of child abuse and neglect, and this includes foster parents as well as adult former victims of child abuse or neglect.

In 2018, there were significant changes in the number of panel members and in the operation of the CRP. To begin with at the end of last year, a new Chairperson (Ann Franke, JD) was appointed by the Mayor's Office of Talent and Appointments (MOTA), and in June 2018 there were four new members (see Appendix A for bios/resumes) appointed by resolution of the DC City Council. In August 2018, there was one new appointment by MOTA. This brought the total membership to thirteen volunteers. The new Chairperson demonstrated a strong interest in enhancing the work of the CRP and despite her short tenure as Chairperson, in August 2018, she was successful in getting additional funds from CFSA for the CRP. The new budget was increased by \$8,450 to enhance Working Group activities and to fund various expenses such as transportation, childcare, client incentives, website redesign, conference attendance, and development of a community forum.

Changes in CRP leadership occurred again in November 2018 when Justin Stephens was appointed by the Mayor to serve as the new chairperson. Mr. Stephens brought experience as an educator who was also a former foster parent, but unfortunately, after only a few months, he resigned as of April 3, 2019. Despite the unanticipated changes in leadership, each working group chair and members were consistent and there was no lost productivity in doing the work of the CRP. The quarterly meeting was conducted as scheduled (see Appendix B for work plan) and documentation of activities (see Appendix C for minutes) was accomplished.

The Panel's taskforce on Youth Aging Out of Foster Care has been active for several years, and these efforts have produced changes in both policies and practice. Members of this working group include, Rick Bardach as Chairperson, Sherrill Taylor, Megan Conway, and Patrick Foley. The

more recently established taskforce on In-Home Care Services has taken on an ambitious project to evaluate the status of families served in the home rather than in the foster care system. Members of this working group include, Marie Cohen as Chairperson, Emily Smith Goering, Katrina Foster, Maura Gaswirth, Dr. Sarah Schooler, and Elizabeth Corson Mohler. Below is the report for both CRP Working Groups. Each working group is guided by an overarching goal, and a desire to address the impact of their project on the child welfare system. Ensuring the quality of practice and effective agency policies is paramount to this effort.

Working Group: Youth Aging Out of Foster Care



Project Background

The overarching goal of the Youth Ageing Out Working Group is to ensure youth who are leaving the foster care system due to reaching the maximum age, develop appropriate skills to transition into successful adulthood.

Child and Family Services Agency (CFSA) is authorized to provide direct services to foster care youth until they reach the age of 21-years.¹ Youth ages 18 and older are required to have a “youth transition plan” to ensure they are adequately prepared for adulthood. To accomplish this, CFSA until age 20 referred emancipating youth to one of five independent non-profit organizations, operating under a group of community-based providers known as the “Healthy Families Thriving Community Collaboratives. This partnership with the Collaboratives was for youth ageing out of the foster care system, to receive case management and other social services

In 2014, the CRP established a working group on Young Adults Aging Out of Foster Care (the working group) in response to the persistent problem in the District’s child welfare system – far too many youths “emancipating” out of foster care at age 21 are unprepared for adult life and self-

¹ CFSA 2019 Annual Progress and Services Report (APSR).

sufficiency.²To take a closer look at the strategies and outcomes of the Collaboratives, the CRP conducted an evaluation of these community-based providers.

As a result of the CRP study, a series of recommendations were presented to CFSA which led to further examination of Aftercare Services. An outcome of this year-long inquiry by CFSA which included active participation of the CRP Working Group was a total revision of the approach for providing direct services to the transitioning foster youth population.

In February 2017, CFSA contracted with the Young Women's Project (YWP) for pre-transition services for youth ages 20½ to 21 years old, and aftercare services for youth ages 21 to 23. YWP was expected to provide a comprehensive capacity-building youth-development program, and to offer a broad range of activities including skills-building, support groups, jobs, individual coaching, and community support connections. The YWP program design, outcomes, benchmarks, and methods were to be aligned with the findings of CFSA's 2016 publication, *Transition to Adulthood for Youth in Foster Care in the District of Columbia*.

It is well documented that this is an extremely challenging group of young adults. For example, most youth do not attend college while in care,³ have difficulty finding and maintaining stable housing, and lack adequate support networks,⁴ and after allowing adequate time for YWP project start-up period, the CRP continued involvement to monitor the activities and outcomes.

CRP Information Gathering

The working group began its fact-finding work in the fall of 2017 to gather additional information on how YWP was documenting outcomes and accomplishments of their program.

On September 10, 2018, CRP Working Group panel members conducted a discussion session to get additional input directly from youth engaged in the YWP.⁵Ten (10) youth were invited and seven (7) participated in the ninety-minute group discussion. There were three females and four male participants. Two young children accompanied their parent, and the CRP assisted with childcare during the session. This was an evening meeting held at the YWP office. Snacks and gift cards were provided as incentives.

Information was gathered on the youth's experiences with YWP and CFSA Office of Youth Empowerment (OYE). This was an unstructured meeting and conversation was free flowing with "gentle direction" from panel members when the focus needed to change to cover different topic areas.

Participants were informed that notes would be taken of comments but not attributed to individuals. The young people spoke freely and expressed the following opinions:

² LaShawn A. V. Bowser Progress Report for the Period January 1-June 30, 2017

³ For a summary of available data on college attendance by DC foster children, see, Testimony of Judith Sandalow, Executive Director of the DC's Children's Law Center, before DC City Council Committee on Human Services, pp.7, 11-12, April 14, 2014.

⁴ CFSA Program Policy: Older Youth Services, Procedure E. The Policy is available on: <http://cfsa.dc.gov/publication/program-older-youth-services>.

⁵ CRP report from Sherrill Taylor on an update of Youth Ageing Out Working Group meeting, September 10,2018.

- Enrollment in the program needed to begin earlier in order to be more useful before they age out. Youth elaborated by stating “early preparation for leaving foster care will permit them to have a better understanding of expectations.” One youth stated, “YWP would be my first choice (over OYE) if I was younger because I would have had time to grow with the program.
- Another youth expressed, “They stand by their word”. “YWP gives me that extra step”, “If you started earlier with YWP you might could save some money for later.” “Sometimes we need help getting vouchers” and “I wonder sometimes why I must come into the office just for them to look up something on the computer”.
- When asked about OYE, some comments were positive, and others were not so positive. Several youths expressed concerns about “seemingly burned out staff, difficult communications, and inconsistent information”. Despite these concerns, one youth indicated “the OYE job training program was spot on.”
- Several youths remarked about housing concerns, for example, the CRP was told, “Rapid Housing needs to be looked at and changed because right now I am paying so much out of pocket”.

During this discussion group, the most positive responses were to the topic of participants’ guardian ad litem (GAL). For example, youth were pleased to have representation in court, and advocacy for educational needs. These youth were very open and candid; for the most part complimentary towards YWP and made good suggestions for improvement. For example, several felt they could have used more help long before they aged out, either by CFSA or YWP.

After this youth discussion session, there were a series of meetings held between the CRP, staff of YWP and CFSA.⁶ The CRP working group had many discussions about what an appropriate next step should be.

Recommendations Presented by the CRP

It was determined that panel members should review the status of the situation, and to re-examine how prior recommendations were addressed by CFSA. In the *Citizen Review Panel Annual Report for 2017-2018*, three recommendations were made that related to the youth aging out issue. These recommendations were:

1. Clarify how CFSA will monitor/assess the effectiveness of the YWP contract with respect to preparing youth for independence - particularly compared to previous arrangements (CASA, Collaboratives). There should be documentation about who is doing quality assurance (as opposed to contract adherence) and how this is being accomplished.
2. CFSA should require YWP to present a draft evaluation tool for individuals illustrating the progress of youth.
3. CFSA should assign one staff person to oversee and be fully accountable to the CFSA Director for the effective implementation of the YWP contract.

⁶ CRP Minutes December 4, 2018, update on Youth Ageing Out Working Group as reported by Chairperson.

Challenges and Concerns

In response to CRP's request for feedback from CFSA on the implementation status of the above three recommendations, CFSA reported that despite numerous attempts to enhance the legibility of the tracking system and to determine the benefits of the spreadsheet developed by YWP, this was not a useful tool. The Working Group was informed that CFSA has yet to receive a monthly report that accurately reflects client progress. On repeated occasions, often month after month, reports were returned to YWP for corrections. The problem in general was that YWP's basic descriptive data on youth in a given category (i.e., Employment, Housing, etc.) did not correspond to the accompanying data in the tracking system. This working group has found that the evaluation tool utilized by YWP that began as a simple Excel spreadsheet expanded more and more at each month. The format used became so unmanageable that when printed, there were eight to nine pages of information in landscape format. The tracking system spreadsheet used by YWP became increasingly voluminous and expanded several more pages by the end of the year. In this format, there was excessive and irrelevant information, which made it difficult and almost impossible to read or interpret findings. The plethora of data on each youth made it impossible for the CRP working group to read and evaluate the information.

Panel members expressed concerns about reality of ongoing emotional and behavioral problems experienced by older foster youth and the importance of having a program that is effective for emancipated young adults. It was a consensus of the CRP Working Group that the YWP is working hard, but the results are not well documented, and the program was falling short in meeting the needs of the youth.

The CRP recognized that YWP could benefit from technical assistance on conducting outcome evaluation of services so as to determine what aspects of the program is working and what was not. The CRP working group expressed concern that CFSA program monitoring is primarily directed toward *contract compliance* rather than assessing and documenting the *effectiveness of services provided* to these vulnerable youth.

CFSA Response to CRP Recommendations

On December 19, 2018, the Director of CFSA provided a written response to the CRP Annual Report (see Appendix D). This response stated that the three recommendations were "already in place" and "accepted and complete." The CRP working group does not agree with this response and is concerned about the progress being made on the 2018 CRP recommendations. Specifically, the CRP Working Group believes that meaningful evaluation of the effectiveness of services is not occurring and the response provided by CFSA is overly general and fails to provide the CRP with any clear justification of their response statement that the recommendations are "already in place".

CRP Follow-up Actions

On December 10, 2018, a meeting was held with Director Donald and CFSA staff on the needs for enhancing YWP outcome documentation. The working group strongly suggested that CFSA modify the staffing at YWP. Based on the problems mentioned about evaluation documentation of the project, CRP feels it would be beneficial to have a qualified person as a full-time "program evaluator" to write "client summaries" for each young adult actively engaged in the program.

These summaries would be completed every six-months and would document in depth what each client is doing with the YWP program. This process would provide a unique understanding of various dimension of what is happening with the clients. Once enough summaries are complete, the CRP panel believes more would be understood about the quality of services being provided by YWP. Director Donald, in a letter dated December 26, 2018, did not agree with this suggestion. She stated “I have decided to continue with the process that was shared with the CRP, thus CFSA will not support additional funding to hire new staff to develop case studies of each young adult in the program. CFSA will continue to meet with the YWP to support them in providing the services that we have identified as necessary for young adults, and to review data that allows us to monitor their outcomes.”

Summary Conclusion

This section of the annual report documents the process and activities of the Youth Aging Out Working Group during the period of May 1, 2018 to April 30, 2019. Background information is provided to give context to concerns that have been addressed in this report. As mentioned, YWP has designed and is continually updating a massive Excel spreadsheet that lists every client known to the program. This is not the most user-friendly tool to gather outcome data. CRP disagrees with CFSA’s approach to evaluating this program. Further dialogue is needed to resolve this issue. The next steps for the working group include plans to meet with Director Donald to request that her staff make a presentation to the working group regarding data they now have (two years into the contract) regarding the YWP programs, the outcomes they have determined are being met or unmet, and the current evaluation as to the quality of the services provided to the young adults.

Working Group Report: In-Home Care Services



Project Background

The intent of the CRP In-Home Working Group during the past year was to define and document CFSA policies and practices concerning services for families from which a child has not been removed-known at CFSA as In-Home Services. We have paid special attention to changes in In-Home policy and practice that have been implemented beginning May 2017. We also gathered and analyzed administrative data and agency reports. We have conducted focus groups with clients and social workers in order to get a better sense of CFSA's In-Home services and how they operate. We are awaiting longitudinal data from CFSA, which will be incorporated into a final report to be issued in the fall.

In-Home Services, in contrast to Out-of-Home Services (otherwise known as foster care), refers to the services that CFSA provides to families with children at home through home visits and case management. There were 1366 children in families with in-home cases as of 9/30/2018,⁷ which constituted 62% of the total number of served by CFSA, with the remaining 38% being in foster care. This proportion has been relatively constant since 2014; however, the actual number of children served in-home and in foster care has been declining.⁸ Due to the high proportion of children and families being served in-home and significant changes to the CFSA in-home practice model, the CRP has attempted to gather a wide variety of information on these services and practice changes.

CFSA In-Home Practice Modifications

Between May 2017 and April 2018, CFSA adopted several significant changes in its in-home practice. In July 2017, CFSA began to use a Level of Care approach, eliminating the two Chronic Neglect Units that were established in April 2016.⁹ Under this new model, families are placed into one of three levels of care based on the risk to the child as assessed by the case carrying social worker. The level of service determines how many visits the family receives and how long the case is expected to be open.

In February 2019, thirty-four (34) families were being served at the "Intensive" level, 230 at the "Intermediate" level, and fifty-five (55) at the "Graduate" level. Each social worker carries a mixed caseload of families at different levels of care. Supervisors are supposed to review with their workers each family's assigned level at least every 90 days, in conjunction with updated services plans and assessments. When a case has been open longer than the standard established by CFSA for that level and the family is not ready to be stepped down, the case is to be reviewed to consider court intervention and/or removal of the child or children.¹⁰

In July 2017, In-Home also instituted a new "focus on safety."¹¹ According to Lia Walker, CFSA's In-Home Administrator, this new focus came out of the 2017 Quality Service Review Exit conference. Case reviews showed that workers were often focusing on factors beyond safety

⁷ CFSA Today, handout distributed by Brenda Donald, March 5, 2019

⁸ CFSA. FY 2020 Needs Assessment and Resource Development Plan, Provided by Michele Rosenberg.

⁹ CFSA, Removals from In-Home Cases, FY16-FY18. Document provided by Lia Walker.

¹⁰ In-Home Levels of Care, Fact Sheet provided by Robert Matthews.

¹¹ Email from Lia Walker, 4/5/19.

and the initial reasons that the case was opened-making it difficult for workers to define parameters for case closure and resulting in cases being open for long periods. To implement this focus, CFSA issued a new policy on Standards for Safe Case Closure in October 2018.¹² The policy reiterates that the agency's goal is to ensure safety of the children and end formal involvement with the family as soon as the safety and risk of harm issues have been addressed." The policy sets out specific criteria for determining when cases are ready to be safely closed and families can be referred to community partners to address their remaining needs.

A new case transfer process was also adopted to improve information sharing between Child Protective Services (CPS) and In-Home to reduce the time from investigation to initiation of services, and improve family engagement. After an internal case transfer staffing between the two workers, there is a joint home visit called a Partnering Together Conference with the family to turn over the case and ensure the family understands the change of worker and case status.¹³

In April 2018, In-Home Services transitioned from Community Partnerships to Entry Services. According to Robert Matthews, the Deputy Director of Entry Services,¹⁴ this restructuring was an attempt to ensure continuity in practice between Child Protective Services (CPS) and In-Home. In-Home Services are now considered to be ongoing CPS. The policy details will be laid out in the new in-home policy that is currently under review.

Another change is the increased use of "community papering," or filing a petition for court intervention when the child has not been removed from the home.¹⁵ Community papering has traditionally been used to promote family engagement by instituting court supervision¹⁶ but can also be used to request removal of a child.¹⁷ The number of children subject to community papering increased from 71 in FY 2017 to 130 in FY 2018. It is not clear whether this increase was driven by requests for removal of children or for court supervision of in-home cases. The CRP has requested additional data to answer this question.¹⁸

The in-home practice changes discussed above have resulted in an increase in removals from in-home cases in absolute terms and as a percentage of all removals. The proportion of removals that are from In-Home (rather than CPS) cases has increased from 25% in FY 2017 to 44% in the first three quarters of FY 2018.¹⁹ Comparing removals in the October to May timeframe for each fiscal

¹²https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachment/Program_Standards_Safe_Case_Closure_FINAL_2018

¹³ Meeting with Robert Mathews, 2/9/18

¹⁴ Email from Robert Matthews, December 11, 2018

¹⁵ Meeting with Robert Matthew, 2/9/19.

¹⁶ CFSA Progress and Services Report, p. 40, available on

https://cfsa.dc/sites/default/files/dc/sites/cfsa/publications/attachment/DC_CFSA_APSR_2019_63018_FINAL.pdf.

¹⁷ Administrative Issuance: CFSA-16-7: Community Papering, December 22, 2016. Available from

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Al_Community_Papering_2019_DEC_FINAL_pdf

¹⁸ Child and Family Services Agency's Responses to Performance Oversight Submitted to the DC City Council, Human Services Committee, February 19, 2019, available on <https://dccouncil.us/wp-content/uploads/2019/02/cfsa19.pdf>. And CFSA Responses to Performance Oversight Questions Submitted to DC City Council, HSC, February, 2018, available on <http://dccouncil.us/wp-content/uploads/2018/cfs.pdf>.

¹⁹ Removal from In-Home Cases, FY 16-FY-18

year showed a seventy-nine percent (79%) increase in the number of children removed from in-home cases in FY 2018. Much of the increase has been due to the above-mentioned increase in removals through the community papering process.

In-Home has also implemented changes to engage relatives earlier. This includes a new practice of engaging kin without parental consent, as described in a new Administrative Issuance issued on April 6, 2018.²⁰ This policy is based on the belief that engaging kin without parental consent may be appropriate when parents are refusing to work with the agency to ensure the safety of their children. In these cases, child's removal must be imminent or pending.

In order to ensure that its practice changes have been put into effect, In-Home has established a Frontline Practice Continuous Quality Improvement (CQI) plan.²¹ This includes monthly case plan reviews by Program Managers and the Administrator, reviews of cases that have been open for a year or more, and managerial review of randomly selected notes from individual and group supervision sessions.

In-Home Services to Clients

It is important to distinguish between in-home case management provided by CFSA social workers and the community-based services contractors to which these case managers may refer clients, which might include intensive family preservation services, therapy, or drug treatment.

The major source of CFSA-funded services to In-Home families has been the Safe and Stable Families waiver, which expires on September 30, 2019. The original waiver demonstration project approved by the federal government had two core interventions; Homebuilders and Project Connect, both of which were home interventions.²² Neither of these programs has worked as anticipated.

Homebuilders was eliminated because it was difficult to get families into the program quickly and an evaluation found it to have little or no impact.²³ To replace Homebuilders, CFSA expanded the Mobile Stabilization Support program (MSS), initially for foster families, to In-Home families as of July 2017. The MSS Team (operated under contract by Catholic Charities) responds within two hours to families experiencing a crisis to “screen and identify services and alternatives that will minimize distress and provide stabilization for the family to prevent the removal of children.”²⁴ Mobile Crisis Stabilization, with a capacity of 300, served 150 families in FY

²⁰https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attacj,emts/FAQ_Engaging_Lom_W_Parental%20Content_2%200_0.pdf

²¹ CFSA, FY 2019 Annual Progress and Services Report, June 30, 2018, available on https://cafa.dc.gov/sites/default/fo/es/dc/sotes/cfsa/pib/ovatom/attacj,emts/DC_CFSA_APSR_2019_63018_FINAL.PDF, page152

²² DC Title IV-E Waiver Terms and Conditions, p4; available on https://cfsa.dc.gov/sites/default/fo/es/dc/sotes/cfsa/page_cpmtm/attacj,emts/DC%20Title%20IV-E%20Waiver%20Terms%20%26%20Conditions_Signes.pdf

²³ Robert Matthews presentation at CRP Quarterly Meeting, June. 14.2017

²⁴ CFSA, FY 2020, Needs Assessment and Resource Development Plan

2018.²⁵ However, Mobile Crisis Stabilization is a short-term program intended to link families with other services. It is not an intensive program like Homebuilders.

CFSA planned to eliminate its other intensive in-home intervention and Project Connect in FY 2019 due to underutilization.²⁶ However, according to Brenda Donald's response to a question by Human Services Committee Chair Brianne Nadeau at the CFSA budget hearing, the program has been continued because CFSA needs programs that are "evidence-based" as defined by the Act.

In its oversight responses to the Council's Human Services Committee, CFSA has reported that increasing referrals to these waiver-funded programs has been challenging.²⁷ And indeed, all the waiver-funded programs were operating below capacity at the end of FY 2018.²⁸ Project Connect, with a capacity of 110 families, served only 38 families in FY 2018 and was serving only 8 families as of 12/31/2018. In FY 2018, CFSA paid Project Connect and Catholic Charities a total of \$2.8 million in federal funds; with \$954,600 to Progressive Life and \$1.9 million to Catholic Charities. Progressive Life is receiving \$789,000 to provide Project Connect in the current fiscal year. Mobile Crisis Stabilization, with a capacity of 300, served 150 families with its short-term services in FY 2018.

In addition to services funded by CFSA, In-home clients depend on the Department of Behavioral Health (DBH) for many of the services outlined in family case plans, such as mental health, drug treatment, and domestic violence services. The availability and quality of these services have been sources of concern to social workers and outside observers, as discussed below.

Strengths and Challenges

In-home practice showed substantial improvement during the Spring 2018 round of Quality Service Reviews (QSR's). The QSR process is an annual qualitative review of a sample of In-home (as well as foster care) cases to evaluate performance on several qualitative indicators. The overall percentage of cases that were rated as acceptable on twelve (12) indicators increased from 50% in 2017 to 85% in FY 2018.²⁹ Strengths identified by the QSR included social workers' efforts to include fathers and extended families, teamwork and coordination, evidence of comprehensive assessment of children and their mothers, and the involvement of families in case planning.

Despite the gains in engaging fathers, assessment of fathers and supports and services for fathers were still identified as areas needing improvement. Additional challenges include case closure with common themes including the lack of a clear concept of what is needed, and appropriate

²⁵ Center for Study of Social Policy: LaShawn A. vs Bowser Progress Report for Period July 1 to December 30, 2017, p. 152. Available on <https://cssp.org/wp/-cpmtem/upload/2018/10/LaShawn-A-v-Bpwser-Progress-Report-for-the-Period-July-December-30,2017.pdf>

²⁶ CFSA Oversight Response, 2019 Page 84

²⁷ CFSA Oversight Response, 2019 Attachment Q10

²⁸ CFSA Oversight Response, 2019 Page 84

²⁹ Office of Planning, Progress and Program Support, Quality Service Review Exit Conference, Community Partnership Administration, June 20, 2018.

timeframes to close cases. Also, workers were found to be keeping cases open to deal with family needs that did not affect child safety and were not related to the reason the case was opened.

Outside of case practice, lack of services was a primary challenge specifically, access to “ready and available” mental health services for children and families. Sixty seven percent of child welfare professionals surveyed by CFSA for its need’s assessment (including agency and collaborative personnel) indicated that they currently had a client experiencing service delays. Common themes included a wait list for therapy, lack of appointment availability, provider turnover and lengthy processes before beginning service. These deficiencies in available services may also feed into the lack of a clear pathway to case closure. Other barriers identified by the QSR’s included domestic violence, lack of available and affordable housing, and parents’ unwillingness to disclose information about fathers and extended families that might be supportive to children.

CRP Research Project on In-Home Services

In the previous reporting year, CRP’s In-Home Services Work Group developed a project plan (see Appendix E) to assess the performance of In-Home Services in the wake of the changes. The project includes three components; focus groups with parents and social workers (completed), a cohort group analysis (in process), and a review of the literature on the impacts of in-home services (in process). We anticipate that the project will be completed, and a report will be issued by August 30, 2019.

1. **Focus Groups:** On December 10, 2018, CRP members conducted two focus groups involving 8 parents and 12 social workers. Focus group participants were identified by In-home services supervisors, who invited their clients and social workers to participate. From these focus groups, several themes emerged:
 - a. Themes from parents:
 - i. Parents had a generally positive feeling about their social workers though they occasionally found them intrusive.
 - ii. Privacy is an important concern and parents feel the agency should be more sensitive to their privacy needs.
 - iii. Parents are not always clear on aspects of the system, including the focus on all children and not just the maltreated child, and the criteria for case closure. The latter is consistent with the findings of the QSR about the pathway to case closure.
 - iv. Parents expressed difficulties with complying with recommended services due to provider turnover especially around behavioral health services and long waits for service initiation. Due to these factors, parents expressed frustration that they are held to specific timelines; however, CFSA is not.
 - b. Themes from Social Workers:
 - i. Concern about the impact of changes in the in-home practice model seems to blur the lines between CPS and In-Home practice. They report that they are removing more children, as the data show. Their perception is that these cases are being transferred prematurely and that many of these children should have been removed by CPS.

- ii. Some social workers were concerned about the levels of care system, stating that a family's level of care can change and that more options might be needed.
- iii. Social workers expressed they need more time to work with hard-to-serve families due in part to the time it takes to build rapport and engage a family in services. These workers felt that the Chronic Neglect Unit addressed these concerns in a way the Levels of Care does not.
- iv. Social workers expressed concern about their relationship with management. Although some had supportive supervisors, almost all feel devalued and depersonalized by those above the supervisor level. They cited examples like not being called after having a client die as evidence and that their own needs are not attended to.
- v. Many social workers expressed the belief that management is focused on "numbers" (or metrics that are not necessarily meaningful) rather than people-be it clients or workers.

A major theme enunciated by both parents and social workers was the inadequate array of services available to families. Both parents and workers complained that domestic violence and mental health services were lacking; parents also mentioned housing. Social workers lamented the poor quality of many available services and that they did not have any outstanding programs to which to refer their clients. Moreover, some services to children, particularly tutoring, are available only with court involvement. This theme is consistent with the findings of the QSR's and needs assessment.

2. **Cohort Study:** The cohort study will focus on the cohort of families that entered In-Home services between January 1, 2018 and March 31, 2018. Data requested by the CRP work group include how many families were placed at each level of care, how many were community papered, how long cases stayed open, reasons for case closure, and how many had another allegation, investigation, or substantiation within the year. We hope this data will give us some insight into future trajectories of families receiving In-Home services. To date some preliminary data on the cohort has been received:
 - a. A total of thirty-three (33) in-home cases were opened during the period of January-March 2018 that were assigned to an intensive level of care.
 - b. These families had a median of three children. Sixty-seven percent (67%) of the families had 1 to 3 children, thirty percent (30%) had 4 or 5 children, and one family had 12 children.
 - c. Sixty-four percent (64%) of the families resided in Ward 7 and 8. Another 15% lived in Ward 6 and 12% in Ward 5.
 - d. The majority (58%) of the families had prior involvement with CFSA, including both in-home and out-of-home cases.
 - e. Of the 33 families, eight (or 24%) had a removal of a child or children into foster care between January 2017 and March 19, 2019.
3. **Literature Review:** The CRP has begun reviewing the literature on the impact of popular service models for in-home families. We are focusing on the three categories of services that are reimbursable under the Family First Act: parent skill-based training, mental health, and drug treatment will look at the literature on domestic violence services as well.

In-home Summary and Recommendations

CFSA has done a good job of implementing a new vision of in-home care as ongoing protective services, redirecting the focus to child safety, emphasizing prompt case closure when warranted, and using court involvement and removals when a case has not progressed. The CRP has been using data to inform the new policies and practices and now to assess their impact. Examples included using the 2017 QSR to refocus on safety, looking at cases open a year or more to target specific workers and supervisors, and using a detailed analysis of removals from in-home cases to assess the success of its new practices.

However, the agency has fallen short in explaining its new practice model and its rationale to social workers, soliciting their input first and then taking more time to explain the new practices. Workers need more support and more appreciation from management to help them continue in these challenging jobs. The major shortcoming in the agency's In-Home Services is the lack of good programs to which clients can be referred. No matter how much case management improves, In-home workers must have access to services that parents need to keep their children safe—particularly mental health services, drug treatment, and domestic violence interventions. Case management without adequate services is ineffective. It also makes it difficult to establish a clear plan for case closure. Parents spoke in their focus group about the lack of transparency and a clear path to case closure. Implementation of the Family First Act provides the opportunity for CFSA to obtain federal matching funds for desperately needed mental health and drug treatment interventions.

The In-Home Working Group has developed the following recommendations based on our work.

1. **Provide children and families receiving in-home services with equal access to services as provided to children in foster care and their families.** Children who are removed from their homes, along with their parents or caretakers, get quicker and better access to services than children remaining at home, especially those without court involvement. With more than 60% of children being served in-home, and with the new federal Family First Act providing equivalent funding for in-home services, access to services should be equalized for families with in-home and out-of-home cases. The same services (including tutoring and mentoring for the children) should be provided and the same benchmarks should be used for assessing timeliness of referrals and service initiation for both groups of families. All in-home parents should be given an opportunity to meet with an educational specialist and obtain ongoing assistance to help them access educational opportunities for their children.
2. **Improve timeliness of assessments and referrals.** Social workers in the focus group consistently described the difficulty of accessing services for their clients, especially domestic violence (DV) and behavioral health services. The DV assessment process appears to be inefficient and needs to be strengthened. Social workers reported that they miss the co-located DBH workers who used to complete referrals for their clients. Moreover, CFSA's CFSR

Program Improvement Plan calls for parents to have access to co-located DBH staff to facilitate service delivery.³⁰ These staff should be reinstated.

3. **Improve quality and availability of needed services.** Social workers expressed the view that there are no “awesome” programs to refer their in-home clients, or even programs that they deem to be of good quality. Many clients need mental health and drug treatment services that fall under the jurisdiction of DBH and the lack of services is part of a larger crisis in quality and availability that is affecting all DBH clients, not just those who are involved with CFSA. More financial resources are likely needed, as well as policy and administrative reforms. CFSA should consider purchasing therapeutic services for its clients using federal IV-E matching funds that are now available for such services.
4. **Put in place new services to meet the needs of high needs families.** Especially after the elimination of Homebuilders, CFSA’s menu of in-home parenting interventions is very small. We recommend that CFSA choose one or more additional evidence-based interventions that would receive federal reimbursement as “in-home parent skill-based services” under the Family First Act. The CRP work group can help inform this process through the literature review of supported and promising practices.
5. **Clarify the policy and the process around transition of cases from CPS to In-Home units.** In-home social workers expressed confusion and frustration about the new process. They perceive that incomplete investigations are being transferred to them, leaving them to remove children who should have been removed by CPS.
6. **Extend Peer Mentor Program to In-Home Parents.** Our parent focus groups revealed considerable lack of understanding about CFSA policies and practices. CFSA should extend the new Parent Education, Engagement and Resource (PEER) support program to include parents within Home cases. Having support from an experienced parent would help in-home clients better understand the system and their obligations. Part of the PEER program includes an orientation for all parents whose children have been placed in foster care. A similar orientation should be held for incoming in-home parents.
7. **Revamp case plan document or provide a one-page summary document to make it more understandable to parents and more useful to both sides as a roadmap to case closure.** Many parents seemed unclear about what it would take to close their case. Parents should have a case plan that is easily understood and can serve as a roadmap to case closure that they consult frequently for guidance.

³⁰ PIP, page 10.

8. **Provide childcare vouchers for all In-Home parents with children below school age (and three-year-old children that do not have access to Pre-K.)** Early childhood care and education have numerous benefits for struggling families. It provides the parents respite and precious time to comply with their case plans. It gives their children needed structure, routine, academic skill development, and enrichment, all of which are particularly important for children experiencing chronic neglect. Staff provides another set of eyes to alert the agency of abuse or neglect. Staff of quality programs can provide parents with education and modeling of appropriate parenting skills. All families with in-home cases should have access to early care and education.
9. **Solicit staff comments before instituting new policies.** Social workers expressed the need to have input into forthcoming policy changes. And indeed, the agency should value such input, as social workers are the experts on how policies will affect children and families in the field. Some agencies provide a mechanism for social workers to comment on upcoming policy revisions. CFSA should do the same.

Conclusion

This year the CRP has been able to accomplish more due to the appointment of new members. However, the CRP is currently without a chairperson after the abrupt departure of the MOTA appointed chair who had been in the post for only a few months. The Vice Chair remains vacant but should be filled by an existing member by the end of May. The CRP is hopeful that all open positions and chair position will be filled soon. The CRP recognizes that an important working group that has not yet been established is one that looks at CFSA foster care. This is an important area of CFSA's work that serves the city's most vulnerable children and families. As we build our capacity, we anticipate launching an additional foster care working group in the coming year.

Respectfully Submitted,

Shana Bartley, Vice- Chairperson
Rick Bardach, Treasurer
Emily Smith Goering
Sherrill Taylor
Marie Cohen
Megan Conway
Katrina Foster
Maura Gaswirth
Patrick Foley
Elizabeth Corson Mohler
Sarah Schooler, MD
Joy Graham

www.dc-crp.org

Joyce N. Thomas, CRP Facilitator
714 G Street, SE, Washington, DC 20003
ccpfs@centerchildprotection.org