DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY'S IN-HOME SERVICES: RECENT CHANGES AND CURRENT ISSUES

Findings and Recommendations From The Citizen Review Panel

THE DISTRICT OF COLUMBIA CITIZEN REVIEW PANEL FOR CHILD ABUSE AND NEGLECT

NOVEMBER 15,2019

Table of Contents

Executive Summary

This report documents the findings from a review of the policies and practices of the District of Columbia, Child and Family Services Agency's In-Home services program. Our methodology involved both qualitative and quantitative data collection, as well as key informant interviews with significant individuals of the in-home program. Our intent was to document recent changes and current practice related to in-home services.

As of June 30, 2019, the 1482 children being served in their homes were 65% of the total number of children served by the Child and Family Services Agency (CFSA). That compares to only 846 children in foster care. Due to the high proportion of children and families being served in their homes and significant changes to the CFSA in-Home practice model, the Citizen's Review Panel (CRP) formed a working group to study these services in 2017. We focused on the services provided by the In-Home Administration, which serves about 77% of these children This report presents the results of our study.

Between May 2017 and April 2018, CFSA adopted several significant changes in its in-home policy and practice. These changes included: assigning high-risk cases without substantiated maltreatment to the collaboratives instead of In-Home; creating a tiered system of services; implementing a "focus on safety;"; changing the focus of assessments to parents rather than children; adopting a new case transfer process that resulted in quicker transfer from Child Protective Services (CPS) to In-Home; implementing process changes to increase the use of "community papering"; adding new policies to involve relatives earlier in a case; and developing a more robust Continuous Quality Improvement (CQI) plan. In an administrative change, In-Home was moved from Community Partnerships to Entry Services.

In the wake of the policy and practice changes, there was an increase in removals of children from in-home cases both as a number and as a percentage of all removals. However, there has not been the same kind of increase in the number of children who are receiving court supervision while remaining at home. In-home practice showed substantial improvement on annual qualitative reviews between 2017 and 2019. Nevertheless, case reviewers found that lack of appropriate services (especially for families with multiple and complex needs) and delays in service provision were major themes across many of the cases they reviewed.

One source of CFSA-funded services to In-Home families has been the Safe and Stable Families waiver, which expired on September 30, 2019. Unfortunately, all the services funded by the waiver were underutilized, resulting in overspending on these programs.

The waiver expired on September 30, 2019 and CFSA implemented the Family First Prevention Services Act the next day. CFSA will use Family First and Medicaid funding to continue some of these programs and implement others for its In-Home clients. The new service array includes some needed services, such as home visiting and parent education programs, but will not address the severe shortage of quality mental health services for parents suffering from common mental health disorders such as depression, bipolar disorder and Post Traumatic Stress Disorder.
On December 10, 2018, CRP members conducted two focus groups involving eight parents and 12 social workers. Themes from the parents focus group included:

- Parents had a generally positive feeling about their social workers, though they occasionally found them intrusive.
- Privacy is an important concern and parents feel the agency should be more sensitive to their privacy needs.
- Some parents were surprised to learn that their cases focused on other children and issues than those involved with the investigation that resulted in their case.
- A major theme was the difficulties in accessing and maintaining behavioral health services for both parents and children due to long waits to initiate services as well as high provider turnover.
- Parents are not always clear about what they must do to get their case closed.
- Parents expressed difficulties with complying with case plans within the specified timeframes due to provider turnover, long waits for service initiation and delays in submission of referrals for services.
- Almost half of the participants, (three) self-disclosed they had experienced domestic violence.

Themes from the social worker focus group included:

- Social workers expressed concern that cases were being transferred to them prematurely from CPS under the new practice model and that many of these families were not good candidates for in-home services.
- Some social workers were concerned about the levels of care system, stating that a level between intensive and intermediate might be needed.
- Social workers expressed that the levels of care system provides less time to work with the hardest-to-serve families compared to the previously existing Chronic Neglect Units.
- Although some social workers reported having supportive immediate supervisors, almost all feel devalued and depersonalized by those above the supervisor level.
- 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.
- Like the parents, social workers lamented the inadequate array of services available to families. Social workers were particularly concerned about the lack of domestic violence and mental health services and the poor quality of many available services.

The Working Group requested data on the cohort of families that entered in-home services between January 1, 2018 and March 31, 2018 and were assigned to the "intensive" level of care. A total of 33 in-home cases were opened during the period January-March 2018 that were assigned to that level. The data showed that families had a median of three children, 64% of them lived in Wards 7 and 8, and the majority had prior involvement with CFSA.

By March 31, 2019, 22 out of the 33 cases had been closed. These cases had remained open between four and 13 months, with 17 of them open for eight months or less. The remaining 11 cases were open as of March 30, 2019. In 12 of the 33 cases there was at least one new

investigation (11 cases) or family assessment (1 case) after the in-home case was opened. Out of the 11 families investigated, five had an additional substantiation. In eight out of the 33 cases (24%), a child was removed and placed in foster care. A total of 20 children were removed from these eight families.

Summary and Recommendations

The Working Group concluded that CFSA has done a good job of implementing a new vision of in-home care that includes establishing levels of care, redirecting the focus to child safety, emphasizing prompt case closure when warranted, and using court involvement and removals when a case has not progressed. However, the agency could have done a better job at soliciting workers' input in developing the new practice model and explaining the rationale for the changes. In addition, it is important to note that case management without adequate services is ineffective. The parents and social workers we met agreed with CFSA's own Quality Services Reviews and Needs Assessment that the quality and quantity of services for in-home families are inadequate.

The Working Group made the following recommendations:

1. Provide children and families receiving in-home services with equal access to services as is provided to children in foster care and their families;
2. Improve timeliness of assessments and referrals;
3. Advocate for increasing the supply and quality of mental health and drug treatment services available to In-Home clients;
4. Make sure the new and existing programs being funded under FFPSA are implemented using the principles of implementation science under the guidance of implementation experts;
5. Clarify the policy regarding how long an in-home case can stay open;
6. Consider longer case openings for families with intensive needs;
7. Clarify the policy and the process around transition of cases from CPS to In-Home units;
8. Reinstate the policy of referring all high-risk families to in-home services;
9. Increase the use of community papering, when appropriate, to place in-home families under court supervision;
10. Extend Peer Mentor Program to In Home parents;
11. Revamp the case plan document to make it more understandable to parents and more useful to both sides as a roadmap to case closure;
12. Provide childcare vouchers for all In-Home parents with children below school age (and three-year-old's that do not have access to Pre-K.);
13. Listen to social workers, involve them in policy change, and secure their buy-in; and
14. Develop the capacity to analyze data on families longitudinally so that they can be followed over time and after case closure.

INTRODUCTION

The term "In-Home Services," in contrast to Out-of-Home Services (otherwise known as foster care), refers to the services CFSA provides to families with children at home through home visits

and case management. Most in-home services are provided by CFSA's In-Home Administration. However, there are some children who receive In-Home Services from CFSA's Permanency Administration, the Office of Youth Empowerment, or private agencies, because they are siblings of children in foster care or children who were reunified with their parents and are under protective supervision. As of September 30, 2019, there were 796 children in foster care and 1482 children being served in-home, including 1151 children with cases being managed by the In-Home Administration (78% of the total) and 331 children with cases managed by Permanency, OYE, or private agencies.[1] Thus, children served in their homes constituted 65% of the total number of children served by the agency. This report focuses only on cases managed by the In-Home Administration, often referred to below as "In-Home." Of the 293 new in-home cases in FY 2018, 172 were substantiated for neglect, 100 for physical abuse, 21 for sexual abuse, 2 for a child fatality, and 1 for sex trafficking.[2]

Due to the high proportion of children and families being served in-home and significant changes to the CFSA in-Home practice model, the Citizen's Review Panel (CRP) formed a working group (referred to below as "the Working Group") to assess the quality of these services in 2017. During 2017 and 2018, we had several meetings with then Deputy Director Robert Matthews and Administrator Lia Walker, as well as Program Manager Nicole Cobbs-Starns, to understand the details of the many in-home policy and practice changes that were being implemented.

In the fall of 2018, CRP and CFSA agreed on the parameters of a research project to assess the in-home service changes. The project originally had three components: (1) Focus groups with parents and social workers; (2) Analysis of data for a cohort of families that received In-Home Services; and (3) a review of the literature about what services are effective for families with in-home cases. Eventually we eliminated the literature review because it became clear that CFSA had done a much more extensive review in developing its Title IV-E Prevention Services Plan. However, our own literature review did inform some comments about the plan. We added one component to the original study plan--a review of the policy and practice changes and their impacts according to agency data--to incorporate background information that was collected to inform the other parts of the project.

REVIEW OF IN-HOME POLICY AND PRACTICE CHANGES

Between May 2017 and April 2018, CFSA adopted a number of significant changes in its in-home policy and practice under the leadership of then Deputy Director of Community Partnerships Robert Matthews, who was later promoted to Deputy Director of Entry Services, and Administrator for In-home Services Lia Walker. Three new policy documents are attached as appendices to this report. In-Home is currently developing a Procedural Operations Manual which will provide more specific practice guidance.

The new in-home policy (See Appendix A) outlines the criteria for opening a case, which include: a substantiated finding of abuse or neglect, a finding that the family is at high or intensive risk on the Structured Decision Making Risk Assessment Tool used by CFSA, and a

[1] Data provided by Jennifer Cloud, Program Manager, Performance Accountability and Quality Improvement Administration

[2] CFSA responses to DC Council Oversight Questions, February 19, 2019. Available from http://dccouncil.us/wp-content/uploads/2019/02/cfsa19.pdf

determination that the children can be maintained safely in the home with services. Low and moderate risk cases are referred to collaboratives. The substantiation requirement is new. In the past, In-Home received unfounded cases with a high or intensive risk level from CPS. Instead, these cases are now referred to the collaboratives.

The new policy includes a "Levels of Care" approach. Families with a new in-home case are placed initially at the Intensive Level.[3] At this level, face-to-face visits with families occur on a weekly basis at a minimum. Two visits per month must be made by the social worker or supervisor and family support workers can make additional visits. Additional contact via phone or in other locations may also be made. After 30 days for assessment and case plan development the family is either kept at the intensive level or placed on the intermediate level (receiving biweekly visits) based on the risk to the child as assessed by their social worker. Those families who have made progress in providing a safe environment for their children and/or meeting their needs are moved to the "Graduate" level for up to two months of monitoring before case closure. The criteria for assignment to these levels is included as Appendix B. Supervisors must review each family's level of care at least quarterly with their workers, in conjunction with updated service plans and assessment. Each social worker carries a mixed caseload of families at different levels of care.

The adoption of the levels of care approach in July 2017 entailed the elimination of the Chronic Neglect Units, which were established in April of 2016 under the previous management team. The new team believed that a different approach was needed because most families receiving in-home services could be classed as chronically neglectful and a further distinction was needed.[4] In September 2019, 29 families (7%) were being served at the "Intensive" level, 296 (74%) at the "Intermediate" level, and 74 (19%) at the "Graduate" level, out of a total of 399 families.

In order to address the perceived problem of cases that languished for as much as two years with little or no progress being made,[5] the new policy included timelines for in-home services at each level. "Intensive cases" receive in-home services for up to nine months from the initial case plan but not to exceed 10 months from case opening, "intermediate" cases receive services for up to six months from the initial case plan but not to exceed seven months from initial case opening, and "graduate" cases are served for up to two months. The policy is unclear about whether these levels are sequential and whether the time limits are additive. The Deputy Director explained that clients would ordinarily step down from intensive to intermediate before stepping down again to the graduate level. He indicated that cases can stay open for longer than a year but it would be rare.[6] When an intensive or intermediate case has been open longer than the standard for that level and the family is not ready to be stepped down, an internal review staffing must be convened to consider court intervention and/or removal of the child or children.[7]
In July 2017, In-Home instituted a new "focus on safety." The change was spurred by the perception from case reviews that workers were often focusing on factors beyond safety and the initial reasons that the case was opened--making it difficult for workers to define parameters for

[3] Conversation with Robert Matthews, 7/16/19.

[4] Meeting with Robert Matthews, 2-19-18.

[5] Conversation with Robert Matthews, 7/16/19

[6] Conversation with Robert Matthews, 7/16/19

[7] *In-Home Services*, CFSA Policy, See Appendix A.

case closure, and resulting in cases being open for long periods.[8] To implement this focus, CFSA issued a new policy on Standards for Safe Case Closure in October, 2018, which is included as Appendix C. The policy reiterates that the agency's goal is to ensure the safety of the children and end formal involvement with the family as soon as the safety and risk of harm issues have been addressed." It 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. In tune with the focus on safety, In-Home discontinued the use of the CAFAS/PECFAS assessments, which focused on children's needs. Administrators felt that the focus needed to be on parents making the changes necessary to improve children's safety and family functioning. The administration is now focusing on using the Caregiver Strengths and Barriers Assessment to develop appropriate goals in case plans.[9]

A new case transfer process was also adopted to improve information sharing between Child Protective Services (CPS) and In-Home, 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.[10] In a change from past practice, cases are turned over to the in-home worker if the family needs to reschedule the meeting.[11] Under the new process, cases are being transferred from CPS to In-Home more quickly-usually by the thirtieth day of the investigation, and sometimes before the investigation is complete.[12] This was a major cultural change and one that was difficult for the In-Home staff, according to the Deputy Director.[13] His comments were borne out by the social worker focus groups, as described in a later section.

In April 2018, the In-Home Administration was moved from Community Partnerships to Entry Services. In-Home is one of three Administrations under Entry Services, along with CPS Investigations and CPS Hotline and Program Support. According to the Deputy Director, this restructuring was an attempt to ensure continuity in practice between Child Protective Services (CPS) and In-Home.[14] As a result, In-Home Services are now considered to be "ongoing CPS," which means that these services address the safety concern that brought the family to the attention of CFSA. By providing these interventions, the agency hopes to keep families intact and prevent out-of-home placement.

In-Home also undertook process changes aimed at increasing the use of community papering or filing a petition for court intervention when the child has not been removed from the home. Community papering has traditionally been used to promote family engagement by instituting court supervision[15] but can also be used to request court authorization to remove a child.[16] The

[8] Email from Lia Walker, 4/5/19.

[9] Email from Lia Walker, 4/5/19

[10] Meeting with Robert Matthews, 2/9/18

[11] Remarks by Robert Matthews at CRP Meeting, 6/14/17.

[12] Statement of Robert Matthews to CRP Meeting, 6/14, 2017; Emails from Lia Walker, May 6, 2019 and July 1 2019.

[13] Robert Matthews statement to CRP meeting, 6/14/2017.

[14] Email from Robert Matthews, December 11, 2018.

[15] Email from Lia Walker; See also CFSA, 2019 Progress and Services Report, p. 40, available from https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC_CFSA_APSR_2019_63018_FINAL.PDF

court monitor and community advocates have expressed concern that community papering was not being used in all cases where it was appropriate.[17] To address this concern, In-Home has made changes to improve the process to refer a case for community papering. In May 2017 the Deputy Director and relevant administrators began to be included in the initial meeting between the social worker, supervisor, and program manager to determine whether a case should be presented to OAG for papering. The process was later further changed to include the Office of the Attorney General (OAG) in that meeting, thus eliminating the need for a subsequent meeting with OAG.[18]

In-Home has also implemented changes to engage relatives earlier in a case. This includes a new practice of engaging kin without parental consent, as described in a new Administrative Issuance issued on April 6, 2018.[19] 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, a child's removal must be imminent or pending.
In August 2019, In-Home introduced and implemented a new Concurrent Kin Plan (CKP) that workers are required to develop for each family with an in-home case.[20] Similar to concurrent planning for children in foster care, the goal is to develop a backup plan for children in families with in-home cases so that an alternative caregiver will be available if the child must be removed from the home. Social workers must develop a CKP for all families within 30 days of the opening of an in-home case--the same timeframe for development of the case plan. Families will be asked to designate relatives or friends who might be available to care for their children if they have to be removed. This will allow CFSA's kinship unit to begin screening these prospective caregivers, allowing for the child to be placed with them immediately--rather than a stranger--if a removal occurs. 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 a year or more, and managerial review of randomly selected notes from individual and group supervision sessions.

---

[16] Administrative Issuance: CFSA-16-7: Community Papering, December 22, 2016. Available from https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/AI_Community_Papering_2016_DEC_FINAL.pdf.

[17] CSSP, LaShawn A. v. Bowser Progress Report for the Period July-December 2017, p. 121. Available from https://cssp.org/wp-content/uploads/2018/10/LaShawn-A-v-Bowser-Progress-Report-for-the-Period-July-December-2017.pdf.

[18] Email from Lia Walker, April 5, 2019.

[19] *Engagement of Kin when Parents with In-Home Cases Withhold Consent or Disengage*. Available from https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/AI_Engagement_of_Kin_without_Parental_Consent_HDS_FINAL_0.pdf. See also FAQ's at https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FAQ_Engaging_Kin_WO_Parental%20Consent_2%200_0.pdf

[20] CFSA, *Concurrent Kin Planning Business Process, 7/11/19* and CFSA, *Concurrent Kin Plan (CKP) Slide Presentation from All-Staff Meeting*, August 1, 2019.

[21] CFSA, FY *2019 Annual Progress and Services Report,* June 30, 2018, available from https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC_CFSA_APSR_2019_63018_FINAL.PDF, p. 152\

Results of Policy and Practice Changes

There were some major changes in statistical indicators in the aftermath of the policy and practice changes outlined above. We cannot definitively attribute these changes to the new policies and practices, but it is likely that the latter had some impact on the former.

Removals and Community Papering

In accord with the in-home policy practice changes discussed above, there was an increase in removals from in-home cases in absolute terms and as a percentage of all removals. As can be seen in Table 1, the number of removals from In-Home cases almost doubled, from 87 to 173, between FY 2017 and FY 2018.[22] The proportion of removals that were from In-Home (rather than CPS) cases increased from 25% in FY 2017 to 48% in FY 2018.[23] In-Home concluded that the increase in removals from in-home combined with a decrease in removals from CPS Investigation units, means that the agency is utilizing reasonable efforts to prevent the removal of children from their families.[24] Data are available for the first three-quarters of FY 2019.[25] Compared with the first three quarters of FY 2018, the number of removals from In-Home increased somewhat, but the total number of removals increased much more, resulting in a decrease in the percentage of removals that were from In-Home cases.

Table 1: Removals from In-Home Compared to Total Removals, FY 2017 and FY 2018

Time Period	Removals from In-Home	Total Removals	In-home removals as percent of total removals
October 1, 2016 to September30, 2017 (FY 17)	87	346	25%
October 1, 2017 to September 30, 2018 (FY 18)	173	359	48%

[22] The increase in the *number* of removals does not necessarily indicate an increase in the *rate* of removal from in-home since it does not take into account the whole population served by In-Home and the number of children who were not removed.

[23] CFSA, *Removals from In-Home Cases, FY16-FY18.* Internal CFSA report provided to CRP, and Email from Jennifer Cloud, August 28, 2018.

[24] *Removals from In-Home Cases, FY16-FY18.*

[25] Email from Jennifer Cloud, August 28, 2018.

Table 2: Removals from In-Home vs. Total Removals, First Three Quarters of FY 2018 and 2019

Time Period	Removals from In-Home	Total Removals	In-home removals as percent of total removals
October 1, -June 30, 2018	112	256	44%
October 1, -June 30, 2019	130	325	40%

In the wake of the changes designed to encourage community papering, the number of families and children presented to OAG as community papering candidates increased from 71 children in 35 families in January to June 2017 to 84 children in 41 families in July to December 2018 and 114 children in 52 families in January to June 2018. However, this number decreased to 107 children in 40 families in the period from July to December 2018. (See Table 3).

The CRP and the Court Monitor have supported community papering as a way to encourage parents with in-home cases to cooperate with their case plans and thus to avoid removing children.[26] In such cases, the judge issues an order of "Conditional Release," indicating that the child may remain at home providing that the parents adhere to court orders requiring them to engage in specified services. [27] However, as mentioned above, community papering can be used to request removal of the child instead of court supervision at home. It is important to note that some of the increase in community papering has come from such cases. As shown in Table 3, the number of community papered cases that resulted in court supervision with the child remaining in the home increased from 10 cases involving 18 children in January to June 2017 to 14 cases involving 28 children in July-December 2018. With a total of 293 new in-home cases in FY 2018, these are clearly not large numbers.

[26] CRP, Annual Report, July 1, 2017 to April 30, 2018. Available from http://www.dc-crp.org/2018_Annual_Report_-_DC_Citizen_Review_Panel_for_Child_Abuse_and_Neglect.pdf; CSSP, LaShawn A. v. Bowser Progress Report for the Period July 1, 2018 to March 31, 2019, p. 78. Available from https://cssp.org/wp-content/uploads/2019/06/LaShawn-A-v.-Bowser-Progress-Report-for-Period-July-2018-March-2019.pdf

[27] CSSP, LaShawn A. v. Bowser Progress Report for the Period July 1, 2018 to March 31, 2019, p. 78. Available from https://cssp.org/wp-content/uploads/2019/06/LaShawn-A-v.-Bowser-Progress-Report-for-Period-July-2018-March-2019.pdf

Table 3: Result of Community Papering Petitions Filed in Court *

	Jan-June 2017 children/cases	July-Dec. 2017 children/cases	Jan-June 2018 children/cases	July-Dec 2018 children/cases
Petitions Filed in court:	27/18	45/21	80/39	57/21
• **Conditional Release Granted**	18/10	13/9	40/24	29/15
• **Shelter Care granted**	6/6	24/10	37/19	26/8
• **Emergency removal before hearing**	3/3	8/3	3/1	1/1
• **Case dismissed by court**				1/1

**CRP calculations based on data provided by Jennifer Cloud, Program Manager, Performance Accountability and Quality Improvement Administration.*

Results of Quality Service Reviews

In-home practice showed substantial improvement on the Quality Service Reviews between 2017 and 2019. 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 12 process-oriented indicators increased from 50% in 2017 to 85% in 2018 and 91% in 2019.[28]

On the indicators used to measure performance relative to the LaShawn exit standards, performance improved greatly from 2017 to 2019, with most of the improvement occurring in the second year. On the indicator measuring the quality of the case planning process, performance improved from 50% of cases deemed acceptable in 2017, to 61% in 2018 and 85% in 2019. On the indicator that appropriate services are provided to families to promote safety, permanency, and well-being, performance improved from 48% in 2017 to 59% in 2018 and 83% in 2019.

The QSR reviewers found several specific strengths in in-home practice in 2018. These included "strong teamwork and coordination by social workers," social workers using multidisciplinary input to resolve complex issues," positive engagement with birth families and extended families, "clear evidence of birth parents' participation in case planning, and clear pathways to case closure. The reviewers also praised many social workers for being "interventionists" and providing services such as therapy when they were unavailable, or parents were not willing to participate with outside providers. They also mentioned that some social workers have accessed

[28] Office of Planning, Progress and Program Support, *Quality Service Review Exit Conference, Community Partnerships Administration, June 20, 2018; 2019 Quality Service Review Findings* (PowerPoint slides).

nontraditional therapeutic services for their clients, including yoga, meditation, and tele-health services.

The 2018 and 2019 QSR reviewers found several themes in the cases they reviewed. These included "extensive and complex mental health and trauma history for birth parents," parents with a history of CFSA involvement as children, domestic violence, homelessness, children with chronic health concerns. Lack of appropriate services for families (especially mental health and domestic violence) and delay in the implementation of services (especially mental health) were major themes. This is corroborated by other sources. Sixty seven percent of child welfare professionals surveyed by CFSA for its 2020 *Needs Assessment and Resource Development Plan* (including agency and collaborative personnel) indicating that they currently had a client experiencing service delays.[29] Common themes included a wait list for therapy, lack of appointment availability, provider turnover and lengthy processes before beginning service. The dramatic changes in the QSR data between 2017 and 2019 suggest that positive changes have occurred, but the very size of these changes raises the possibility that other factors are at play. Court Monitor Judith Meltzer, who has been intimately involved with these reviews and efforts to improve the results over the years, has stated that she believes that the changes reflect real and large improvements in practice over the past year.[30]

Practice evaluators like the Quality Service Reviews do not inform us of the outcomes of child welfare services and specifically whether there is repeat maltreatment. CFSA calculates an indicator called "re-referrals for maltreatment," which is defined as the number of families with in-home cases that come to the attention of the system again. This number was between 85 and 82 in 2014-2016, then increased to 128 in 2017 decreased to 91 in 2018 and is on track to be on a similar level in 2019. But looking at only re-referrals on open cases is of limited benefit because it does not tell us what happens to families once their cases are closed.

Community-Based Services for In-Home Families

It is important to distinguish between in-home case management provided by CFSA social workers and community-based services to which these case managers may refer clients, which might include parent education and support services, mental health services, and drug treatment. One source of CFSA-funded services to In-Home families has been the Safe and Stable Families waiver, which expired 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 intensive, in-home interventions.[31] Neither of these programs has worked as planned.

Homebuilders was eliminated in 2017 because it was difficult to get families into the program quickly and an evaluation found it to have little or no impact, according to the In-Home Administrator.[32] To replace Homebuilders, CFSA expanded the Mobile Stabilization Support

[29] *FY 2020 Needs Assessment and Resource Development Plan*

[30] Email from Judy Meltzer, August 2, 2019.

[31] DC Title IV-E Waiver Terms and Conditions, p. 4; available at https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/page_content/attachments/DC%20Title%20IV-E%20Waiver%20Terms%20%26%20Conditions_Signed.pdf

[32] Robert Matthews remarks at CRP meeting, 6/14/17

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.[33] Mobile Crisis Stabilization, with a capacity of 300, served 150 families in FY 2018.[34] However, Mobile Crisis Stabilization is a short-term program intended to link families with other services. It is not an intensive program like Homebuilders.

Project Connect has also been underutilized since its adoption. With a capacity of 110 families, it served only 38 families in FY 2018. In its 2019 budget, CFSA proposed eliminating Project Connect along with Homebuilders and the funds that the collaboratives received for administering both programs. [35] But CFSA later decided not to eliminate Project Connect and instead to include it among the programs to be provided under the Family First Prevention Services Act (FFPSA), as described below. According to the Program Manager for Community Partnerships, Project Connect has been shown to be effective for those families who successfully engage in it.[36]

CFSA spent a significant amount of resources on the underutilized Project Connect. In FY 2018 CFSA paid Progressive Life and Catholic Charities a total of $2.8 million in federal funds to serve a total of 38 families, at a cost of $73,684 per family.[37] Progressive Life received $789,000 to provide Project Connect in the fiscal year ending September 30, 2019.[38] During that year, CFSA worked "to refine business processes and increase program utilization through internal marketing and promotion efforts," according to an email from the Community Partnerships Program Manager[39]

Not only Project Connect and Mobile Crisis Stabilization, but all the waiver-funded programs were operating below capacity at the end of FY 2018. These included Parent Education and Support Services, with a capacity of 200 but only 74 families enrolled as of 12/31/18; Parent and Adolescent Support Services, with a capacity of 70 and only 12 families enrolled, and Family Peer Coaches with a capacity of 40 and only 11 families enrolled, according to the agency's responses to oversight questions from the DC Council.[40]

Implementation of the Family First Act

CFSA's Title IV-E waiver expired on September 30, 2019 and CFSA implemented the Family First Prevention Services Act ("Family First") the next day. Under Family First, states can receive federal reimbursement for three types of evidence-based programs to support families

[33] CFSA, *FY 2020 Needs Assessment and Resource Development Plan*.

[34] CFSA Oversight Responses, 2019, p. 84. It is not clear whether this includes foster families as well as birth families. Catholic Charities is receiving $735,000 in the current fiscal year for this program and received $722,000 for it last year.

[35] Statement of Brenda Donald at CFSA Budget Briefing, April 12, 2018.

[36] Email from Natalie Craver, July 11, 2019

[37] CFSA Oversight Responses, 2019, Attachment Q10.

[38] CFSA Oversight Responses, 2019, p.84.

[39] Email from Natalie Craver, July 11, 2019

[40] CFSA Oversight Responses, 2019, p. 84.

and avoid the need for foster care: "in-home parent skill based programs" (defined to include "parenting skills training, parent education, and individual and family counseling"), substance abuse programs, and mental health programs. Only services and programs that meet specific criteria for being "promising, supported, or well-supported" and that are included in a federal "Title IV-E Prevention Services Clearinghouse that is currently under development can be funded under Title IV-E.[41] However, the federal Children's Bureau has ruled that Title IV-E must be the payer of last resort for services, like most mental health and drug treatment programs, that are eligible for funding under other federal programs such as Medicaid, so that many of these programs will not be funded under IV-E after all. CFSA submitted its five-year Prevention Plan" for how it will spend Family First funds to the Children's Bureau on April 10, 2019 and the plan's approval was announced on October 30, 2019.[42]

CFSA's prevention plan contains a list of services which will be offered to families with in-home cases, as well as several other groups of clients also deemed eligible for services funded under FFPSA, such as teen parents in foster care. Some of these programs (Mobile Stabilization, Project Connect, and some parent education and support programs) were provided under the expired waiver and all of them are already provided in the District by DBH, DC Health, collaboratives or other agencies.

In-home parenting skills-based programs: CFSA chose to include in its Family First prevention plan two home visiting programs (Parents as Teachers and Healthy Families America) for which DC Health already receives federal home visiting funding. For these programs, CFSA will work with DC Health to "determine how best to leverage existing funds and support/expand additional slots" to meet the needs of the target population." CFSA indicates that it might also solicit proposals from private agencies for implementing in-home parent skill-building curricula, some of which were provided by collaboratives under the Safe and Stable Families waiver.

It should be noted that the Parents as Teachers home visiting model may not be the best choice for many in-home families. The program failed in a recent statewide trial[43] to demonstrate any difference in the overall rate of re-reports for maltreatment. However, it did show a significantly lower likelihood of CPS report recidivism among non-depressed clients without multiple prior CPS reports. Families with intensive needs would probably need more intensive services.
Substance Abuse Programs: CFSA has elected to keep Project Connect, which will be one of three substance abuse programs provided under Family First. It is being provided directly by CFSA staff using CFSA funds, to be matched by federal Title IV-E funds. CFSA will also provide Recovery Coaches and Adolescent Community Reinforcement Approach using Medicaid funds. [44]

---

[41] The clearinghouse can be found at https://preventionservices.abtsites.com/. Because the clearinghouse is not yet complete, jurisdictions have the option of receiving temporary approval for a service that is not yet included in the clearinghouse.

[42] CFSA, Title IV-E Prevention Program Five Year Plan Executive Summary, available from https://www.chapinhall.org/wp-content/uploads/Prevention-Plan-Exec-Summary-DC.pdf. The full plan is available at https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/DC_CFSA%20FFPSA_Title%20IV-E_Prevention%20Plan_Final_APPROVED%2010.30.19.pdf

[43] Jonson-Reid, M., Drake, B., Constantino, J.N., Tandon, M., Pons, L., Kohl, P., Roesch, S., Wideman, E., Dunnigan, A., & Auslander, W. A Randomized Trial of Home Visitation for CPS-Involved Families: The Moderating Impact of Maternal Depression and CPS History. *Child Maltreatment* 2018, 23(3), 281-293

[44] Email from Natalie Craver, 11/12/19

Mental Health: CFSA has chosen five mental health programs as part of its Family First array. Three out of these programs are focused on children only, one on children with their caregivers, and only one (Parents Anonymous) on parents only. These services will all be funded by Medicaid. Unfortunately, the federal Family First legislation does not help the District to address the severe shortage of quality mental health services that so many in-home clients need to treat their depression, bipolar disorder and Post Traumatic Stress Disorder (PTSD). These programs are not included in the Title IV-E Prevention Services Clearinghouse nor are they being reviewed for inclusion; moreover, they would not be eligible for Title IV-E funds even if included due to Title IV-E's status as payer of last resort. Thus, shortages are likely to continue unless mental health services are improved on a citywide basis.

Additional Services not meeting FFPSA criteria: CFSA also intends to provide a group of services that do not meet FFPSA criteria. Those that will be available to in-home families include Mobile Crisis Stabilization (provided under the waiver), Certified Peer specialists, and Family Peer Coaches.

In its plan, CFSA indicates that it has learned from the problems it had in implementing its Safe and Stable Families waiver and used these lessons in designing its Family First Plan. Based on these lessons, CFSA has decided to include a larger array of program models than were included under the waiver in order to allow a better fit between client and service; implement better training for case managers so they can better support program participation; and provide "diligent attention to business processes and continuous quality improvements."

While it is encouraging that CFSA plans to monitor "business process and continuous quality improvement," successful implementation should be informed by research in the field of implementation science. CFSA's plan does not indicate whether a framework such as the Community Development Team Model or National Implementation Research Network guidance is being utilized and whether individuals with expert knowledge in implementation are included as part of the project teams.

CFSA's change in organizational structure has separated In-Home from the implementation of Family First. With the transfer of In-Home out of Community Partnerships and into Entry Services, the Family First funded programs are now under a different administration than In-Home. This may be more difficult for In-Home administrators to affect which programs are chosen, how they operate, and if they ultimately meet the needs of their clients. However, Michele Rosenberg assured the Working Group that In-Home leadership was part of the process of designing the District's Family First Plan and that "no decisions have been made or will be made without intensive input and buy-in from all administrations."

FOCUS GROUP RESULTS

On December 10, 2018, CRP members conducted two focus groups involving eight parents and 12 social workers. Focus group participants were identified by in-home services supervisors, who invited their clients and social workers to participate. Several themes emerged from these focus groups:

Themes from parents included:

1. **Relationships with Social Workers.** Parents had a generally positive feeling about their social workers though they occasionally found them intrusive. One parent indicated that "the social worker should not just come on the case and think she knows what is best for my child." Instead, social workers should acknowledge that the parent is the expert on her child. It appears that many of the social workers were successfully adopting this stance since most parents did not echo the complaint.
2. **Privacy.** Privacy is an important concern and parents feel the agency should be more sensitive to their privacy needs. For example, one parent was uncomfortable to find that her social worker had left a sticker indicating that CSFA had paid a visit--a fact they would prefer not to display to her neighbors.
3. **Focus of the case.** Parents are not always clear on aspects of the system**.** In particular, several expressed surprise and concern that their cases focused on all their children (not just the child or children that were the focus of the investigation that resulted in the In-Home case) and on other issues that were not addressed in the initial investigation.
4. **Access to behavioral health services.** A major theme was the difficulties in accessing and maintaining behavioral health services for both parents and children due to long waits to initiate services as well as high provider turnover. One parent reported that all of her children have had therapy, but she was then told they needed medication. She changed their provider agency to obtain the medication management, then made an appointment with the psychiatrist (both steps taking time), and then received a text saying the psychiatrist had left the agency. Another parent lost her mental health agency case manager and then her therapist. She complained that her providers leave their jobs before she can even get comfortable with them.
5. **Case closure.** Parents are not always clear about the criteria for case closure. This has been a problem in past QSR findings, although In-Home has improved on this indicator.
6. **Case plan timeframes**. Parents expressed difficulties with complying with case plans within the specified timeframes due to provider turnover, long waits for service initiation and delays in submission of referrals for services like Rapid Housing. One parent complained that she was "always waiting for something," expressing frustration that she is held to specific timelines; however, CFSA is not.
7. **Domestic violence**. Domestic violence was also a theme in the group, with three of the eight participants had experienced domestic violence.

Themes from the Social Worker focus group included:

1. **Practice model**. Concern about the impact of changes in the in-home practice model that seem to blur the lines between CPS and In-Home practice. They report that they are removing more children (this is confirmed in the data cited earlier in the report). Their perception is that these cases are being transferred prematurely and that many of these

children should have been removed by CPS. (As we have seen, In-Home administrators agree that their workers *are* receiving cases earlier.)

2. **Levels of care.** Some social workers were concerned about the levels of care system, stating that a level between intensive and intermediate might be needed.
3. **Time with families**. 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.
4. **Relationship with management**. Social workers expressed concern about their relationship with management. Although some reported having supportive immediate supervisors, almost all expressed feeling devalued and depersonalized by those above the supervisor level. They cited examples like not being called after having a client die as evidence that their own needs are not attended to.
8. **Priorities of management.** 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.
9. **Service quality and availability.** A major theme enunciated by social workers was the inadequate array of services available to families. Social workers were particularly concerned about the lack of domestic violence and mental health services and the poor quality of many available services. One worker lamented, and others agreed, 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 Quality Service Reviews and needs assessment mentioned above.

COHORT STUDY

The Working Group wanted to learn about the families defined as having "intensive" needs when their in-home case is opened because it should be these families that have the greatest needs and in which the children are at highest risk. We were hoping to shed some light on the needs and outcomes of in-home services for these families. We requested data on the cohort of families that entered in-home services between January 1, 2018 and March 31, 2018 and were assigned to the "intensive" level of care. A total of 33 in-home cases were opened during the period January-March 2018 that were assigned to that level. The characteristics of this group reflect what one might expect to see in the families characterized as having the most intensive needs. The characteristics of the group included:

- Families had a median of three children. Sixty-seven percent of the families had 1 to 3 children, 30% had 4 or 5 children, and one family had 12 children.
- Sixty-four percent of the families resided in Ward 7 and 8. Another 15% lived in Ward 6 and 12% in Ward 5.
- The majority (58%) of the families had prior involvement with CFSA, including both in-home and out-of-home cases.

We requested data on this same cohort as of March 30, 2019, when it had been at least a year since their cases were opened. As of that date, 22 out of the 33 cases had been closed. These cases had remained open between 4 and 13 months, with 17 of them open for eight months or less. The remaining 11 cases were open as of March 30, 2019.

Table 4: Outcomes as of March 30, 2019

# of Months Case was Open Prior to Closure	Number of Cases
4	3
5	3
6	4
7	5
8	2
10	1
11	3
13	1

In 12 of the 33 cases there was at least one new investigation (11 cases) or family assessment (1 case) after the In-Home case was opened. Eight families had one new investigation, two families had two new investigations, and one family had four new investigations. Out of the 11 families investigated, five had an additional substantiation. The one family with four new investigation had two new substantiations.

Table 5: Additional Investigations

Count of families	Number of additional investigations	Number of additional substantiations
8	1	In 3 out of 8 families, there was an additional substantiation
2	2	In 1 family, one of the investigations led to a substantiation In the other family, neither of the additional investigations led to an additional substantiation
1	4	Two of the four additional investigations led to a substantiation

In eight out of the 33 cases (24%), a child was removed and placed in foster care. A total of 20 children were removed from these eight families. Seven of these children (from four families) had a community papering petition filed, and their entry into foster care was ordered by the court. Nine additional children (from two families) were initially placed in conditional release by the court and later entered foster care when the court revoked the protective supervision. The remaining four children (from two families) had an emergency removal. These cases were open from 2 to 7 months before foster care placement, with for an average of 4.1 months, as shown in Table 6.

Table 6: Time Open before Foster Care Entry

# of Months Case Open Prior to Foster Care Entry	Number of Cases
2	3
4	1
5	2
6	1
7	1

In addition, one child was placed under court supervision through community papering and remained under the care of the parent until the case closed.

The cohort data provide some interesting insights:

- Time to Case Closure. Many cases closed very quickly despite the intensive needs of these families. The fact that almost over half of these cases closed in eight months or less makes one wonder how much change was accomplished. (Of course, the policy requires in-home cases to step down to graduate within nine months or less, but this seems to be an ambitious goal for families with such intensive needs, as already mentioned.) This further emphasizes the need to track cases after closure to assess if re-reports, substantiates or subsequent foster care occur. On the other hand, it is clear that many families do not exit intensive services within nine months. Eleven cases were still open at the end of the study period (meaning that they had been open between one year to 15 months; in addition, five cases that closed had been open for 10 months or more.
- In a substantial minority of cases, there was one or more further investigations (36%) or a child removal (24%). This is consistent with In-Home's report on removals from in-home cases that is cited above. In some cases, these removals may reflect an erroneous decision to leave the children at home, as suggested by some in-home social workers in the focus groups. In other cases, as suggested by the report, these removals suggest that the agency is fulfilling its duty to make reasonable efforts to keep families together. When these efforts fail, the child is removed. Clearly,

These data suggest more questions for future research:

- What are the specific service needs of the in-home families in the intensive group and those in the intermediate group and how do they differ?
- What kind of services did the families receive outside of case management? CFSA was not able to provide this information but the agency needs to find a way to track the services received in order to try to relate services to outcomes).
- How will the families fare one year after case closure and further out? Will they subsequently have new investigations, substantiations, or removals?
- What about the families initially classified as "intermediate?" The same analysis should be repeated for them.
- Of the children removed from in-home cases, what percentage were removed due to new investigations not initiated by the In-Home worker?

SUMMARY AND RECOMMENDATIONS

CFSA has done a good job of implementing a new vision of in-home care that includes establishing levels of care, redirecting the focus to child safety, emphasizing prompt case closure when warranted, and using court involvement and removals when a family has not progressed. The new management team has been able to implement a succession of policy and practice changes with apparent success. The dramatic changes documented by the Quality Service Reviews (QSR's) suggest that management was successful in improving practice. The Working Group has been impressed using data to inform the new policies and practices and 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.

Social workers' comments suggest that the agency could have done a better job at soliciting workers' input in developing the new practice model and explaining the rationale for the changes. Workers need more support and more appreciation from management to help them continue in these challenging jobs. It is encouraging that Deputy Director Matthews has completed a round of visits to all CPS units, meeting with workers in the absence of their supervisors. According to Matthews, workers told him of a pervasive "toxic culture" in CPS.[45] In a second round, Matthews plans to solicit volunteers to develop a plan of action to eliminate this toxic culture and improve working conditions. He plans to repeat the process with all In-Home Units. If workers' recommendations are truly heard and incorporated into policy and practice, this type of "listening tour" could open the door to better relations between management and workers and improved policy and implementation.

A 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. It is commendable that social workers are sometimes providing therapy themselves and using creativity to access nontraditional services to help their clients. But caseloads are too high, and parents' needs too great, for these makeshift solutions to suffice for all families.

Implementation of the Family First Act extends the opportunity provided by the Safe and Stable Families waiver for CFSA to provide some needed parenting, mental health and drug treatment services to families with in-home cases. The Working Group hopes that the agency has learned from its problems in implementing the waiver, as it reports, and will avoid such problems in the future. Unfortunately, the federal Children's Bureau's interpretation of Family First mean that it cannot be used to address the shortage of quality basic mental health services for parents with in-home cases.

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 is provided to children in foster care and their families**. Children who are

[45] Robert Matthews, remarks to CFSA In-Home All-Staff Meeting, August 1, 2019.

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 Title-4E 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 federal Program Improvement Plan calls for parents to have access to co-located DBH staff to facilitate service delivery.[46] These staff should be reinstated.

3. **Increase 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. This view was echoed by the QSR reviewers as well as the people interviewed for the 2020 CFSA Needs Assessment. Many clients need mental health and drug treatment services that fall under the jurisdiction of the Department of Behavioral Health (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. Since CFSA relies on DBH for the mental health and drug treatment services its clients need, the agency should advocate for increasing the availability of behavioral health services and improving their quality so that effective and consistent mental health and drug treatment services are available immediately for clients who need them.

4. **Make sure the new and existing programs being funded under FFPSA are implemented using the principles of implementation science under the guidance of implementation experts.** All programs provided under CFSA's Title IV-E waiver were underutilized. This underutilization may have been avoided with stronger oversight and implementation planning. CFSA and its partner agencies should ensure that individuals with expert knowledge in implementation are included as part of the project teams and should consider using a framework such as the Community Development Team Model or National Implementation Research Network guidance to guide implementation of new evidence-based practices.

[46] District of Columbia CFSR Program Improvement Plan, page 10. Available from https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/SearchForm

5. **Clarify the in-home policy regarding how long a case can stay open.** CFSA should resolve the contradiction in the policy between the requirement that cases be open until safety issues have been addressed or the child is removed and the six- and nine-month time limits provided in the policy. The agency should also clarify the language regarding time limits that apply when a family moves from intensive to intermediate and from any level to the graduate level. The policy should provide a total length of time a case can be open (at all levels) as well as a length of time that it can be open at each level. The following language must be corrected as well: "Cases determined to be 'graduate' shall receive step-down in-home services for no more than 2 months from *initial case opening as "Intensive" or "intermediate*." The italicized language should instead read "from the date of stepdown to the graduate level."

6. **Consider longer case openings for families with intensive needs.** The new in-home policy limits services to no more than nine months for the intensive needs group and six months for the intermediate group, although the question of whether these are additive needs to be resolved, as indicated in the previous recommendation. These timelines may be somewhat unrealistic given the deep problems of many families receiving in-home services. In her thorough white paper on chronic neglect that recommended the formation of the chronic neglect units at CSFA,[47] former Deputy Director for Community Partnerships Debra Porcia-Usher argued that chronically neglectful families should receive services for 12 to 18 months to ensure that they accomplish meaningful change. CFSA should consider case openings for as long as 18 months for families that start with the most intensive needs.

7. **Clarify the policy and the process around transition of cases from CPS to In-Home units.** 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. The requirements that must be completed by CPS for a case to be transferred need to be addressed in written policy to eliminate any ambiguity.

8. **Reinstate the policy of referring all high-risk families to in-home services.** Dropping high-risk but unsubstantiated families from In-Home may have consequences for children in these families. The research literature highlights the difficulty of confirming whether maltreatment has occurred and the lack of significant differences in maltreatment occurrence between children with substantiated and unsubstantiated reports.[48] All

[47] Debra Porcia Usher, *Chronic Neglect* White Paper. October 2015. Available from https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Chronic_Neglect_Paper.pdf

[48] Emily Putnam-Hornstein et al, Predictors of Child Protection Service Contact Between Birth and Age Five: An Examination of California's 2002 Birth Cohort. *Children and Youth Services Review.* *Volume 33, Issue 11, November 2011, Pages 2400-2407* Available from https://www.sciencedirect.com/science/article/pii/S019074091100260X

families with high risks to children should have the opportunity to benefit from case management by CFSA.

9. **Increase the use of community papering, when appropriate, to place in-home families under court supervision.** CFSA has succeeded in increasing the use of community papering somewhat, but the increase has fallen off in the second half of CY 2018, and some of the added community papering cases have been removals rather than court supervision of in-home cases. In-Home needs to work to ensure that more In-Home cases receive court supervision.

10. **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 with In-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.

11. **Revamp case plan document to make it more understandable to parents and more useful to both sides as a roadmap to case closure.** The QSR results indicate that case planning has improved, and that parents and other team members have a clearer understanding of their pathway to case closure. Nevertheless, some parents still seemed unclear about what it would take to close their case. Moreover, the case plan documents presented to the Working Group still contain a lot of extraneous and unclear information that make them less useful to parents. 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.

12. **Provide childcare vouchers for all In-Home parents with children below school age (and three-year-old's that do not have access to Pre-K.)** Early childhood care and education have numerous benefits for struggling families. Parents receive respite and precious time to comply with their case plans. Children benefit from 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. Multiple studies link ECE to reduced child maltreatment.[49] All families with in-home cases should have access to early care and education.

[49] Klein, Sacha (2016). *Benefits of Early Care and Education for Children in the Child Welfare System. Klein, Sacha (2016).* OPRE Report # 2016-68, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available from https://www.acf.hhs.gov/sites/default/files/opre/opre_2016_benefitschildwelfaresystem_v16_508.pdf

13. **Listen to social workers and involve them in policy change.** 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. The current effort by the Deputy Administrator to speak to all in-home workers without their supervisors and solicit volunteers to suggest changes is a step in the right direction.

14. **Develop the capacity to analyze data on families longitudinally so that they can be followed over time and after case closure.** It is only by following the trajectory of these families and children over time that we can begin to assess the effectiveness of in-home services at preventing child abuse and neglect. Subsequent referrals, investigations, substantiations, removals, and case openings should be tracked over time for families whose in-home cases close.

Conclusion

This study by the CRP showed that the In-Home Administration has succeeded in making significant changes to policy and practice since 2017. They have created a Levels of Care system, developed standards for case closure that focus on safety, adopted a new case transfer process that resulted in quicker transfer from Child Protective Services (CPS) to In-Home; implemented process changes to increase the use of community papering; added new policies to involve relatives earlier in an in-home case, and developed a more robust Continuous Quality Improvement plan. At the same time, CFSA's Community Partnerships Administration developed a new array of services for in-home clients as part of the new Family First Act.
In the wake of the policy and practice changes, there was an increase in removals of children from in-home cases both as a number and as a percentage of all removals. However, there has not been the same kind of increase in the number of children who are receiving court supervision while remaining at home. In-home practice showed substantial improvement on annual qualitative reviews between 2017 and 2019. Nevertheless, case reviewers found that lack of appropriate services (especially for families with multiple and complex needs) and delays in service provision were major themes across many of the cases they reviewed. The new service array under the Family First Act includes some needed services, such as home visiting and parent education services, but will not address the severe shortage of quality mental health services for parents suffering from common mental health disorders such as depression, bipolar disorder and Post Traumatic Stress Disorder.

CFSA has made some needed changes in its in-home services. However, In-Home management needs to create a new climate for its staff. Social workers need to feel valued and listened-to, and they need to feel that their knowledge and expertise are incorporated into the development of new policies and practices. Moreover, the improvements in case management should be accompanied by improvements in the service array that case managers have at their disposal to provide to families. Some cases must be open longer and services need to be more intensive and higher quality. In the last budget oversight hearing, as in the past, CFSA's Director has stated that funding is enough to meet the needs of its clients. CFSA needs to be willing to explain the

pressing needs of its clients and advocate for increases in funding (especially funds that are matched by the federal government) to meet these needs.

The members of the Working Group are grateful to the CFSA leaders and staff who helped us with this project, especially Robert Matthews, Lia Walker, Jennifer Cloud, Natalie Craver, and the dedicated social workers who took time out of their busy schedules to participate in our focus group. We also appreciate the parents who took precious time to participate in our parent focus group. We hope this report will be useful to the agency, its staff, and the children and families that it serves.

Appendix A: New In-Home Policy

POLICY TITLE:	*In-Home Services*		
	CHILD AND FAMILY SERVICES AGENCY		
Approved By:	**Date Approved:**	**Original Effective Date:**	**Last Revision:**
Brenda Donald	**May 30, 2019**	**December 7, 2010**	**March 19, 2012**

I. AUTHORITY	The Director of the Child and Family Services Agency (CFSA or Agency) adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including but not limited to the Child Abuse and Prevention Treatment Act of 1974 and its implementing regulations; the Child and Family Services Improvement and Innovation Act; Title 4 of the DC Code; provisions in Title 29 of the DC Municipal Regulations (DCMR); and the Modified Final Order and the Implementation and Exit Plan in *LaShawn A. v. Bowser*.
II. APPLICABILITY	All CFSA staff and contract agency personnel delivering direct client services.
III. RATIONALE	The families who come into contact with the District's child welfare system often face numerous and complex challenges that require services from a variety of providers. For families receiving in-home services, CFSA makes the connections among the family, CFSA, community resources, and clinical service providers in order to support the children's safety and well-being and to facilitate the families' access to and utilization of needed services to increase family functioning and resilience. The goal of in-home services is to work collaboratively with families so that children can remain safely in their homes.
IV. POLICY	It is CFSA policy to provide child-centered, family-focused, community-connected, strength-based and solution-focused services to families in their own homes. In-home services are provided to insure child safety and to promote family well-being. The intensity of in home services intervention for the family is determined by CFSA's assessment of safety and risk. CFSA shall provide in-home services until either: 1. Safety issues have been addressed and resolved, such that the case can be closed following an assessment that the child(ren) are safe; or, 2. Safety concerns warrant a removal of one or more children from the home and the opening of an out-of-home case.
V. CONTENTS	**A.** Criteria for Opening an In-Home Services Case **B.** Case Transfer to In-Home Services **C.** Assessments **D.** Case Planning **E.** Levels of Care Determinations

VI. SECTIONS	Section A: Criteria for Opening an In-Home Services Case
	The Agency will open an in-home services case for families when all of the following conditions are present: 1. Children are residing in the family home. 2. A Child Protective Services (CPS) investigation has resulted in a substantiated finding of abuse or neglect. 3. The family has been identified as *high* or *intensive* risk on the Structured Decision Making (SDM™) Risk Assessment Tool. 4. A determination has been made that the child(ren) can be maintained safely in the home with In-Home Services.
	Section B: Case Transfer to In-Home Services 1. Following the CPS determination to open a case, a pre-case transfer staffing shall take place within 1 business day of case assignment to in-home services. 2. A Partnering Together Conference among the CPS worker, the In-Home Services staff, and the family to formally transition the case to the In-Home team shall take place no later than 3 business days of the pre-case transfer staffing.
	Section C: Assessments 1. Throughout the life of the case, CFSA staff shall gather input, insight and information from the various members of the team (including and especially the family itself) to complete assessment tools that highlight family strengths, outline issues, inform case plan development, and help prioritize action steps and service interventions. 2. CFSA staff are required to use the following SDM assessment tools for all in-home cases: a. The Structured Decision Making® (SDM™) Danger and Safety Assessment is to be completed: i. Within the first 30 days of a case being opened. ii. Whenever the safety situation changes. iii. When recommending case closure to determine that there are no outstanding threats to safety. iv. Following abuse or neglect hotline reports on open cases that require a CPS response. b. The SDM™ Risk Reassessment shall be completed within 90 days of the initial case plan and every 90 days thereafter and within 30 days prior to case closure. c. The SDM™ Caregiver Strengths and Barriers Assessment (CSBA) shall be completed by the in-home social worker with the caregivers within the first 30 days of a case being opened and every 90 days thereafter and shall directly inform the family's case plan and determination of safe case closure.

	3. CFSA shall ensure that each child in the household who is under 3 years of age receives an early intervention screening and is referred as necessary to the Office of the State Superintendent of Education (OSSE) Strong Start program. *See the Early Intervention Child Development Screening Process administrative issuance for more information.*
	Section D: Case Planning 1. The in-home social worker shall convene a team meeting with the family members, family supports, and appropriate service providers within 30 days of the case opening to create a case plan that identifies service needs and develop action steps and interventions. 2. The family is to be provided a signed copy of the case plan following its completion, and following each update or revision. 3. The in-home social worker shall refer families to appropriate support services and facilitate family access to those services. 4. The in-home social worker shall ensure that the service plan is reviewed and updated (based on the assessment tools) every 90 days or as needed. • The in-home social worker shall review the case plan with all age-appropriate family members to explain content, to outline expectations and action steps around its stated goals, and to clarify questions.
	Section E: Levels of Care Determinations The intensity, extent, and duration of case management services for in-home cases is determined by the level of care that the family has been assigned according to the criteria below. 1. The in-home social worker shall determine the level of care for each family, based on clinical factors and family need as outlined in the In-Home Levels of Care Practice Guidance, within 30 days of case assignment. • Weekly visits shall be conducted within this initial assessment period. 2. Case determined to be "intensive" shall receive in-home services for no more than 9 months, from the initial case plan, for families with children whose safety, and consequently well-being, are at substantial risk. 3. Cases determined to be "intermediate" shall receive in-home services for no more than 6 months, from the initial case plan, for families with multiple risk factors that require a high level of attention and monitoring to ensure that the children's needs are being met, but for whom there is no imminent risk or danger. 4. Cases determined to be "graduate" shall receive step-down in-home services for no more than 2 months for families for whom the Agency initially opened an "intensive" or "intermediate" level case and the family has demonstrated a positive change in behavior from initial complaint and there is no imminent risk or danger. • With the family's consent, CFSA shall invite community-based partners to provide supportive services as the Agency prepares for closure and to support the family after closure to ensure the family is adequately stabilized. *See the Standards for Safe Case Closure policy.*

	5. The level of care determination for a case shall be reviewed as needed, but at a minimum of every 90 days, in conjunction with the updated services plan and assessments. Changes in level of care determination shall be discussed with the family. *6.* When an "intensive" or "intermediate" case exceeds case opening standards and the family is not ready to step-down to "graduate", an internal review staffing shall be convened to consider court intervention and/or child removal. *See the Placement and Matching policy and the Community Papering administrative issuance for more information.*

Appendix B: In-Home Levels of Care

In-Home Levels of Care

The in-home social worker shall conduct weekly visits to determine the level of care for each family, based on clinical factors and family need as outlined below, within 30 days of case assignment. Supervisors shall review levels with workers as needed, but at a minimum of every 90 days, in conjunction with updated service plans and functional assessments.

INTENSIVE LEVEL OF CARE	
Definition	**Level of Intervention**
An intensive level of care determination is made when one or more of the following is applicable: 1. Caregiver actions or family circumstances contribute to imminent danger of serious physical or emotional harm to the child or inability to meet child's basic needs. This may include but is not limited to: • Caregiver displays chronic or severe mental health challenges or symptoms that impair their ability to meet child's basic needs and/or ensure safety. • Caregiver's use of alcohol or drugs results in behaviors that seriously and consistently impede their ability to meet the child's basic needs and/or ensure safety. • Intimate partner relationships that have resulted in children experiencing substantial harm due to witnessing the violence and/or being injured. • Caregiver disciplines with physical or verbal violence, resulting in serious physical or emotional harm to the child. 2. Family has an active safety plan in place. 3. Family is being community papered or has recently become court involved; in consultation with the supervisor, these families may be stepped down as they stabilize or move towards closure. 4. Concerns around the care of medically fragile or developmentally disabled child/youth. 5. Youth frequently runs away or there are concerns around sex trafficking. 6. The SDM risk level is Intensive.	Social worker will ensure that there are face to face visits with families on a weekly basis at minimum. Weekly face to face visits must be by a CFSA Social Worker, supervisor or CFSA Family Support Worker. At least two visits a month should occur by social worker or supervisor. Families with an active safety plan may have more visits as needed. Social worker will ensure that formal or informal teaming meetings are held within 60 days of the completion of the initial case plan, and subsequently as needed. *Cases determined to be "intensive" shall receive in-home services for no more than 9 months from the initial case plan but not to exceed 10 months from initial case opening.
INTERMEDIATE LEVEL OF CARE	
An intermediate level of care determination is made when one or more of the following is applicable: 1. Caregiver actions or family circumstances are barriers to the child's long-term safety, permanency or well-being. This may include but is not limited to: • Caregiver displays symptoms such as depression or apathy resulting in occasional difficulty dealing with situational stress or crises. • Caregiver's substance use impairs the ability to parent in some ways and occasionally results in behaviors that make it difficult to meet child's basic needs consistently.	Social worker will ensure that there are a minimum of twice a month face to face visits with families. Social worker will ensure that the family is working towards case plan goals in the time between mandated visits. This may include face to face visits, involvement in services that address the needs, and communications via email and/or telephone. FSW may be utilized for additional visits as needed.

INTERMEDIATE LEVEL OF CARE (Cont.)	
Definition	**Level of Intervention**
2. Family has multiple risk or complicating factors (e.g. homelessness, lack of support, ongoing difficulty meeting the basic needs of children, limited life skills, etc.) that require a high level of attention and monitoring to ensure that the children's needs are being met, but for whom there is no imminent risk or danger. 3. The family has multiple reports for the same issues. 4. The SDM risk level is High.	*Cases determined to be "intermediate" shall receive in-home services for no more than 6 months from the initial case plan but not to exceed 7 months from initial case opening.
GRADUATION LEVEL OF CARE	
A graduation level of care determination is made when one or more of the following is applicable: 1. Family has demonstrated increased protective capacities which have actively helped to create child safety, permanency and/or well-being. 2. Family has demonstrated a change in behavior or circumstances from initial complaint and children's basic needs are being met in the community without child welfare involvement. 3. There is no imminent risk or danger to children. 4. The SDM risk level is Low or Moderate.	At a minimum, there are twice a month face to face visits for each family, with at least one visit being conducted by the social worker in the home. Visits will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety. Family celebration will be held at case closure to recognize the family's progress and achievements and to develop a sustainability plan. To ensure a continuum of services to families, when a family is stepped down to the graduation level, with the family's consent, CFSA shall invite community-based partners to provide supportive services as the Agency prepares for closure and to support the family after closure to ensure the family is adequately stabilized. *Cases determined to be "graduate" shall receive step-down in-home services for no more than 2 months from initial case opening as "intensive" or "intermediate".

When an intensive or intermediate case exceeds case opening standards and the family is not ready to step-down to graduate, specific case reviews will be convened to consider court intervention and/or child removal.

All cases will include team meetings, to include family, worker, formal and informal supports, on a regular basis to ensure coordinated services, monitor progress towards goals, and ensure appropriate services are in place.

Appendix C: Standard for Safe Case Closure

POLICY TITLE:	Standards for Safe Case Closure		
	CHILD AND FAMILY SERVICES AGENCY		
Approved By:	**Date Approved:**	**Original Effective Date:**	**Last Revision:**
Brenda Donald	**October 12, 2018**		
I. AUTHORITY	The Director of the Child and Family Services Agency (CFSA or Agency) adopts this policy to be consistent with the Agency's mission, and applicable federal and District of Columbia laws and regulations including, but not limited to, provisions in Titles 4 and 16 of the DC Official Code and the LaShawn A. v. Bowser Implementation and Exit Plan (December 17, 2010).		
II. APPLICABILITY	All Agency employees and contracted personnel, Office of the Attorney General, and contracted providers.		
III. RATIONALE	CFSA opens a permanency or in-home case to protect children and work with families to overcome identified risk and safety issues. The Agency maintains the open case and works with the family to expediently address and ameliorate those issues so that the children can be returned and/or maintained safely in their homes. The Agency's goal is to ensure the safety of the children and to end formal involvement with the family as soon as the safety and risk of harm issues have been addressed. Given the complexity of family needs, child welfare cases can remain open beyond the time when the risk and safety issues have been resolved and continued involvement of the child welfare agency is no longer in the family's best interest. Sustaining a family's connection to the child welfare agency in the absence of identified safety and risk issues is not within the established mission/purview of CFSA; nor is it in the best interests of a family. If a family demonstrates protective capacities such that risk of future harm to the child(ren) is low or moderate, and there are no unresolved safety concerns, then the Agency is to take action to close the case safely. The purpose of this policy is to set forth uniform standards for safe case closure and to ensure that such decisions are made with confidence and reliability.		

IV. POLICY	It is CFSA's policy to initiate safe case closure when the Agency's established criteria have been met, which include the following: • The whereabouts of the children who are part of the open case are known and their safety in their place of residence has been confirmed through either direct observation or through the report of a credible source as determined by the case management team. • There are no open Child Protective Service (CPS) investigations involving the Family, and no parent or caretaker was the subject of a substantiated report of abuse or neglect within the past 60 days. • The family has no open neglect case with the Family Court of the DC Superior Court (Family Court). • All of the goals identified in the family case plan that pertain to child safety and risk have been achieved. • There is a determination by the case management team, supported by the results of evidence-based assessments, that the children will be safe without further Agency involvement in the care of parents or caregivers who had been substantiated for abuse or neglect. Prior to initiating safe case closure, the Agency shall develop a sustainability plan with the family to address family functioning following case closure. For cases that are court-involved with a child in foster care, CFSA shall petition the court for the child to return home and closure of the Family Court case. After continuing to work with the family to ensure safety and monitor risk, CFSA will then close the case within 90 days of the court granting the child's return home. If the Family Court does not adjudicate the child as an abused or neglected child, or if abuse or neglect allegations substantiated during the CPS investigation are not upheld by the Agency fair hearing officer and there are no other substantiated allegations against the parent or caretaker, then the case is to be closed as soon as possible, but no more than 5 business days after the issuance of the court order or the fair hearing decision. If the case involves a non-court involved family receiving (or referred to) in-home services that has disengaged or cannot be located, then CFSA shall close the case following completion of protocols outlined in Section D.
V. CONTENTS	**A.** Household Status Requirement for Closure **B.** Programmatic Case Closure Requirements **C.** Family Sustainability Planning **D.** Case Closure for Disengaged or Unable-to-Locate Families
VI. SECTIONS	**Section A: Household Status Requirements for Closure** CFSA shall initiate case closure by petitioning the Family Court to close the neglect case (if court-involved) or by planning for closure of the Agency case (if not court-involved), if all of the following household criteria are met: 1. The whereabouts of the children who are part of the open case are known and their safety in their place of residence has been confirmed through either direct observation or through the report of a credible

	source as determined by the case management team. 2. None of the children is in foster care. 3. No parent or caretaker is the subject of an active CPS investigation. 4. No parent or caretaker was the subject of a substantiated report of abuse or neglect within 60 days prior to initiating closure of the Agency case.
	Section B: Programmatic Case Closure Requirements A determination to close the Agency abuse or neglect case must be supported by assessment of the caregiver and child(ren) conducted within 90 days prior to case closure that indicates that any safety or risk issues have been ameliorated. For cases that are not court involved, or are court-involved but there are no children in foster care, case closure activities and family sustainability planning will begin following completion of such assessment. For cases that are court-involved with a child in foster care: 1. Prior to the court hearing at which CFSA recommends a child's return home, CFSA will develop a sustainability plan with the family. 2. At the court hearing granting a child's return home, the Office of the Attorney General shall petition the court for a period of court monitored protective supervision not to exceed 90 days. 3. Within the intervening 90 day protective supervision period, CFSA is to hold a team meeting with the family, complete safety and risk assessments, review (with the family) the sustainability plan, and provide the family with service referrals to support post-closure family stability. For court-involved cases, the closure of the Agency's case shall coincide with the closure of the Family Court case. Prior to case closure, CFSA shall document in the case record that the family has substantially achieved all of its case plan goals.
	Section C: Family Sustainability Planning 1. Following the Agency's decision to close the case (and prior to the court hearing requesting case closure), a team meeting (Permanency FTM for court-involved cases) is held to develop a family sustainability plan, which shall include: a. A review of family strengths and challenges. b. Referrals to community-based resources and identification of familial or non-familial supports for the family to access.

	c. Concrete action steps, based on family strengths and needs, directed at maintaining child safety, promoting well-being, and keeping the family intact. d. Strategies and action steps for the family's response to potential setbacks that may impact child safety and/or family functioning. 2. CFSA shall ask the parent or caregiver to consent to inviting community-based partners and supports to the meeting before doing so.
	Section D: Case Closure for Disengaged or Unable-to-Locate Families No open case will be closed solely on the grounds that the child or family could not be located until exhaustive efforts have been made by the assigned social worker to locate and engage the child and family. Such efforts shall include: 1. A minimum of 4 unannounced visits at different times within a 1 week timeframe, with at least one visit between the hours of 7:00 PM and 8:00 AM. 2. Visit to neighbors, relatives, and other collateral resources. 3. Visit to the child(ren)'s school. 4. Referral to the Diligent Search Unit and follow-up on information resulting from it. 5. Search of the following databases/contacts: a. DC Superior Court b. Landlord c. Property Records d. DC Department of Human Services Automated Client Eligibility Determination System (ACEDS) 6. Certified letter written in the family's identified primary language to the last known address. 7. Contact with law enforcement to request assistance gaining access to the family (if allegations warrant involvement), including the DC Metropolitan Police Department's Youth Division. 8. Consultation with the Office of the Attorney General (OAG) to determine if Agency legal action is warranted. If the above efforts have been made and documented, closure of the case further requires the approval of the Program Administrator.

Appendix D: Members of the Working Group on In-Home Services

Marie Cohen, MSW, Chairperson
Maura Gaswirth, MSW
Emily Smith-Goering, MSW, PhD
Sarah Schooler, MD

Joyce Thomas, RN, MPH, PNP, FAAN, CRP Facilitator, and Meron Meshesha, Executive Assistant also provided invaluable assistance in producing this report.