



FOSTERING CHANGE:

How investing in D.C.'s child welfare system can keep kids out of the prison pipeline.

Improving public safety in the District of Columbia requires a comprehensive approach that includes multiple strategies spanning all City agencies, as well as the community at large. One facet of such a comprehensive approach is to improve outcomes for youth so that fewer become enmeshed in the justice system, become victims of crime, or both. This is the last in a series of briefs that address ways in which improving youth outcomes can result in better public safety for the District.

INTRODUCTION

Childhood abuse and neglect and placement in the child welfare system are correlated with higher rates of justice system involvement.

Reducing harm to children in the home, strengthening families, and investing in systems that support children who are abused and neglected should be part of a

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comprehensive public safety strategy in the nation's capital.

Of all individuals currently in prison in the United States, over one in every three women and one in every 10 men report a history of abuse as children.¹ Additionally, abused and neglected children are 30 percent more likely to commit violent crime, 59 percent more likely to be arrested as juveniles and 28 percent more likely to be arrested as adults.² Children who are removed and subsequently placed within the child welfare system are twice or even three times more likely to be involved in the justice system than youth who remain in-home.³ Additionally, juvenile arrest rates for children who age-out of system care are estimated at 50-67 percent.⁴

By investing in a robust child welfare system that provides children and families the services and supports to reduce abuse and neglect, D.C. can not only increase positive life outcomes for youth, but in turn improve public safety.

CHILD WELFARE SYSTEMS DO MORE THAN PLACE YOUTH IN FOSTER CARE.

In protecting children from abuse and neglect, child protective agencies are responsible for working closely with parents and families to ensure that child removal is the last resort. The maintenance of a safe and stable living environment for a child is fundamentally a parental responsibility. Parents, families and healthy stable living environments are an integral part to child wellbeing, and this must

“The implementation of best practice interventions for maltreated youth would decrease the chances that a person will be involved in criminal activity by promoting emotional health, decreasing homelessness, substance abuse, teen birth rates, and school drop-out rates.”

~ Joseph Doyle, “Child Protection and Child Outcomes: Measuring the Effects of Foster Care,” American Economic Review, MIT Sloan School of Management, 2007.

be kept in mind when considering the role of the child welfare agency, its interaction with children and subsequent relation to the juvenile justice system.

Washington D.C.'s child welfare system, Child and Family Services Agency (CFSA), currently has a total of 817 employees. The proposed FY14 agency budget is \$241.3 million, which represents a 6.1 percent decrease from the FY13 budget of \$257.1 million.⁵

The aim of the child welfare system is to provide resources, services and interventions to assist abused and neglected children and work to support positive, healthy and safe families. Within this framework, CFSA provides services in four main areas:

1. Child Protective Services (CPS). This involves the taking and investigating of reports of known or suspected child abuse and neglect. CPS runs a 24-hour Hotline which responds to these reports. Depending on the severity and legitimacy of the claim, CPS will follow up with an investigation.
2. Assisting families. In order to ensure the safety and well-being of children, primary caregivers must be supported as well. This may involve connecting families with services in the

community that will help them overcome issues that may be interfering with the well-being of their children, such as substance abuse or mental health problems. These services occur as either a preventative measure to entering care, often through one of six Family Support Collaborativesⁱ, or subsequent to coming into care, as a requirement to retaining or regaining custody of a child.

3. Providing safe, out-of-home care. This is utilized when the home environment presents too much of a threat to the safety of the child, necessitating the removal of the child from the home. Children may be placed with licensed foster or kinship caregivers in these situations.
4. Re-establishment of permanent homes. If a child is removed from his/her home, the agency works to address the issues preventing the child from being in the home, with the intention of re-connecting (re-unifying) the child with their original caregiver. If those efforts are either unsuccessful or unfeasible, a permanent home for the child is sought through relatives, guardianship or adoption. A more comprehensive description of CFSA's processes and

placement options is included in the appendix.

FOUR PILLARS

The nationally recognized Four Pillars framework consists of:

1. Narrowing the Front Door: CFSA will seek to keep families together and use removal only when necessary for the safety of a child through an increase in the use of Differential Response*, kinship care and community supports.
2. Temporary Safe Haven: Children who have to come into care should be placed for the shortest amount of time possible in family-like placements that allow for continued connections with family, community and school. Permanency planning should begin the first day that children enter care.
3. Promote Child Well-Being: The agency is committed to collaborating with educational, mental health and physical health systems to promote the healthy development of all children in care. Teen parenting supports, the prevention of teenage pregnancy, promotion of high school graduation and evidence-based interventions for physical health conditions and chronic mental health conditions, including trauma, are key.
4. Exits to Positive Permanency: Youth who exit care, whether through emancipation or permanency, should have lifelong connections in place and be prepared with the stability, supports and skills needed for a successful transition into adulthood.

* described later in this document

Source: Center for the Study of Social Policy, "LaShawn A. v. Gray Progress Report for the Period July 1-December 31, 2011," May 2012. http://www.cssp.org/publications/child-welfare/class-action-reform/LaShawn-A-v-Gray-Progress-Report_May_21_2012.pdf.

ⁱ In Washington D.C., There are five independent, nonprofit Family Support Collaboratives providing neighborhood-based prevention services and support to families. Each Collaborative provides unique services and supports tailored to meet the needs of their respective communities, such as youth violence prevention and intervention and workforce development. For more information see: Healthy Families Thriving Communities Collaborative Council, "Our Mission." <http://dccollaboratives.org/>

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DEFINITION OF CHILD ABUSE AND NEGLECT

“Abused Child: The term “abused” – when used in reference to a child – means:

- a. Infliction of physical or mental injury upon a child
- b. Sexual abuse or exploitation of a child
- c. Negligent treatment or maltreatment of a child

The term “abuse” does not include discipline administered by a parent, guardian, or custodian to his or her child, provided that the discipline is reasonable in manner and moderate in degree and otherwise does not constitute cruelty.

Sexual Abuse means:

- a. Engaging in, or attempting to engage in, a sexual act or sexual contact with a child;
- b. Causing or attempting to cause a child to engage in sexually explicit conduct; or
- c. Exposing a child to sexually explicit conduct.

Neglected Child: A “neglected child” means a child:

- a. Who has been abandoned or abused by his or her parent, guardian or other custodian, or
- b. Who is without proper parental care or control, subsistence, or education as required by law, or other care or control, necessary for his or her physical, mental or emotional health, and the deprivation is not due to the lack of financial means of his or her parent, guardian or other custodian; or
- c. Whose parent, guardian or other custodian is unable to discharge his or her responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity; or
- d. Whose parent, guardian, or custodian refuses or is unable to assume the responsibility for the child’s care, control, or subsistence and the person or institution which is providing for the child states an intention to discontinue such care; or
- e. Who is in imminent danger of being abused and whose sibling has been abused; or
- f. Who has received negligent treatment or maltreatment from his or her parent, guardian, or other custodian; or
- g. Who resided in a hospital located in the District of Columbia for at least 10 calendar days following the birth of the child, despite a medical determination that the child is ready for discharge from the hospital, and the parent, guardian, or custodian of the child has not taken any action or made any effort to maintain a parental, guardianship, or custodial relationship or contact with the child.”

Source: Child and Family Services Agency, “Policy Title-Hotline,” August 2012.

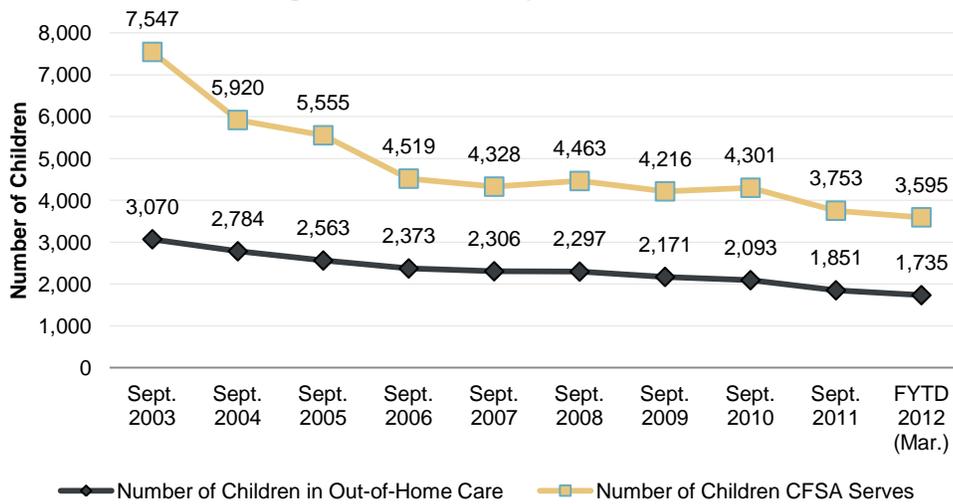
<http://cfsa.dc.gov/DC/CFSA/About+CFSA/Policy/CFSA+Policy+Manual+Table+of+Contents/Program+Policies/Program+Hotline>.

Similar to other jurisdictions, D.C.’s child welfare system has faced numerous challenges, oversight and ultimately reforms. Most recently in 2012, CFSA Director Brenda Donald implemented an aggressive reform agenda including the implementation of the Four Pillars framework. A complete timeline of D.C.’s child welfare reforms which provides a more comprehensive overview of challenges and reforms in the District can be found in the appendix.

THOUGH YOUTH SERVED BY CFSA IS DECREASING, MANY STILL ARE AT RISK OF HARM IN THE HOME.

According to the Children’s Defense Fund, a child is abused or neglected every three hours in Washington, D.C.⁶ The District has the second highest rate of children in care (per 1,000) of all comparable urban jurisdictions,

Although the number of youth removed from their homes declined 43 percent since 2003, D.C. still removes youth at a higher rate than comparable cities.



Source: Child and Family Services Agency, “Children and Youth CFSA Serves,” April 2012.
<http://cfsa.dc.gov/DC/CFSA/Publication%20Files/LaShawn%20Data/FS%202002%20Child%20Stats%20Apr%202012.pdf>

including New York City, Atlanta, Chicago, Detroit, and Philadelphia.⁷

As of February 2012, the D.C. child welfare system was serving 3,595 youth between birth and age 21. Between 2005 and 2011, the number of District children in foster care declined 33 percent, from 2,588 to 1,744.⁸ This decline is in line with a decade long decline in the total number of youth involved in the child welfare system nationwide.⁹ Nationally, between 2005 and 2011 the number of youth in foster care declined 22 percent and the total number of youth served by the child welfare system declined 19 percent.¹⁰ While D.C. has seen declines above the national average, the District is still removing children from their homes at higher rates than other comparable cities.¹¹ In fact, of all youth served by CFSA, the percentage removed from their homes and placed in foster care increased from 40.7 percent in 2003 to 48.3 percent in 2012.¹²

Foster care is not categorically a more harmful option, as children experiencing severe abuse may benefit from being removed from their home. However, for youth in lower-risk situations, greater efforts at in-home services and community supports may yield improved short and long-term outcomes.¹³ This may be particularly relevant in cases of neglect, which currently comprise two-thirds of the entries into out-of-home care in the District.¹⁴

To support further reductions in the use of foster care, it is important for policymakers in D.C. to examine how D.C. can better serve its youth, enhance services and support for families and work to increase district wide public safety. District policies and resources should acknowledge that the majority of cases that lead to referrals and out of home placements may be better served by alternatives that emphasize in-home services, community supports and stability, all of

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which can serve to reduce future justice system contact and promote positive life outcomes for D.C. youth.

WARDS WITH THE HIGHEST RATES OF CHILD POVERTY ALSO HAVE THE HIGHEST RATES OF YOUTH IN FOSTER CARE

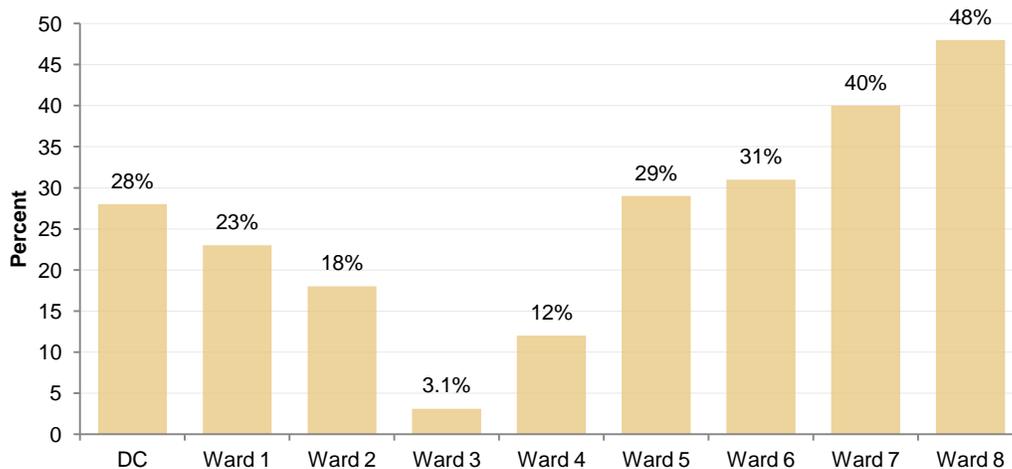
Family and neighborhood poverty are two of the strongest predictors of child maltreatment. While poverty is not a direct cause of child abuse or neglect and should never be a reason for removing a child, the conditions and challenges poverty causes can impede a family's ability to ensure the safety and well-being of its children. Families experiencing

poverty are more likely to have substance abuse issues, mental health issues and stress associated with unemployment, all of which are risk factors for child maltreatment.

Community and family economic instability may also present a challenge in providing children basic health, food, education and housing needs. It should be noted that the inability of a family to meet the aforementioned needs is criteria for child welfare system involvement.

Washington D.C. has one of the highest child poverty rates in the United States, which is concentrated in Wards 7 and 8. Nearly 50 percent of youth in Ward 8 and 40 percent of youth in Ward 7 live below the federal poverty lineⁱⁱ.¹⁵ In 2011, Ward 8 had the highest unemployment rate in the country (25.2 percent), the lowest average family

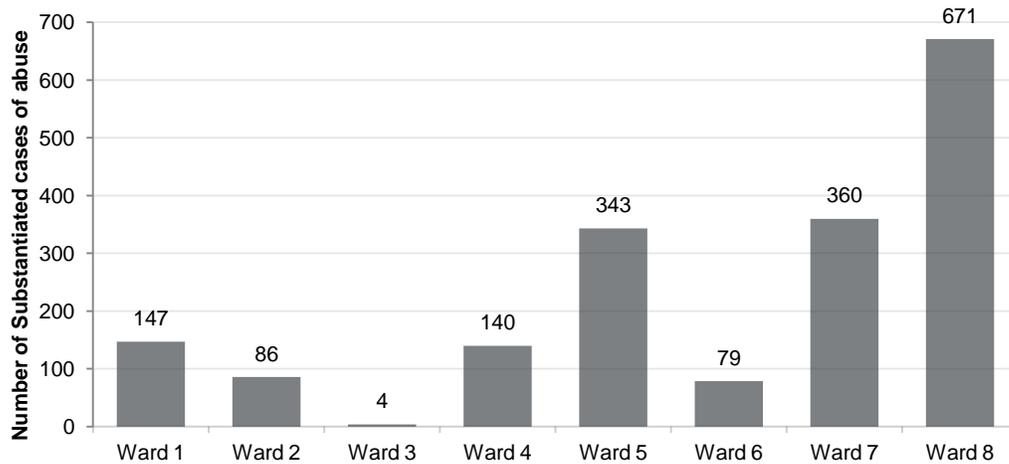
Wards 7 and 8 have the highest percent of D.C. children living below the poverty line.



Source: U.S. Census Bureau, "American Community Survey, 2005-2009," Accessed October 2012. <http://www.neighborhoodinfodc.org/wards/wards.html>.

ⁱⁱ In 2012, the federal poverty guideline for a family of four was \$23,050. Source: U.S. Department of Health and Human Services, "2012 HHS Poverty Guidelines," accessed February 2013. <http://aspe.hhs.gov/poverty/12poverty.shtml>

Wards 7 and 8 comprise over half of all substantiated cases of abuse in the District.



Source: DC Action for Children, "Substantiated Cases of Abuse and Neglect by Ward (Number) - 2009," Accessed October 2012. <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=DC&ind=4799>.

income in the city (\$44,076); and over one in three (35 percent) residents living in poverty. According to data from CFSA, the majority of youth entering care are Title IV-E eligible indicating that they are in poverty.¹⁶

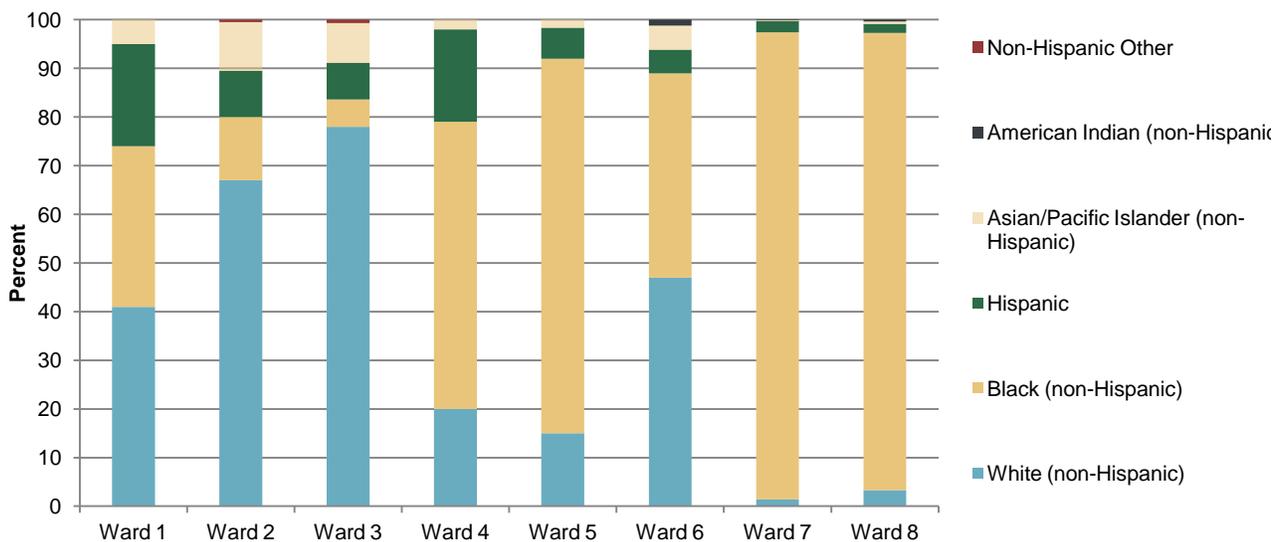
WARDS WITH THE MOST PEOPLE OF COLOR ALSO HAVE THE HIGHEST RATES OF YOUTH IN FOSTER CARE

Ward 8 also consistently has the highest number of substantiated cases of child abuse and neglect in the city. Youth in Ward 8 comprised 37 percent (671 cases) of the total cases in the District in 2009, nearly twice as many compared with the next-highest ward, Ward 7 (360 cases).¹⁷ In contrast, Ward 3, which has the lowest unemployment rate, lowest child poverty rate and highest average

family income in the city, only had four cases of abuse and neglect in 2009.¹⁸

Examining child welfare system involvement in D.C. by Ward shows that Wards 5, 7 and 8 have significantly higher rates of involvement than the District as a whole. Specifically, the percentage of substantiated cases of abuse and neglect in Wards 5, 7 and 8 represent 75 percent of all cases in the District. People of color, specifically African Americans and to a lesser extent Latinos, have disproportionately higher child welfare system involvement than their White counterparts in the District. Of the children involved in D.C.'s child welfare system, 99 percent are youth of color.¹⁹ Additionally, the highest percentage of people of color in Washington D.C. reside in Wards 7 and 8, where there is a significant intersection of poverty, unemployment and lowest average household income.²⁰ Of the youth served by CFSA, 93 percent are African

Wards 5, 7 and 8 have the highest percentage of people of color in the District.



Source: U.S. Census Bureau, "DC Ward Profile," Accessed October 2012.
<http://www.neighborhoodinfodc.org/wards/wards.html>.

American, six percent are Latino, and the majority are low-income.²¹

The disproportionate representation of African American youth in the child welfare system can be attributed to a number of factors, including structural racism (i.e. racial residential segregation, criminal justice policies), socioeconomic inequalities, historical injustices,²² race-based differences in Child Protective Services involvement, and a lack of culturally relevant and responsive prevention and family preservation programming.²³

JUST AS IN THE CHILD WELFARE SYSTEM, YOUTH OF COLOR ARE OVERREPRESENTED IN D.C.'S JUVENILE JUSTICE SYSTEM

The racial disproportionality of communities of color involved in the child welfare system is mirrored in the District's juvenile justice system.²⁴ In FY11, 96 percent of youth under the supervision of Department of Youth and Rehabilitative Services (DYRS), the District's juvenile justice agency, were African American, with the remaining four percent being Latino.²⁵ The concentrated impact in Wards 7 and 8 seen in the child welfare system is similarly evident in the juvenile justice system, with 50 percent of youth under

DYRS supervision being from Wards 7 and 8 during FY11.

These statistics suggest that how the city chooses to make investments in high risk wards, including Wards 7 and 8, is reflected by the area's concentrated impacts related to poverty, race, child welfare and crime. There is a serious need for social and economic supports to promote family economic stability, and best practice prevention and early intervention programming to increase child well being for youth and residents now and in the future.

UNDERSTANDING THE LINK BETWEEN CHILD MALTREATMENT AND DELINQUENCY CAN HELP INFORM POLICIES AND PRACTICE AIMED AT KEEPING YOUTH OUT OF THE JUSTICE SYSTEM

Research has consistently shown that maltreated youth are at an increased risk of engaging in subsequent delinquency.²⁶ Particularly, certain risk factors associated with maltreatment predispose youth to delinquent behaviors. Therefore, a comprehensive understanding of these factors should inform interventions aimed at preventing youth from crossing over to the juvenile justice system from the child welfare system.²⁷ Major risk factors include mental health issues, multiple forms of victimization,

educational instability and out-of-home placement instability.

There is a higher prevalence of mental health issues among children in the child welfare and juvenile justice systems than in the general population. Child maltreatment has been evidenced to increase the rates of mental health problems in youth, including Post Traumatic Stress Disorder (PTSD) and depression.²⁸ These problems are compounded in youth who experience multiple forms of maltreatment (i.e. physical abuse, emotional abuse, neglect, home removal and/or abandonment), which can result in exacerbated mental health symptoms and complex trauma.²⁹

THE TYPE OF MALTREATMENT IMPACTS THE TYPE OF ASSOCIATED DELINQUENCY

Different types of child maltreatment are associated with different types of delinquency. Physical abuse tends to be most correlated with violent delinquency, whereas neglect is predictive of offending in a more general sense. Sexual abuse, on the other hand, is more predictive of arrest for sex crimes than other forms of abuse, and victims are nearly 28 times more likely to be arrested for prostitution than the general population. The age that maltreatment is experienced also influences delinquency, with those experiencing maltreatment during adolescence, or consistently from early childhood into adolescence, more likely to commit an offense than those who experience maltreatment solely in early childhood.

Sources:

Denise Herz et al., *Addressing the Needs of Multi-System Youth: Strengthening the Connection Between Child Welfare and Juvenile Justice* (Washington, DC: The Center for Juvenile Justice Reform, 2012).
<http://cjjr.georgetown.edu/pdfs/msy/AddressingtheNeedsofMultiSystemYouth.pdf>.
 Cathy Spatz Widom, *Victims of Childhood Sexual Abuse-Later Criminal Consequences*, (Washington, DC: National Institute of Justice, 1995).
<http://www.cj.msu.edu/~outreach/mvaa/Child%20Protection/Victims%20of%20Childhood%20Sexual%20Abuse%20Later%20Criminal%20Consequences.pdf>.

COMPLEX TRAUMA: “refers to a child’s exposure to multiple or prolonged traumatic events and the related impact of those events on their development. Typically, complex trauma is chronic, begins in early childhood and occurs within the primary care giving system (i.e. the home). Children experience various forms of maltreatment either simultaneously or sequentially including physical and sexual abuse, neglect and/or domestic violence. These traumatic experiences lead to a loss of safety, direction and the ability to detect or respond to danger cues which often sets off a chain of events leading to subsequent or repeated trauma exposure in adolescence and adulthood.”

Source: The National Child Traumatic Stress Network, “Complex Trauma in Children and Adolescents,” October 2012. <http://www.nctsn.org/trauma-types/complex-trauma>.

The child welfare system has the highest rate of trauma-affected youth of any youth-serving system.³⁰ Involvement in the child welfare system, almost by definition, means that a youth has likely experienced at least one major traumatic event, with many youth exposed to multiple and/or prolonged traumatic events, such as parental incarceration, domestic violence, substance abuse and community violence.³¹ The experience of multiple traumas is cumulative and leads to a more complex symptom response than traditional Post Traumatic Stress Disorder (PTSD) symptoms. Youth with complex trauma histories may experience an array of adverse developmental outcomes³² and higher rates of internalizing problems³³ including conduct disorders, anxiety disorders, adjustment disorders, emotional disorders³⁴ and increased levels of posttraumatic stress.³⁵ Entry into the child welfare system itself can lead to additional stress and trauma if the youth is removed from their home, experiences multiple out-of-home placements or has to transfer schools and peer groups.³⁶

In a study examining trauma exposure in foster care youth, 70 percent of the youth reported experiencing at least two of the following traumas: physical abuse, sexual abuse, emotional abuse, neglect and domestic violence.³⁷ More than one in 10 reported having experienced all five types of trauma.³⁸

Approximately two in every three males and three in every four females involved in the juvenile justice system are believed to possess one or more psychiatric disorders.³⁹ In addition, the majority of youth involved in the juvenile justice system have also experienced trauma.⁴⁰ Mental health problems are significant risk factors for delinquent behavior and subsequent justice system involvement.⁴¹ Child maltreatment is a significant source of trauma experienced by incarcerated youth, with 38 percent reporting a history of physical abuse.⁴²

Victimization increases the likelihood of involvement in both the child welfare and juvenile justice systems. Aside from an increased risk of having experienced violence at home, maltreated youth often experience multiple forms of violence in various contexts, both in and outside the home. Youth can experience violence either directly or indirectly (i.e. witnessing violence in the home, school or community), both of which have serious implications. Some common types of youth victimization include child abuse, domestic violence, bullying, crime and physical assault.⁴³ The exposure to multiple forms of abuse, violence and/or victimization is known as polyvictimization.⁴⁴

Polyvictimization is often associated with the following four prior circumstances:⁴⁵

1. Dangerous Families: living in a family that experiences considerable violence and conflict
2. Family Disruption and Adversity: having a family dealing with multiple problems that may compromise a child's supervision or create unmet emotional needs such as issues related to money, employment and substance abuse
3. Dangerous Neighborhoods: residing in or moving into a neighborhood where there are frequent incidents of violence
4. Emotional Problems: research shows that a child with preexisting emotional problems has an increased chance to engage in risky behavior, act aggressively and compromise their ability to protect his or herself.

Victimization tends to be disproportionately distributed amongst certain demographics and environments,⁴⁶ including African American male youth, youth in single-parent households and youth in households with caregivers other than their biological parents.⁴⁷

Polyvictimization is largely experienced by youth in the child welfare system and has long-term implications on physical, mental,

and emotional health of youth. Both experiencing and witnessing violent victimization has been shown to increase violent crime, property crime and drug use among youth.⁴⁸ Additionally, being a victim has also been linked to depression, decreased social control, weakened social bonds (i.e. family and community connections) and increased delinquent peer associations.⁴⁹

Threats to the safety and well-being of children within the child welfare system encompass a much broader scope than what children may experience at home. One of the indicators that youth in the child welfare system are subject to other forms of violence is the number of violent homicides among youth known to the system. Violent homicide is now the leading cause of death for youth "known to the D.C. child welfare system" (are currently or have been previously engaged with CFSA) at the time of their death. Of the 27 youth in the District who died as a result of homicide in 2009, 18 were known to CFSA.⁵⁰ All 18 victims were African American, 16 were males⁵¹ and the majority were involved in either the juvenile or adult justice systems.⁵² These staggering numbers warrant serious attention into issues faced by a child involved in the child welfare system and highlights the importance of interventions encompassing all forms of violence and victimization.



A child is abused or neglected every **three hours** in Washington, D.C.

Educational instability increases the risk of future justice system involvement.

Educational outcomes for youth involved in the child welfare system are impacted by the cognitive, behavioral, social and emotional effects of family instability and maltreatment.⁵³ Maltreated youth are more likely to perform poorly in school and experience a host of educational challenges, including: suspension, truancy, not being prepared for class, failure to complete homework, underperforming on standardized tests, poor relationships with teachers and feeling insecure and a sense of not belonging at school resulting in low involvement in school-related activities.⁵⁴ They are also less likely to graduate high school and less likely to attend college.⁵⁵ Research has consistently shown that higher rates of educational attainment are associated with lower crime.⁵⁶ Therefore poor educational outcomes and lack of school attachment associated with child maltreatment only serves to increase the risk of juvenile delinquency.⁵⁷

In addition to the obstacles faced as a result of maltreatment, involvement in the child welfare system itself can be disruptive to the educational process. This is particularly evident for youth in foster care, who change schools two to three times per year on average.⁵⁸ Each time a foster youth changes schools, it is estimated that they fall three to

MOVING INNOVATION FORWARD: THE OFFICE OF WELL BEING

CFSA's Office of Well Being promotes healthy growth and development for children, youth, and families involved with the child welfare system. The following programs are managed by this office to help address service needs to ensure well-being for youth and families:

- **Education** services include prevention of truancy, school placement, special education, and achievement. Contracts with tutoring and transportation vendors help to support educational outcomes, including maintaining school placement.
- **Mentoring** services are offered through the Agency's Volunteer Mentoring Program and help to support school attendance, achievement, and emotional well-being.
- **Domestic violence** services include an assessment for families involved in domestic violence, a safety plan to address the needs, and referral to community resources.
- **Substance abuse** services include referrals for youth and adults to DC's Addiction Prevention and Recovery Administration (APRA) for assessment and treatment, in addition to identifying and addressing barriers to treatment.
- **Day Care** vouchers through the Department of Human Services (DHS) and subsidies provided by CFSA are available through this office.
- **Rapid Housing** applications for families are processed through this office.

Source: Mindy Good, Director of Communications, Children and Family Services Agency, personal correspondence February 1, 2013.

six months academically behind their peers.⁵⁹ As a result, almost half of youth in foster care placement do not graduate high school.⁶⁰ Knowing the importance of education not only to the life outcomes of youth, but also to citywide public safety, policymakers and community leaders should continue to invest in education and work to reduce the number of school changes experienced by foster care youth in the District.

The type and number of placements influence delinquency outcomes for child welfare-involved youth. Youth who move

frequently due to foster care placement disruptions are at risk of poor educational outcomes and decreased emotional health.⁶¹ These youth also tend to experience an increase in behavioral problems such as depression, anxiety and aggression.⁶² While one of the predictors of placement disruption is a child's behavioral problem while in care and a foster parent's inability or unwillingness to continue care, these behavioral problems have only been shown to increase after a placement change.⁶³ Therefore, an out-of-home placement in itself is associated with delinquency and disruptive behavior and if placement instability continues, the risk of delinquency increases further.

Additionally, placing a child in a group home has also been associated with increased rates of delinquency. By contrast, kinship placements (placement with a relative of the child) are 70 percent less likely to be disruptive for a child than non-kinship placements. Kinship placements are associated with decreased behavioral problems and increased positive outcomes for youth.⁶⁴ In FY12, only 17 percent of foster children in DC were placed with kin.⁶⁵ Promoting the use of kinship placements, and increasing the level of support given to foster parents and kin, has been shown to reduce the incidence of placement disruptions and should remain a priority for CFSA and policymakers in D.C.⁶⁶

NEIGHBORHOOD AND PARENTAL STABILITY ARE CORRELATED WITH YOUTH INVOLVEMENT IN BOTH THE CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS

Youth involvement in the child welfare system is often the result of a confluence of factors that impact a parent's ability to provide safe and stable care for a child. Often times, external family pressures and influences brought on by community instability and lack of available resources has a direct bearing on the family and parenting. There are a number of parental risk factors associated with child welfare system involvement, including single-parent households, mental health issues, substance abuse, domestic violence,⁶⁷ young motherhood, parental stress, low parental education level and parental criminal justice system involvement.⁶⁸ Similarly, these parental risk factors are also associated with juvenile delinquency and youth involvement in the justice system.⁶⁹ Therefore it is important to understand and address community and parental factors that increase a child's risk of involvement in both the child welfare and juvenile justice systems.

Parental mental health is a significant factor of youth child welfare system involvement.

Nationally, close to 25 percent of caregivers referred to Child Protective Services have had

a major depressive episode within the previous year, as opposed to seven percent of adults in the general population.⁷⁰ Women are more susceptible to depression than men, and represent a disproportionate amount of the primary caregivers referred to the child welfare system.⁷¹ The link between maternal depression and child welfare system involvement is related to the symptoms of depression and their effect on parenting practices. These symptoms have been correlated with physical and emotional neglect and abuse, harsh parenting, corporal punishment and yelling.⁷²

The impact of trauma on parenting has been less studied, but is increasingly relevant. Trauma often occurs along with depression, and parents of maltreated children frequently possess histories of PTSD and other major mental health disorders at significantly higher rates than the general population.⁷³ Trauma exposure is associated with high rates of substance abuse, lower levels of parenting satisfaction, increased levels of neglect, physical punishment and psychological aggression which can lead to child welfare involvement.⁷⁴ Domestic violence is the most frequently cited source of trauma in women and children.⁷⁵

Parental trauma has implications beyond increasing the risk for child welfare involvement. It also has an impact on child welfare interventions and outcomes. Trauma symptoms or related conditions may inhibit a parent's ability to engage successfully in the services mandated by the child welfare system. This may increase the likelihood that a child will be removed from home, decrease

PRIMARY REASONS FOR YOUTH ENTRY INTO FOSTER CARE

1. Neglect
2. Physical Abuse
3. Parental Incarceration
4. Parental Substance Abuse
5. Inadequate Housing

Source: Children and Family Services Agency, *Annual Public Report FY2011* (Washington, D.C.: 2012)
<http://cfsa.dc.gov/DC/CFSA/About+CFSA/Who+We+Are/Publications/Reports/Annual+Report+2011/Annual+Report+2011>

the likelihood of reunification and result in the termination of parental rights.⁷⁶

Policymakers and practitioners need to be aware of the impact of trauma and parental mental health on the stability of home and family environments and provide parents and communities with affordable and accessible mental health services.

Parental substance abuse is a serious public health concern and extremely prevalent in child welfare cases.

Nationally, between 60-70 percent of parents involved in substantiated cases of child abuse or neglect have a substance abuse disorder.⁷⁷ This number increases to 80 percent for parents of youth placed in foster care.⁷⁸ Parental substance abuse increases the likelihood of parental rights being terminated, out-of-home care, longer stays in care, re-victimization and adoption.⁷⁹

Child welfare system attempts at engaging parents with substance abuse issues in treatment have proven challenging in spite of its importance. Nationally, out of every 100 child welfare-involved parents required to complete substance abuse treatment, 64 will

complete an intake interview, 50 will attend “some” treatment, and only 13 will complete treatment.⁸⁰ Addressing the underlying barriers to successfully completing treatment is critical. Additionally, policymakers have a responsibility to ensure that communities and families have the resources available to them to ensure positive life outcomes for their children, which includes investing in and increasing access to community based substance abuse prevention and treatment programming.

Parental incarceration is a top reason for D.C. children entering care. Neglect accounts for nearly two-thirds of children who enter out-of-home care in D.C., with physical abuse being the second leading reason.⁸¹ In 2010, parental incarceration surpassed parental substance abuse as the third highest reason for District children entering care,⁸² and in 2010, one in every six kids entering foster care had an incarcerated parent.⁸³ Children of incarcerated parents in foster care are at a significantly higher risk of experiencing emotional,

behavioral and psychological problems. Of these children, one in five experience internalizing problems, such as depression and anxiety, and one in three experience significant externalizing problems, such as aggression and disruptive behaviors.⁸⁴

D.C. has one of the highest incarceration rates in the country,⁸⁵ which has direct and long-term implications on the city’s youth. This impact is disproportionately prevalent among African American children and children of parents with low levels of educational attainment. Nationally, African American children are three times more likely than Latino children and seven times more likely than White children to have a parent in prison.⁸⁶ Incarcerated parents face significant barriers to retaining their parental rights due to typical sentences averaging between 80 and 100 months. Additionally, the inability of parents in prison to access adequate reunification services such as parenting classes, substance abuse and mental health treatment as well as the inability to participate in dependency proceedings and irregular

FOUR PATHWAYS TO CHILD WELFARE AND JUVENILE JUSTICE SYSTEM INVOLVEMENT:

1. Involves a youth who has an open child welfare case and subsequently gets arrested for delinquency, entering the delinquency system at some level.
2. This pathway is similar to the first except the child welfare case was closed prior to the time of the delinquency.
3. The youth is a victim of maltreatment, but the maltreatment has not come to the attention of the child welfare system. In the process of investigating the delinquency charge, the justice system identifies the maltreatment and initiates child welfare system involvement.
4. A youth is placed in a correctional facility and upon release from the facility there is no safe home for him/her to return to. Consequently, the justice system initiates a referral to child welfare to prepare for the youth’s release.

Source: Denise Herz, Philip Lee, Lorrie Lutz, Macon Stewart, John Tuell and Janet Wiig, *Addressing the Needs of Multi-System Youth: Strengthening the Connection Between Child Welfare and Juvenile Justice* (Washington, DC: The Center for Juvenile Justice Reform, 2012). <http://cjjr.georgetown.edu/pdfs/msy/AddressingtheNeedsofMultiSystemYouth.pdf>.

contact with children only serves to increase the challenge of retaining parental rights and the negative impact of this on children.⁸⁷

While all of the aforementioned parental risk factors increase the likelihood of child maltreatment and subsequent involvement in the child welfare system, they are often situated in the context of neighborhood and community poverty and disadvantage.

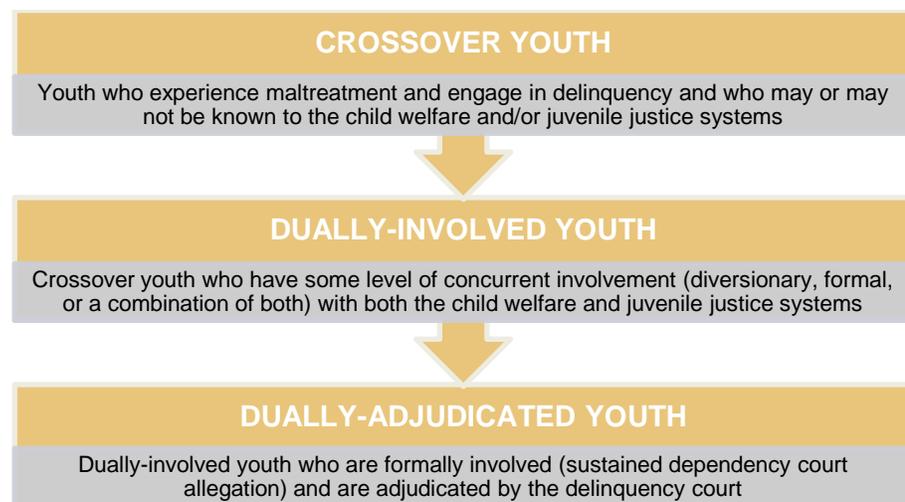
THERE ARE DIFFERENT LEVELS OF INVOLVEMENT FOR YOUTH KNOWN TO BOTH THE CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS

Youth who have experienced maltreatment and engage in delinquency have differing levels of involvement in each system and fall into three main groups: crossover youth, dually-involved youth and dually-adjudicated youth.

Crossover youth represent the largest group, encompassing all youth who have both experienced maltreatment and engaged in delinquency.⁸⁸ These youth have “crossed over” from involvement in either the child welfare system or the juvenile justice system

into the other system. In spite of the prevalence of maltreatment and delinquency, those in the child welfare or criminal justice systems may not realize a child is a crossover youth. Not being known to one or both systems can occur if the maltreatment and/or delinquency has not been identified or formally reported.⁸⁹ As a result, the total number of crossover youth in the District is unknown.

Dually-involved youth are those known to the juvenile or adult justice system and the child welfare system at the same time.⁹⁰ However, it should be noted that a youth’s level of involvement in each system does not have to be formal in order to be termed a dually-involved youth.⁹¹ In some situations involvement may be preventative and youth might be engaged in a diversion program, such as Youth Court, or voluntary family support services, such as a Family Support Collaborative. The total number of dually-involved youth in the District is similarly unknown and difficult to track because of the informal nature of contact with either system and a lack of cross-systems information sharing.⁹²



Source: Shay Bilchik et al., *Addressing the Needs of Multi-System Youth Strengthening the Connection between Child Welfare and Juvenile Justice*, (Washington, DC: The Center for Juvenile Justice Reform, 2012) <http://cjjr.georgetown.edu/resources.html>

Dually-adjudicated youth are those formally involved in both the child welfare and juvenile justice systems.⁹³ This often means a youth who is formally involved in both systems through being adjudicated by DYRS and a client of CFSA. A commonly used term for these youth is “dual-jacketed” youth. In FY11, 113 youth in the District were “dual-jacketed”⁹⁴ and comprised approximately nine percent of DYRS’s 1,269 committed youth that year.⁹⁵ DYRS-involved youth only constitute approximately one-third of all youth involved in the District’s juvenile justice system, so the total number of dually-adjudicated youth, although unreported, is much higher.

Child and Family Services Agency (CFSA) has case management responsibility for dual-jacketed youth unless Family Court transfers this responsibility to DYRS due to public safety concerns.⁹⁶ In FY12, a little under half of the dual-jacketed cases were transferred to DYRS.⁹⁷ Regardless of who takes on the role of primary case manager, both agencies are responsible for coordinating care throughout the duration of the case.⁹⁸

Youth involved in multiple systems have complex needs requiring a high level of collaboration and communication between systems. Within four and eight years of the time they turn 18, dually-involved youth have been shown to be two to three times more likely to access three or more service systems than their peers involved in just the child welfare or juvenile justice system.⁹⁹ As adults, youth who were dually-involved are more likely to have involvement in the adult criminal justice system as well as the mental health/substance abuse and public welfare systems.¹⁰⁰

DIVERTING YOUTH THROUGH “YOUTH COURT”

Youth Court is a voluntary alternative sentencing program for first time, nonviolent youth who committed crimes in the District. Rather than going through the traditional juvenile justice system, eligible youth are diverted to Youth Court, where their case is heard by a jury of their peers. The youth jurors identify the underlying issues and situations that the defendant faced prior to being charged, and use that information to assign relevant community-based sanctions. Sanctions may include attending jury duty, participating in girls or boys group, performing community service, writing letters of apology to the victim and/or their family, and/or participating in mental health, mentoring, substance abuse or shoplifting programs. If the youth completes their sanctions, the charge will not appear on their record.

Over the past 16 years, Youth Court has diverted over 6,595 youth from the juvenile justice system, with a number of positive results. Over 90 percent of youth participants do not recidivate and 70 percent finish high school and continue on to higher education. In addition, Youth Court is cost-effective with low administrative costs and the majority of staff being comprised of volunteers from the U.S. Attorney’s Office, Howard University and Georgetown University.

The expansion and increased utilization of community-based diversion programs, such as Youth Court, would be particularly beneficial to District youth involved in the child welfare system. For these already-vulnerable youth, it provides another layer of support and is a valuable alternative to a criminal charge and further involvement in the justice system which can have a lasting impact on their well-being, including their educational, occupational and housing prospects.

Source: Youth Court of the District of Columbia, “Youth Court of the District of Columbia,” January 2013. <http://youthcourtofdc.org/>.

The District should implement a universal case plan that is consistent across all youth serving systems. The lack of cross-systems collaboration is an immense barrier to meeting the complex needs of youth in the District and such a plan would allow for greater coordinated services and continuity of care for youth involved in D.C.'s education, mental health, child welfare and juvenile justice systems. Currently there is no automated database of information about youth being jointly served,¹⁰¹ and increased attention around a more comprehensive and collaborative relationship is warranted. In addition, continuity of care needs to be prioritized if a case transfer occurs. The District should seek to have CFSA be the primary case manager for dually involved children to ensure the youth and their family get the broadest array of services possible, and the youth's unique challenges resulting from abuse and neglect are not forgotten.

IMPROVING THE CHILD WELFARE SYSTEM HAS POSITIVE OUTCOMES FOR INDIVIDUALS AND FOR PUBLIC SAFETY

While no single strategy will guarantee reductions in delinquent behavior, criminal activity, or crime rates, a robust child welfare system can have a positive public safety benefit. However, it should be noted that a child welfare system can only be as strong as its supportive agencies – meaning that in addition to making more investments in D.C.'s child welfare system; similar investments should be made in D.C.'s

education, youth employment and mental health systems. These four systems are interwoven and in order to ensure that District youth are given the opportunities for successful life outcomes, all four must have the necessary resources and incorporate evidence-based programs and best-practice models.

The following are some examples of best practice community-based interventions that have been proven to prevent child welfare and juvenile justice system involvement:

Differential Response

Differential response is an approach that tailors Child Protective Service responses based on the type, severity and risk of child abuse or neglect reports, rather than just applying a one-size-fits-all approach to investigations and interventions. Generally, cases that are identified as involving severe types of maltreatment are referred for a standard CPS investigation, but those identified as low and moderate risk may be referred to an alternative response.¹⁰² The alternative response is used in cases where the child is not in immediate or serious danger.¹⁰³ This type of response can be particularly useful in cases of neglect, which constitute the majority of child welfare cases in the District and nationally. Differential Response engages the family voluntarily (as opposed to involuntarily through the standard response) in an identification of family strengths and needs to determine which service referrals may be useful to support positive parenting and family well-being. Often times, the alternative response may not necessitate a formal substantiation of child maltreatment,

and the family will receive supports outside of the child welfare system without being put on the child protection registry.¹⁰⁴ This national best-practice approach both lowers the number of youth involved in the child welfare system and works to ensure that families are more likely to benefit from services through the non-adversarial approach.¹⁰⁵ CFSA has started a phased implementation of differential response in Washington D.C. with the hopes of full program implementation by 2013.

Triple P Positive Parenting Program (Triple P)

Triple P is a multi-level public health approach to parenting and family support. It has been clinically proven in the United States and internationally over the last 30 years and is grounded in social learning, cognitive-behavioral and developmental theory.¹⁰⁶ The type and level of intervention is determined on a case by case basis, depending on the strengths, needs and goals of parents. Interventions vary from tip sheets and videos on positive parenting, to brief targeted interventions by primary care practitioners, to intensive parent training focused on broader family issues such as anger and stress.¹⁰⁷ Triple P is targeted at reducing risk factors for child maltreatment and behavioral and emotional problems in children through changing dysfunctional parenting practices and enhancing parental skills.¹⁰⁸ In a study of 85,000 families, the effects of Triple P Parenting was found to result in 688 fewer cases of child maltreatment; 240 fewer out-of-home placements; and 60 fewer children with injuries requiring hospital treatment per 100,000 children under age eight.¹⁰⁹

Nurse Family Partnerships for Low-income Families (NFP)

NFP is an intervention for low-income, at-risk women, pregnant with their first child. The program involves intensive home visitation by nurses throughout pregnancy and two years subsequent to birth.¹¹⁰ Efforts are focused on the promotion of child development and parenting skills. Extensive research has been conducted on the program over the last 3 decades, with the level of proven effectiveness unsurpassed in evidence-based home visitation programs.¹¹¹

Prenatal and early childhood home visitation by nurses has been shown to decrease the rates of child abuse and neglect as well as criminality and behavioral problems.¹¹² It also reduces the number of subsequent pregnancies, welfare dependence, substance abuse, and number of lifetime sexual partners for the mothers.¹¹³

Effective Black Parenting Program (EBPP)

The Center for the Improvement of Child Caring (CICC) launched the EBPP in the 1970's, the first culturally-adapted parenting program for parents of African American children.¹¹⁴ Though previous parenting programs have shown some positive results with African American parents, they failed to address critical aspects of African American life, including traditions in African American family life, the importance of positive cultural heritage promotion and the impact of slavery on child rearing.¹¹⁵ EBPP content includes Culturally-Specific Parenting Strategies; General Parenting Strategies; Basic Parenting Skills Taught in a Culturally-Sensitive Manner, Using African American Language

Expressions and African Proverbs; and Special Program Topics (including Single Parenting and Drug Abuse Prevention).¹¹⁶ The program has been proven successful with parents (including teen parents) of African American youth between the ages of birth and-18, and is the program of choice for hundreds of institutions serving African American families nation-wide.¹¹⁷ It has been applied most frequently with high-risk populations, and has been utilized in substance abuse prevention, child abuse prevention, delinquency prevention, school reform and historically Black churches and faith groups.¹¹⁸

The Chicago Parenting Program (CPP)

The CPP is a parenting, health promotion and prevention program with the purpose of promoting communication and behavior management with children.¹¹⁹ It was designed with input from African American and Latino parents to be contextually and culturally relevant to the needs of low-income families of color in urban communities.¹²⁰ The program content is tailored to the individual needs, interests and values of the participants.¹²¹ For example, African American parents may talk about how the stress of racism affects their parenting, whereas Latino parents may focus on the parenting impact of being immigrants.¹²² The CPP is particularly useful for parents with low reading skills, as all handouts are written at a 5th grade reading level.¹²³ The program is typically run over the course of 11 weeks and consists of weekly group sessions, videotaped lessons, practice assignments and consistent parent evaluations. A 12th session is held as a

“booster session” one to two months after the 11th weekly session. The CPP is evidence-based: the children of parents who attended the program had fewer behavioral problems at home, in school and during videotaped interactions with their parents.¹²⁴ Parents who participated in the program had increased parenting confidence, used less corporal punishment and were more likely to use positive and consistent discipline strategies.¹²⁵

Crossover Youth Practice Model (CYPM)

The CYPM was created and released by the Center for Juvenile Justice Reform in 2010 to identify ways to meet the high level of need of dually involved youth.¹²⁶ To date, it has been implemented in 25 jurisdictions across the country.¹²⁷ The goals of the CYPM are to reduce the number crossover youth; reduce the number of youth entering care and the length of stay in out-of-home care; and reduce the disproportionate representation of children of color in each system.¹²⁸ The model seeks to achieve these goals through aligning the vision and missions of child welfare and juvenile justice agencies, developing practices and policies specifically related to serving dually-involved youth, improving case management services across systems, tracking population trends to inform decision-making, cross-system training regarding the functions and processes of each system and continuous quality improvement.¹²⁹

Strengthening Families Approach

The Center for the Study of Social Policy (CSSP) spent a year engaging with exemplary early care and education programs and practitioners nationwide and conducting

research on the link between child abuse and neglect prevention, early care and education.¹³⁰ The work of CSSP culminated in an understanding of the value of five Protective Factors in preventing or decreasing child abuse and neglect. The five Protective Factors which form the foundation of the Strengthening Families Approach include: Parental Resilience, Social Connections, Concrete Support in Times of Need, Knowledge of Parenting and Child Development and Social and Emotional Competence of Children.¹³¹ The approach is based on research showing that the promotion of protective factors can support a family environment conducive to optimal child development, reduce child abuse and neglect, and enhance family strengths.¹³² Over 30 states are now using the tools and strategies of the approach to enhance programs working with children and strengthen families in child welfare systems.¹³³

INVESTING IN COMMUNITY EVIDENCED-BASED PROGRAMMING CAN SAVE WASHINGTON D.C. MONEY WHILE PROMOTING POSITIVE LIFE OUTCOMES FOR YOUTH

In 2010, the District noted in its prevention plan that “the cost of failing to prevent child abuse and neglect is approximately \$104 billion annually in the U.S.”¹³⁴ The average annual cost to the District for one youth served in out of home care by CFSA is around \$50,000 per year,ⁱⁱⁱ which can include foster care, group homes and/or residential treatment.¹³⁵ With a total of 1,827 youth in foster care placements in FY11, that equates to roughly \$73.1 million in total tax dollars.

Considering that youth in the D.C. foster care system are often dual-involved or later in

AVERAGE DAILY COST OF DYRS PROGRAMS FOR COMMITTED YOUTH

New Beginnings Youth Development Center	\$761
Residential Treatment Centers	\$294
Therapeutic Family Homes	\$289
Group Homes	\$274
Independent Living Programs	\$232
Extended Family Homes	\$228

Source: Department of Youth and Rehabilitative Services, *Annual Performance Report Fiscal Year 2011* (Washington, D.C.: 2012).

custody of the juvenile justice system, the lack of preventative services leads to further costs. In addition, in FY2011 the Department of Youth and Rehabilitative Services (DYRS) spent \$55.2 million on committed services for youth.¹³⁶

ⁱⁱⁱ There is a wide range in cost between different out-of-home placements and this annual value averages the annual cost of all out-of-home placement options.

AVERAGE DAILY FOSTER CARE RATES FOR 2013

Level	Children 11 and Under	Children 12 and Over
I – Regular	\$32.23	\$36.33
II – Special	\$32.87	\$37.62
III – Handicapped	\$34.94	\$40.22
IV – Multi-handicap	\$41.00	\$47.39

Note: The above rates reflect those foster care homes recruited and trained by CFSA and do not account for contracted services. The compensation rate is based to cover basic needs of children including food, shelter, clothing and etcetera and does not account for any taxpayer costs associated to medical or mental health needs (i.e. Medicaid).

Sources:

Children and Family Services Agency, *Foster Care Rates Effective January 1, 2013* (Washington, D.C.: 2012).
 Children's Rights, "Foster Care Rates by State," accessed February 2012. <http://www.childrensrights.org/policy-projects/foster-care/hitting-the-marc-foster-care-reimbursement-rates/foster-care-rates-by-state/>

Policymakers should focus on finding solutions that allow for positive life outcomes for D.C. youth while working to decrease youth involvement in CFSA and DYRS, increase cost-savings and maintain public safety. The Washington State Institute for Public Policy (WSIPP) has done numerous studies to examine the cost-savings and benefits of various programs related to child welfare and juvenile justice system involvement. Included in WSIPP's work are two model programs mentioned in this report: Nurse Family Partnerships for Low-Income Families and the Triple P Positive Parenting Program. In their cost-benefit analysis, WSIPP found that the Triple P Positive Parenting Program had an estimated cost-benefit value of \$722 per participant with \$344 of that value being a direct monetary benefit to taxpayers.¹³⁷ Similarly, WSIPP found significant cost savings and social benefits for the Nurse Family Partnerships for Low-Income Families (NFP) program. The estimated cost-benefit value of NFP is \$13,181 per participant with \$6,219 of that benefit

value being a direct monetary benefit to taxpayers.¹³⁸

Both NFP and Triple P Positive Parenting are designed to be intervention programs for at risk youth and families which stabilize the home environment and parenting practices so that continued and future child welfare involvement are greatly reduced or eliminated. By focusing on effective evidence based intervention strategies such as Triple P Positive Parenting and NFP, D.C. can reduce costs to the child welfare system by working to prevent CFSA involvement for youth and families. Reducing child welfare involvement – and thereby the number of youth who cross over into the juvenile justice system – produces tax savings and public safety gains. By implementing more effective preventative programming D.C. can curb long term justice system costs by helping families establish positive supportive home environments for youth, thus reducing the likelihood of future justice system involvement and related costs.

RECOMMENDATIONS

Youth involved in, or at risk of being involved in, the District's child welfare system stand to benefit from a comprehensive, proactive and effective child welfare system. However, the success of the child welfare system is reliant upon the support of strong collateral youth-serving systems, including the mental health system, education system and employment programming. The collective ability of these four systems to support the safety and well-being of youth has a significant impact on youth trajectories and life outcomes. The following recommendations acknowledge the interconnectedness of all youth-serving systems; are cost-effective; promote public safety; decrease justice system involvement; and increase positive life outcomes for all individuals, families and communities in the District.

1. *Expand the District's child maltreatment prevention efforts.* The D.C. Government and Prevent Child Abuse America introduced the District's first city-wide child maltreatment prevention plan in 2010. However, in Fiscal Year 2013, the CFSA budget cuts prevention services by \$1.2 million.¹³⁹ CFSA should consider making prevention a central function by adding it as a fifth pillar to the current Four Pillar framework. Interventions must be culturally relevant and available in the areas of the District facing concentrated disadvantage, including Wards 5, 7 and

8. Prevention services are necessary to reducing the number of children who enter care, which is an investment that will pay off in reduced foster care, criminal justice and human costs.
2. *Prioritize educational support and stability.* Children involved in the child welfare system, and particularly those in out-of-home placements, are at an increased risk of experiencing poor educational outcomes.¹⁴⁰ Promoting school engagement among these youth has been proven to mediate the relationship between maltreatment and delinquency.¹⁴¹ In line with CFSA and federal policy through the Fostering Connections to Success and Increasing Adoptions Act of 2008, if a child experiences a removal or placement change, efforts should be made to keep the school the same, if at all possible.¹⁴² This will support consistency, peer relationships and stability for the child. There should also be cross-system communication and collaboration between the child welfare system and educational system. Investments in the District's education system focused on combating low levels of educational attainment and truancy, while promoting early education, after-school care and mentoring programs would interrupt the school-to-prison pipeline and decrease justice system spending.

3. *Enable access to timely, appropriate, culturally responsive and trauma-informed mental health prevention and treatment for District youth and their families.* The prevalence of mental health issues in both parents and children involved in the child welfare system warrants routine and effective screening and assessments; the availability of timely, accessible and consistent evidence-based treatment services; continuity of care across all youth-serving systems; and youth-serving professionals that are informed in basic mental health science, terminology and resources. Mental health services should be located in proximity to biological and foster parent homes with hours that are accessible to working caregivers. Due to the disproportionate impact of trauma youth in the child welfare system face, it is also imperative that all child welfare staff and service providers are able to identify traumatic experiences and trauma-related symptoms in both youth and caregivers, so they are empowered to recommend trauma resources and provide trauma-informed services.
4. *Provide meaningful and sustainable employment opportunities to youth.* Because of the strong interrelationship between poverty and child welfare system involvement, creating pathways to economic stability and prosperity must be created. Implementing innovative incentives to engage and sustain youth participation

In October of 2012, CFSA received a \$3.2 million, five-year grant from the U.S. Department of Health and Human Services to make trauma-informed treatment central to its practice. The grant will be used to train those who work with youth involved in the District's child welfare system, including foster parents, attorneys, social workers and other professionals. CFSA will be the first public child welfare agency to make trauma-informed treatment the foundation of its work. This is a promising development; however, the effective and sustainable implementation of the funding will be key to its impact.

Source: Child and Family Services Agency, "Federal Grant Will Support Cutting Edge Treatment for Child Victims of Abuse and Neglect," October, 2012.

<http://cfsa.dc.gov/DC/CFSA/About+CFSA/News+Room/Federal+Grant+Will+Support+Cutting+Edge+Treatment+for+Child+Victims+of+Abuse+and+Neglect>.

in employment programs, and employers willing to hire youth with previous justice system involvement, will promote positive workplace experiences, earning potential, and positive outcomes for District youth. Employment opportunities for youth transitioning into independence and adulthood are particularly meaningful for youth aging out of the foster care system.

5. *Increase collaboration and communication between the child welfare system and juvenile justice system.* While youth in the child welfare system and juvenile justice system possess many of the same risk factors and needs, the youth involved in both systems generally require more intense services and supports than youth involved in just one of the systems. In spite of being a high-need population, crossover youth tend to be under-identified and underserved because of the lack of cross-systems

coordination.¹⁴³ The conflicting goals and processes of the child welfare and juvenile justice system can interfere with the way crossover youth are served. The child welfare system often views youth as victims in need of protection, whereas the juvenile justice system often focuses on the need for behavioral change.¹⁴⁴ Crossover youth are likely in need of both, so each system needs to broaden their capacity to serve the complex needs of these youth.

6. ***Professionals working with children should be trauma informed.*** Those working in the juvenile justice system should be trauma-informed and equipped to identify and refer mental health issues. Professionals in the child welfare system should screen for a youth's risk for delinquency and develop targeted interventions aimed at delinquency prevention. Beyond the need for collaboration between the child welfare system and juvenile justice system, there is a need for collaboration across all systems involved with crossover youth, including the education, substance abuse and mental health systems. There is also a need for more accurate and consistent reporting to identify the total number of crossover youth in the District (not just dual-jacketed youth with DYRS).
7. ***Continue to narrow the front door through the broader application and implementation of differential response.*** Community-based referrals

for low and moderate risk families should be prioritized so that fewer children are brought into care and the ones who do enter care receive serious in-home supports to prevent out-of-home placements. Differential response has been evidenced to improve family engagement, increase community involvement, sustain child safety, and increase worker satisfaction in other states,¹⁴⁵ and its phased implementation has commenced in the District. It is cautioned, however, that insufficient staffing and resources limit its implementation and effectiveness. Sufficient staff training, manageable worker caseloads and the increased utilization of community resources can ensure the program is implemented as intended so its expected outcomes can be achieved.¹⁴⁶

8. ***Provide for each child's long-term individual requirements for treatment and support while ensuring immediate child safety and placement needs.*** While youth are in care, individualized assessments focused on child physical and mental health and behavior should be continuously conducted to identify and respond to children's changing service needs. Foster care should be utilized as a temporary intervention and diligent efforts should be made to achieve permanence, regardless of the child's age. Efforts at permanent placements for older youth in foster care should not be abandoned just because the youth will age out of the system in several years. Nearly 25

percent of youth in the District's care are between the ages of 18 and 21, and formal transition planning can support a smooth transition out of care if they have not been connected to a permanent placement.

9. *Part of ensuring long-term success for youth in care involves the provision of comprehensive transitional services for foster youth preparing for emancipation and independent living.*

The establishment of long-term supports should be comprehensive and include building life-long relationships with at least one caring adult, in addition to planning around housing, medical care, mental health services, continuing education, adult life skills development and employment. This could prevent recidivism into the child welfare system, decrease cross-over into the juvenile justice system, and promote a healthy transition into adulthood.

10. *Engage family, including fathers, incarcerated parents and extended family to support family functioning.*

Many of the children that come into care were/are living in single female-headed households and are lacking the presence of a prominent paternal figure in their lives. An awareness of the role that fathers have in the social, emotional and developmental needs of children should inform a specific policy delineating a comprehensive approach to engaging fathers across all levels of care. In addition, while there are barriers to involving incarcerated

parents in dependency proceedings, concerted efforts should be made to communicate consistently with these parents and support communication and visits between the parent and youth when appropriate.

11. *Minimize placement disruptions in out-of-home care through dedicated efforts at identifying kinship placements and sufficient foster home and kinship supports.* There should be an increase in the utilization of pre-removal Family Team Meetings to support children remaining in-home through crisis stabilization, or to engage, license and support placement with relatives as the next best option. Kinship placements can reduce trauma and decrease placement disruptions if out-of-home placements are necessary. D.C.'s current rate of kinship placement is lower than the national average, even though these placements are "three times as stable as non-kinship foster homes and four times as stable as group homes" and are "more likely to lead to positive permanency outcomes (reunification, adoption or guardianship) than any other foster care placement."¹⁴⁷

12. *Child welfare caseworkers should help alleviate barriers to care.* Caseworkers should work to ensure that caregivers receive consistent communications about the treatment plan and goals for the youth in-care, and ensure that sufficient supports can be provided to caregivers to prevent placement disruption. This may include the

provision of respite care, transportation assistance to and from service provider appointments, and referrals to after-school programs and service providers that are conveniently located and available outside of the caregiver's work hours.

13. *Economic investments should be concentrated in the wards facing significant challenges through a confluence of race, poverty, crime, unemployment, and educational disparities, particularly Wards 5, 7 and 8.* An acknowledgement of the external factors which compromise family safety needs to inform efforts at child maltreatment prevention both on the policymaking and practitioner level.

The multiple and complex environmental factors associated with child maltreatment are concentrated in particular wards. It is integral that holistic supports be made available in these areas that address inter-related issues and prevent child welfare system involvement.

14. *Commence tracking of long-term child welfare involved youth outcomes.* Currently there is no system in place which looks at long-term outcomes of District youth with previous involvement in the child welfare system. This data could be used to identify new trends, highlight areas of concern and target future interventions.

APPENDIX

CHILD WELFARE SYSTEM RESPONSE TO REPORTS OF ABUSE AND NEGLECT

CFSA's Child Protective Services Administration accepts reports of suspected child abuse and/or neglect 24 hours a day, 7 days a week, through the District's Child Abuse and Neglect Hotline, walk-in reports, faxes, emails or letters.¹⁴⁸

CPS staff review reports of suspected child abuse and/or neglect and a determination regarding the appropriate response time and pathway is made. Pathways include 1) Information & Referral, 2) Family Assessment and 3) CPS Investigation.

1. **Information and Referral:** CPS staff make referrals to CFSA's community partners, including Healthy Families/Thriving Communities Collaboratives, based on a brief assessment of the needs identified by the caller.¹⁴⁹
2. **Family Assessment:** An evaluation is conducted to determine a family's strengths and needs; if there is a risk of child abuse or neglect of any child in the home; family functioning; and access to resources.¹⁵⁰ This information is used to develop a service plan.
3. **CPS Investigation:** Reports that are referred for investigation are assigned one of two response times, depending on the level of danger and risk assessed. When a determination is made that there is no immediate danger or imminent risk of abuse or neglect, a 24-Hour Response Time is assigned.¹⁵¹ However, if it is indicated that a child is in immediate danger, an Immediate Response Time is assigned which requires that an investigation commence within two hours.¹⁵² Investigations involve face-to-face contact with the child and engagement with the family in their home to assess safety and risk factors.¹⁵³ If a case requires ongoing services or further assessment, it is transferred to the In-Home and Permanency Administration, Out-of-Home and Permanency Administration or a private agency in collaboration with CFSA's Contract Monitoring and Program Improvement Administration.¹⁵⁴

CHILD WELFARE PLACEMENT OPTIONS IN THE DISTRICT

There are a number of in-home and out-of-home placement options for children who enter the child welfare system. Current policies dictate that the least restrictive setting that meets the child's needs be utilized, with priority given to relative and kin providers.

In-Home Placement: In-home placements keep families in-tact through children remaining at home with their birth parent(s). The family is typically referred to community-based services, including Family Support Collaboratives, and receives supervision and case management from a child welfare caseworker to monitor safety and progress towards service goals.

Out-of-Home Placement: Out-of-home placements are utilized when in-home placements present too much of a risk to the safety and well being of a child. They may include foster care, kinship care, therapeutic foster care, residential/group care, emergency care and/or an Alternative Planned Permanent Living Arrangement (APPLA).

- **Kinship Care:** If children must be removed from their home, kinship care is generally the preferred option as it is considered to support family preservation.¹⁵⁵ Children are placed with relatives or close family friends (referred to as fictive kin) who must become licensed.¹⁵⁶ In FY12, only 17 percent of District foster care youth were placed with kin.¹⁵⁷
- **Foster Care:** Children are placed with trained and licensed non-relative adults who provide shelter and care.¹⁵⁸ In FY11, DC children in foster care were four times more likely to experience a placement disruption than children in kinship care.¹⁵⁹ At the end of FY11, there were 1,827 children in foster care.¹⁶⁰ In FY12, only 17% of the District children in foster care were placed with kin.¹⁶¹
- **Therapeutic Foster Care:** A form of non-relative foster care differentiated by the level of training the foster parents undergo to support specific medical, behavioral, mental health and emotional needs of children.¹⁶² Generally there are lower limits on the number of children that can be in the home at one time and there is an increased level of support around the children in these placements.
- **Residential/Group Care:** The use of community-based group homes, residential facilities and secure facilities may be used if a child's physical or behavioral needs require a level of structure and care that exceed the capabilities of a family-type setting.¹⁶³ In FY11, children in residential/group care were five times more likely to experience a placement change than children in kinship care.¹⁶⁴
- **Emergency Care:** A temporary placement that may include a shelter/group facility or family setting that is utilized when a child is removed from their birth parents, but does not yet have a longer-term placement option in place.¹⁶⁵ Utilized as a short-term intermediate option while longer-term placement options can be assessed and secured.
- **APPLA:** Generally utilized as a last resort option when there is no goal for placement with a legal, permanent family, and the primary permanency options of reunification, adoption, guardianship or legal custody have been exhausted.¹⁶⁶ APPLA is only applicable to youth over the age of 16 and plans must include permanent placement options that meet the adolescent's needs.¹⁶⁷ Of the 1,827 children in foster care at the end of FY11, 455 youth were referred to APPLA placements.¹⁶⁸

Primary Permanency Options: The achievement of permanency is one of the central goals of the child welfare system. There are four primary options for this, including reunification, adoption, guardianship and legal custody, with reunification being the most preferred option.

- **Reunification:** Reunification is the return of children in out-of-home care to their homes with their primary caregiver(s). It is contingent upon the attainment of service goals by the primary caregiver and the most preferred permanency option for children involved in the

child welfare system.¹⁶⁹ Of the 1,827 children in foster care at the end of FY11, 32 percent (591) achieved reunification.¹⁷⁰

- **Adoption:** A permanency option in which either relatives or nonrelatives become the child's primary caregiver.¹⁷¹ Of the 1,827 children in foster care at the end of FY11, nearly 20 percent (361) achieved adoption.¹⁷²
- **Guardianship:** If reunification is not a viable option, guardianship is a permanency option in which relatives become the primary caregivers.¹⁷³ Of the 1,827 children in foster care at the end of FY11, nearly 21 percent (378) achieved guardianship.¹⁷⁴
- **Legal Custody:** When legal responsibility is granted to someone who makes decisions for the child and agrees to take care of the child's shelter, education, medical and food needs.¹⁷⁵ Of the 1,827 children in foster care at the end of FY11, 0.4 percent (eight) achieved legal custody.¹⁷⁶

DISTRICT CHILD WELFARE REFORM TIMELINE

1989: The LaShawn A. v. Gray case, a federal class action suit brought by national advocacy organization, Children's Rights, was brought against the District child welfare system, "alleging numerous violations of state and federal laws".¹⁷⁷ The suit sought comprehensive reforms that would provide the level of protection and care District youth deserved, and charged the D.C. government with "failing to comply with reasonable standards of care in almost every area of its child welfare system; jeopardizing the health and safety of thousands of abused and neglected children in its custody; and causing emotional and physical harm to children in foster care, as well as children who were not in the District's custody, but who were the subject of inadequately addressed reports of neglect."¹⁷⁸

1991: Over 1,000 admissions were heard at the LaShawn A. v. Gray trial from social workers, foster parents, biological parents, psychiatrists, Defendants, and other relevant experts. United States District Court Judge Thomas F. Hogan came to the "inescapable conclusion" that "the District did not comply with federal law, District law, or the United States Constitution."¹⁷⁹ The verdict was appealed by the District.

1993: Judge Hogan's decision was upheld by the U.S. Court of Appeals.¹⁸⁰ The Center of the Study of Social Policy was appointed as the District's Monitor and the District was court-ordered to reform 18 components of its child welfare system.¹⁸¹

1995: Due to a failure to satisfactorily progress towards achievement of the court-ordered reforms between 1991 and 1995, an unprecedented federal takeover of the agency occurred, removing control from the District government.¹⁸²

2001: The District regained control of the agency and CFSA became a cabinet-level agency after the passage of the District of Columbia's Child and Family Services Agency Establishment Act in

2011.¹⁸³ The Court instituted a probationary period and the District agreed to implement additional child welfare reforms.¹⁸⁴

2003: The probationary period was terminated due to the achievement of certain positive court-ordered results. An Implementation Plan (IP) was negotiated and approved, which detailed specific outcomes to be achieved by December 2006.¹⁸⁵ Outcomes included reducing caseloads, increasing health and mental health services to children and reducing the number of children in group homes.¹⁸⁶

2006: CFSA was unable to achieve the outcomes delineated in the IP by its expiration so an Amended Implementation Plan (AIP) was approved towards continued reform efforts.

2008: In spite of a Court-appointed Monitor overseeing agency operations, performance continued to wane, prompting Children's Rights, to file a motion of contempt.¹⁸⁷ Children's Rights and CFSA negotiated an order with specific requirements that CFSA was to meet. Again, CFSA was unable to comply, prompting Children's Rights to file a renewed motion for contempt, which was granted.¹⁸⁸ In spite of this, CFSA filed a motion for a timeline that the agency could exit court oversight, which was denied and upheld by the Court of Appeals.¹⁸⁹ The Banita Jacks case also occurred in 2008, bringing negative public attention to the agency and dramatically increasing the number of reports of child abuse and neglect the agency received. Banita Jacks and her daughters were under CFSA oversight, during and prior to the time she murdered her four daughters in her home. The bodies were not discovered for an estimated seven to eight months, in spite of monthly visits that were supposed to have been occurring by CFSA social workers.¹⁹⁰

2009: The Court Monitor reported that CFSA had still not complied with the requirements of the AIP, and that performance had actually "deteriorated in several vital areas since July 24, 2008," prompting Children's Rights to renew its motion for contempt.¹⁹¹ CFSA again moved for a timeline to exit court supervision.¹⁹²

2010: Judge Hogan denied CFSA's motion for a timeline to exit court supervision and issued an Implementation and Exit Plan that replaced the 2007 AIP and detailed outcomes CFSA must achieve and maintain to exit Court oversight.¹⁹³

2011: CFSA appealed the IEP, but the Court of Appeals upheld Judge Hogan's decision.¹⁹⁴ The Court Monitor released a new report finding "significant deficiencies in the agency's performance."¹⁹⁵ By year end, CFSA had achieved 44 of the 92 performance standards of the LaShawn Exit Plan.¹⁹⁶

2012: Brenda Donald came in as the acting Executive Director on January 3, 2012, and was confirmed as the agency Director on April 17, 2012. This is her second tenure as the agency's Director. Donald has expressed motivation to rebuild the agency still recovering from the Jacks' tragedy and has already aggressively implemented a number of structural and programmatic reforms that show

dedicated movement beyond the scope of the Court order. A Four Pillar strategic framework was initiated by Ms. Donald and has begun implementation.

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