

**THE DEVELOPMENT OF
NEIGHBORHOOD-BASED
CHILD WELFARE SERVICES
IN THE DISTRICT OF COLUMBIA**

**Center for the Study of Social Policy
1250 Eye Street, NW, Suite 503
Washington, DC 20005**

November 1998

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Child Welfare Services in the District of Columbia

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THE DEVELOPMENT OF NEIGHBORHOOD-BASED CHILD WELFARE SERVICES IN THE DISTRICT OF COLUMBIA

OVERVIEW

As part of its efforts to restructure child welfare services, the District of Columbia has taken initial steps to create a neighborhood-based system of services and supports to help families better care for their children. Through a partnership among the District of Columbia's Child and Family Services Agency (CFSA), the community and a private intermediary organization (DC Agenda), eight community Collaboratives have been established to develop service delivery and support networks for children and families in their respective target areas. Although the Collaboratives are providing some direct services to children and families through their own staff, a major focus of their work is to identify existing services and supports (both formal and informal) and organize them into a coordinated network—one that is ultimately accountable to the community itself. In addition, a leadership body—the Collaborative Council—has been formed with representation from each of the eight Collaboratives to address issues that cut across the individual Collaboratives. DC Agenda, a non-profit civic leadership organization, provides support for the initiative and serves as a liaison between CFSA and the Collaboratives.

Each Collaborative is setting an agenda based on the needs and priorities of its neighborhood. Specific Collaborative activities include developing or coordinating a neighborhood-based foster parent recruitment program; parenting classes; parent-child activity centers; parent support groups; and substance abuse and drug education workshops for children and youth. In addition, the Collaboratives are providing (or facilitating the provision of) supportive services to hundreds of individual families, many of whom are also active cases in the child welfare system. Overall, the Collaboratives are still at an early stage. No official child welfare responsibilities have been transferred to the Collaboratives nor has a formal protocol been developed to enable CFSA staff to request assistance on specific cases from the Collaboratives.

The move towards community-based child welfare practice in the District of Columbia faces several challenges, made even more difficult because this movement is occurring in the context of sweeping management changes and practice improvements within the public child welfare agency, under the direction of a court-appointed receiver. In addition, there are specific issues that CFSA and the Collaboratives must resolve if development is to continue. Important issues include: (1) determining which child welfare functions should be delegated to the Collaboratives, which ones should be kept within CFSA and which ones should be done jointly; (2) moving forward with geographic assignment of child welfare caseloads; (3) developing accountability measures and tools to gauge the effectiveness of the initiative; (4) institutionalizing funding for neighborhood-based service delivery approaches; (5) expanding community ownership and leadership of the initiative; and (6) expanding the initiative beyond child welfare to include mental health, juvenile justice and other systems that affect the "safety" of children broadly defined.

I. INTRODUCTION

The basic functions of a child welfare system are to (1) investigate allegations of abuse and neglect; (2) provide services and protective supervision to prevent future abuse and neglect and help children stay with their families; and (3) find appropriate, permanent homes for children who cannot live safely with their parents. Over the last decade, the District of Columbia's child welfare system and many other systems across the nation have been severely criticized for failing to carry out these mandated functions, let alone provide preventive services to help families before crises develop.

The problems in the District of Columbia's child welfare system, while similar to those in other large urban areas, have received national attention because of a successful class action lawsuit focused on the system's failings. By general consensus, the problems are serious and long-standing. Needed services are often unavailable. The public child welfare agency, CFSA, lacks adequate staff and resources. The agency has a history of being isolated from the community it serves. Too many children are removed from their families and communities. Too many children languish in foster care. Similar problems have been cited in the District's mental health and juvenile justice systems.

The District's plan for improving child welfare services involves more than a management fix; it envisions a complete restructuring so that the system safeguards children while focusing on families' strengths and locating services in the neighborhoods where families live. This type of Collaboratives would work with CFSA to design and deliver child welfare and family support services and build their communities' capacity to implement and monitor these

thinking is consistent with a national trend. Jurisdictions as diverse as Los Angeles, Jacksonville, St. Louis, Cedar Rapids and Louisville are developing neighborhood-based child welfare services. Private foundations such as the Edna McConnell Clark Foundation, the Annie E. Casey Foundation and the Freddie Mac Foundation are making significant investments in public-private partnerships to protect children and support families. The basic premises underlying these efforts are that public child welfare agencies have long been isolated from the communities in which children and families live, and that there are resources available in neighborhoods—even impoverished ones—that can and should be utilized to protect children and support families. In other words, public child welfare agencies should be working hand-in-hand with community-based organizations, schools, neighborhood residents and others toward the common goals of improving child safety and increasing resources for families.

Together with community leaders, the District's Child and Family Services Agency (CFSA) decided that one way to accomplish reform of its child welfare system was to create partnerships with neighborhood collaboratives—community-based bodies comprised of non-profit social service organizations, schools, churches, civic and resident associations, community leaders and neighborhood residents. These Collaboratives would put in place the services and supports that each neighborhood required. While Collaborative staff and members might provide direct services, together they would also coordinate formal and informal resources at the neighborhood level, producing a more complete array of the resources needed to keep children safe and support families.

What is a Collaborative?

services. The partnership envisioned between

the Collaboratives and the public child welfare agency is significantly different from the isolated manner in which public child welfare services have historically been provided.

What follows is a descriptive case study of the work that has begun in the District to develop neighborhood-based child welfare services. It is too early to systematically evaluate the impact of this initiative on families or the child welfare system. It is hoped that this description will help the stakeholders as they work together to determine the next steps for moving the initiative forward. In a conclusion, we note several challenges that should be addressed by the Collaboratives and CFSA.

The Collaboratives in the District of Columbia are comprised of non-profit service providers, schools, faith communities, civic and resident associations, community leaders and neighborhood residents. These individuals and organizations have come together in each neighborhood to form a coordinated network of services and supports for children and families. Currently, the Collaboratives have several functions: they provide direct services to children and families through their own staff (individuals hired to work directly for the Collaborative); they coordinate services provided to children and families by Collaborative members; they develop community capacity to deliver services and monitor progress; and they coordinate neighborhood-based resource development. In the future, some mandated child welfare responsibilities may be transferred to the Collaboratives. However, the public child welfare agency has not yet determined what responsibilities, if any, would be transferred and how this would occur. Thus, while the Collaboratives are indeed working with many families who are active cases in the public child welfare system, they do not currently have formal responsibility for managing these cases.

II. FIRST STEPS TOWARD NEIGHBORHOOD-BASED CHILD WELFARE SERVICES

In 1993, Congress enacted the Family Preservation and Family Support (FP/FS) Act which provided funds for states to plan for and develop community-based services for families. The legislation encouraged states to include a wide range of stakeholders—especially families and neighborhood-based organizations—in both planning and delivering a wide range of family preservation and family support services.

To respond to this opportunity, the District formed a city-wide steering committee to develop an application to the federal government for funds available to serve families under the new FP/FS legislation. Managed by the District’s Commission on Social Services (CSS) within the Department of Human Services (DHS), the committee included representatives from the Child and Family Services Agency (CFSA), the Commission on Mental Health, D.C. Superior Court, D.C. Public Schools, the Office of Maternal and Child Health, the Alcohol and Drug Abuse Services Administration (ADASA), private non-profit social service agencies, local universities and hospitals, local child advocacy organizations,

community development organizations and individual residents. Although the process was reportedly somewhat unwieldy, the work of this committee led to the city’s receipt of federal planning and start-up funds and a recommendation for the development of neighborhood “collaboratives” that would have a substantial role in the design and delivery of child welfare and family support services.

Soon after the planning committee recommended the creation of community collaboratives, a General Receiver appointed by the U.S. District Court in 1995 to run the Child and Family Services Agency spurred the movement toward neighborhood-based services. *LaShawn A. v. Barry*—a class action lawsuit that was brought against the District on behalf of abused and neglected children in 1989—resulted in a court order requiring the city to improve its services to abused and neglected children and their families; the Order includes a requirement to develop neighborhood-based services.¹ The General Receiver appointed by the Court when the District failed over several years to achieve compliance was Dr. Jerome Miller, a long-standing advocate of neighborhood-based service strategies. He made the Collaboratives the centerpiece of a strategy to reform the child welfare agency and sought to accelerate the process begun by the city-wide steering committee.²

¹The *LaShawn* Order states, “In developing decentralized community-based services, the Department shall move toward ensuring the availability of needed resources in each Ward of the District to assure that the needs of children and families are met within their own neighborhoods. To the extent possible, new resources should be located in agencies and organizations which are accessible to parents.” Section (XV)(C)2, p. 56.

²Dr. Miller was reportedly impatient with the city-wide steering committee that was guiding the family preservation planning process in the District because it was moving more slowly than he wanted to formally recognize and fund community collaboratives. He eventually bypassed the city-wide steering committee and moved forward on his own to develop several community collaboratives, effectively ending the original group’s oversight of the process.

The rationale for building community collaboratives was based on the conviction that neighborhoods and communities can provide preventive services heretofore not provided by the public system³ and help the public child welfare agency to carry out its mandated functions more effectively by assisting with investigations of child maltreatment, providing ongoing protective services and assisting with foster care placement and supervision.

The Receiver's plan for the new community-based child welfare system called for public agency social workers to be "detailed" to the Collaboratives. In other words, these social workers would be housed in the neighborhoods where families on their caseloads lived and they would work jointly with Collaborative staff to provide services to these families. For example, instead of making a home visit by her or himself, a public agency social worker would be part of an interdisciplinary team that might include a family support worker hired by the local Collaborative, staff from the

In 1996, CFSA received proposals from and issued planning grants to four Collaboratives⁵ to help them build internal capacity and prepare for developing neighborhood-based child welfare services. This was accomplished with the

Collaboratives' member agencies, other service providers and relevant individuals such as a "community mom" who is the eyes and ears of the neighborhood. This team would work together with the family to develop a "safety plan" for the child(ren) and a network of formal and informal supports and services for the family.

In 1995, the Receiver set in motion activities which stimulated community collaboratives to come together to plan and eventually submit proposals to the agency for the design and development of neighborhood-based child welfare services. Eight such groups—called Healthy Families/Thriving Communities (HF/TC) Collaboratives—have been formed to date.⁴ These groups are comprised of non-profit social service organizations, schools, churches, civic and resident associations, community leaders, and individual neighborhood residents. They are located in distinct areas of the city with high concentrations of child abuse and neglect.

involvement of DC Agenda, a private, non-profit organization which agreed to coordinate and serve as the fiscal agent for the initiative. In

³Currently, none of the District's public agencies have an explicit mandate to provide preventive services or generic family support.

⁴The names of the Collaboratives are (1) Columbia Heights/Shaw Family Support Collaborative; (2) East of the River Family Strengthening Collaborative; (3) Edgewood/Brookland Family Support Collaborative; (4) Far Southeast Family Strengthening Collaborative; (5) Mid-Northeast Family Support Collaborative; (6) North Capitol Area Healthy Families/Thriving Communities Collaborative; (7) South Washington/West of the River Family Strengthening Collaborative; and (8) Georgia Avenue/Rock Creek East Family Support Collaborative.

⁵The four original Collaboratives that received grants in 1996 were Columbia Heights/Shaw, Edgewood/Brookland, East River and Far Southeast. The East River Collaborative, through its lead agency, the Marshall Heights Community Development Organization (MHCDO), was the first of the four to receive a grant.

1997, three other Collaboratives⁶ received planning grants and the four “original” Collaboratives received “implementation” contracts—funds to begin partnering with CFSA staff to provide preventive, protective, family preservation and family support services to children and their families in the target neighborhoods. In late 1997, the eighth Collaborative was formed; it received a planning grant effective July 1, 1998.⁷ The four original Collaboratives are now known as the “implementation” Collaboratives; the other four are known as “planning” Collaboratives.

The Collaboratives have continued to mature, but, their development has taken a slightly different tack than laid out in the initial design period. According to the original plan, the Collaboratives would begin as pilot projects, in which small numbers of children and families in small geographic areas would be served. The Receiver saw these pilot projects as the first step toward a total re-engineering of the system. As the Collaboratives were evolving, he planned to reorganize the entire agency by geography and partner with the Collaboratives on the provision of almost all services provided by the child welfare agency. However, his implementation plans never progressed beyond the general notion of detailing CFSA workers to the community. He never worked out the operational details of what functions the Collaboratives and the outstationed CFSA workers would perform, whom they would be accountable to, how they would be trained, and what service delivery changes would accompany the new staffing configurations.

In addition, significant resistance to the Collaboratives from staff and management

within CFSA began to surface. This reflects the difficulty of effecting a new way of work in any established bureaucracy, let alone in an agency that is simultaneously in the process of developing its own capacity to carry out basic functions. Only recently have the Collaboratives begun to enjoy the support of increasing numbers of CFSA staff who have come to realize—through personal experience—that the Collaboratives are not a threat to their existence but rather have something valuable to offer as partners. The development of the Collaboratives is described below.

III. DEVELOPMENT OF T H E COLLABORATIVES

As previously noted, the Collaboratives were intended to be a new approach to service delivery in the District. Although the Collaboratives do provide direct services to children and families, an important part of their mission is to identify and build upon existing services and supports (both formal and informal) in their respective neighborhoods and coordinate this network of resources. The Collaboratives have in fact developed and/or coordinated a variety of neighborhood-based resources for children and families including parenting classes; parent-child activity centers; parent support groups; and substance abuse and drug education workshops for children and youth.

⁶These three Collaboratives are Mid-Northeast, North Capitol and South Washington.

⁷The eighth Collaborative is Georgia Avenue/Rock Creek East.

In addition, the Collaboratives have begun to provide (or facilitate the provision of) case management and supportive services to a few hundred individual families, many of whom have open child welfare (CFSA) cases. However, CFSA has not transferred any official child welfare responsibilities to the Collaboratives nor has it established procedures for CFSA staff to request assistance on specific cases from the Collaboratives.

This section examines several aspects of the Collaboratives' ongoing development: (1) the joint Collaborative/CFSA working groups that were formed to operationalize the initiative; (2) the work that has been done in the area of community asset-mapping; (3) the work that has been done in the area of neighborhood capacity-building; and (4) the Collaboratives' coordination and provision of services to children and families to date.

- *Joint Collaborative/CFSA Working Groups*

As the Collaboratives began developing their own skills, they soon found that they each were facing similar concerns and struggles. To help address these issues, several forums were established to facilitate communication both across the Collaboratives and between the Collaboratives and CFSA.

These include a bi-weekly Collaborative Project Directors' meeting which is facilitated by DC Agenda and has convened regularly since the

The efforts of the joint working groups have resulted in, among other things, orientations for CFSA social work staff about the Collaboratives; the development of a personnel interchange agreement enabling some CFSA staff to be detailed to the Collaboratives; the creation of a newsletter about the partnership between CFSA and the Collaboratives; and various trainings and conferences held for CFSA

summer of 1996. During these meetings, the Project Directors discuss case management processes, asset mapping, resource development, fiscal and programmatic relationships with CFSA and other key issues. In addition, a monthly "City-Wide Meeting" of Collaborative staff (also facilitated by DC Agenda) has brought together family advocates, community organizers and others to discuss practice issues at the ground level. These regular meetings of the Project Directors and their staffs have played a significant role in the development and strengthening of relationships across the Collaboratives.

Joint CFSA/Collaborative working groups were also formed to hammer out some of the details of the initiative, such as personnel policies, staff training and information systems. CFSA staff and representatives from each of the Collaboratives have participated in these groups. The work of these groups has occurred in an environment that is best characterized as uncertain and changing. CFSA staff, while attempting to establish workable policy and procedures for the agency's relationship with the Collaboratives, were unsure about their own internal structure and policy since the agency continued to reorganize and set new directions. Although the lack of clarity about the role and authority of the working groups was frustrating to group members, a significant amount of the initiative's work has taken shape through these groups.

and Collaborative staff and other stakeholders on neighborhood-based child welfare services. In addition, the working groups have provided a forum for regular interaction between CFSA and Collaborative staff and thus facilitated the development of relationships and the sharing of information between them.

The future of the working groups is unclear at this point due to a recent reorganization of CFSA by the new Receiver, Ernestine Jones, who replaced Dr. Miller in the fall of 1997. Ms. Jones has created—with significant input from the Collaboratives—a Community Services Administration (CSA) within CFSA⁸ to coordinate and support the development of neighborhood-based services through the Collaboratives and other initiatives. The fact that CFSA is devoting an entire administration to community-based services is a positive step; lack of adequate support and leadership from CFSA has been a consistent problem for the Collaboratives. However, it is not yet clear exactly how CSA will organize itself to support and enhance the work of the Collaboratives.

- *Asset Mapping*

The Collaboratives have assessed the resources and needs in their respective neighborhoods through “asset mapping,” community surveys and other community organization strategies. Asset mapping refers to the documentation of resources in a given community. The Collaboratives have used local residents as “resource investigators” to identify and document available resources in the community including formal resources such as health care providers, counseling centers and youth recreation programs and informal resources such as parent support and prayer groups. To assist the Collaboratives with assessing their needs, CFSA has used computer programs to create “geo-maps” which clearly show where reported child maltreatment is occurring in the city. CFSA has produced city-wide maps as well as maps for each of the Collaboratives which illustrate the number and location of reports of child maltreatment, open CFSA cases and child deaths.

- *Capacity-Building*

In addition to identifying and mapping their communities’ resources, the Collaboratives have

⁸CSA is one of four administrations; the other three are Intake and Family Services; Permanency and Placement; and Resource Development.

focused intensively on strengthening these resources and building relationships among them. In this initiative, capacity-building is a multi-level and multi-faceted process. The Collaboratives are working to increase the abilities of individuals, organizations and systems to (1) communicate with one another; (2) share resources; (3) work together toward common goals; and (4) make services and supports for families more user-friendly. Capacity-building has involved, for example, helping schools, businesses and other community organizations to become more aware of the services available in the neighborhood, developing the Collaboratives' memberships and governance structures, training community residents to work as family advocates, working with local service providers to help them become more accessible to families, and developing lines of communication between the Collaboratives and the child welfare and other public systems (juvenile justice, mental health, and so forth).

■ *Coordination and Provision of Services and Supports*

While continuing to focus on capacity-building, the Collaboratives have begun to make resources available to families. Among other services and activities, the Collaboratives have developed (or coordinated) and implemented the following:

- neighborhood-based foster parent recruitment (which has resulted in more than 50 inquiries from persons interested in becoming foster parents);
- substance abuse and drug education workshops for children and youth;
- parent support groups focusing on self esteem, child discipline and domestic violence;
- women's support and leadership development groups;

- Several of the Collaboratives have provided technical assistance and training to their organizational and individual members and partners on community organizing, child welfare issues, foster parent recruitment and other topics.

- The East River Collaborative has focused on building its information system capacity, installing several computers to support clinical social work documentation, management reports and resource database development.

- The South Washington Collaborative facilitated a first-time ever meeting of the tenant associations from 11 public housing communities within the Collaborative's target area to discuss issues of mutual concern.

- The North Capitol Collaborative has partnered with the Perry School Community Services Center to fund a Clinical Coordinator position whose job is to integrate the intensive family support services provided by the Collaborative with the employment assistance provide by the Perry Center.

- The Mid-Northeast Collaborative is working with the local schools to establish school-based programs and services for children and youth including developmental screens, educational support and counseling.

- The Georgia Avenue/Rock Creek East Collaborate is working with the Urban Family Institute, the Park Morton Kids House (an after-

- a Time/Dollar program in which residents barter with one another through community services, e.g., trade babysitting for a ride to the doctor's office;
- programs for grandparents raising children;
- child development screenings;
- parent-child activity centers;
- adult computer learning programs;

- youth entrepreneur programs; and
- parenting classes (neighborhood parents are trained to provide the classes to other parents).

These services and activities have been developed and provided not by Collaborative staff alone, but in partnership with organizational and individual members of the community. As previously noted, a key aspect of the Collaboratives' work is identifying, utilizing and coordinating existing resources rather than simply establishing themselves as eight additional individual service providers. For example, the neighborhood-based foster care recruitment strategy was developed through the joint efforts of three Collaboratives (coordinating with CFSA) and several non-profit service providers and churches in the three target areas.

In addition to these community-wide services and activities, the Collaboratives have also begun providing targeted case management and services to a few hundred families through their own staff (and the staff of their member agencies) and to a lesser extent, with CFSA social workers who are detailed to the Collaboratives.

■ *Linkages with the Public Child Welfare Agency (CFSA)*

The detailing of CFSA staff to the Collaboratives has not occurred as originally planned. In CFSA's contracts with four of the Collaboratives, the agency agreed to assign five CFSA social workers and a supervisor to each of them (for a total of 24 staff). The plan was that these CFSA staff would be physically located at the Collaboratives' offices and would coordinate interdisciplinary teams working with children and families in the Collaborative target areas. In addition to working with the Collaboratives to provide preventive services to families not officially known to the child welfare system, these public agency workers would also carry official CFSA cases (families with substantiated child maltreatment) and work closely with community partners in serving these families.

However, CFSA ran into great difficulty identifying public agency staff interested in being stationed at the Collaboratives. First of all, as is often the case in efforts to transfer authority from central agencies to communities, many social workers feared that working directly with the Collaboratives represented a threat to their long-term job security. This fear was compounded by the extremely negative reaction of the social workers' union to CFSA's work with the Collaboratives; the union feared that the new approach was intended to lead to fewer protections for union members and ultimately to privatization of the child welfare system.

The Columbia Heights Shaw Collaborative has provided services to more than 80 families, some of whom have open CFSA cases. The Collaborative supported a tenant-run summer recreational program which served 50 children for six weeks. Collaborative staff have provided technical assistance and training to a number of neighborhood partners within the Collaborative area. In addition, the Collaborative is working with Howard University to develop three family life centers focusing on violence prevention. The Collaborative is also working with two local social service agencies to develop neighborhood-based foster care placements. The Collaborative has created a temporary database to collect data on the families it is serving (while CFSA develops a system-wide database). Currently, the Collaborative is exploring the New Zealand Family Group Decision Making model for case

In addition, just as announcements were being made in June, 1997, that CFSA staff could apply to be outstationed to the Collaboratives, rumors — which ultimately proved true — were circulating that the Receiver, Dr. Miller, was leaving the agency. As a matter of self-protection, CFSA staff members were not inclined to spend time applying for a position with a controversial initiative that might be terminated once Dr. Miller left. As a result, only five applications were submitted when the jobs were first announced, and one of those was subsequently withdrawn.

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In hindsight, it appears the agency failed to educate staff adequately about the planned relationship with the Collaboratives and the opportunities they afforded. The Collaboratives did hold several orientation meetings for CFSA staff, but these sessions were too little, too late to allay workers' and supervisors' fears and misconceptions at that time.

Even after a few CFSA staff did apply and were interviewed and approved by the Collaboratives, it took several more months—due to staff shortages within the agency—for CFSA to actually allow these workers to be assigned to the Collaboratives. Currently, a total of six CFSA staff are detailed to two Collaboratives—not 24 staff at four Collaboratives as specified in the contracts.

The Collaboratives, including the two with detailed CFSA staff, are currently formally serving *community cases*—those that are referred to the Collaborative from community sources and families themselves. The fact that families are coming forward *voluntarily* to request services reflects the development of an important community trust of the Collaboratives.

CFSA has yet to transfer formal responsibility for any currently open CFSA cases—those in which maltreatment has been reported to the agency and substantiated—to the Collaboratives. Some observers have expressed concern that in a time when public agency social workers are overloaded by high caseloads, there are five CFSA social workers outstationed at the Collaboratives who could be carrying full caseloads (of official CFSA cases) but are not because the agency isn't ready to formally transfer case responsibility to the Collaboratives. This is not to suggest, however, that the Collaboratives and the CFSA staff currently assigned to them are not working with CFSA-involved families. In fact, they are. Many of the families who are coming to the attention of the

Collaboratives through community or self-referrals (rather than through a formal referral or transfer from CFSA) have open CFSA cases. In other words, it is common for a Collaborative to begin working with a family who walks in off the street or is referred by a community provider who has an open CFSA case. When this has happened, the Collaboratives have contacted the assigned centralized CFSA worker and initiated joint case planning and service provision activities.

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An Illustration of a Collaborative's Activities

In addition, a few centralized CFSA workers have begun calling on the Collaboratives for assistance with their cases, despite the fact that there are no formal protocols yet by which CFSA workers can request support from the Collaboratives on specific cases. In the absence of such protocols, requests by CFSA social workers to the Collaboratives for assistance on individual cases is occurring on an ad-hoc basis only.

In both of these scenarios (those in which a family the Collaborative is working with has a CFSA case and those in which a CFSA worker requests assistance from the Collaboratives), the Collaboratives help CFSA social workers identify and secure resources for families in their communities as well as make home visits and provide transportation for families. It is in these cases, in particular, where the benefits of the partnership between CFSA and the Collaboratives are beginning to be seen.

The Waters family—a birth mother, maternal grandmother and three children—came to the attention of the Columbia Heights/Shaw Collaborative on January 3, 1998. The family was referred by another community resident who was concerned about them. The birth mother and the grandmother informed the Collaborative that the children had been placed in foster care about a month prior and that they had not had any contact with the children since then. Neither the mother nor the grandmother knew the name of the CFSA social worker assigned to their case. They did not know if other agencies were involved with the placement of the children.

A family support worker from the Collaborative contacted CFSA and determined the name of the assigned social worker and the whereabouts of the children, who were indeed placed with two different private foster care placement agencies. This information was shared with the mother and the grandmother.

On January 6, three days after receiving the referral, the Collaborative facilitated a *Family Unity* meeting to bring all the key participants together to address the issues in the family. In attendance were the mother, the grandmother, Collaborative staff and the private agency social workers. (The CFSA social worker was invited but was unable to attend.) Several issues were raised during this meeting, including the mother's substance abuse problem, the mother's need for job training, the family's need for housing and financial assistance, the need for visitation between the children and their mother and grandmother and the potential for the grandmother to become a kinship placement for the children. A work plan was developed that integrated all of the service providers and gave coordination responsibility to CFSA. (This was communicated by the Collaborative to the CFSA social worker who was unable to attend the Family Unity Meeting.)

As a result of this meeting, the Collaborative referred the mother for substance abuse treatment in the neighborhood, which she received. The birth mother had a psychological evaluation by a Clinician at the Collaborative. The birth mother was referred to a local employment assistance organization, which resulted in a job at a fast food restaurant. CFSA and the Collaborative assisted the family with housing. As a result, the maternal grandmother moved into an apartment in August and the children were placed in kinship care with her. The maternal grandmother received Flex Funds from the Collaborative to help with the initial rent. The mother also moved into her own apartment. The Collaborative connected with more than 25 agencies/organizations to enable the children to leave foster care and live with their grandmother. Together, CFSA and the Collaborative prevented the children from remaining in the child welfare

The link between CFSA and the neighborhoods may be further strengthened if plans to geographically distribute all CFSA caseloads are implemented. Geographic caseload distribution means that CFSA social workers would be responsible for cases in specific neighborhoods, rather than carrying cases of families living all over the city. This has been planned since the agency was placed under Receivership, but no concrete steps have been taken toward this end. Geographic caseload distribution would enable CFSA social workers to become intimately familiar with a neighborhood and its resources, and, thus, be better able to serve children and families. In addition, having all one's cases located in a small area would cut travel time and increase the time CFSA staff could spend working with children and families.

IV. THE COLLABORATIVE COUNCIL

Recognizing that the individual neighborhood Collaboratives needed to formally work together to ensure that their work was institutionalized as a city-wide initiative, a body called the Collaborative Council was established in 1997 with representation from each of the Collaboratives. The role of the Council is to address issues that cut across all eight Collaboratives, such as staffing, funding, and resource development, and interface with CFSA, other public and private agencies and possible funders.

The Council began its development by defining its membership, internal governance structure and key functions which include: (1) establishing consistent practices and an evaluation framework across the Collaboratives; (2) facilitating partnerships with public and private agencies across the city; (3) serving as a clearinghouse for information on D.C.'s neighborhoods; (4) working with the child welfare Receiver to expand neighborhood-based services; (5) developing short and long-term plans for a full-scale neighborhood-based child welfare system; (6) developing a strategy for leveraging public and private resources for the Collaboratives; (7) making recommendations to the Court regarding the *LaShawn A. v. Barry* lawsuit against the child welfare system; and (8) developing a working relationship with the D.C. City Council, D.C. Financial Control Board and other local and federal agencies/officials.⁹

Initially, the membership of the Council consisted almost exclusively of private agency ~~directors~~ or Collaborative project directors, all having professional affiliations with the initiative. However, the Council developed bylaws which required that each Collaborative have two representatives on the Council, one of whom must be a community resident and/or leader.¹⁰ Elections were held in the spring of 1998 after the bylaws were completed and the composition of the Council changed significantly to include more community residents.

⁹D.C. Agenda, Collaborative Council annual meeting materials, 1998.

¹⁰Representatives from D.C. Action, the Consortium for Child Welfare and the Center for the Study of Social Policy are ex officio members of the Council.

While working on its own internal structure and organization, the Council has served as an important forum for discussion of key issues such as funding and staffing the Collaboratives. Perhaps most importantly, the Council has functioned as a link to the current Receiver of the District's child welfare agency, Ernestine Jones. On behalf of the Collaboratives, the Council has interfaced with the Receiver on several important issues including staffing, immediate and long-term funding plans for neighborhood-based services and the development of CFSA's Community Services Administration which was created to support the development of neighborhood-based child welfare services.

The Role of an Intermediary: D.C. Agenda

A private, non-profit organization, DC Agenda, has served as the intermediary for the District's development of neighborhood-based child welfare services, providing a wide range of assistance to the Collaboratives. DC Agenda was established in 1995 with a broad mission to improve conditions for residents of the District. Since 1996, D.C. Agenda's role has grown far beyond that of a money manager to that of a coordinator, facilitator and technical assistance provider, supporting the partnership between CFSA and the Collaboratives. D.C. Agenda organizes conferences and training sessions for

of Columbia. Its director and staff have expertise in city planning, governance, interagency collaboration and resource development as well as established relationships with public agencies, private organizations and policy makers at the national and local levels.

DC Agenda became involved in the neighborhood-based child welfare initiative in 1996 when it agreed to serve as the fiscal and program intermediary for the initiative. At the end of FY 1996, CFSA needed a mechanism for allocating funds from federal reimbursements under Title IV-E¹¹ which would have been lost to the city's general revenue if they were not obligated by the end of the fiscal year. DC Agenda stepped in to serve this function and to provide other kinds of assistance to the developing Collaboratives.¹² In addition to funding from CFSA, DC Agenda has received significant support from the Annie E. Casey Foundation; these funds are enabling DC Agenda to develop the infrastructure and capacity it needs to adequately support the Collaborative initiative.

CFSA staff and Collaborative members; coordinates and provides administrative support to regular meetings of the Collaborative project directors, the Collaborative Council and the joint working groups; facilitates meetings between the Collaboratives and the *LaShawn* Receiver to

¹¹Title IV-E is a federal program which reimburses states for a portion of the costs of their foster care services.

¹²As part of the end-of-the-year reconciliation for FY 96, it was discovered that up to \$8.2 million in federal Title IV-E revenue reimbursement over FY 96 budget authority was received by CFSA. The LaShawn Order requires that revenue maximization proceeds be reinvested in CFSA. In order to avoid losing these funds to the city's general revenue, the Control Board and the Receivership agreed to use D.C. Agenda as a fiscal mechanism and the excess IV-E revenue was to be transferred to D.C. Agenda and then used to support new community-based initiatives. As the budget reconciliation process proceeded into FY 97, the amount available for transfer was reduced to \$4.5 million and was eventually transferred to D.C. Agenda. Expenditure of funds out of the \$4.5 million is governed by a joint spending plan established by D.C. Agenda and the Receivership and is triggered by approved CFSA contracts.

discuss key issues such as staffing and funding; educates private funders about the District's development of neighborhood-based child welfare services; and arranges for technical assistance to enhance the work of CFSA and the Collaboratives. To date, technical assistance has focused on seven areas: (1) frontline practice; (2) family support; (3) public relations; (4) data monitoring and evaluation; (5) resource development; (6) collaborative decision making and capacity building; and (7) legal assistance. D.C. Agenda has also played an important role in the creation and development of the Collaborative Council and continues to provide staff support. The Director of DC Agenda initially facilitated the Council's meetings and has brought his long history of work in the District and extensive knowledge of D.C. politics and policies to the table.

It should be noted, however, that the relationship between CFSA and the Collaboratives and DC Agenda was rocky at the beginning, due primarily to two reasons. First, some individuals did not immediately see the purpose of an intermediary and felt that DC Agenda would be just another unnecessary bureaucratic layer in the initiative. Second, DC Agenda struggled initially with how to staff the initiative; the Collaboratives complained that they were not getting the support they had been promised. Currently, the relationship is still somewhat fragile, as are the relationships among all of the parties in this young initiative. Nevertheless, there appears to be a growing appreciation among the stakeholders for the role of an intermediary as DC Agenda has taken on increasing responsibility for coordinating the initiative, particularly in its function as a liaison between CFSA and the Collaboratives. Furthermore, DC Agenda's staffing of the initiative has stabilized and positive relationships are developing among the DC Agenda staff and the Collaboratives and CFSA.

Ferebee Hope Community Services Center

In the middle of developing the Collaboratives, CFSA also established one neighborhood-based service center—the Ferebee Hope Community Services Center—where central office staff from CFSA have been decentralized to work with children and families in one neighborhood. Established in 1996 in a functioning elementary school in far southeast Washington, seven CFSA social workers and two supervisors provide case management and other services to children and families who live within a two-mile radius of the school.¹³

As it is located within the jurisdiction of the Far Southeast Collaborative, Ferebee Hope and the Far Southeast Collaborative agreed in 1997 to formally join hands to further develop neighborhood-based child welfare services in this community.

In its first year of operation, Ferebee Hope served 252 children in 82 families.¹⁴ Each worker has a caseload of approximately 11 families that can be one of two types: (1) in-home protective service cases¹⁵ that have officially entered the child welfare system due to substantiated child maltreatment; or (2) voluntary community cases which are referred to Ferebee Hope by teachers, guidance counselors, neighbors and the families themselves. With an emphasis on prevention, the community cases reportedly receive the same level of service intensity as do the “official” protective services cases.

CFSA staff at Ferebee Hope provide protective supervision for children and case management for families. Staff visit families in their homes from one to five times per week, providing referrals for such services as housing assistance, counseling, substance abuse treatment, and transporting families to medical and other appointments. A home management team helps clients develop homemaker skills including cleaning, budgeting and nutrition. Parenting classes and support groups are offered weekly at the center, staffed by the CFSA workers. The Center itself is family-friendly, with rooms furnished and decorated to make children and families comfortable. Staff have also established a mentoring program for children ages 6 to 16 using volunteers from the community with a large contingent coming from CFSA staff who work at the agency’s central office.

The Ferebee Hope Center has several characteristics that are the hallmark of neighborhood based services:

- It is physically located in the neighborhood where the families it serves live;
- Staff work only with families who live in the target area, enabling them to get to know the neighborhood and its resources very well;
- It is closely tied to a school—a natural point of community contact;
- It emphasizes prevention by providing intensive services to families before they are reported to the child welfare agency for abuse or neglect; and
- It has developed relationships with other community organizations to maximize easily accessible resources for children and families.

¹³The original staffing plan for Ferebee Hope called for 12 social workers; however, the unit has never been fully staffed.

¹⁴Shirley Johnson, Director FHCS.

¹⁵In-home protective services cases are those in which child maltreatment has been substantiated but a determination has been made that the children can remain at home with services and supervision from CFSA.

V. CONCLUSION

The District has made some progress in its efforts to develop neighborhood-based child welfare services, but has not yet transferred authority for any official functions to the Collaboratives. Some of the delay in the Collaboratives' development is an inevitable consequence of the magnitude of the organizational and systems change that CFSA is undergoing. And part of the delay has stemmed from leadership changes at CFSA. Progress stalled during a nine-month period when the initial Receiver left CFSA, an Acting Receiver took over for five months, and a new Receiver used her first several months to reorganize the agency and set a reform agenda in motion. As leadership changed, the Collaboratives could not make lasting decisions about what responsibilities they would assume and what mandates they would carry out.

Despite some frustration among the Collaboratives because of their desire to move faster and more decisively, most participants agree that a solid foundation has been built and new types of services and supports are now being provided to families in the Collaborative neighborhoods. A workable structure has been established in each of the Collaborative neighborhoods, constructive relationships are developing between the public and private sectors, and a sense of momentum is growing both at the Child and Family Services Administration and in the neighborhoods.

CFSA needs to determine which functions it wants to delegate to the Collaboratives, which ones it will keep in its central office and which ones will be done jointly. For instance, it may decide to have its workers in the neighborhoods investigate allegations of abuse and neglect, but keep centralized its licensing functions so they

In addition, CFSA and the Collaboratives are beginning to do business in a different way as they work together. CFSA and Collaborative staff are receiving joint training. CFSA is developing a kinship care program with the Collaboratives. CFSA has created a special administration with the sole purpose of developing and supporting community-based services. Most importantly, the agency is recognizing that partnering with communities is not a discrete project but is an essential core value of the agency's mission.

In short, significant steps have been taken toward developing an infrastructure that can lead toward community-based child welfare practice. However, there is considerable work that remains to define those functions of an effective child welfare system that could be performed by the Collaboratives, solely or in partnership with the public agency, and to develop an operational plan for utilizing the potential of the Collaboratives to enhance child protection and family support. More specifically, CFSA and the Collaboratives need to jointly address the following key challenges if they are to move beyond the creation of a parallel system of supportive services located in the neighborhoods:

- 1. CFSA and the Collaboratives need to agree on what functions the Collaboratives and the CFSA workers assigned to them will perform.**

are uniform city-wide. It is important that the functions of agency workers assigned to the Collaboratives be articulated up front before cases are officially transferred to the Collaboratives.

2. CFSA needs to assign workers to geographic catchment areas for those functions where closer ties with the neighborhood and community will improve the effectiveness of practice.

Geographic assignment has been discussed in a variety of forums since the agency was placed in Receivership; however, only limited steps have been taken toward this end (e.g., intake workers try to cover assigned geographic areas). Assigning caseloads geographically should increase CFSA staff's knowledge and familiarity with the city's neighborhoods and further develop relationships between CFSA staff and the Collaboratives. Given the importance of sustaining individual and organizational relationships, geographic caseload assignment is increasingly recognized as an essential component of neighborhood-based service delivery.

3. CFSA and the Collaboratives need to decide what, if any, service delivery changes they want to promote in the neighborhoods.

CFSA and the Collaboratives need to determine how they want services to be delivered to families in the neighborhoods. If the agency is seriously committed to neighborhood-based services, this will require new service delivery arrangements and not merely a decentralization of the current bureaucracy. For instance, the neighborhood workers may use a team approach for investigations, partnering with the police and other community representatives. And, new reporting requirements and supervisory

Initially, funds for the Collaboratives came from a one-time allocation of child welfare funds which were obligated through DC Agenda. Since that time, CFSA has been able to grant contract extensions to keep the Collaboratives afloat and a commitment has been made to fund the Collaboratives through fiscal year 1998.

arrangements will have to be worked out for CFSA workers assigned to the Collaboratives. These sets of decisions will have to be made before the vision of neighborhood-based services can become a reality.

4. Accountability measures need to be established that will enhance the long-term survival of the Collaboratives.

At present, there is no statement of how the agency workers and the Collaboratives will be held accountable for the well being of children and families beyond the general requirements of the individual Collaboratives' contracts. Accountability measures for individual CFSA workers and Collaborative staff need to be developed. The Collaboratives themselves are concerned about this and know that being able to demonstrate the impact of their work is critical to their long-term survival. Certainly, neither the Collaboratives nor the public agency should be in a position one or two years from now of being unable to report on what policy, programmatic and practice changes have been made and what impact these changes have had on children and families in the District. To avoid such a scenario, CFSA and the Collaboratives need to develop a set of accountability measures and tools that they will use to gauge their effectiveness along the way.

5. The initiative needs to be further institutionalized with ongoing financial support, leadership from CFSA and other public agency partners and a sense of community ownership.

CFSA's fiscal year 1999 budget contains a \$5.3 million allocation for the Collaboratives. While this amount is likely not large enough to enable all eight of the Collaboratives to become fully operational, the inclusion of funding for the Collaboratives in the regular operating budget of the agency reflects a serious commitment to their

continued growth and development and to their increased role in the provision of child welfare services. If CFSA is to seriously pursue shifting its practice to a community-based model—through the Collaboratives or another strategy—it needs to make a multi-year, institutional investment of money and staff toward that end. In addition, funds from other public agency partners who serve the same children and families (e.g., mental health, youth services, public health, etc.) ought to be added to the mix. Furthermore, local and national foundations have already and will hopefully continue to play a role in supporting this initiative in the District and in leveraging serious, long-term commitments from the public agencies.

CFSA has recently been reorganized by the General Receiver into four administrations, one of which, the Community Services Administration (CSA), is charged with coordinating and supporting the development of neighborhood-based services, including the work of the Collaboratives, the Ferebee Hope Center and other community-based initiatives. Giving adequate attention and resources to the CSA will go a long way toward demonstrating the agency's commitment to neighborhood-based services.

Currently, the District has two separate but overlapping systems for investigating and

Finally, the public agencies and the Collaboratives should continue to work together to build community capacity and deepen the sense of local ownership of this work. If the Collaboratives are to become the major vehicle for shifting child welfare services to a more neighborhood-based model, there will need to be continued and increased involvement of families, neighborhood residents and other stakeholders such as the schools, churches and resident leaders. The bylaws requiring community residents on the Council was an important first step. Increased involvement by neighborhood residents—people who live in the neighborhood but don't have a "professional stake" in the process—may increase the ownership by the community and thereby help to institutionalize the reforms over time.

6. Eventually, the Collaborative Council needs to pursue ways of expanding the scope of the initiative to include other systems that affect the "safety" of children broadly defined such as mental health, juvenile justice, community violence, and law enforcement.

serving cases of abuse and neglect. CFSA handles neglect cases while abuse cases are

investigated by the police and opened for services in the Court Social Services Division of the D.C. Superior Court—unless children are placed in foster care, in which case, services are provided by CFSA.¹⁶ Thus far, the work with the Collaboratives has not included the Court Social Services “side” of the child welfare system—children who have been abused but are remaining at home with services and supervision from Court Social Services. Nor has it included the juvenile justice or mental health systems. In terms of family strengths and needs, there are likely to be similarities between families involved in these systems. Indeed, these families could be neighbors. Real reform will be achieved only when all of these public systems are working together and in partnership with communities to design and deliver comprehensive services to children and families. DC Agenda, an organization focused on city-wide issues, may be a good catalyst for broadening the scope of reform and could play a significant role in crafting strategic plans toward that end.

energized by the prospects for improving services to children and families, and important work continues in the District toward that end.

In summary, the creation of the Collaboratives and the development of their working relationship with CFSA has been hard work, harder than anybody anticipated. Many people have been frustrated by the slow pace of the initiative. At the same time, however, many are

¹⁶Reports of child *neglect* are investigated by the Child and Family Services Administration (CFSA) while reports of child *abuse* (physical and sexual) are investigated by the Youth Division of the Metropolitan Police Department (MPD). If a *neglect* report is substantiated by CFSA, a foster care or in-home protective services case can be opened for case management and services within CFSA. (Continued) If a report of *abuse* is substantiated by MPD, an in-home protective services case can be opened for case management and services within Court Social Services, the service delivery arm of the Superior Court of the District of Columbia. However, if children are placed in foster care as a result of abuse—either immediately or at any time in the life of the case—CFSA takes overall responsibility for case management and services from Court Social Services.

In other words, Court Social Services does not handle foster care cases; foster care cases, whether they result from abuse or neglect, are managed by CFSA only. However, cases in which children who have been subject to abuse or neglect remain at home (in-home protective services cases) can be managed by either CFSA, if the case opened due to neglect, or Court Social Services, if the case opened due to abuse. Efforts are currently underway to legislatively change the system and to bring abuse and neglect responsibility together in one agency.

Appendix A: Activities of the Healthy Families Thriving Communities Collaboratives

As of June, 1998, eight Healthy Families Thriving Communities Collaboratives across the District were in various stages of planning and implementation activities. Listed below are highlights of the activities undertaken and progress made by each of the eight existing Collaboratives.

1. Columbia Heights/Shaw Family Support Collaborative

The Columbia Heights/Shaw Collaborative is located in Wards 1 and 2 in northwest D.C. The Collaborative is now serving families who are referred by CFSA and Court Social Services staff, Children's Hospital, Collaborative member agencies and through word of mouth. The Collaborative has served more than 80 families, several of whom are officially known to the child welfare system (either CFSA or Court Social Services). These families are receiving supports and services from a clinical psychologist and three family support workers hired by the Collaborative. All of the family support workers are residents of the Columbia Heights/Shaw community. Cases are managed by teams, including the clinical psychologist, the family support worker, the Collaborative project director and the family itself. Also included in the teams are public agency social workers and other service providers.

The Collaborative has held church dinners and forums at the public housing complex focusing on parenting skills. The Collaborative also supported a tenant-run summer recreational program in 1997 which served 50 children for 6 weeks. The Collaborative is now in the process of organizing support groups for adolescents and parents of adolescents.

In addition to its direct work with families, the Columbia Heights/Shaw Collaborative is establishing working relationships with numerous other organizations within the community and helping to build their capacities. The Collaborative regularly provides training and technical assistance to its member agencies including staff training and proposal writing. The Collaborative is working with Howard University to develop 3 family life centers located in 3 schools within the target area. These centers will focus on violence prevention and provide in-school support and after-school activities for children as well as parent support programs. The Collaborative is also providing technical assistance to the Healthy Families project which does primary prevention via an emphasis on home visitation with first-time mothers. The Collaborative is also providing training and technical assistance on team-based case management to the Latin American Youth Center (LAYC) as well as direct consultation on some of their cases. In addition, the Collaborative is working with LAYC and For Love of Children (FLOC) to develop neighborhood-based foster care placements. The Collaborative assisted FLOC to hire two local residents of the community to recruit foster parents. In addition, Columbia Heights/Shaw is participating in an advisory council and training staff for a Vietnamese youth leadership project. The Collaborative is also working with United Planning Organization (UPO) which will hire and house a substance abuse and an employment counselor in a neighborhood development center.

2. *East River Family Strengthening Collaborative*

The East River Collaborative is located in Ward 7. The lead agency for the Collaborative is the Marshall Heights Community Development Organizations (MHCDO). The Collaborative is comprised of 20 other community-based organizations and several service providers as well as neighborhood residents. The Collaborative is focusing its efforts in four public housing developments within Ward 7. These developments were selected because they have the highest density of substantiated cases of child abuse and neglect within the area.

Family advocates have been hired by the Collaborative and are working in each of the four target areas to establish the Collaborative's presence there, assess the informal and formal resources available in each location and develop relationships with community members. The family advocates are also working with two detailed CFSA social workers to provide case management services to families. Since January 1998, the Collaborative has served approximately 75 families. A substance abuse counselor and employment developer are also serving families in the target areas. In addition, the Collaborative is focusing on ongoing staff training, asset mapping of institutional and informal supports, recruiting additional service providers based on family needs, developing operating protocols for family and neighborhood intervention, developing an evaluation model and expanding services beyond family preservation to include neighborhood-based foster care.

East River Collaborative has partnered with several organizations including Baptist Homes for Children and Families, Catholic Charities, Family and Child Services of Washington, D.C. and Washington Assessment and Therapy Services to provide comprehensive services to children and families. During the spring, the Collaborative conducted three focus groups with approximately 35 residents from the target areas to identify the challenges facing parents and caregivers in rearing their children.

3. *Edgewood/Brookland Family Support Collaborative*

The mission statement of the Edgewood Brookland Collaborative in Ward 5 in northeast D.C. reflects a focus on meeting children and families' needs while rebuilding the community. The founding agencies include Edgewood Terrace Community Council, the Brookland Manor Civic Association, Beacon House Community Ministry and Community Preservation and Development Corporation. During its planning phase, the Collaborative conducted community surveys and focus groups to determine families' needs and asset mapping activities to identify and catalogue the resources available in the target area.

Edgewood/Brookland has focused on developing and supporting working relationships between and among individual and institutional community members. The Collaborative is working actively with several organizations—including Family and Child Services, Associated Catholic Charities, D.C. Public Schools, the University of the District of Columbia and Catholic University, D.C. Housing Authority, Edgewood Management Corporation, Edgewood Technology Services and the Washington Urban League—to develop neighborhood-based services for children and families and to strengthen the community infrastructure.

Among other important issues, Edgewood/Brookland has focused on foster and adoptive home recruitment in their target area (so children can remain in their communities when they are placed in out-of-home care) and day care. Day care was identified during the community assessment process as a major need; as a result, the Collaborative created a task force and held a forum to determine parents' specific day care needs and to recruit potential day care providers.

The Edgewood/Brookland Collaborative has also begun working intensively with children and families in the community without receiving any formal case transfers from CFSA. Collaborative and detailed CFSA staff have worked intensively with more than 80 families, providing directly or arranging for various services including homemaker services, housing, medical care, counseling, disability payments, drug treatment, job training and employment services.

4. *Far Southeast Family Strengthening Collaborative*

The mission of the Far Southeast Collaborative, located in Ward 8, is to create a healthy socioeconomic environment in which every child and family has opportunities to achieve maximum potential and to lead a productive life. Its lead agency is the Anacostia/Congress Heights Partnership. The overall goal of the Collaborative is to develop and implement a plan to better coordinate services to children, youth and families in Far Southeast. The Collaborative is focusing on strategies to prevent child abuse and neglect and is developing relationships among community members, schools, social service organization and businesses to work on prevention strategies. The Collaborative has surveyed the community for the purpose of identifying and mapping its organizational assets and held a series of work sessions with residents at the public housing complexes in order to determine families' needs. Family resource centers will be developed based on the feedback from these work sessions. The Collaborative has hired two outreach workers who have begun working with families in the community as well as referring them to local community organizations. Far Southeast has also given out mini-grants supporting a parent/child activities center, a weekly parent support forum, an adult computer learning program and a youth entrepreneurs program.

5. *Georgia Avenue/Rock Creek East Family Support Collaborative*

The Georgia Avenue/Rock Creek East Family Support Collaborative was formed in late 1997 under the leadership of Lutheran Social Services and the Urban Family Institute. Its mission is bring people and organizations together to build healthier, stronger families and neighborhoods by (1) linking urban families with regional assets and opportunities; (2) building on existing cultural and community strengths; and (3) expanding resident and community involvement in youth activities, education, recreation, economic development, housing, spiritual growth and physical and emotional wellness. The Collaborative's goal is to build a neighborhood-based system that builds on strengths, nurtures families and keeps children safe from abuse and neglect. As a new Collaborative, *Georgia Avenue/Rock Creek East* has been focusing on recruiting residents and neighborhood organizations to become members of the Collaborative; conducting asset mapping by surveying residents, organizations and businesses about their resources and entering these data into a centralized information system; learning from families what their needs are; and developing a service model to meet residents' expressed needs. The Collaborative is in the process of hiring two community outreach Page 4 of 8 and is planning several community events to

support families and begin internal capacity-building. A Community Grant Program— patterned after Far Southeast’s mini-grants—has been initiated. Service delivery from a Family Support Center is anticipated to begin in early 1999.

6. *Mid-Northeast Collaborative*

The primary mission of the Mid-Northeast Collaborative, located in Wards 5 and 6, is to improve services to children and families by utilizing the strengths and resources of community residents and local service agencies and developing public/private partnerships. The Collaborative’s lead agency is the Healthy Babies Project which focuses on pre/post-natal care. Through focus groups and asset mapping, the Collaborative has identified and catalogued community resources available in Wards 5 and 6. Individuals from the community were hired to conduct the asset mapping. In addition, the Collaborative has begun to train outreach workers on identifying community needs and delivering services to children and families. The Collaborative has begun serving families on an ad-hoc basis, providing economic support, housing assistance, counseling and case management. The Collaborative is also pulling together community members, law enforcement officials, civic associations and service providers to focus on reducing crime and violence in the target area. Mid-Northeast is also working with the other HFTC Collaboratives on foster and adoptive parent recruitment.

7. *North Capitol Healthy Families/Thriving Communities Collaborative*

The North Capitol Collaborative covers parts of Wards 1, 2, 5 and 6 in an area just north of the Nation’s Capitol. Its mission is to prevent and treat child abuse and neglect through the development of formal and informal family-focused community and family support systems. The Collaborative is also focusing on youth violence prevention as well as welfare reform and employment issues. The Collaborative grew out of several existing partnerships within the community including the Community Leaders Roundtable, the North West One Community Committee, the Circle of Hope planning team, the Dunbar Local School restructuring team and the Perry School Partnership. The Collaborative united these partnerships to focus specifically on the protection and well-being of children and youth. Collaborative partners now include Center City Community Corporation (the Collaborative’s lead agency), Associates for Renewal in Education (ARE), Bates Area Civic Association (BACA), Advisory Neighborhood Commissions (ANCs) and North Capitol Neighborhood Development (NCND) as well as community leaders and residents, the faith community, police and other service providers.

In its planning phase, the Collaborative focused on asset mapping and internal capacity-building. Its activities included conducting focus groups, beginning a household survey, attending community meetings and interacting closely with a wide range of community partners. Since entering its implementation phase, the Collaborative has opened a community-based family support center, developed a case management and service delivery system, built a partnership around youth violence prevention and participated in an employment initiative for people on TANF (Temporary Assistance for Needy Families). The Collaborative has also received federal funding to operate a Weed and Seed initiative which strives to achieve a balance among law enforcement, community policing, prevention, intervention and treatment and neighborhood restoration. Finally, the Collaborative has begun providing case management and

referral services to children and families in the target area. Approximately 24 families have been served, about two-thirds of which had open cases in CFSA.

8. South Washington, West of the River Family Strengthening Collaborative

The South Washington Collaborative straddles much of Ward 6 and a small portion of Ward 2. The Collaborative seeks to reduce the incidence of child abuse and neglect by creating community-based, family-centered resource networks to support and promote the growth and stability of children and families in the community. During its planning stage, the Collaborative surveyed approximately 300 individuals and agencies located in the target area as part of its asset mapping activities. The membership of the Collaborative has increased 250% since its inception from 72 to over 300 individuals and agencies. The Collaborative also held a first-time ever meeting of the tenant associations from 11 public housing communities in the South Washington target area.

The Collaborative has formed partnerships with several local organizations, congregations, government agencies and civic groups. Among them are Healthy Start, with whom it carried out a health fair and community orientation lunches. The Collaborative has also worked with the office of Maternal and Child Health on the Community Leadership Initiative which provides training for neighborhood residents who want to participate in community development and civic affairs. In addition, the Collaborative has fostered relationships with key partner agencies such as the Capitol Hill Group Ministry, which is working with the Board of Child Care and Sasha Bruce Youthwork to provide foster care services and placements. Other partners include Friendship House Association, KidSafe, Community Action Group, Southwest Community House, the Southwest Health Clinic and the Center for Child Protection and Family Support—all of whom are pooling resources to provide a circle of support for at-risk families and children.

On April 1, 1998, the Collaborative entered into a contract with CFSA to provide case management to 20 families and referral services to 200 families. The Collaborative is also developing a Family Support Center where families can receive case management, social services, employment assistance, training and mentoring. As the Collaborative enters the final months of its initial contract with CFSA, 16 families are receiving case management services from Collaborative staff and partner agencies. Several of these families have active cases in CFSA and Collaborative staff have been coordinating with CFSA social workers to provide family support and other services. In addition, 100 families have been referred by the Collaborative to other services and supports. The Collaborative has also created a Women's Speakout program which seeks to empower mothers and grandmothers living in the community. Finally, a Men's Council is working to reconnect fathers who have lost contact with their children and community.