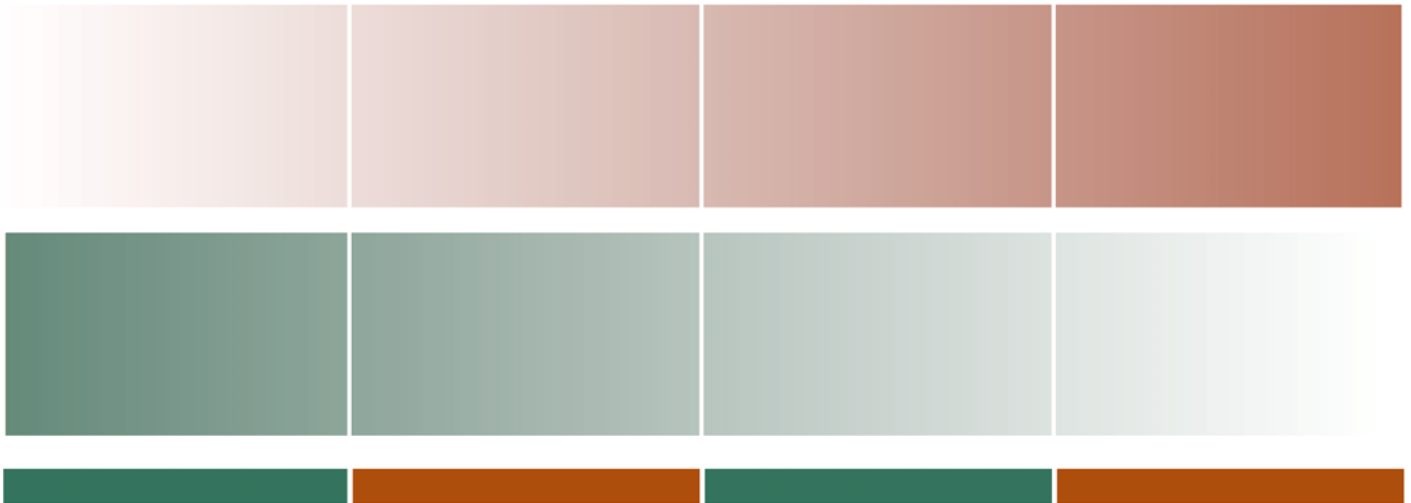




**LaShawn A. v. Gray Progress Report**  
**for the Period July 1 – December 31, 2010**



May 2, 2011

LaShawn A. v. Gray  
Progress Report for the Period July 1 - December 31, 2010

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Progress Report as of December 31, 2010

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## I. INTRODUCTION

This report is prepared by the Center for the Study of Social Policy (the *LaShawn A.* Court-appointed Monitor). The Center for the Study of Social Policy (CSSP) is responsible to the Honorable Thomas F. Hogan of the United States District Court for the District of Columbia as Federal Monitor of the class action lawsuit *LaShawn A. v. Gray*. As Monitor, CSSP is to assess independently the District of Columbia's compliance with the outcomes and strategies of the Modified Final Order<sup>1</sup> and its most recent update, the *LaShawn* Implementation and Exit Plan (IEP).<sup>2</sup> This report, on performance of the District of Columbia's child welfare system as of December 31, 2010, is provided to the Court in fulfillment of the Court's December 17, 2010 Order in *LaShawn A. v. Gray*.

### A. Current Context

Since 2007 the Monitor has been reporting to the Court on the District of Columbia's progress in meeting the requirements of the *LaShawn* Amended Implementation Plan (AIP) which was ordered by the Court in February 2007 with the expectation of compliance by December 31, 2008.<sup>3</sup> After the expiration of the AIP, the Parties (the District of Columbia as Defendants and Children's Rights (CR) representing Plaintiffs) attempted to negotiate a new implementation plan to guide the District of Columbia toward compliance with the *LaShawn* Modified Final Order (MFO) and eventual exit from the lawsuit. This work produced some but not complete agreement among the Parties. The resulting Implementation and Exit Plan (IEP) was issued by the Court on December 17, 2010 after the Court's review of proposals from Defendants and Plaintiffs, as well as independent recommendations from the Monitor.

This progress report comes to the Court as the first monitoring report following the execution of the Court-ordered IEP. The IEP includes four sections: Section I: Outcomes to be Achieved; Section II: Outcomes to be Maintained; Section III: Sustainability and Exit; and Section IV: The 2010-2011 Strategy Plan. The IEP was developed in part to clarify the Court's expectations regarding the outcomes and performance levels to be achieved and sustained in order to fulfill the requirements of the *LaShawn* MFO.<sup>4</sup> For each of the outcomes, an Exit Standard(s) has been identified. The accompanying Strategy Plan was designed by the District of Columbia, and modified by the Court in consultation with the Monitor and with input from Defendants and

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<sup>1</sup> January 27, 1994, Modified Final Order ("MFO") (Dkt. No. 222 (order adopting MFO); Dkt. No. 222-2 (MFO))

<sup>2</sup> December 17, 2010, Implementation and Exit Plan ("IEP") (Dkt. No. 1073)

<sup>3</sup> February 2007, Amended Implementation Plan ("AIP") (Dkt. No. 864 (order adopting AIP; Dkt. No 863-1 (AIP))

<sup>4</sup> January 27, 1994, Modified Final Order ("MFO") (Dkt. No. 222 (order adopting MFO); Dkt. No. 222-2 (MFO))

Plaintiffs, to identify actions with timeframes for completion that the District of Columbia has committed to implement to achieve compliance with the outcomes and Exit Standards. The Strategy Plan includes actions that the District of Columbia has committed to complete during the period between July 2010 and September 30, 2011.

As part of the Court's Order of December 17, 2010, CSSP is to provide to the Court an update summarizing the most recent data and events within 90 days and every six months thereafter.<sup>5</sup> This is the first report on the District of Columbia's performance in meeting the outcomes and strategies of the IEP. The Monitor's last full report on *LaShawn A.* implementation was released on April 30, 2009, although there have been additional written updates provided to the Court and the Parties since 2009. With few exceptions, this report is based on data and performance from July to December 2010, as verified by the Monitor, to determine progress in meeting the IEP Exit Standards. As noted in the section below and in the body of the report, there remain many outcomes and strategies which the Monitor is not able to assess at this time. The reasons for this are varied and identified in each instance. In some cases, the Child and Family Services Agency (CFSA) is not yet able to provide data for the Monitor to validate due to the timing of the Court's Order as well as due to the timeframe covered in this report (July through December 2010); in other cases, the outcomes or strategies are not yet due to be achieved or completed, and lastly, there are outcomes and strategies for which the District of Columbia has provided data or descriptions of work they have completed where the Monitor needs additional time to either validate the data through case record review or has asked for and needs to receive additional documentation and back-up data from the District of Columbia for verification. These instances are fully noted and discussed in the report and will be assessed in the future.

## **B. Overall Performance**

The period under review in this report primarily reflects the District of Columbia's performance under the executive leadership of Mayor Adrian Fenty, who served from January 2007 to December 2010. Beginning January 2011, Vincent Gray was inaugurated Mayor of the District of Columbia. Dr. Roque Gerald was appointed as the Child and Family Services Agency (CFSA) Director by then Mayor Fenty in 2009. He currently serves as Interim Director of CFSA under Mayor Gray. The leadership and management team at CFSA has remained fairly consistent for the past two years. The Executive Leadership Team currently consists of five Deputy Directors: Agency Programs, Community Services, Planning Policy and Program Support, Clinical Practice and Revenue Operations (see Appendix A for the most recent CFSA Organizational Chart).

The Strategy Plan that formed the basis for the Court's December 17, 2010 Order reflects the priorities and initiatives of the current CFSA leadership. With varying degrees of progress or success to date, Dr. Gerald and his team have been committed to and focused on the goal of improving safety, permanency and well-being outcomes for children, youth and families in their

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<sup>5</sup> December 17, 2010, Implementation and Exit Plan ("IEP") (Dkt. No. 1073)

care and thereby demonstrating compliance with the outcomes of the *LaShawn* Decree. While the information in the report is based on the most recent performance for which data could be generated and validated (the period between July 1 and December 31, 2010), many of the Monitor's observations and conclusions are based on an assessment of accomplishments since the last monitoring report (April 2009) and a recent assessment of barriers and challenges, both current and longstanding.

The IEP Exit Standards are primarily based on longstanding requirements of the MFO. In some instances, the IEP has modified the MFO requirements based on current CFSA policies and practices and to more accurately reflect changes to the District of Columbia's child welfare law, policy and system changes that have occurred since 1992. In other instances, the IEP has clarified definitions of the outcomes and Exit Standards and defined the level of performance that the Court will view as acceptable if achieved and sustained as set forth in the IEP. Overall, the IEP imposes neither new nor more stringent performance outcomes on the District of Columbia. As of December 31, 2010, the District has not met the majority of the IEP's Exit Standards. Much work remains to be done to achieve compliance with the IEP Exit Standards that were not met as of December 31, 2010, as well as many of the standards for which compliance data is not available at this time for validation by the Monitor.

Under the leadership of Dr. Gerald and CFSA's executive team, CFSA has stabilized from the performance declines that occurred in 2009, following the highly publicized and tragic deaths of the Jacks/Fogle children. Since that time, the agency has made structural changes designed to improve management accountability and performance, has changed personnel in key areas to address known management weaknesses and has strengthened its focus and accomplishments in several important areas as are highlighted below. At the same time, there remain critical areas where the efforts of CFSA and its private agency partners have not yet produced sufficient progress in child and family outcomes and where direct practice with children and families is inconsistent at best in meeting the outcomes of the *LaShawn* IEP and the requirements of CFSA's own policy and practice guidance.

As summarized in Tables 1 and 2 which follow this summary, the District has not met or cannot provide the data to allow an assessment of current performance for the majority of the IEP outcome and exit standards.<sup>6</sup> Further, the Monitor remains concerned about CFSA's consistent implementation of many of its performance improvement efforts and the Agency's difficulty in moving from plans to action. Bringing actions that require coordination of multiple partners to completion in accordance with its plans has been a longstanding problem.

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<sup>6</sup> The Court's December 17, 2010 Order modified definitions for several outcomes and Exit Standards (e.g. the visitation outcomes), requiring CFSA to modify its FACES.net reports, as well as the development of some new reports.



The remainder of this overview section categorizes the District's and CFSA's main accomplishments and challenges in four ways:

- Significant Accomplishments
- Positive Developments
- New and Continuing Initiatives with Implementation Challenges
- Challenges and Concerns

### **Significant Accomplishments**

#### **Legal action to achieve permanency**

CFSA has placed significant effort toward focusing the work of its staff and partners (private providers, resource parents, attorneys and the Family Court) on the critical importance of improving permanency outcomes for children and youth in its care. The most promising of these efforts has been the work to infuse the approach of the Permanency Opportunities Project into a redesign of CFSA's permanency planning for children and youth in its care.<sup>7</sup> While much of this work is still in process, CFSA and its partners have moved forward in this past year to address one of the longstanding barriers to timely adoptions practice in the District of Columbia: legal action to free children for adoption. Working in close partnership with the Office of Attorney General (OAG) lawyers who are stationed at CFSA and charged with taking appropriate legal actions to move children toward permanency, CFSA met the Exit Standard of initiating appropriate legal action within 45 days for every child where freeing a child for adoption is necessary for permanency in 100 percent of applicable cases in this monitoring period. The second Exit Standard associated with this outcome requires the assigned social worker and Assistant Attorney General (AAG) to take and document appropriate actions to facilitate the Family Court's timely hearing and resolution of legal actions to terminate parental rights when such action is necessary for a timely adoption. Again, this was a longstanding problem in the District of Columbia and documentation now verifies that appropriate actions were taken for all (100%) of the 22 children for whom a petition to terminate parental rights was filed between January and June 2010. CFSA has also engaged the Presiding Judge of the Family Court and the Child Welfare Leadership Team<sup>8</sup> to jointly track progress to achieve timely adoption and other permanence alternatives for children in the District's custody. In CY2010, 122 children in CFSA custody had finalized adoptions (based on data documented in FACES.net).

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<sup>7</sup> The Permanency Opportunities Project (POP), now known as CFSA's Permanency Strategy, was developed in collaboration with Adoptions Together in the fall of 2008 pursuant to the October 2008 *LaShawn* Stipulated Order to expedite permanency for children and youth in foster care in the District of Columbia.

<sup>8</sup> The Child Welfare Leadership Team is composed of leadership from CFSA, the Department of Mental Health, the Family Court and the Office of the Attorney General. They meet quarterly to review data on child welfare system performance and the necessary interfaces between CFSA and the Family Court in producing outcomes for children and youth.

### Maintenance of caseloads that can support good work

Another accomplishment has been the Agency's ability to maintain caseloads and supervisor-to-staff ratios at levels required by the *LaShawn* IEP and that meet caseloads standards recommended by the Child Welfare League of America (CWLA). For the current monitoring period, CFSA met the *LaShawn* caseload Exit Standards: all (100%) of Investigators had caseloads of no greater than 12 investigations and 91 percent of social workers assigned to in-home or out-of-home cases had caseloads at or below the 1:15 standard.

### *Positive Developments*

#### Tackling the problem of older youth in foster care without permanency

CFSA has been addressing for many years the excessively high number of older youth in its care with a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA) which essentially has meant long term foster care without permanency. In January 2008, 39 percent of youth in foster care (849 youth) had a permanency goal of APPLA and the prospect for most of these young people was to exit foster care at age 20 or 21 without a secure connection to a caring adult. CFSA's permanency practice was not geared to aggressively explore permanency options for these youth nor was it adequate to help them make a successful transition to adult life.

A focus on these older youth has been a priority of the current CFSA Director who has reorganized the services for older youth through a restructured Office of Youth Empowerment (OYE) and has modified policy and practice expectations around the prerequisites and appropriateness of assigning a goal of APPLA to youth in foster care. As is discussed in detail in the body of the report, if fully and consistently implemented, the policy and practice changes that have begun in this area hold hope for improved outcomes for older youth. By December 31, 2010, the number of youth with an APPLA goal was 553 (28% of the number of children and youth in foster care), reflecting progress in reducing the number of new youth who are assigned that goal. Additional work is still needed to ensure that every older youth is engaged by skilled workers in the full exploration of permanency options and supports and that sufficient time and effort is devoted to transition planning with the many older youth who remain in care. This requires building the service array to ensure that every youth in the District of Columbia's custody is given the support to succeed in school or career, has lifelong connections in their community and with family and that no one leaves foster care without access to health care, housing, school or a job and needed support services.

#### Institutionalizing Quality Improvement

The 2010-2011 Strategy Plan includes multiple processes with varying participants and protocols that are intended to increase attention to performance on policy expectations and outcomes. The Monitor has participated in or observed a number of Agency-led Quality Assurance processes,

including but not limited to Structured Progress Reviews, Enhanced Grand Rounds, CPS Screening Panels, Permanency Barrier Staffings, Child Stat and the Quality Service Review. (Each of these is described within the report.) These individual processes have strengths that can be built upon in the months ahead.

Despite the emphasis on quality assurance and considerable effort, there remain important policy and practice expectations that are not routinely tracked by agency supervisors and managers and that should be part of an overall quality improvement process that engages workers and supervisors as well as agency leadership in the assessment of barriers and in the development and implementation of solutions. Further, fully institutionalizing an emphasis on quality improvement throughout the agency will require that CFSA leaders ensure that individual quality improvement efforts are internally aligned and consistent with the agency's vision, intended outcomes and defined practice model and are used to translate individual lessons into a larger, macro-level improvement effort with the potential to impact all families coming to the attention of the public child welfare system.

After reviewing the current, available child specific case review instruments, CFSA leaders have indicated that they intend to augment their existing case review processes with a revised quality assurance review tool for program managers and supervisors to ensure it captures changes required due to the implementation of the practice model and the IEP. Set for implementation in May 2011, this quality assurance review process will be guided by a revised child and family specific form that will be used to guide supervisory discussions with case-carrying social workers and family support workers. It will be the responsibility of the supervisor to complete the form and enter relevant recommendations resulting from these supervisory discussions into FACES.net.

Through this process CFSA aims to better equip program managers and supervisors with review tools that assist in improving the quality of supervision. The primary intention of the process is not to gather information for aggregated data reports. The Monitor will review the process once developed and is supportive of efforts to improve the skills and responsibilities of supervisors to promote and monitor quality performance. However, it will be equally important that the processes developed provide aggregate information on quality to CFSA leadership, who need to understand and act on staff and system performance issues that impact the quality of case practice.

### ***New and Continuing Initiatives with Implementation Challenges***

#### **Implementation of the CFSA's Family Centered Practice Model**

CFSA has developed a strong Family Centered Practice Model that, if fully and consistently implemented throughout the Agency, has the potential to serve as a solid base to guide the development or refinement of related in-home and out-of-home care policies; quality assurance

processes; contracts, performance-based contracting and monitoring, and a process for using data to inform and improve the outcomes for children and families.

CFSA's Practice Model places emphasis on serving children and youth within the context of his or her family and community. Social workers have been given the responsibility of identifying and using the strengths within families and communities to ensure safety, permanency and well-being for children and youth. The Model envisions the role of the social worker as primarily responsible for **identifying** the persons within a child's life – parents, neighbors, teachers, coaches, family friends – **engaging** these persons to join the child's **team**, **assessing** the information gathered through these engaged team members to understand child and family strengths as well as the underlying issues and **planning** as a team to ensure the safety, permanency and well-being for and with children and youth.

The challenge ahead is to ensure consistent understanding and implementation of the Practice Model by CFSA administrators and staff in all parts and levels of the organization and by its key partners - the private agencies with whom it contracts, resource parents, community agencies, attorneys and the Family Court. The Monitor has reviewed a broad array of Agency policy including, but not limited to the family team meeting, diligent search, visitation, permanency planning, placement and investigations policies, and has shared its concerns with CFSA about the lack of clarity and consistency in the policy development to the principles envisioned in the Agency's Family-Centered Practice Model, most specifically related to the role of the child or youth's team throughout his or her involvement with the Agency.

The lack of consistency related to the implementation of CFSA's Practice Model may very well be impacting areas of concern such as the high number and percentage of children and youth with APPLA goals as well as the low number and percent of children and youth who are being placed with relatives and kin when entrance into foster care is required.

#### Implementation of the Health Horizons Assessment Clinic and the Nurse Care Management Targeted Case Management Program

In December of 2009, CFSA established the Healthy Horizons Assessment Clinic (HHAC) using Nurse Practitioners to provide pre-placement medical and behavioral health screening for children with an initial or re-entry into foster care and for children experiencing a replacement while in foster care and the required comprehensive medical, dental and mental health evaluations within 30 days of an initial placement or re-entry.

In the spring of 2010, CFSA established the Nurse Care Manager Program employing nurses to work in partnership with the social worker and other members of the team (including the birth parents, resource parents, health and mental health providers, etc.) to develop a comprehensive care plan for each child. The Nurse Care Managers (NCMs) are expected to provide ongoing medical care management for children and youth in care and support the social worker in the coordination of health, mental health and medically related social, educational and other needs.

Although still a work in progress, there have been serious implementation problems that might have been avoided and that now need quick resolution to capitalize on the positive goals of this program. A principal problem has been the financial underpinning for this work which was intended and should be able to be supported with federal funds available under the Medicaid program. CFSA has been able to bill Medicaid for the costs of pre-placement screening by the nurses but federal fund support for costs associated with nurse case management have been held up because of the delay in federal approval of the Medicaid State Plan Amendment and by lapses in needed documentation. The District of Columbia State Plan Amendment is currently pending approval by the Center for Medicaid and Medicare Services. Even with this approval, it is not yet clear whether the records would be ready for full claiming.

CFSA leadership has begun a process to strategically review implementation of the Healthy Horizons Nurse Care Management Program including the design, caseloads sizes and mixes, criteria for medical necessity and the process for ensuring documentation needed for federal claiming.

### Training

CFSA's Office of Training Services was relaunched as the Child Welfare Training Academy (CWTA) in August 2010. In the past few years, CFSA has had significant leadership changes in the Child Welfare Training Academy (formerly the Office of Training Services) and a new Administrator began in January 2011 with goals to institutionalize processes to train staff and track implementation of training to staff and supervisors at CFSA and in the private agencies. The inability to provide data on meeting MFO training requirements had been a decade long problem which is in the process of being corrected. While the Monitor has not yet validated the data, CFSA was able to provide data on Pre-Service Training for social workers and supervisors and anticipates being able to do so for In-Service Training for workers and supervisors as well as Pre-Service and In-Service training for foster parents by the end of this fiscal year. It appears as though CFSA is on the right path to ensure that not only is staff adequately trained, but that CFSA can consistently track and report on the training commitments of the IEP. The Monitor will provide validated information on this outcome in the next monitoring report as well as information on the adequacy of the new training plan and the revised training curricula being used for pre-service training.

### *Challenges and Concerns*

#### Data Management

CFSA has a sophisticated automated case management information management system, FACES.net, in which social workers enter significant amounts of case data. The Child Information Systems Administration (CISA) is responsible for maintaining the integrity and capabilities of FACES.net and for managing the technical aspects of data reporting. CFSA produces multiple reports from FACES.net for use by leadership, senior and mid-level managers

and quality assurance staff. The senior management of CFSA meets monthly to review data performance (comprised of selected FACES.net reports, national standard measures and other performance benchmarks) regarding the Agency's progress toward meeting national and other outcomes.

FACES.net is the Statewide Automated Child Welfare Information System (SACWIS) and is also used to produce reports required by the federal government for accountability and federal revenue claiming. Even with this infrastructure in place, there are a number of *LaShawn* Exit Standards on which CFSA remains unable to provide data and back-up documentation. Further, in the last four years CISA's information system's staff has been reduced by over a third due to Agency reduction in force, frozen vacant positions and reductions to the budget for contracting services. The Monitor has serious concerns about the impact of these staff and contractor reductions.

The IEP included definitional changes for some outcomes that required that CFSA to modify its reporting logic to produce data necessary for monitoring performance. Recognizing that CFSA could not make all of the required changes at once given existing resource constraints, in January 2011, the Monitor asked CFSA to prioritize the list of data requests and develop a schedule outlining when the required reports would be available. While no overall plan has been developed, CFSA has provided the dates it anticipates releasing many of the new FACES.net reports and those dates are included throughout this report.

In addition to the Exit Standards for which reporting logic changes were necessary due to refinement of the measurement, there remain a number of Exit Standards for which CFSA has not yet provided the Monitor with data due to time and resource constraints. These include such important activities as the provision of special reviews of children and families with significant history with the agency, the assessment of safety during visitation with children and families and the training of staff and foster parents.

The Monitor is extremely concerned that recent budget cuts including a reduction in the help-desk capacity to support workers' ability to use FACES.net and in the number of staff available to reprogram and produce necessary reports is undermining one of CFSA's greatest strengths. In addition, the Monitor has expressed concern about the lack of a plan and a protocol to routinely audit the accuracy of the information in FACES.net.

### Budget

CFSA has presented an overall FY2012 budget request of \$265,295,653, of which \$191,596,000 or 72 percent is local funding. The overall FY2012 budget has declined by \$4,373,926 from FY2011. The FY2010 budget was eight percent below FY2009 levels, which means that CFSA has sustained substantial budget cuts over this three year period. Reductions in services required as a part of these budget reductions result from a combination of factors; (1) local funding has remained at exactly the same level since FY2010, (2) certain, identified federal funds not being

available due to slow progress on CFSA's federal revenue enhancement plans and federal Medicaid and Title IV-E disallowances and deferrals, as well as (3) rising personnel and other fixed costs as well as costs related to an increase in guardianship and adoption subsidies. Given the current fiscal picture for states around the country, it is more important than ever that effective claiming of available federal funds under Title IV-E and Medicaid occur. While this has become a higher priority for internal action at CFSA in the past year, the District is still not effectively moving forward to appropriately claim and sustain their claims for federal revenue.

While the full impact of these proposed reductions is not entirely clear, the Monitor has concerns related primarily to the potential impact on services and supports to meet the needs of children and families who have come to the attention of the larger public child welfare system. These include children and families with identified mental health, substance abuse, attachment or trauma related issues and children who are educationally delayed or experiencing difficulties in school. The Monitor is specifically concerned about the proposed reduction in spending for children's mental health services and total reduction in support for tutoring services, as discussed more fully in the report. Proposed cuts to the Department of Mental Health (DMH) FY2012 budget are \$8 million. On top of those cuts, CFSA's budget proposes to eliminate the Memorandum of Understanding with DMH which has been the mechanism through which CFSA was to provide \$2.5 million annually to DMH to support the development and delivery of appropriate mental health services for children in CFSA's custody. The impact of the loss of these funds threatens to derail the advances that have been occurring, although slowly, in building the District's mental health system capacity for children and families.

### Consistent Delays in Implementation

As is noted throughout the report, CFSA continues to have difficulty moving from its plans to timely and comprehensive implementation of strategies. The completion of many of the strategies in the 2010-2011 Strategy Plan is delayed and the final dates for completion of products have often been delayed several times. The problem is most pronounced for strategies that involve multiple units with CFSA and or work that requires partnership between CFSA and its private providers and community partners.

### Moving from Written Policy to Implementation

Throughout 2010 and continuing into 2011, CFSA had been revising many of its essential policies, most importantly those related to investigations, placement and permanency. While this is important and time consuming work, the Monitor is concerned about the lack of concrete plans for implementation of the revised policies including but not limited to staff and supervisor training, skill development for workers, and plans for communication of policy changes to external partners. As has been noted previously, one of the challenges for CFSA leadership will

be tracking the implementation of policy in its direct practice and having an integrated approach, consistent with the CFSA practice model, to ensure that workers' interactions with families, children, resource parents and others consistently adhere to policy expectations and produce the desired outcomes for children's lives.

### **C. Report Structure**

This monitoring report assesses the current progress of the District of Columbia's child welfare system against the IEP Exit Standards as defined in the December 17, 2010 Court Order. The Monitor has used multiple sources of information, as detailed throughout this report, to determine the status of performance and provide objective information for findings.

With few exceptions, data from July to December 2010, as verified by the Monitor, are used to determine progress in meeting IEP Exit Standards. Areas where data are not currently available or existing data are believed by both the Monitor and CFSA to not reliably measure progress are highlighted.

In Section II below, Tables 1 and 2 provide the Court with an update of the District's performance between July and December 2010 on LaShawn IEP Outcomes to be Achieved and Outcomes to be Maintained Exit Standards and an assessment of whether the District has met the established Exit Standard. Table 3 provides the strategies for which CFSA requested date changes, as well as the original date the strategy was due for completion, the new proposed date, CFSA's rationale for requesting a change in date or strategy and the Monitor's response to the request.

Section III of the report provides narrative on each of the IEP requirements.



## **II. LASHAWN A. v. GRAY PERFORMANCE ON IEP EXIT STANDARDS BETWEEN JULY AND DECEMBER 2010**

As indicated above, Tables 1 and 2 below provide an update of the District's performance between July and December 2010 on Outcomes to be Achieved and Outcomes to be Maintained.

The Court's December 17, 2010 Order states "that all strategies with due dates preceding the filing of [the] order will be completed as planned, unless modified in consultation with and with the approval of the Monitor."<sup>9</sup> Additionally, the Strategy Plan, "including applicable due dates, can be modified with the timely consultation with the Monitor."<sup>10</sup> In accordance with these provisions, the Child and Family Services Agency (CFSA) submitted letters to the Monitor on February 7, 2011 and March 29, 2011 seeking the Monitor's approval to change dates on strategies due in 2010 and to inform the Monitor of changes to strategies targeted for completion in 2011. Table 3 below provides the strategies for which CFSA requested date changes, as well as the original date the strategy was due for completion, the new proposed date, CFSA's rationale for requesting a change in date or strategy and the Monitor's response to the request.

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<sup>9</sup> December 17, 2010, Implementation and Exit Plan ("IEP") (Dkt. No. 1073).

<sup>10</sup> December 17, 2010, Implementation and Exit Plan ("IEP") (Dkt. No. 1073).

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>1. <i>Investigations</i></p> <p>a. Investigations of alleged child abuse and neglect shall be initiated or documented good faith efforts shall be made to initiate investigations within 48 hours after receipt of a report to the hotline of child maltreatment</p>	<p>95% of all investigations will be initiated within 48 hours or there will be documented good faith efforts to initiate investigations whenever the alleged victim child(ren) cannot be immediately located.</p>	<p>73-78%<sup>11</sup></p>	<p>Unable to Determine</p>
<p>b. Investigations of alleged child abuse and neglect shall be completed within 30 days after receipt of a report to the hotline of child maltreatment and the final report of findings for each investigation shall be completed within 5 days of the completion of the investigation</p>	<p>90% of investigations will be completed and a final report of findings shall be entered in FACES.net within 35 days.<sup>12</sup></p>	<p>84-97%</p>	<p>Yes</p>
<p>c. For families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months, CFSA will conduct a comprehensive review of the case history and the current circumstances that bring the family to CFSA’s attention</p>	<p>90% of the case records for families subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months will have documentation of a comprehensive review.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.</p>	<p>Unable to Determine</p>

<sup>11</sup> Documented good faith efforts are not included in this performance, as FACES.net data does not capture this information. FACES.net currently documents “attempts to initiate” the investigation. Based on data from FACES.net, between 14% and 19% of investigations had documented attempts to initiate the investigation. The Monitor has consistently found that attempts as documented in FACES.net do not encompass all required good faith efforts. Further validation is necessary to determine whether documented attempts constitute good faith efforts. The Monitor intends to look at good faith efforts through secondary review of the Quality Assurance Division’s quarterly review of investigations.

<sup>12</sup> The IEP altered the acceptable timeframe for completion to 35 days, consistent with current District law.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>2. Acceptable Investigations</p> <p>CFSA shall routinely conduct investigations of alleged child abuse and neglect. Evidence of acceptable investigations includes:</p> <ul style="list-style-type: none"> <li>a. Use of CFSA’s screening tool in prioritizing response times for initiating investigations;</li> <li>b. Interviews with and information obtained from the five core contacts – the victim child(ren), the maltreater, the reporting source (when known), medical resources, and educational resources (for school-aged children);</li> <li>c. Interviews with collateral contacts that are likely to provide information about the child’s safety and well-being;</li> <li>d. Interviews with all children in the household outside the presence of the caretaker, parents or caregivers, or documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child;</li> <li>e. Medical and mental health evaluations of the children or parents when the worker determines that such evaluations are needed to complete the investigation, except where a parent refuses to consent to such evaluations. When a parent refuses to consent to such an evaluation, the investigative social worker and supervisor shall consult with the Assistant Attorney General to determine whether court intervention is necessary to ensure the health and safety of the child(ren);</li> <li>f. Use of risk assessment protocol in making decisions resulting from an investigation; and</li> <li>g. Initiation of services during the investigation to prevent unnecessary removal of children from their homes.</li> </ul>	<p>80% of investigations will be of acceptable quality.<sup>13</sup></p>	<p>Not newly assessed in this report.</p>	<p>Unable to Determine</p>

<sup>13</sup>“The language from the IEP says that this measure will be assessed by the Quality Service Reviews (QSR). At this point, the CFSA QSR protocol does not include investigative practice; therefore, this measure will be assessed by the Monitor through a case record review. The Monitor will request that parties agree to a technical modification of the language in the Court’s Order. The Monitor intends to look at the quality of practice through secondary review of the Quality Assurance Division’s quarterly review of investigations.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>3. Services to Families and Children to Promote Safety, Permanency and Well-Being</p> <p>Appropriate services, including all services identified in a child or family’s safety plan or case plan, shall be offered and children/families shall be assisted to use services to support child safety, permanence and well-being.</p> <p>CFSA shall provide for or arrange for services through operational commitments from District of Columbia public agencies and/or contracts with private providers. Services shall include:</p> <ul style="list-style-type: none"> <li>a. Services to enable children who have been the subject of an abuse/neglect report to avoid placement and to remain safely in their own homes;</li> <li>b. Services to enable children who have or will be returned from foster care to parents or relatives to remain with those families and avoid replacement into foster care;</li> <li>c. Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and</li> <li>d. Services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement.</li> </ul>	<p>In 80% of cases, appropriate services, including all services identified in a child’s or family’s safety plan or case plan, shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. The Monitor will determine performance based on the QSR Implementation and Pathway to Safe Closure indicators.</p>	<p>Based on CY2010 data:</p> <p>Implementation 60%</p> <p>Pathway to Safe Case Closure 58%</p>	<p>No</p>

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>4. Worker Visitation to Families with In-Home Services</p> <p>a. A CFSA social worker or private agency social worker shall make at least one visit monthly to families in their home in which there has been a determination that child(ren) can be maintained safely in their home with services.</p> <p>b. A CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker shall make a second monthly visit at the home, school or elsewhere.</p>	<p>95% of families will be visited monthly by a CFSA social worker or private agency social worker and 85% of families will be visited a second time monthly by a CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.<sup>14</sup></p>	<p>Unable to Determine</p>
<p>c. Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.</p>	<p>90% of cases will have documentation verifying each child was visited and seen outside the presence of the caretaker and that safety was assessed during each visit.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.</p>	<p>Unable to Determine</p>

<sup>14</sup> Based on the old logic, which includes the requirement that twice monthly visits be conducted by the assigned CFSA or private agency social worker, between July and December 2010, between 79 and 87 percent of families were visited by their assigned caseworker twice monthly with one visit occurring in the family's home.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>5. Worker Visitation to Children in Out-of-Home Care</p> <p>a. A CFSA social worker or private agency social worker with case management responsibility shall make monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make a second monthly visit to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>c. At least one of the above visits each month shall be in the child's home</p>	<p>95% of children should be visited at least monthly and 90% of children shall have twice-monthly visits.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.<sup>15</sup></p>	<p>Unable to Determine</p>
<p>d. Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child over two years old must be separately interviewed at least monthly outside of the presence of the caretaker</p>	<p>90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a worker and that safety was assessed during each visit.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.</p>	<p>Unable to Determine</p>

<sup>15</sup> Based on the old logic, which includes a more stringent requirement that two visits be conducted by the assigned CFSA or private agency social worker, between July and December 2010, between 89 and 93 percent of children were visited by a CFSA or private agency social worker twice monthly.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>6. Visitation for Children Experiencing a New Placement or a Placement Change</p> <ul style="list-style-type: none"> <li>a. A CFSA social worker or private agency social worker with case management responsibility shall make at least two visits to each child during the first four weeks of a new placement or a placement change.</li> <li>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make two additional visits to each child during the first four weeks of a new placement or a placement change.</li> <li>c. At least one of the above visits during the first four weeks of a new placement or a placement change shall be in the child’s home.</li> <li>d. At least one of the visits during the first four weeks of a new placement or a placement change shall include a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the agency</li> </ul>	<p>90% of children newly placed in foster care or experiencing a placement change will have four visits in the first four weeks of a new placement or placement change as described above.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.<sup>16</sup></p>	<p>Unable to Determine</p>
<ul style="list-style-type: none"> <li>e. Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker</li> </ul>	<p>90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a social worker and that safety was assessed during each visit.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.</p>	<p>Unable to Determine</p>

<sup>16</sup> Based on the old logic, which includes a more stringent requirement that all four weekly visits be conducted by the assigned CFSA or private agency social worker, between July and December 2010, between 66 and 81 percent of children were visited by a CFSA or private agency social worker four times in the first four weeks of a new placement or placement change.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
7. Relative Resources	<p><i>a.</i> CFSA will take necessary steps to offer and facilitate pre-removal Family Team Meetings in 70% of applicable cases requiring child removal from home. Monitoring and reporting on this measure may require a review of a random sample of cases as FACES.net is unable to track performance on this outcome.</p>	<p>Unable to Determine<sup>17</sup></p>	<p>Unable to Determine</p>
	<p><i>b.</i> In 90% of cases where a child(ren) has been removed from his/her home, CFSA will make reasonable efforts to identify, locate and invite known relatives to the Family Team Meeting (FTM). To measure this, the District will provide the Monitor with data on families whose child(ren) have been removed during a specified timeframe and the number of families that have had an FTM and have had a relative(s) invited to the FTM.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.</p>	<p>Unable to Determine</p>

<sup>17</sup> The Monitor did not receive FTM data from CFSA until April 18, 2011 as part of CFSA’s response to the draft monitoring report. The Monitor needs additional time to analyze these data, but will do so and will provide the information in a supplemental memorandum to the Court.



**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>8. Placement of Children in Most Family-like Setting</p> <p>a. Children in out-of-home care shall be placed in the least restrictive, most family-like setting appropriate to his or her needs</p>	<p>90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs.</p>	<p>74-75%<sup>18</sup></p>	<p>No</p>
<p>b. No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days</p>	<p>No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. Based on individual review, the Monitor's assessment will exclude, on a case-by-case basis, children placed in an emergency, short-term or shelter facility or foster home for more than 30 days where moving them would not be in their best interest.</p>	<p>Range of 3-11 children each month<sup>19</sup></p>	<p>Unable to Determine<sup>20</sup></p>

<sup>18</sup> The Monitor has not assessed whether children are placed in the most family-like setting appropriate to meet their needs.

<sup>19</sup> This Exit Standard requires the Monitor to exclude children placed in emergency, short-term or shelter facility or foster home for more than 30 days where moving them would not be in their best interest. The performance presented does not yet exclude those children. CFSa provided the Monitor with a proposal on these exclusion criteria on March 21, 2011. CFSa and the Monitor are working to come to agreement on the exclusion criteria.

<sup>20</sup> The Monitor is unable to determine whether this Exit Standard has been achieved until there is agreement on exclusion criteria.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>9. Placement of Young Children</p> <p>a. Children under age 12 shall not be placed in congregate care settings for more than 30 days unless the child has special needs that cannot be met in a home-like setting and unless the setting has a program to meet the child's specific needs</p>	<p>No child under 12 will be placed in congregate care settings for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a home-like setting and the setting has a program to meet the child's specific needs.</p>	<p>Range of 4-10 children each month<sup>21</sup></p>	<p>Unable to Determine<sup>22</sup></p>

<sup>21</sup> This performance does not exclude children for whom justification has been provided that the child has special treatment needs that cannot be met in a home-like setting and the setting has a program to meet the child's specific needs. CFSA provided the Monitor with a proposal on these exclusion criteria on March 21, 2011. CFSA and the Monitor are working to come to agreement on the exclusion criteria.

<sup>22</sup> The Monitor is unable to determine whether this Exit Standard has been achieved until there is agreement on exclusion criteria.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>b. CFSA shall place no child under six years of age in a group care non-foster home setting, except for those children with exceptional needs that cannot be met in any other type of care</p>	<p>No child under 6 years of age will be placed in a group care non-foster home setting without appropriate justification that the child has exceptional needs that cannot be met in any other type of care. The Monitor will evaluate and report on the placement and needs of any children placed in a group care non-foster home setting where the District has determined the child to have exceptional needs that cannot be met in any type of care.</p>	<p>Range of 8-14 children each month<sup>23</sup></p>	<p>Unable to Determine<sup>24</sup></p>

<sup>23</sup> This performance does not exclude children for whom justification has been provided that the child has exception needs that cannot be met in any other type of care. CFSA provided the Monitor with a proposal on these exclusion criteria on March 21, 2011. CFSA and the Monitor are working to come to agreement on the exclusion criteria.

<sup>24</sup> The Monitor is unable to determine whether this Exit Standard has been achieved until there is agreement on exclusion criteria.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>10. Visits between Parents and Workers</p> <p>a. For children with a permanency goal of reunification, in accordance with the case plan, the CFSA social worker or private agency social worker with case-management responsibility shall visit with the parent(s) at least one time per month in the first three months post-placement.<sup>25</sup></p> <p>b. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first three months post-placement</p>	<p>80% of parents will have twice monthly visitation with workers in the first three months post-placement as defined above.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.<sup>26</sup></p>	<p>Unable to Determine</p>
<p>11. Visits between Parents and Children</p> <p>There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency shall demonstrate and there shall be documentation in the case record that visitation was not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.</p>	<p>85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.<sup>27</sup></p>	<p>Unable to Determine</p>
<p>12. Appropriate Permanency Goals</p> <p>Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines.</p>	<p>a. 95% of children shall have permanency planning goals consistent with ASFA and District law and policy guidelines.</p>	<p>97%</p>	<p>Yes</p>

<sup>25</sup> This exit standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

<sup>26</sup> Based on the old logic, which includes a more stringent requirement that twice monthly visits be conducted by the assigned CFSA or private agency social worker, between July and December 2010, between 41 and 56 percent of parents were visited by a CFSA or private agency social worker twice monthly during the first three months post-placement

<sup>27</sup> Based on the old logic, between July and December 2010, between 55 and 65 percent of children with a goal of reunification had weekly visitation with their parent(s).

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
	<p><i>b.</i> Beginning July 1, 2010, children shall not be given a goal of APPLA without convening a Family Team Meeting (FTM) or Listening to Youth and Families as Experts (LYFE) meeting with participation by the youth and approval by the CFSA Director, or a court order directing the permanency goal of APPLA</p>	<p>Of the 5 youth whose goal changed to APPLA between July and December 2010 at CFSA's recommendation, four youth had a LYFE conference. Two of the four youth who had a LYFE conference had the LYFE conference prior to their goal being changed by the Court and one of them had the Agency Director's approval.<sup>28</sup></p>	<p>No</p>

<sup>28</sup> There was one additional youth whose goal changed to APPLA between July and December 2010 at CFSA's recommendation. For this youth, CFSA determined that a LYFE conference of Family Team meeting was not in his best interest as it would be detrimental to his mental health. LYFE conferences and FTMs are voluntary for the family and are not held when it's not in the best interest of the child or the family. Additionally, there were fifteen additional youth whose goal changed to APPLA between July and December 2010 by Court Order against the recommendation of CFSA. Seven of these fourteen youth had a LYFE conference prior to the Court ordering the change in goal.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
	<p>c. 90% of youth ages 18 and older will have a plan to prepare them for adulthood that is developed with their consultation. No later than 180 days prior to the date on which the youth will turn 21 years old (or on which the youth will emancipate), an individualized transition plan will be created that includes as appropriate connections to specific options on housing, health insurance, and education and linkages to continuing adult support services agencies (e.g., Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), work force supports, employment services, and local opportunities for mentors. This exit standard is satisfied if CFSA makes and documents good faith efforts to develop a transition plan but the youth refuses to participate in transition planning.</p>	50% <sup>29</sup>	No

<sup>29</sup> CFSA began the process to create individualized transition plans in June 2010. The Monitor has not yet validated these data and cannot yet comment on the quality of these plans.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
12. Reduction of Multiple Placements for Children in Care	<i>a.</i> Of all children served in foster care during the previous 12 months who were in care at least 8 days and less than 12 months, 83% shall have had two or fewer placements	Not Assessed <sup>30</sup>	Not Assessed
	<i>b.</i> Of all children served in foster care during the previous 12 months who were in care for at least 12 months but less than 24 months, 60% shall have had two or fewer placements	Not Assessed <sup>31</sup>	Not Assessed
	<i>c.</i> Of all children served in foster care during the previous 12 months who were in care for at least 24 months, 75% shall have had two or fewer placements in that 12 month period	Not Assessed <sup>32</sup>	Not Assessed

<sup>30</sup> This Exit Standard will be measured on a sliding 12 month period. The Monitor will report on this outcome in its next report to the Court. Based on old logic, as of December 31, 2010, of children served in foster care during the Fiscal Year, for those children in care at least 8 days and less than 12 months, 77 percent had two or fewer placements.

<sup>31</sup> This Exit Standard will be measured on a sliding 12 month period. The Monitor will report on this outcome in its next report to the Court. Based on old logic, as of December 31, 2010, of children served in foster care during the Fiscal Year, for those children in care at least 12 months, but less than 24 months, 56 percent had two or fewer placements.

<sup>32</sup> This Exit Standard will be measured on a sliding 12 month period. The Monitor will report on this outcome in its next report to the Court. Based on old logic, as of December 31, 2010, of children served in foster care during the Fiscal Year, for those in care greater than 24 months, 26 percent had two or fewer placements.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>13. Timely Approval of Foster/Adoptive Parents</p> <p>CFSA shall have in place a process for recruiting, studying and approving families, including relative caregivers, interested in becoming foster or adoptive parents that results in the necessary training, home studies and decisions on approval being completed within 150 days of beginning training</p>	<p>70% of homes licensed beginning November 1, 2010, will have been approved, and interested parties will have been notified within 150 days</p>	<p>72%</p>	<p>Yes<sup>33</sup></p>
<p>14. Legal Action to Free Children for Adoption</p> <p>Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court's timely hearing and resolution of legal action to terminate parental rights</p>	<p>a. For 90% of children with a permanency goal of adoption, where freeing the child for adoption is necessary and appropriate to move the child more timely to permanency, OAG, on behalf of CFSA shall file a motion to terminate parental rights or confirm that appropriate legal action has been taken within 45 days of their permanency goal becoming adoption</p>	<p>100%</p>	<p>Yes</p>

<sup>33</sup> The Monitor has asked for data to track how many foster parents started training during the monitoring period and how many are still in the process of receiving training. CFSA provided the Monitor with partial information on this request. The Monitor hopes to include information on this in the next monitoring report



**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>15. Legal Action to Free Children for Adoption</p> <p>Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court’s timely hearing and resolution of legal action to terminate parental rights</p>	<p><i>b.</i> For 90% of children for whom a petition to terminate parental rights has been filed in order to achieve permanency, CFSA shall take and document appropriate actions by the assigned social worker and the assistant attorney general to facilitate the court’s timely hearing and resolution of legal action to terminate parental rights</p>	<p>100%</p>	<p>Yes</p>
<p>16. Timely Adoption</p> <p>a. Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption</p>	<p><i>i.</i> For children whose permanency goal changed to adoption July 1, 2010 or thereafter, 80% will be placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption.</p>	<p>Not Yet Due<sup>34</sup></p>	<p>Not Yet Due</p>

<sup>34</sup> There were 37 children whose goal changed to adoption between July and December 2010. As of December 31, 2010, of the 37 children, 19 (51%) children have been placed in a pre-adoptive home.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
	ii. For children whose permanency goal changed to adoption prior to July 1, 2010 who are not currently in an approved adoptive placement, 40% will be placed in an approved adoptive placement by December 31, 2010 and an additional 20% will be placed in an approved adoptive placement by June 30, 2011	16% of children placed by December 31, 2010	No
b. CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home.	i. By September 30, 2010, 40% of the 203 children in pre-adoptive homes as of October 1, 2009 will achieve permanence.	56% <sup>35</sup>	Yes
	ii. By June 30, 2011, 45% of the children in pre-adoptive homes as of July 1, 2010 will achieve permanence	Not Yet Due <sup>36</sup>	Not Yet Due

<sup>35</sup> As of February 10, 2011, an additional 22 children (11%) exited to adoption.

<sup>36</sup> There were 224 children in pre-adoptive homes as of July 1, 2010. As of February 10, 2011, of the 224 children, 70 (31%) children had achieved permanency.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
	<i>iii.</i> 90% of children in pre-adoptive homes will have their adoption finalized within 12 months or have documented reasonable efforts to achieve permanence within 12 months of the placement in the approved adoptive home	33%	Unable to Determine <sup>37</sup>
c. Timely permanency through reunification adoption or legal guardianship	<i>i.</i> Of all children who entered foster care for the first time in FY2010 and who remain in foster care for 8 days or longer, 45% will achieve permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2011	Cannot be assessed until after 9/30/2011.	Not yet due

<sup>37</sup> CFSA has provided the Monitor with information to demonstrate documented reasonable efforts to achieve permanence within 12 months for the remaining 45 children. The Monitor cannot determine performance on this Exit Standard based on the documentation provided. In order to report on the Exit Standard, the Monitor will need to validate documentation through a case file review to ensure reasonable efforts were made.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
	ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2010, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2011	Cannot be assessed until after 9/30/2011.	Not yet due
	iii. Of all children who are in foster care for 25 months or longer on September 30, 2010, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2011, whichever is earlier	Cannot be assessed until after 9/30/2011.	Not yet due

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>17. Case Planning Process</p> <ul style="list-style-type: none"> <li>a. CFSA, with the family, shall develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect family and children’s needs, are updated as family circumstances or needs change, and CFSA shall deliver services reflected in the current case plan.</li> <li>b. Every reasonable effort shall be made to locate family members and to develop case plans in partnership with youth and families, the families’ informal support networks, and other formal resources working with or needed by the youth and/or family.</li> <li>c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.</li> </ul>	<p>80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.</p>	<p>CY2010: Case Planning Process 64% Pathway to Safe Case Closure 58%</p>	<p>No</p>
<p>18. Placement Licensing</p> <p>Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards and have a current and valid license.</p>	<p>95% of foster homes and group homes with children placed will have a current and valid license.</p>	<p>Foster Homes: 92-95% Group Homes: 93-100%</p>	<p>Yes</p>

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
19. Community-based Service Referrals for Low & Moderate Risk Families	90% of families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who are in need of and agree to additional supports shall be referred to an appropriate Collaborative or community agency for follow-up. Low and moderate risk cases for which CFSA decides to open an ongoing CFSA case are excluded from this requirement.	As reported by CFSA, in December 2011, 33% of families for whom CFSA determined services were needed were referred to a Collaborative. <sup>38</sup>	No
20. Sibling Placement and Visits  a. Children in out-of-home placement who enter foster care with their siblings should be placed with some or all of their siblings, unless documented that the placement is not appropriate based on safety, best interest needs of child(ren) or a court order requiring separation	80% of children who enter foster care with their siblings or within 30 days of their siblings will be placed with some of their siblings	CFSA has not produced data on this requirement as of the date of this report. <sup>39</sup>	Unable to Determine

<sup>38</sup>The Monitor does not think that the data provided above supplies enough information to assess whether or not the families who need community-based services are being referred.

<sup>39</sup> Based on old logic, which includes all siblings placed in care regardless of time of entry, needs or permanency goals, between July and December 2010, a range from 61 to 64 percent of children with siblings in out-of-home placement were placed with some or all of their siblings.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>b. Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings unless documented that the visitation is not in the best interest of the child(ren).</p>	<p>80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.<sup>40</sup></p>	<p>Unable to Determine</p>
<p>21. Assessment for Children Experiencing a Placement Disruption</p> <p>CFSA shall ensure that children in its custody whose placements are disrupted are provided with a comprehensive and appropriate assessment and follow-up action plans to determine their service and re-placement needs no later than within 30 days of re-placement. A comprehensive assessment is a review, including as applicable the child, his/her family, kin, current and former caregiver and the GAL, to assess the child's current medical, social, behavioral, educational and dental needs to determine the additional evaluations/services/supports that are required to prevent future placement disruptions</p>	<p>90% of children experiencing a placement disruption will have a comprehensive assessment as described above and an action plan to promote stability developed</p>	<p>Assessment process not fully developed or tracked.</p>	<p>No</p>

<sup>40</sup> Based on the old logic, between July and December 2010, between 65 and 68 percent of children had twice monthly visits with their separated siblings.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>22. Health and Dental Care</p> <p>a. Children in foster care shall have a health screening prior to placement</p>	<p>95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care. 90% of children in foster care who experience a placement change shall have a replacement health screening</p>	<p>Initial Placements and Re-entries</p> <p>Monthly performance ranges from 39-69%</p> <p>Replacements</p> <p>Monthly performance ranges from 47-66%</p>	<p>No</p>
<p>b. Children in foster care shall receive a full medical and dental evaluation within 30 days of placement</p>	<p>85% of children in foster care shall receive a full medical evaluation within 30 days of placement. 95% of children in foster care shall receive a full medical evaluation within 60 days of placement</p>	<p>Within 30 days:</p> <p>Monthly performance ranges from 22-52%</p> <p>Within 60 days:</p> <p>Monthly performance ranges from 32-66%</p>	<p>No</p>



**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
	25% of children shall receive a full dental evaluation within 30 days of placement. 50% of children shall receive a full dental evaluation within 60 days of placement. 85% of children shall receive a full dental evaluation within 90 days of placement	Within 30 days: Monthly performance ranges from 6-35%  Within 60 days: Monthly performance ranges from 12-41%  Within 90 days: Monthly performance ranges from 15-43%	No
c. Children in foster care shall have timely access to health care services to meet identified needs	80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable.	CY2010  Health/Physical Well-being  97%	Yes

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>d. CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates, and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement</p>	<p>90% of children’s caregivers shall be provided with documentation of Medicaid coverage within 5 days of placement and Medicaid cards within 45 days of placement</p>	<p>CFSA has not produced data on this requirement as of the date of this report.</p>	<p>Unable to Determine</p>
<p>23. Resource Development Plan</p>	<p>The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in Item 21b of the “Outcomes to be Maintained” section of this document.</p>	<p>Resource Development Plan submitted June 30, 2010</p>	<p>Yes</p>

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
Financial Support for Community-Based Services	The District shall provide evidence each year of financial support for community- and neighborhood-based services to protect children and support families.	FY2011 Budget for the Collaboratives had service reductions of \$623,000. The Mayor's proposed FY2012 budget for the Collaboratives recommends a reduction of \$635,000 from the FY2011 budget of \$10,839,156.	Unable to Determine until the FY2012 budget process is complete.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>24. Caseloads</p> <ul style="list-style-type: none"> <li>a. The caseload of each worker<sup>41</sup> conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations.</li> <li>b. The caseload of each worker providing services to children and families in which the child or children in the family are living in their home shall not exceed 1:15 families.</li> <li>c. The caseload of each worker providing services to children in placement, including children in Emergency Care and children in any other form of CFSA physical custody, shall not exceed 1:15 children for children in foster care.</li> <li>d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.</li> <li>e. There shall be no cases unassigned to a social worker for more than five business days, in which case, the supervisor shall provide coverage but not for more than five business days</li> </ul>	<p>90% of investigators and social workers will have caseloads that meet the above caseload requirements. No individual investigator shall have a caseload greater than 15 cases. No individual social worker shall have a caseload greater than 18 cases. No individual worker conducting home studies shall have a caseload greater than 35 cases</p>	<p>Investigations: 100%</p> <p>Ongoing: 91%</p> <p>Home Study: 100%</p>	<p>Yes</p>
<p>25. Supervisory Responsibilities</p>	<p><i>i.</i> 90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker</p>	<p>97%</p>	<p>Yes</p>
	<p><i>ii.</i> 95% of cases are assigned to social workers</p>	<p>98% of cases are assigned to social workers.</p>	<p>Yes</p>

<sup>41</sup> All requirements apply to both CFSA workers and private agency workers. All CFSA contracts with private agencies providing foster care services shall include performance expectations for visitation of children in foster care in compliance with MFO visitation requirements.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
26. Training for New Social Workers and Supervisors a. New direct service staff <sup>42</sup> shall receive the required 80 hours of pre-service training through a combination of classroom, web-based and/or on-the-job training.	90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training	89%	No
b. New supervisors shall complete a minimum of 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility	90% of newly hired CFSA and private agency supervisors shall complete 40 hours of pre-service training on supervision of child welfare worker within eight months of assuming supervisory responsibility	Not Yet Assessed <sup>43</sup>	Not Yet Assessed. <sup>44</sup>
27. Training for Previously Hired Social Workers, Supervisors and Administrators a. Previously hired direct service staff <sup>45</sup> shall receive annually a minimum of 5 full training days (or a minimum of 30 hours) of structured in-service training geared toward professional development and specific core and advanced competencies.	80% of CFSA and private agency direct service staff shall receive the required annual in-service training	Not Yet Due	Not Yet Due

<sup>42</sup> Direct service staff includes social workers, nurse care managers, and family supports workers who provide direct services to children, youth and families.

<sup>43</sup> There were 12 supervisors hired at CFSA and the private agencies between July and December 2010. As of February 6, 2011, 2 of the 12 supervisors (17%) had completed 40 hours of pre-service training on supervision of child welfare workers.

<sup>44</sup> A full eight months have not passed since the supervisors were hired, so at this time, the Monitor cannot assess whether or not performance meets the Exit Standard.

<sup>45</sup> Twelve of the 30 hours required for the nurse care managers may be met with continuing education requirements of the licensing board.

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
b. Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training.	80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive annual in-service training	Not Yet Due	Not Yet Due
28. Training for Foster Parents a. CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training	95% of CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training	Not Assessed	Not Assessed
b. CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training	Not Assessed	Not Assessed

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>29. Special Corrective Action</p> <p>a. CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the following categories:</p> <ul style="list-style-type: none"> <li>i. All cases in which a child has been placed in four or more different placements, with the fourth or additional placement occurring in the last 12 months and the placement is not a permanent placement;</li> <li>ii. All cases in which a child has had a permanency goal of adoption for more than one year and has not been placed in an adoptive home;</li> <li>iii. All children who have been returned home and have reentered care more than twice and have a plan of return home at the time of the report;</li> <li>iv. Children with a permanency goal of reunification for more than 18 months;</li> <li>v. Children placed in emergency facilities for more than 90 days;</li> <li>vi. Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license</li> <li>vii. Children under 14 with a permanency goal of APPLA; and</li> <li>viii. Children in facilities more than 100 miles from the District of Columbia</li> </ul> <p>b. CFSA shall conduct a child-specific case review by the Director or Director’s designee(s) for each child identified and implement a child-specific corrective action plan, as appropriate</p>	<p>For 90% of children identified in corrective action categories, required reviews will occur and corrective action plans will be developed and implemented as appropriate</p>	<p>CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable case reviews. However, documentation about the process and conduct of the required reviews was not provided for review by the Monitor.</p>	<p>No</p>

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>30. Performance-Based Contracting</p> <p>CFSA shall have in place a functioning performance-based contracting system that (a) develops procurements for identified resource needs, including placement and service needs; (b) issues contracts in a timely manner to qualified service providers in accordance with District laws and regulations; and (c) monitors contract performance on a routine basis</p>	<p>Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis</p>	<p>The new Human Care Agreements with performance expectations were negotiated.</p>	<p>Unable to Determine</p>
<p>31. Interstate Compact for the Placement of Children (ICPC)</p> <p>CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care</p>	<p>Elimination of the backlog of cases without ICPC compliance.</p>	<p>110 children in the ICPC backlog as of December 31, 2010</p>	<p>No</p>



**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>32. Licensing Regulations</p> <p>CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.</p>	<p>CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.</p>	<p>The Contracts Management and Performance Improvement Administration has 28 FTEs of which 25 are filled. The Family Licensing Division has 31 FTEs of which 28 are filled. The Office of Facility Licensing is responsible for licensing congregate care facilities. There are 7.5 FTEs for the Office of Facility Licensing of which 5.5 are filled.</p>	<p>Yes</p>

**Table 1: Performance on IEP Outcomes to be Achieved Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>33. Budget and Staffing Adequacy</p> <p>The District shall provide evidence that the Agency’s annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</p> <p>The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide agency budget and/or personnel reductions that may be otherwise imposed.</p>	<p>The District shall provide evidence that the Agency’s annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</p>	<p>FY2011 budget provides required adjustments in foster parent payments and has sufficient funds for staff to meet caseload standards.</p>	<p>Yes for FY2011</p>
<p>34. Federal Revenue Maximization</p> <p>CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development</p>	<p>Evidence of consistent and appropriate claiming of all appropriate and available federal revenue</p>	<p>In process</p>	<p>No</p>

**Table 2: Performance on IEP Outcomes to be Maintained Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>1. Entering Reports Into Computerized System</p> <p>CFSA shall immediately enter all reports of abuse or neglect into its computerized information systems and shall use the system to determine whether there have been prior reports of abuse or neglect in that family or to that child.</p>	Ongoing Compliance	Ongoing Compliance	Yes
<p>2. Maintaining 24 Hour Response System</p> <p>CFSA shall staff and maintain a 24-hour system for receiving and responding to reports of child abuse and neglect, which conforms to reasonable professional standards.</p>	Ongoing Compliance	Ongoing Compliance	Yes
<p>3. Checking for Prior Reports</p> <p>Child abuse and/or neglect reports shall show evidence that the investigator checked for prior reports of abuse and/or neglect.</p>	Ongoing Compliance	Ongoing Compliance	Yes
<p>4. Reviewing Child Fatalities</p> <p>The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate.</p>	Ongoing Compliance	<p>Internal: Ongoing Compliance</p> <p>City-wide: Committee meets<sup>46</sup></p>	<p>Yes</p> <p>No</p>

<sup>46</sup> As noted on p. 181 below, the city-wide Child Fatality Review has not produced an annual report in two years. This does not comply with the IEP requirements.

**Table 2: Performance on IEP Outcomes to be Maintained Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>5. Investigations of Abuse and Neglect in Foster Homes and Institutions</p> <p>Reports of abuse and neglect in foster homes and institutions shall be comprehensively investigated; investigations in foster homes shall be completed within 35 days and investigations involving group homes, day care settings or other congregate care settings shall be completed within 60 days.</p>	<p>90% of reports of abuse and neglect in foster homes shall be completed within 35 days and within 60 days for investigations involving group homes, day care settings or other congregate settings.</p>	<p>Foster Homes: 50-100%<sup>47</sup></p> <p>Group Homes: 100%</p>	<p>Yes</p>
<p>6. Policies for General Assistance Payments</p> <p>CFSA shall have in place policies and procedures for appropriate use of general assistance payments for the care of children by unrelated adults, including provision of any applicable oversight and supervision.</p>	<p>Ongoing Compliance</p>	<p>Ongoing Compliance</p>	<p>Yes</p>
<p>7. Use of General Assistance Payments</p> <p>CFSA shall demonstrate that District General Assistance payment grants are not used as a substitute for financial supports for foster care or kinship care for District children who have been subject to child abuse or neglect.</p>	<p>Ongoing Compliance</p>	<p>Ongoing Compliance</p>	<p>Yes</p>
<p>8. Placement of Children in Most Family-Like Setting</p> <p>No child shall stay overnight in the CFSA Intake Center or office building</p>	<p>Ongoing Compliance</p>	<p>No reports of children staying at CFSA's office overnight</p>	<p>Yes</p>
<p>9. Timely Approval of Foster/Adoptive Parents</p> <p>CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry</p>	<p>Ongoing Compliance</p>	<p>Training classes begin every 30 days except in the month of December.</p>	<p>Yes</p>

<sup>47</sup> The 50% performance in December 2010 was an anomaly based on only 2 investigations.

**Table 2: Performance on IEP Outcomes to be Maintained Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>10. Placement within 100 Miles of the District</p> <p>No more than 82 children shall be placed more than 100 miles from the District of Columbia. (Children placed in college, vocational programs, correctional facilities, or kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.)</p>	Ongoing Compliance	Range of 50-78 children monthly	Yes
<p>11. Licensing and Placement Standards</p> <ul style="list-style-type: none"> <li>a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards.</li> <li>b. Children in foster home placements shall be in homes that (a) have no more than three foster children or (b) have six total children including the family’s natural children; (c) have no more than two children under two years of age or (d) have more than three children under six years of age. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed these limits.</li> <li>c. No child shall be placed in a group-care setting with a capacity in excess of eight (8) children without express written approval by the Director or designee based on written documentation that the child’s needs can only be met in that specific facility, including a description of the services available in the facility to address the individual child’s needs.</li> <li>d. Children shall not be placed in a foster care home or facility in excess of its licensed capacity. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed the limits.</li> </ul>	Ongoing compliance for 95% of children	Range of 95-97% monthly	Yes

**Table 2: Performance on IEP Outcomes to be Maintained Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>12. Case Planning Process</p> <p>Case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter, and shall show evidence of appropriate supervisory review of case plan progress.</p>	<p>90% of case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter.</p>	<p>Range of 94-95% monthly</p>	<p>Yes</p>
<p>13. Appropriate Permanency Goals</p> <p>No child under the age of 12 shall have a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person. No child under the age of 12 shall have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, and to place the child for adoption, and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent caretakers of the child.</p>	<p>Ongoing Compliance</p>	<p>As of December 31, 2010:</p> <p>5 children with a goal of legal custody with permanent caretakers.<sup>48</sup></p> <p>1 child under the age of 12 with a goal of APPLA.<sup>49</sup></p>	<p>Yes</p>

<sup>48</sup> As of February 28, 2011, the goal of one of the five children was changed to adoption. The remaining 4 children are siblings and the goal for all of them is legal custody with the father of two of them. The father is currently working to find housing to accommodate all four children.

<sup>49</sup> This child was given the goal of APPLA by the Court at the recommendation of the Guardian ad Litem due to her significant medical and developmental needs that according to the written court order warranted court monitoring and agency involvement. The foster parents may be potential pre-adoptive parents in the future and the Agency is continuing to support them as well as monitor the well-being and medical status of the child.

**Table 2: Performance on IEP Outcomes to be Maintained Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>14. Timely Adoption</p> <p>Within 95 days of a child's permanency goal becoming adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource.</p>	<p>For 90% of children whose permanency goal becomes adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource</p>	<p>100%<sup>50</sup></p>	<p>Yes</p>
<p>15. Post-Adoption Services Notification</p> <p>Adoptive families shall receive notification at the time that the adoption becomes final of the availability of post-adoption services.</p>	<p>Ongoing compliance for 90% of cases.</p>	<p>CY2010 290 new inquiries</p>	<p>Yes</p>
<p>16. Family Court Reviews</p> <p>A case review hearing will be conducted in Family Court at least every six months for every child as long as the child remains in out-of-home placement, unless the child has received a permanency hearing within the past six months.</p>	<p>Ongoing Compliance for 90% of cases.</p>	<p>Range of 97-98% monthly</p>	<p>Yes</p>
<p>17. Permanency Hearings</p> <p>CFSA shall make every reasonable effort to ensure that children in foster care have a permanency hearing in Family Court no later than 14 months after their initial placement</p>	<p>Ongoing compliance for 90% of cases.</p>	<p>Range of 97-98% monthly</p>	<p>Yes</p>
<p>18. Use of MSWs and BSWs</p> <p>Unless otherwise agreed, all social worker hires at CFSA shall have an MSW or BSW before being employed as trainees</p>	<p>Ongoing compliance for all social work hires.</p>	<p>Ongoing Compliance</p>	<p>Yes</p>

<sup>50</sup> The Monitor has not yet validated these data and intends to do a review of those children for whom CFSA reports a child-specific recruitment plan and permanency planning team are not needed.

**Table 2: Performance on IEP Outcomes to be Maintained Exit Standards Between July and December 2010**

<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>July through December 2010 Performance</b>	<b>Exit Standard Achievement</b>
<p>19. Social Work Licensure</p> <p>All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units</p>	<p>Ongoing compliance for all social workers.</p>	<p>Ongoing Compliance</p>	<p>Yes</p>
<p>20. Training for Adoptive Parents</p> <p>Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process.</p>	<p>Ongoing compliance for 90% of adoptive parents.</p>	<p>Ongoing Compliance</p>	<p>Yes</p>



**Table 2: Performance on IEP Outcomes to be Maintained Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>21. Needs Assessment and Resource Development Plan</p> <p>a. CFSA shall complete a needs assessment every two years, which shall include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO. The needs assessment shall be a written report. The needs assessment, including the report, shall be repeated every two years. CFSA shall provide evidence of adequate Resource Development capacity within the Agency, with sufficient staff and other resources to carry out MFO resource development functions</p> <p>b. The District shall develop a Resource Development Plan, which shall be updated annually by June 30th of each year. The Resource Development Plan shall: (a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; (b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; (c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; (d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and (e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of adoptive families based on the annual assessment. The Plan shall specify the quantity of each category of resources and services, the time period within which they shall be developed, and the specific steps that shall be taken to ensure that they are developed. CFSA shall then take necessary steps to implement this plan.</p>	<p>Ongoing Compliance</p>	<p>a. Needs Assessment due December 2011</p> <p>b. Resource Development Plan Update due June 2011</p>	<p>Not Yet Due</p>

**Table 2: Performance on IEP Outcomes to be Maintained Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>22. Foster Parent Licensure</p> <p>CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements</p>	Ongoing Compliance	Ongoing Compliance	Yes
<p>23. Quality Assurance</p> <p>CFSA shall have a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system must annually review a sufficient number of cases to assess compliance with the provisions of the MFO and good social work practice, to identify systemic issues, and to produce results allowing the identification of specific skills and additional training needed by workers and supervisors</p>	Ongoing Compliance	Ongoing Compliance	Yes
<p>24. Maintaining Computerized System</p> <ul style="list-style-type: none"> <li>a. CFSA shall develop and maintain a unitary computerized information system and shall take all reasonable and necessary steps to achieve and maintain accuracy</li> <li>b. CFSA shall provide evidence of the capacity of FACES.net Management Information System to produce appropriate, timely, and accurate worker/supervisor reports and other management reports that shall assist the Agency in meeting goals of safety, permanence and well-being and the requirements of the MFO and Court-ordered Implementation and Exit Plan</li> </ul>	Ongoing Compliance	Ongoing Compliance	Yes <sup>51</sup>

<sup>51</sup> CFSA maintains compliance on this Exit Standard though the Monitor has concerns about the impact of staff and contractor reductions on producing data on IEP requirements as necessary for the next monitoring period.

**Table 2: Performance on IEP Outcomes to be Maintained Exit Standards Between July and December 2010**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	Exit Standard Achievement
<p>25. Contracts to Require the Acceptance of Children Referred</p> <p>CFSA contracts for services shall include a provision that requires the provider to accept all clients referred pursuant to the terms of the contract, except for a lack of vacancy</p>	Ongoing Compliance	Requirement included in Human Care Agreements	Yes
<p>26. Provider Payments</p> <p>CFSA shall ensure payment to providers in compliance with DC's Quick Payment Act for all services rendered.</p>	90% of payments to providers shall be made in compliance with DC's Quick Payment Act for all services rendered	Monthly performance ranges from 94-97%	Yes
<p>27. Foster Parent Board Rates</p> <p>There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south</p>	Ongoing Compliance	New Foster Care Board Rates were effective January 1, 2011.	Yes
<p>28. Post-Adoption Services</p> <p>CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA</p>	Ongoing Compliance	FY2011 budget provides \$760,372 for the Post-Permanency Family Center. The proposed FY2012 budget provides the same amount.	Yes

**Table 3: Summary of Strategy Plan Modification Requests<sup>52</sup>**

<b>Strategy</b>	<b>Original Date</b>	<b>CFSA Proposed New Date</b>	<b>Rationale</b>	<b>Monitor's Response</b>
1.a.ii – By September 2010, CFSA will complete a CPS investigations practice guide consistent with CFSA policy.	9/2010	3/2011	CFSA requested an extension because they are working on revisions to their Investigations Policy and want the Investigations Practice Guide to be consistent with the new policy and the requirements for a quality investigation included in the IEP and DC law.	The Monitor is not inclined to concur with this date change because the need for an Investigations Practice Guide was first documented in November 2007. A draft has been shared with the Monitor, but has not yet been finalized.
1.b.iv – By November 1, 2010, CFSA will implement the comprehensive reviews of families with four or more reports of abuse and neglect which may include the investigations program manager, the current investigative worker, the Office of Clinical Practice, Collaborative workers and others who have prior familiarity with the family.	11/1/2010	3/2011	CFSA requested an extension because they intend to include guidance on this requirement in the revised Investigations Policy which is not due until 9/30/2011.	The Monitor does not concur with this date change because the need to implement comprehensive reviews of families with four or more reports of abuse and neglect dates back to the original MFO and has not been implemented at this time.
1.e.iii – By December 31, 2010, all investigators and supervisors will be trained on the CPS investigations practice guide.	12/31/2010	5/2011	CFSA requested an extension because they are not able to train on the Investigations Practice Guide until it is complete.	The Monitor concurs with this request, but recommends that the plan and timetable for training be developed as part of the completion of the Practice Guide and that training be completed within 3 months after completion of the practice guide. <sup>53</sup>

<sup>52</sup> The Court's December 17, 2010 Order assumes "that all strategies with due dates preceding the filing of [the] order will be completed as planned, unless modified in consultation with and with the approval of the Monitor." Additionally, the Strategy Plan, "including applicable due dates, can be modified with the timely consultation with the Monitor." In accordance with these provisions, the Child and Family Services Agency (CFSA) submitted letters to the Monitor on February 7, 2011 and March 29, 2011 seeking the Monitor's approval to change dates on strategies due in 2010 and to inform the Monitor of changes to strategies targeted for completion in 2011. Table 3 below provides the strategies for which CFSA requested date changes, as well as the original date the strategy was due for completion, the new proposed date, CFSA's rationale for requesting a change in date or strategy and the Monitor's response to the request.

<sup>53</sup> In comments to this report, CFSA reports that training is scheduled for May 2011.

**Table 3: Summary of Strategy Plan Modification Requests<sup>52</sup>**

<b>Strategy</b>	<b>Original Date</b>	<b>CFSA Proposed New Date</b>	<b>Rationale</b>	<b>Monitor's Response</b>
3.a.i – By December 31, 2010, CFSA will develop policy regarding the responsibilities of social workers and other team members charged with visiting families and children to assess the safety of children at every involving families receiving in home services and children in out of home care.	12/31/2010	2/2011 now 4/2011 <sup>54</sup>	CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know which proposed Exit Standard would be approved. The policy was delayed to ensure that it was consistent with the new visitation requirements.	The Monitor concurs.
3.b.i – Beginning October 1, 2010, for all new in-home cases, the CFSA social worker will discuss the purpose and frequency of visits with the family, will schedule one of the two monthly visits with the family and will review the visitation schedule with their supervisor. The scheduled visit does not preclude the ability of social workers to make unannounced visits.	10/1/2010	2/2011	CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements.	The Monitor concurs.
3.c.i – Beginning, October 1, 2010, for all initial placements and re-entries into foster care, social workers will engage parents and foster parents in the development of written visitation schedules outlining when and where caseworker-child visits will and the refusal or inability of parents or foster parents to participate in this conversation.	10/1/2010	2/2011	CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements.	The Monitor concurs.

<sup>54</sup> CFSA's original request for a change in date was 2/2011. In a memo dated March 29, 2011, they requested an additional modification to 4/2011.

**Table 3: Summary of Strategy Plan Modification Requests<sup>52</sup>**

<b>Strategy</b>	<b>Original Date</b>	<b>CFSA Proposed New Date</b>	<b>Rationale</b>	<b>Monitor's Response</b>
3.d.i. – Beginning, October 1, 2010, for all initial placements and re-entries into foster care, social workers will engage parents and foster parents in the development of written visitation schedules outlining when and where caseworker-child visits will and the refusal or inability of parents or foster parents to participate in this conversation.	10/1/2010	2/2011	CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements.	The Monitor concurs.
3.e.i – – Beginning, October 1, 2010, for all initial placements and re-entries into foster care, social workers will engage parents and foster parents in the development of written visitation schedules outlining when and where caseworker-child visits will and the refusal or inability of parents or foster parents to participate in this conversation.	10/1/2010	2/2011	CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements.	The Monitor concurs.
13.a.i – Beginning October 1, 2010, for all initial placements and re-entries into foster care, social workers will engage parents, foster parents and kinship caregivers in the development of written visitation schedules outlining when and where sibling visits will occur.	10/1/2010	2/2011	CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements.	The Monitor concurs.

**Table 3: Summary of Strategy Plan Modification Requests<sup>52</sup>**

<b>Strategy</b>	<b>Original Date</b>	<b>CFSA Proposed New Date</b>	<b>Rationale</b>	<b>Monitor's Response</b>
<p>3.d.ii – By December 31, 2010, will use a case review process to analyze data and contact information regarding the parent and social worker visits to ensure that the visitation is supportive of the permanency goal and issues identified in the visits are addressed and documented in the case plan. Program managers will conduct monthly three (3) case reviews and supervisors will conduct two (2) case reviews on a random selection of cases. Programs managers and supervisors will meet on a weekly basis or more frequently as necessary with workers to address quality and non-compliance issues.</p>	12/31/2010	5/2011	<p>CFSA requested an extension because the requirement for a formal report based on this strategy was added to the Strategy Plan with the issuance of the Court's December 17, 2010 Order.</p>	The Monitor concurs.
<p>13.a.ii – By December 31, 2010, CFSA will explore the feasibility of and begin to implement strategies to increase visitation between siblings placed apart. These strategies may include, but are not limited to, permitting visitation to occur in the parent's home, expansion of community-based visitation centers, utilization of foster parents to supervise visitation. CFSA shall prepare and provide a brief report of its research and findings.</p>	12/31/2010	5/2011	<p>CFSA requested an extension because the requirement for a formal report based on this strategy was added to the Strategy Plan with the issuance of the Court's December 17, 2010 Order.</p>	The Monitor concurs.
<p>3.e.iii – Beginning July 2010, the social worker, Nurse Care Manager, and/or Family Support Workers will update notes in FACES.net.NET providing a status of the visit or state why the visit did not occur. At every visit, workers will discuss permanency goals, visitation requirements, and required action steps in the case plan during each parent/worker visitation and reflect the progress in the case notes.</p>	7/2010	2/2011	<p>CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements.</p>	The Monitor concurs.

**Table 3: Summary of Strategy Plan Modification Requests<sup>52</sup>**

<b>Strategy</b>	<b>Original Date</b>	<b>CFSA Proposed New Date</b>	<b>Rationale</b>	<b>Monitor's Response</b>
<p>4.a.ii – By November 30, 2010, CFSA will develop policy (1) defining, consistent with federal law, which foster care licensing standards are “non-safety” in nature and, therefore, eligible for the exercise of waiver authority in relation to licensing kinship placements; (2) permitting temporary kinship licensing to be utilized in circumstances in which relative placement is determined to be in the best interest of the child and safety can be maintained; (3) age appropriate policy and age appropriate licensing standards for ensuring kinship placements for 18 to 20 year olds under Family Court jurisdiction who wish to live with identified and qualified kin. In developing these policies, CFSA shall reassess 29 D.C.M.R § 6000.5 and whether its assignment of waiver authority to the Director remains appropriate.</p>	<p>11/30/2010</p>	<p>4/2011</p>	<p>CFSA requested an extension in order to finalize the policy and incorporate information received from series of permanency forums held throughout the fall.</p>	<p>The Monitor concurs.</p>
<p>6.a.i – By December 31, 2010, CFSA will develop policies and protocols/MOUs for linking transitioning youth, as appropriate, to adult services (e.g., Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), and work force supports and employment services, and local opportunities for mentors.</p>	<p>12/31/2010</p>	<p>1/10/2011</p>	<p>No rationale provided.</p>	<p>The Monitor concurs with a two week change in date because it is de minimus. As of the writing of this report, the strategy has not been completed.</p>



**Table 3: Summary of Strategy Plan Modification Requests<sup>52</sup>**

<b>Strategy</b>	<b>Original Date</b>	<b>CFSA Proposed New Date</b>	<b>Rationale</b>	<b>Monitor's Response</b>
6.b.iv – By December 31, 2010, CFSA will issue an RFQ for services not currently available to provide for the comprehensive, effective child-specific transitional services and support for youth with an APPLA goal. Contract(s) to provide these services will be in place by March 31, 2011.	12/31/2010	3/2011	CFSA requested an extension because the contracting staff was focused on completing the negotiations and executing the family-based human care agreements.	The Monitor concurs. The RFQ was issued on March 10, 2011.
7.a.i – By December 1, 2010, CFSA will centralize all placement decisions within the CFSA Placement Administration eliminating all moves between and within private agencies without CFSA approval.	12/1/2010	3/2011	CFSA requested an extension to align with the extended time frame for the execution of the family-based human care agreements and additional time needed to clarify the procedures for requesting and approving placement requests to the family-based providers.	The Monitor does not concur since this is an action that has been in process for more than one year.
20.b.i – By December 2010, centralize all placement moves within the CFSA Placement Administration.	12/2010	3/2011	CFSA requested an extension to align with the extended time frame for the execution of the family-based human care agreements and additional time needed to clarify the procedures for requesting and approving placement requests to the family-based providers.	The Monitor does not concur since this is an action that has been in process for more than one year.

**Table 3: Summary of Strategy Plan Modification Requests<sup>52</sup>**

<b>Strategy</b>	<b>Original Date</b>	<b>CFSA Proposed New Date</b>	<b>Rationale</b>	<b>Monitor's Response</b>
10.a.i – By December 1, 2010, CFSA will formulate and publish official agency policy describing how permanency planning is to be undertaken and how permanency goals are to be facilitated and achieved including clarifying the roles of permanency specialists, social workers with case-management responsibility, private agency social workers and adoptions workers.	12/2010	2/2011, now 4/2011 <sup>55</sup>	No rationale provided.	The Monitor concurs; A draft of the policy was reviewed by the Monitor on January 28, 2011 with recommendations for change. The Monitor assumes that additional time is needed to incorporate those and other comments received on the draft.
13.d.i – By September 30, 2010, CFSA will complete an evaluation of sibling groups to understand the barriers to placement and to determine how best to address these barriers.	9/30/2010	2/2011	CFSA requested an extension because an initial review prompted subsequent analysis and additional time was needed to develop recommendations.	The Monitor concurs. The report was submitted on March 3, 2011.
14.a.i – By November 1, 2010, CFSA will complete and Administrative Issuance that sets forth the actions to be taken when a placement disruption occurs, including the elements of a required replacement child assessment. The Administrative Issuance will include, but not be limited to, the following:	11/1/2010	4/2011	CFSA requested an extension because they decided to incorporate this action into policy rather than an Administrative Issuance.	The Monitor concurs with additional time for incorporating a plan for placement disruption assessments into policy; however as of the date of the writing of this report, CFSA's plan to conduct and track these assessments for children when a placement disrupts has not been clearly developed.
16.a.ii – Beginning September 30, 2010, CFSA will institute a quarterly quality assurance and reconciliation process of CFSA and private agency staff pre-service training data to ensure that staff pre-service training hours are being accurately tracked and monitored.	9/30/2010	3/2011	CFSA requested an extension due to an unexpected illness and subsequent departure of the Training Director. A new Training Administrator began on January 24, 2011.	The Monitor concurs.

<sup>55</sup> CFSA's original request for a change in date was February 2011. In a memo dated March 29, 2011, they requested an additional modification to April 2011.

**Table 3: Summary of Strategy Plan Modification Requests<sup>52</sup>**

<b>Strategy</b>	<b>Original Date</b>	<b>CFSA Proposed New Date</b>	<b>Rationale</b>	<b>Monitor's Response</b>
16.b.ii – By September 30, 2010, CFSA will review and revise in-service training to ensure it builds the skills that CFSA believes are needed to implement the case practice model and protocol.	9/30/2010	3/2011	CFSA requested an extension due to an unexpected illness and subsequent departure of the Training Director. A new Training Administrator began on January 24, 2011.	The Monitor concurs.
19.a.ii – monthly site visits to congregate care providers	12/1/2010	4/2011	CFSA requested an extension because they need to update the monitoring tools to reflect final Human Care Agreements signed into place in January 31, 2011.	The Monitor does not concur. The Human Care Agreements have been in process for at least two years and CFSA consistently reported that the development of monitoring tools to support them was being done simultaneously.
19.b.ii – By August 1, 2010, CFSA will award Congregate Care Human Care Agreements/Tasks Orders that include performance indicators and outcomes.	12/31/2010	1/31/2011	CFSA requested an extension because it took longer than they anticipated to the finalize Human Care Agreements.	Monitor concurs as the delay is de minimus.
20.c.i – By December 31, 2010, CFSA will execute performance based contracts and monitoring for Case Management and Family Based Foster Care Services, which include the expectation of timely licensing of foster homes and submission of documents for ICPC approval.	12/31/2010	1/31/2011	CFSA requested an extension because it took longer than they anticipated to finalize the Human Care Agreements.	Monitor concurs as the delay is de minimus.
20.d.i – By December 31, 2010, CFSA will ensure all documentation is submitted for approval of CFSA children currently placed in Maryland.	12/31/2010	1/31/2011	CFSA requested an extension because it took longer than they anticipated to finalize Human Care Agreements in place.	The Monitor concurs as the delay is de minimus.

**Table 3: Summary of Strategy Plan Modification Requests<sup>52</sup>**

<b>Strategy</b>	<b>Original Date</b>	<b>CFSA Proposed New Date</b>	<b>Rationale</b>	<b>Monitor's Response</b>
22.b – By December 31, 2010, CFSA in consultation with DHCF will assess the feasibility and desirability of submitting a revised Medicaid state plan amendment to federal officials to permit additional appropriate Medicaid plans in placement settings and make formal recommendations to the City Administrator.	12/31/2010	TBD	CFSA requested an extension because they had to await direction from the new Mayor and his administration.	The Monitor concurs with the request based on the change in Administration and associated leadership transition. The Monitor believes this strategy needs to be completed by no later than June 30, 2011.
21.b.i – By December 31, 2010, CFSA will publish on its website an expanded array of data relating to commitments in the <i>LaShawn A. Implementation and Exit Plan</i> .	12/31/2010	3/2011 now 4/2011 <sup>56</sup>	CFSA requested an extension because they had to have the Court's December 17, 2010 Order in place to know the final outcomes and Exit Standards on which to report.	The Monitor concurs. As of the date of the writing of this report, CFSA has not yet submitted a plan for how and when they will be developing the modified reports needed for the IEP and posting them on the website.
<b>Requests from 3/29/2011</b>				
14.a.ii – By April 30, 2011, the Administrative Issuance will be used to develop CFSA policy on assessments for children experiencing placement disruptions.	4/30/2011	5/2011	CFSA requested a proposed date change because they decided to incorporate this action into policy rather than an Administrative Issuance.	The Monitor concurs with additional time for incorporating a plan for placement disruption assessments into policy.

<sup>56</sup> CFSA's original request for a change in date was March 2011. In a memo dated March 29, 2011, they requested an additional modification to April 2011.

**Table 3: Summary of Strategy Plan Modification Requests<sup>52</sup>**

Strategy	Original Date	CFSA Proposed New Date	Rationale	Monitor's Response
<b>Strategies which CFSA has informed the Monitor of changed plans</b>				
<p>18.a.i – By October 15, 2010, CFSA will develop and implement a plan to review all children and families in special corrective action categories. The plan will include a timeframe for when these reviews will commence.</p>	10/15/2010	No date change requested.	CFSA intends to revisit whether their initial plan to conduct the reviews of children and families in special corrective action categories through Structured Progress Reviews and meetings facilitated by Independent Living and Permanency Specialists.	The actions associated with this strategy are long overdue and the Monitor believes that a revised plan needs to be developed and implemented within the next 30-60 days.
<p>19.a.ii – By December 1, 2010, CFSA will conduct monthly site visits including:                      a. record reviews;                      b. physical plant inspections;                      c. surveys and interviews with staff and child/youth; and                      d. semi-annual evaluations of performance based contracts/human care agreements for congregate care services.</p>	12/1/2010	No date change requested.	CFSA is changing this strategy from monthly site visits to quarterly site visits after discussion with the private agencies that monthly visits would be too onerous unless the agency has a performance improvement plan in place.	The Monitor has broad concerns about the effectiveness of oversight and quality assurance with congregate care providers. The use of quarterly site visits if part of a well-developed monitoring and QA plan could be effective, but at this point, the Monitor will be working with CFSA to ensure a comprehensive monitoring strategy is in place.
<p>15.d.i – CFSA, with DMH, will review the availability of mental health services as identified in the 2007 Children's Mental Health needs Assessment and determine, based on current needs and current capacity, the additional services that are required. Based on that review, by February 2011, CFSA, with DMH, will release a solicitation to provide the services identified. Services to be in place by August 2011.</p>	2/2011/ 8/2011	3/2011 7/2011	The timelines on this strategy changed based on discussion with DMH.	The Monitor concurs with a March 2011 completion date for the review and report. The Mental Health services review was submitted to the Monitor on April 8, 2011 and is under review.

**Table 3: Summary of Strategy Plan Modification Requests<sup>52</sup>**

<b>Strategy</b>	<b>Original Date</b>	<b>CFSA Proposed New Date</b>	<b>Rationale</b>	<b>Monitor's Response</b>
<p>19.b.iii – By April 1, 2011, CFSA will conduct monthly site visits including:</p> <ul style="list-style-type: none"> <li>a. record reviews;</li> <li>b. home safety inspections;</li> <li>c. surveys and interviews with staff, foster parents and child/youth; and</li> <li>d. semi-annual evaluations of performance based contracts for case management and family based foster care services.</li> </ul>	4/1/2011	No date change requested.	CFSA has proposed changing this strategy from monthly site visits to quarterly site visits after discussion with the private agencies that monthly visits would be too onerous unless the agency has a performance improvement plan in place.	The Monitor has broad concerns about the effectiveness of oversight and quality assurance with child placing agencies. The use of quarterly site visits if part of a well-developed monitoring and QA plan could be effective, but at this point, the Monitor will be working with CFSA to ensure a comprehensive monitoring strategy is in place.
<p>19.c.ii – Beginning January 2011, CFSA, will ensure that, as part of its semiannual assessment, the Contract Monitoring and Program Improvement Administration (CMPIA) provides feedback, technical assistance, and next step recommendations to private agencies to ensure continuous quality improvements are obtained and/or sustained.</p>	1/2011	No date change requested.	CFSA is changing this strategy from semi-annual assessments to annual assessments due to budgetary struggles and the desire to ensure the focus is on the children and families to be served.	The Monitor does not agree with this changed strategy (moving to annual reviews) given the performance issues with the private agencies.

### III. DISCUSSION OF PROGRESS IN MEETING LASHAWN A. v. GRAY REQUIREMENTS

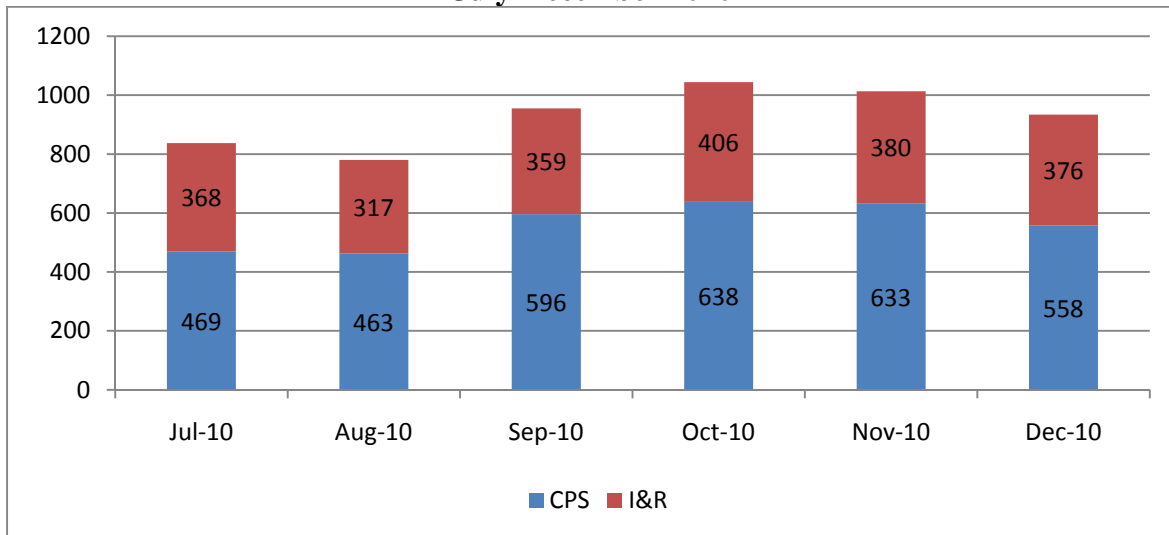
#### A. Child Protective Services (Outcomes to be Maintained #1, 2 & 3)

The District of Columbia’s Child and Family Services Agency (CFSA) is required to maintain a 24 hour a day, 7 day per week hotline to accept reports of alleged abuse and neglect. Over the past several years, there has been ongoing concern about the quality of practice at the hotline. In December 2008, following an assessment of practice at the hotline, a new telephone system with added functionality for supervision and quality assurance became fully operational. CFSA uses the telephone system’s enhanced capabilities to assess the quality of hotline practice. Further CFSA completed a Hotline Practice Manual in 2009 and training based on the manual in 2010. During the next period, the Monitor intends to more closely review CFSA’s hotline quality assurance mechanisms and its outcomes.

CFSA continues to maintain compliance with the IEP Exit Standard that requires immediate entering of all reports of abuse and neglect into its FACES.net information system. Further, when a new report is entered, the hotline worker performs a search to determine whether there have been prior reports of abuse or neglect for that family or of that child.

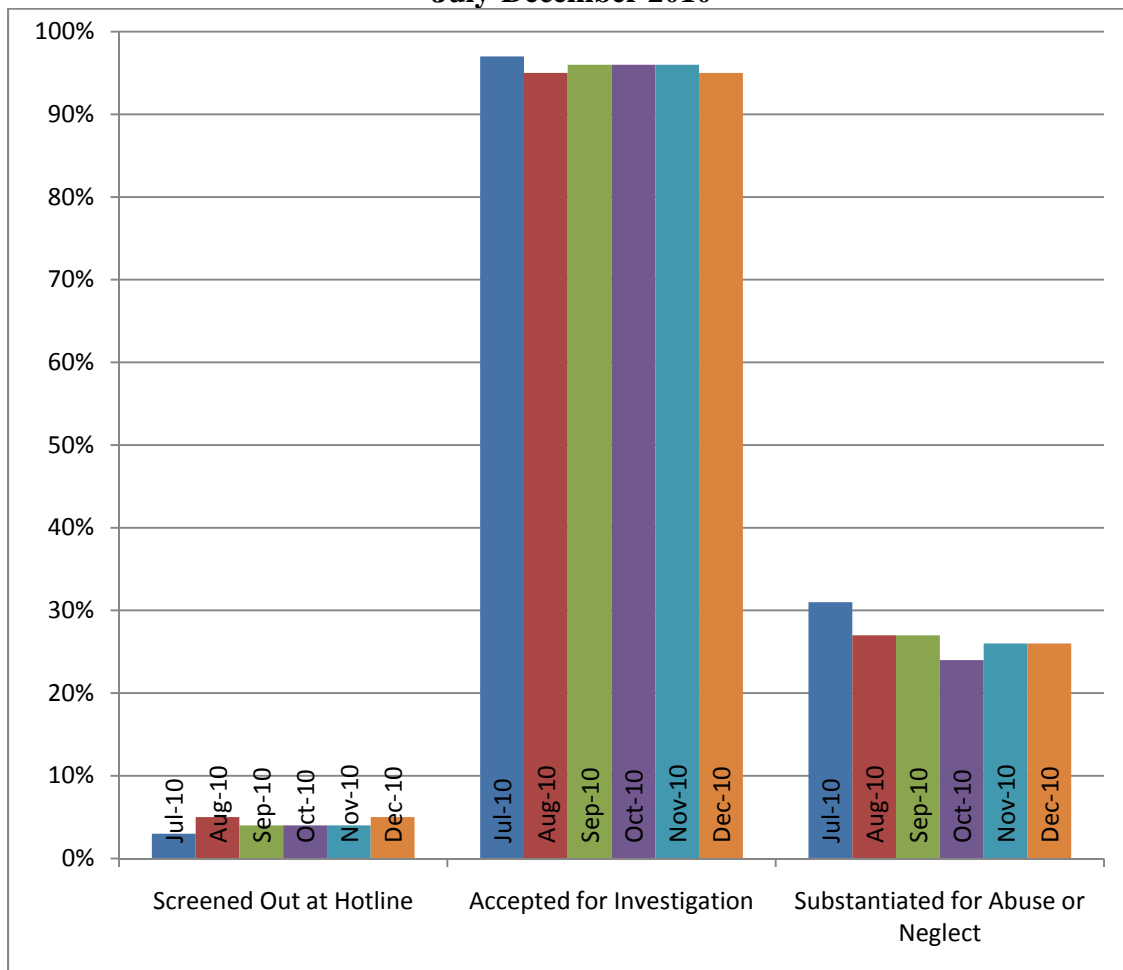
The figures below show the number of calls the hotline received between July and December 2010 and the monthly data on the percentage of calls that are accepted for investigation and whether they were substantiated.

**Figure 1: Calls to the Child Abuse and Neglect Hotline  
Reports of Child Maltreatment (CPS) and Information & Referral (I&R)  
July-December 2010**



Source: CFSA Administrative Data, FACES.net report INT003

**Figure 2: Disposition of Hotline Reports of Abuse or Neglect  
July-December 2010**



Source: CFSA Administrative Data, FACES.net report INT003 & INV011

\* Accepted investigations may not be completed in the month in which they are accepted, therefore the substantiated percentage is not directly related to the number of accepted investigations in that same month.

**1. Investigation Initiation (Outcome to be Achieved #1.a.)**

***The IEP requires CFSA to initiate 95 percent of all investigations within 48 hours or to document good faith efforts to do so.***<sup>57</sup> Initiation of an investigation includes seeing all alleged victim children and talking<sup>58</sup> with them outside the presence of the caretaker, or making good

<sup>57</sup> District law requires an investigation to commence immediately upon receiving a report of suspected abuse or neglect or a referral for investigation following a family assessment indicating that the child's safety or health is in immediate danger; and as soon as possible, and at least within 24 hours, upon receiving any report or a referral for investigation following a family assessment not involving immediate danger to the child. See, D.C. Code 4-1301.04(a), (b) & (c).

<sup>58</sup> For infants and non-verbal children, observation is acceptable.

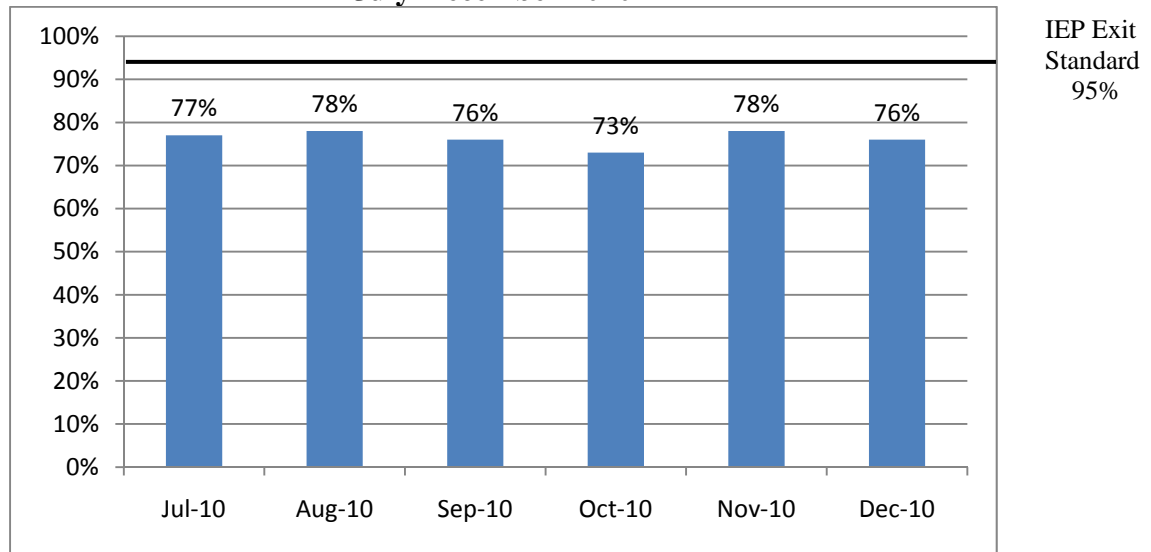


faith efforts to locate all alleged victim children within the 48-hour time frame.<sup>59</sup> Between July and December 2010, between 73 and 78 percent of investigations were initiated within 48 hours.

The Monitor has not validated what percentage of the investigations not initiated within 48 hours met the criteria for “good faith efforts to initiate investigations when the children cannot be located immediately.” In order to answer that question, CFSA’s information management system, FACES.net, needs to be modified to capture information on the IEP requirements for “good faith efforts.” Once CFSA is able to provide their data on investigations meeting “good faith efforts” criteria, the Monitor will conduct a targeted case record review to verify the information for investigations where good faith efforts were made. When the basic management data are available and the Monitor’s validation review is conducted, the Monitor will determine whether or not CFSA’s performance has met the Exit Standard.

Figure 3 below reflects the percentage of investigations initiated within 48 hours. Performance has remained stable over the last six months on initiation of investigations within 48 hours.

**Figure 3: Percentage of Investigations Initiated within 48 Hours by Month July-December 2010<sup>60</sup>**



Source: CFSA Administrative Data, FACES.net report INV001

<sup>59</sup> Based on the IEP, documented good faith efforts to see the alleged victim children within the first 48 hours shall satisfy this requirement if they include: 1) visiting the child’s home at different times of the day; 2) visiting the child’s school and/or day care in an attempt to locate the child if known; 3) contacting the reporter, if known, to elicit additional information about the child’s location; 4) reviewing the CFSA information system and other information systems (e.g. ACEDS, STARS) for additional information about the child and family; and 5) contacting the police for all allegations that a child(ren)’s safety or health is in immediate danger.

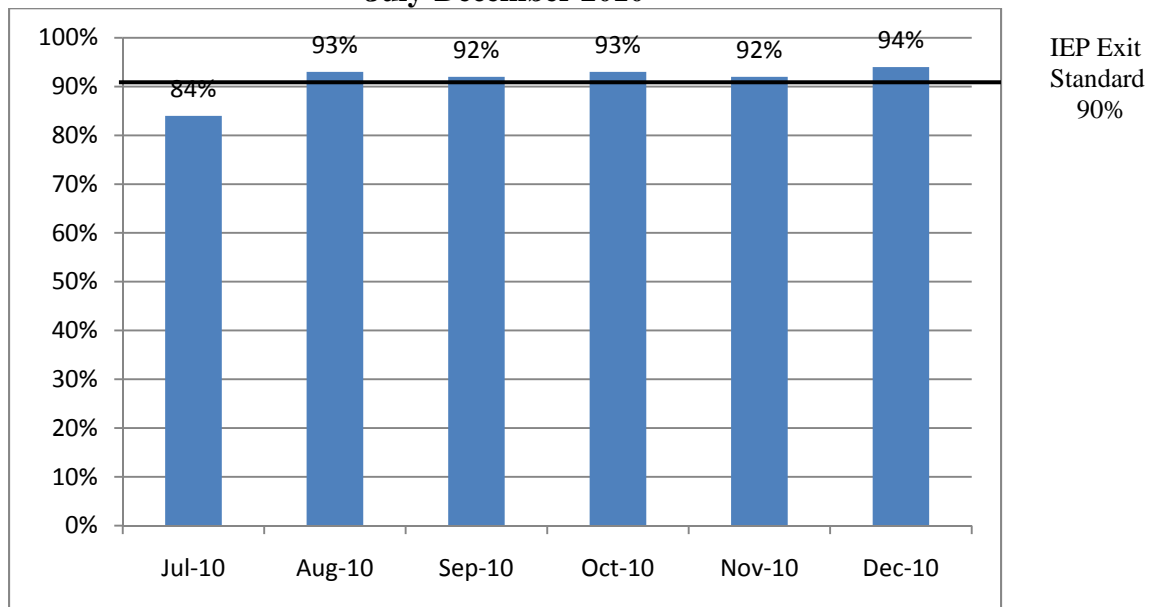
<sup>60</sup> Documented good faith efforts are not included in this performance, as FACES.net data does not capture this information. FACES.net currently documents “attempts to initiate” the investigation. Based on data from FACES.net, between 14% and 19% of investigations had documented attempts to initiate the investigation. The Monitor has consistently found that attempts as documented in FACES.net do not encompass all required good faith efforts. Further validation is necessary to determine whether documented attempts constitute good faith efforts. The Monitor intends to look at good faith efforts through secondary review of the Quality Assurance Division’s quarterly review of investigations.

2. *Completion of Child Abuse and Neglect Investigations (Outcome to be Achieved #1.b)*

*The IEP requires CFSA to complete 90 percent of all non-institutional investigations of alleged child abuse and neglect within 30 days after receipt of a report to the hotline and complete the final report of findings for each investigation within 5 days of the completion of the investigation.*<sup>61</sup> Of investigations closed between July and December 2010, between 84 and 97 percent were completed within 35 days. Since August 2010, performance has consistently met the IEP Exit Standard.

Figure 4 below shows monthly performance for timely completion of child abuse and neglect investigations.

**Figure 4: Percentage of Child Abuse and Neglect Investigations Completed Within 35 Days by Month July-December 2010**



Source: CFSA Administrative Data, FACES.net report INV004

The Monitor reports not only on the percentage of investigations completed within 35 days, but also on the remaining backlog of investigations incomplete after 35 days. As shown in Figure 5, with the exception of a spike in May 2010<sup>62</sup>, the backlog of investigations remaining incomplete after 35 days has remained below 45 investigations each month for calendar year 2010.<sup>63</sup> From

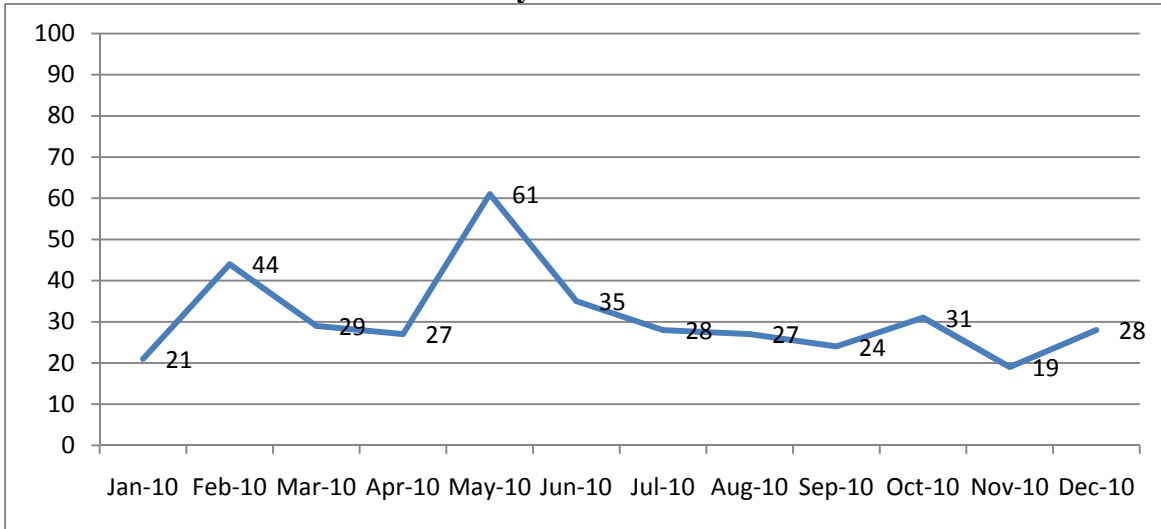
<sup>61</sup> The Court Monitor shall measure compliance with this requirement by validating FACES.net data regarding the percentage of all final reports of findings from investigations that were completed within 35 days after receipt of a report of child maltreatment.

<sup>62</sup> CFSA reports that this spike was due to a loss of staff supports due to the reduction in force.

<sup>63</sup> In August 2009, CFSA started reporting the count of investigations not completed within 35 days as defined in law.

the Monitor’s perspective there will always be some instances where good practice requires an investigation to take longer than 35 days to complete.

**Figure 5: Monthly Backlog of Investigations Not Complete Within 35 Days  
January-December 2010**



Source: CFSA Administrative Data, FACES.net report INV002

To verify the backlog information, the Monitor looked at each of the 28 investigations that remained open beyond 35 days in December 2010 and the justification provided by CFSA for the extended investigation. CFSA’s internal policies require workers to receive an approved exception when investigations go beyond 35 days. Of the 28 investigations, 18 were completed within 60 days and 10 investigations remained open for more than 60 days. CFSA provided justification for 23 of the 28 investigations; the remaining 5 investigations extended beyond the 35 day timeframe without an approved extension.<sup>64</sup> The Monitor reviewed the justification for the 23 investigations and the documentation in the contact notes in FACES.net, and agreed with the extension reasons in 18 (78%) investigations. Additionally, the Monitor reviewed the five investigations which exceeded the 35 day timeframe without an approved extension and found that there was justification for an extension in one of the investigations due to delays in receipt of information from law enforcement. In sum, the Monitor concluded that in December 2010, 19 of the 28 (68%) investigations which remained open beyond the 35 day timeframe for closure had reasonable justifications for doing so.

<sup>64</sup> There are seven categories used to justify an extension of an investigation beyond the 35<sup>th</sup> day. They include “unable to identify or locate,” “out of jurisdiction,” “uncooperative client,” “delay in receipt of critical information,” “links,” “law enforcement,” and “child fatality.”

**3. *Investigations of Institutional Child Abuse or Neglect (Outcome to be Maintained #5)***

***The IEP requires CFSA to maintain compliance with ensuring that 90 percent of investigations of abuse and neglect in foster homes are complete within 35 days and 90 percent of investigations of abuse and neglect involving group homes, day care settings or other congregate care settings are complete within 60 days.*** Between July and December 2010, between 50 and 100 percent of investigations of abuse and neglect in foster homes initiated each month were complete within 35 days and all (100%) of investigations of abuse and neglect in other institutional settings were complete within 60 days.<sup>65</sup> With this performance, CFSA continues to meet the Exit Standard for this outcome.

**4. *Reviews for Families With Four or More Reports of Child Maltreatment (Outcome to be Achieved #1.c)***

***The IEP requires CFSA to review comprehensively the case history and current circumstances of 90 percent of families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months.*** Performance on this requirement cannot be assessed at this time as CFSA is not able to provide the Monitor with data regarding this outcome. CFSA anticipates having an updated FACES.net report by August 2011 to provide data on the number of families that fall into this category as well as whether or not their cases have had a comprehensive review.

CFSA indicates that these reviews take place within the context of one or more of the following already established reviews within the Child Protective Services Administration: 1.) enhanced grand rounds<sup>66</sup>; 2.) 18 day reviews<sup>67</sup>; and 3.) supervisory consultation. The Monitor has no information to confirm that these reviews are systematically occurring at this time.

**5. *Community-based Service Referrals Based on Risk Rating (Outcome to be Achieved #19)***

In order to more systematically and objectively assess the risk to a child as part of a child abuse and neglect investigation, CFSA uses a Structured Decision Making<sup>®</sup> (SDM) Initial Risk

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<sup>65</sup> Over the six month period, the vast majority of investigations of abuse and neglect in foster homes were completed within the 35 day time period. Of the 23 investigations between July and December 2010, two exceeded the 35 day time period. The low performance (50%) from December 2010 was based on one investigation of two total investigations not being completed timely.

<sup>66</sup> Representatives including child protective services, in and out of home care workers, supervisors, program managers, the Office of Clinical Practice, Office of the General Counsel and Quality Assurance review a random selection of three open investigations per month for the purpose of ensuring and assessing the quality of these investigations.

<sup>67</sup> Supervisors, the Program Manager and the Office of the Attorney General are involved in these weekly reviews to improve the timeliness and quality of investigations in the District of Columbia.

Assessment tool developed in consultation with the Children's Research Center.<sup>68</sup> The use of SDM is a common practice in many state/local child protective systems, designed to promote greater consistency and accountability for decision-making on child maltreatment. It is the practice and policy of CFSA, consistent with recommendations from the Children's Research Center, to make decisions on next steps with a family based, in part, on the SDM risk rating as well as the safety assessment results, as opposed to solely relying on whether or not child abuse and neglect allegations are substantiated.

***The IEP requires CFSA to refer 90 percent of families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who are in need of and agree to additional supports are referred to an appropriate Healthy Families Thriving Communities Collaborative or community agency for follow-up.***

Table 4 below indicates that during December 2011, 23 of 67 families (33%) for whom CFSA determined services were needed, based in part on a risk rating during an investigation, were referred to a Collaborative. Additional information is needed about 45 (67%) of the families to make a determination on this measure.

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<sup>68</sup> The Children's Research Center (CRC) was established to help federal, state, and local child welfare agencies reduce child abuse and neglect by developing case management systems and conducting research that improves service delivery to children and families. The CRC works with state and county agencies to implement Structured Decision Making<sup>®</sup> (SDM) systems to provide workers with simple, objective, and reliable tools with which to make the best possible decisions for individual cases, and to provide managers with information for improved planning, evaluation, and resource allocation. For more information, see: [http://www.nccd-crc.org/crc/crc/c\\_index\\_main.html](http://www.nccd-crc.org/crc/crc/c_index_main.html).

**Table 4: Percentage of Families with Low and Moderate Risk Ratings that  
Are Referred to Community-Based Services  
December 2010**

		<b>Number of Families</b>
Families with Low or Moderate SDM Risk Rating		278
Families for whom CFSA Determined No Services were Needed <sup>69</sup>		199
SDM Risk Assessment Overridden to Either Higher Risk Rating Resulting in or Family Requested In-home Services		12
Families for whom Based on the final SDM Risk Rating and the Safety Assessment Result CFSA Determined Supportive Services were Needed:	No Further Action Required <sup>70</sup>	27 (40%)
	Referred to a Collaborative	22 (33%)
	No Information Provided	18 (27%)
	<b>Subtotal</b>	<b>67 (100%)</b>
<b>Total Number of Investigations Closed</b>		<b>533</b>

Source: CFSA Administrative Data, FACES.net report INV089

The Monitor does not believe that the data provided above supplies enough information to assess whether or not the families who need community-based services are being referred to them. Additionally, CFSA cannot currently determine whether the families involved in the 22 investigations and referred to a Collaborative in December 2010 were in fact effectively connected to the services and supports they needed. While community-based services are voluntary and a family can decide not to engage with the Collaboratives once the referral is made, the Monitor continues to believe it is essential that all appropriate referrals are made and that outreach by a Collaborative worker to engage the family is an important practice. Further, CFSA must work with the Collaboratives to track the efforts to engage families and at a minimum, they need a feedback mechanism to know and understand whether or not the families referred are engaged and supported.

<sup>69</sup> CFSA has not provided the Monitor with an explanation as to how the determination was made that these families did not require community-based services.

<sup>70</sup> CFSA is not yet able to further categorize these investigations, but believes that many of them are investigations in which the family was offered a referral to a community based organization for follow-up, but refused. CFSA is working to be able to more clearly distinguish these investigations.

CFSA reports that as directed by their FY2011 contracts with CFSA, the Collaboratives provide CFSA with monthly data documenting each case that has opened and the services provided to each family. Additionally, effective July 15, 2011, the Collaboratives will submit status reports on the following outcomes:

- The percentage of families receiving family supportive services whose children remain in the home at case closure
- The percentage of services provided as requested by the referring CFSA social worker or the family

**6. *Acceptable Investigations (Quality) (Outcome to be Achieved #2)***<sup>71</sup>

***In accordance with the IEP, CFSA's investigations of alleged child abuse and neglect are to meet standards of acceptable quality in addition to timeliness. Evidence of acceptable investigations includes:***

- a. use of CFSA's screening tool in prioritizing response times for initiating investigations;***
- b. interviews with and information obtained from the five core contacts – the victim child(ren), the maltreater, the reporting source (when known), medical resources, and educational resources (for school-aged children);***
- c. interviews with collateral contacts that are likely to provide information about the child's safety and well-being;***
- d. interviews with all children in the household outside the presence of the caretaker, parents or caregivers, or documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child;***
- e. medical and mental health evaluations of the children or parents when the worker determines that such evaluations are needed to complete the investigation, except where a parent refuses to consent to such evaluations***<sup>72</sup>;
- f. use of risk assessment protocol in making decisions resulting from an investigation; and***
- g. initiation of services during the investigation to prevent unnecessary removal of children from their homes.***

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<sup>71</sup> The language from the IEP says that this measure will be assessed by the Quality Service Reviews (QSR). At this point, the CFSA QSR protocol does not include investigative practice; therefore this measure will be assessed by the Monitor through a case record review in the future. The Monitor will request that parties agree to a technical modification of the language in the Court's Order.

<sup>72</sup> When a parent refuses to consent to such an evaluation, the investigative social worker and supervisor shall consult with the Assistant Attorney General to determine whether court intervention is necessary to ensure the health and safety of the child(ren).

***The Exit Standard requires that 80 percent of investigations be of acceptable quality.***

The Monitor assesses performance on this measure through a case record review. The most recent case record review results were released in May 2010.<sup>73</sup> The IEP has further refined the definition and measure of quality to be used in assessing an investigation. The Monitor has not yet re-assessed the quality of investigative practice, but anticipates validating CFSA data through a secondary review of the Quality Assurance Division's quarterly review of ten randomly selected investigations described below (see discussion of *Strategy Plan 1.f.ii*) below.

**7. *IEP Strategies to Achieve Investigative Outcomes (Outcomes to be Achieved #1 & 2)***

The Monitor's May 2010 assessment documented multiple concerns about the timeliness and quality of child protective service investigations in the District of Columbia. The overall quality of the investigations practice was inconsistent and reviewers found that only 44 percent of the investigations were "thorough, comprehensive and of good quality."<sup>74</sup>

Based on the recommendations from the Monitor's report and CFSA's own internal assessment, CFSA committed in the 2010-2011 Strategy Plan to a range of actions, including updating policies, strengthening practice guidance, services to children and families, supervision of practice, training and quality assurance to improve the timeliness and quality of child protective services investigations. These strategy commitments as identified in the Court's December 17, 2010 Order are discussed below.

▪ *Policy*

*CFSA will review and modify, if necessary, its investigations policy to ensure clarity on the definition of quality investigations consistent with DC statute (including reasonable efforts to prevent removal and investigation of relative resources) and the definition included in the 2010 – 2011 Implementation and Exit Plan. (Strategy Plan 1.a.i) (Due Date: September 30, 2011)*

CFSA completed a redraft of its investigations policy in January 2011. As required in the *LaShawn* Modified Final Order (MFO), the Monitor is charged with reviewing and making recommendations on CFSA draft policy. The Monitor reviewed the draft policy and recommended that the policy include a clearer definition of a quality investigation as defined by DC statute and to comport with the IEP.

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<sup>73</sup> Center for the Study of Social Policy, *An Assessment of the Quality of Child Abuse and Neglect Investigative Practices in the District of Columbia* (May 24, 2010). <http://www.cssp.org/publications/child-welfare/class-action-reform/an-assessment-of-the-quality-of-child-protective-services-investigative-practices-in-the-district-of-columbia-may-2010.pdf>

<sup>74</sup> Center for the Study of Social Policy, *An Assessment of the Quality of Child Abuse and Neglect Investigative Practices in the District of Columbia* (May 24, 2010). <http://www.cssp.org/publications/child-welfare/class-action-reform/an-assessment-of-the-quality-of-child-protective-services-investigative-practices-in-the-district-of-columbia-may-2010.pdf>



CFSA has revised the investigations policy based on these and other recommendations and has projected an April 2011 timeline for completion.

*CFSA will complete a CPS investigations practice guide consistent with CFSA policy. (Strategy Plan 1.a.ii) (Due Date: September 2010<sup>75</sup>)*

CFSA did not meet the original projected September 2010 due date for completion of the practice guide and has requested that the Monitor approve a date change to March 2011. A development team lead by CFSA's Child Protective Services Administration has completed a draft Investigations Practice Manual. As of the writing of this report, CFSA reports that the Investigations Practice Manual requires a legal sufficiency review and alignment with the revisions to the investigations policy before finalization. CFSA reports that it intends to finalize this Manual in conjunction with the completed investigations policy by April 2011.

The purpose of the Investigations Practice Manual is to create clear standards and help improve the quality and timeliness of practice. The Monitor has reviewed a draft and notes that it does address issues ranging from the legal requirements related to investigations and reducing trauma related to a child's removal, to engagement and teaming with the child and his or her family, and supervisory involvement. In the Monitor's opinion, the draft Manual is comprehensive in scope, providing detail that will be helpful for investigative social workers as well as their supervisors.

*CFSA in collaboration with the Child Advocacy Center (CAC) and the Metropolitan Police Department (MPD) will review the current Memorandum of Understanding (MOU) and existing policy to modify policy as necessary to increase appropriate utilization of the CAC. Practices to implement the policy and MOU on the use of the CAC will be reflected in the CPS investigations practice guide. (Strategy Plan 1.a.iii) (Due Date: September 30, 2011)*

CFSA and the Metropolitan Police Departments (MPD) Youth Division (YD) conduct joint investigations for some reports of serious sexual abuse investigations and investigations of serious physical abuse. Additionally, a forensic interview by the Child Advocacy Center (CAC) is to be conducted for children younger than twelve years of age in sexual abuse or serious physical abuse investigations.<sup>76</sup> The Monitor, in its May 2010 Assessment, found limited use of the CAC in all applicable cases and recommended that District of Columbia officials determine whether the limited use of the CAC was because referral protocols are not clear or not followed or because they need to be reassessed to promote greater access.

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<sup>75</sup> CFSA has requested to change this date to March 2011. CFSA requested an extension because they are working on revisions to their Investigations Policy and want the Investigations Practice Guide to be consistent with the new policy and the requirements for a quality investigation included in the IEP and DC law. The Monitor is not inclined to concur with this date change because the need for an Investigations Practice Guide was first documented in November 2007. A draft has been shared with the Monitor, but has not yet been finalized.

<sup>76</sup> In comments to a draft of this report, CFSA noted that a forensic interview by the Child Advocacy Center (CAC) is to be conducted only for children younger than 12 years of age. It was the Monitor's understanding that the CAC conducted forensic interviews on all children, regardless of age, where it was appropriate. The Monitor will explore this discrepancy with CFSA and the CAC.

Currently, CFSA is in the process of updating a Memorandum of Understanding (MOU) with all of the members of the Child Advocacy Center (CAC) Multidisciplinary Team (MDT) as well as another MOU with the Metropolitan Police Department (MPD). The updates to the MOUs are intended to clarify the roles and responsibilities of all of the parties when conducting investigations, specifically related to forensic interviewing and the provision of medical exams when children have been seriously physically or sexually abused. Both the investigations policy and Investigations Practice Manual include language and procedures about joint investigations with MPD and the utilization of the CAC. If there are modifications to these processes as a result of the MOU process, both documents will be updated accordingly. The Monitor has not yet seen drafts of the MOUs and cannot comment as to whether they address the concerns outlined in the May 2010 Assessment.

A workgroup, comprised of representatives from the MPD YD, the Office of the Attorney General, Safe Shores (CAC), Children's National Medical Center Child and Adolescent Protective Center (CNMC CAPC), and the United States Attorney's Office, meets on a monthly basis to ensure: 1) all of the key parties are working in strong partnership to investigate cases when children have been seriously physically or sexually abused; 2) full and appropriate utilization of both the CAC as well as the CNMC CAPC; 3) staff training needs are identified and met; 4) the community is aware of the process; and 5) all parties fully understand whether these medical services will be paid through Medicaid funds, DC Crime Victims funds, the birth parents or another federal or district funding source.

*In consultation with the Children's Research Center (CRC), CFSA will recalibrate the risk assessment tool to address reliability of risk assessment process, pending available budgetary resources. (Strategy Plan 1.a.iv) (Due Date: September 30, 2011)*

As discussed above on page 71, the Structured Decision Making<sup>®</sup> (SDM) risk assessment tool was designed by the Children's Research Center (CRC) and is completed by the investigative social worker at the end of an investigation to help determine which families are most at risk of subsequent maltreatment and are most likely to benefit from services, thereby reducing the likelihood of subsequent maltreatment. In the *May 2010 Assessment of the Quality of Child Abuse and Neglect Investigations in the District of Columbia*, the Monitor recommended that CFSA, in accordance with CRC's recommendations, engage in a periodic calibration of the SDM tool as well as refresher training for staff in order to address the reliability of the risk assessment process. With funding from Casey Family Programs, the CRC completed a draft *Preliminary Examination of the Child and Family Services Agency SDM Family Risk Assessment* in January 2011. This report was specifically designed to examine whether or not investigative social workers are using the SDM risk assessment tool as intended to ensure the correct families are being identified for ongoing CFSA services and/or ongoing support services from other community-based providers.

The report has not yet been finalized or released. CFSA has reviewed a draft report and has provided feedback to the CRC and has reported to the Monitor that it has committed the additional funding to revise the SDM tool. This report provides critical and timely information related to whether or not children and families are being assigned appropriate risk levels, whether needed ongoing services are being provided and whether there have been recurrences of abuse or neglect. CFSA expects a final report with recommendations for action to be completed by June 2011.

▪ Practice

*CFSA will develop the capacity (in-house or contracted) to ensure that Family Team Meetings (FTMs) occur prior to a child's removal unless the child is at imminent risk of harm or prior to filing a petition for removal with Superior Court. (Strategy Plan 1.b.i) (Due Date: December 31, 2010)*

CFSA reports it has developed the capacity to ensure that Family Team Meetings (FTMs) occur prior to a child's removal, unless the child is at imminent risk of harm or prior to filing a petition for removal with Superior Court. The Monitor cannot yet verify this information and will do so in a forthcoming supplemental memorandum to the Court.

In order to carry out the IEP Strategy Plan commitment, CFSA is working to define the population of families that might benefit from an FTM prior to a removal, unless the child is at imminent risk of removal. An internal work group is considering targeting categories of children and families who are at high risk for removal from their home and could benefit from an FTM such as families who are being referred from CPS to the in home units needing more intensive services and younger parents with multiple children who may be isolated from strong support systems.

The work group is also assessing staff capacity issues to ensure that any expectations outlined in policy can be implemented and that there are enough FTM facilitators and coordinators available to support implementation. Given a current staff of five full time equivalent (FTE) facilitators responsible for conducting FTMs and five FTE coordinators who prepare families and children for these meetings, this is an important consideration. Additional staff may be needed to support full implementation of pre-removal FTMs.

*CFSA will identify any additional action steps necessary to implement the investigative practice recommendations from the Monitor's report and implement such action steps or provide rationale as to why the Agency is choosing not to implement the recommendations. (Strategy Plan 1.b.ii) (Due Date: September 30, 2011)*

As of the writing of this report, CFSA has not identified any additional action steps necessary to implement the investigative practice recommendations from the Monitor's report.

*CFSA will develop and define the process for comprehensive reviews of families with four or more reports of abuse and neglect which may include the investigations program manager, the current investigative worker, the Office of Clinical Practice, Collaborative workers and others who have prior familiarity with the family. (Strategy Plan 1.b.iii) (Due Date: September 30, 2011)*

As indicated on page 71, CFSA has preliminarily defined the process they intend to use for these comprehensive reviews of families with four or more reports of abuse or neglect. The expectation is that these reviews will take place within the context of one or more of the following already established reviews including, but not limited to: 1) enhanced grand rounds, 2) 18 day reviews, and 3) supervisory consultation.

When families have had four or more reports of abuse or neglect to the CFSA hotline, it is the expectation that the dialogue within these reviews, will be more in-depth and consider re-occurring trends and patterns and whether or not there are underlying issues that were not addressed in earlier investigations and assessments.

*CFSA will implement the comprehensive reviews of families with four or more reports of abuse and neglect which may include the investigations program manager, the current investigative worker, the Office of Clinical Practice, Collaborative workers and others who have prior familiarity with the family. (Strategy Plan 1.b.iv) (Due Date: November 1, 2010<sup>77</sup>)*

CFSA did not meet the proposed November 1, 2010 due date and requested a modification to March 2011. To ensure comprehensive and quality implementation, CFSA plans to provide additional communication and support to ensure that staff are clear on the expectations for these reviews when families have had four or more reports of abuse or neglect, whether the review takes place within the enhanced grand rounds, 18 day reviews, supervisory consultation or another existing review structure. This communication and support will be in the form of revised policy. The Monitor recommends that more than a policy directive is needed and that the plan needs to incorporate additional worker training and enhanced supervision.

CFSA's existing quality assurance review tool currently identifies whether a case is in a corrective action category. CFSA is enhancing this tool to create a quality assurance review process, which is currently under development and targeted for full implementation in May 2011, to assess whether or not these reviews are occurring as well as whether more

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<sup>77</sup> CFSA has requested to change this date to March 2011. CFSA requested an extension because they intend to include guidance on this requirement in the revised Investigations Policy which is not due until September 30, 2011. The Monitor does not concur with this date change because the need to implement comprehensive reviews of families with four or more reports of abuse and neglect dates back to the original MFO and has not been implemented at this time.

comprehensive reviews are helping to identify and address underlying issues that may be impacting the child and his or her family.<sup>78</sup>

This quality assurance review process is expected to be guided by a revised child and family specific review tool that will be used in supervisory discussions with social workers. It will be the responsibility of the supervisor to complete the form and enter relevant recommendations resulting from these supervisory discussions into FACES.net.

Lastly, CFSA is targeting August, 2011 to complete revisions to the report that will be available regarding families with four or more reports of abuse or neglect and whether a review was completed.

*Investigators will seek the assistance of the CPS-assigned nurses and the Office of Clinical Practice professionals when needed for all investigations that present medical or mental health needs for the child(ren) and/or caregivers. (Strategy Plan 1.b.v) (Due Date: September 30, 2011)*

Currently, CFSA reports there are two nurses assigned specifically to support social workers conducting child protective services investigations.

While there are not clear policy/practice guidelines regarding the availability of nurses specifically for investigations, the investigations policy does outline a broad array of supports available through the Office of Clinical Practice (OCP).

Neither the current *DC Investigations Review Tool* nor any other CFSA review process specifically assesses whether nurses are sought for consultation as needed in the course of an investigation.<sup>79</sup>

The Monitor expects to collect additional information to report on the implementation of this strategy in an upcoming monitoring report.

- *Services During an Investigation*

*CFSA will identify and address current barriers to referrals for supportive services during an investigation in order to increase utilization of such services by families. (Strategy Plan 1.c.i) (Due Date: September 30, 2011)*

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<sup>78</sup> This was identified as critical to improving child and family outcomes, including but not limited to comprehensive reviews of families with four or more reports of abuse or neglect, visitation, reunification services, quality of the identification of as well as engagement and teaming with relatives and kin, safety decisions, progress towards permanency and a youth's readiness to transition into adulthood. Compliance requirements are incorporated into the quality review outcomes. The leadership is aiming to better equip program managers and supervisors with an enhanced quality assurance review tool that leads to and improves the quality of supervision. It has not yet been decided if this process will be used to gather information for aggregated data reports.

<sup>79</sup> This tool was developed by the Center for the Study of Social Policy for the May, 2010 Assessment of the Quality of Child Abuse and Neglect Investigative Practices in the District of Columbia. It has now been revised to reflect policy changes and the Implementation and Exit Plan (IEP) and is being used as a part of the quarterly, random reviews of investigations in the District of Columbia.

While there is not a formal process specifically designed to identify and address barriers to referrals for supportive services, there are a variety of strategies being implemented by CPS to increase utilization of such services by families.

In a daily meeting known as a “screening panel,” a CPS program manager, several identified supervisors and a representative from the Collaboratives meet to discuss all of the referrals that were received the previous day. Assignments of investigations are made to CPS units based on prior history with CFSA including whether or not there have been four or more prior reports of abuse or neglect, geographic assignment, whether or not there is an allegation of serious physical or sexual abuse as well as based on a rotation and other caseload related considerations. At least one representative from each of the Collaboratives participates in this meeting to ensure that each Collaborative has an understanding of the children and families who may be referred to them during the day and provide background information on families who may have been previously served through the Collaboratives. This is an opportunity for the Collaboratives to aid in the identification of services that may be needed by a particular family in their own home community.

*CFSA will develop a working group to determine an accurate baseline of potential referrals to the Collaboratives from CPS. (Strategy Plan 1.c.ii) (Due Date: September 30, 2011)*

Targets were established in October 2010 through contract negotiations with each of the Collaboratives. The Monitor does not believe this is a baseline based on “need,” but that the targets reflect decisions that seek to balance need and existing resources.

*CFSA will conduct a case review of children who are removed from their home for short periods of time to determine alternative strategies for keeping children safely in their homes. (Strategy Plan 1.c.iii) (Due Date: September 30, 2011)*

CFSA and the Citizen’s Review Panel<sup>80</sup> are completing reviews of a sample of children removed from their homes for short periods of time to determine alternative strategies for keeping children safely in their homes. CFSA expects to complete its report in September 2011.

Additionally, the Citizen’s Review Panel is conducting a review of a sample of children removed from their homes in 2010 with a particular focus on whether not children should have been removed in the first place and, for those removed and then reunified, whether or not they should have been reunified.

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<sup>80</sup> The CPS Citizen’s Review Panel, mandated by the Child Abuse Prevention and Treatment Act, is made up of concerned District of Columbia citizens who want to ensure that children and families are receiving appropriate services and supports to ensure their safety and general well-being, as well as ensuring that children achieve permanence.

▪ Supervision of Practice

The IEP includes multiple strategies designed to improve the frequency and quality of supervision of investigative practice, including:

- *CFSA will ensure supervisory consultation in advance of the investigative worker going into the field to guide the social worker prior to initiating the investigation.(Strategy Plan 1.d.i) (Due Date: September 30, 2011)*
- *CFSA will ensure that program managers and supervisors review open investigations at the 18th day to discuss and resolve barriers to timely and safe closure, and document those efforts in the investigation file. (Strategy Plan 1.d.ii) (Due Date: September 30, 2011)*
- *CFSA will ensure that through weekly case reviews, program managers and supervisors will identify barriers and practice concerns related to the timeliness and quality of the investigations. This will include reviewing documented efforts to obtain information from collateral contacts and documentation of case staffings held with ongoing social workers, when applicable, to inform the investigation regarding the immediate safety of all children and the risk factors present for the child and family and to address safety issues identified by the investigator.(Strategy Plan 1.f.iii) (Due Date: September 30, 2011)*
- *CFSA will ensure that investigations that exceed the 30-day time frame for completion have just cause, approved by a supervisor, reflected in FACES.net.NET. (Strategy Plan 1.d.iii) (Due Date: beginning in June 2010)*

The aforementioned 18-Day Review includes a review and analysis of open investigations at the 18<sup>th</sup> day after the investigation has begun as well as investigations that exceed the 30 day time-frame for completion. The monitor has been able to observe this 18-Day Review process, which has been institutionalized since 2009 and is an ongoing strategy of CFSA's CPS Administration to improve the timeliness and quality of investigations.

These reviews occur weekly at CFSA and involve supervisors, program managers and the Office of the General Counsel. Program managers for each of the three units within the CPS Administration conduct these weekly meetings. The meeting participants use FACES.net reports to guide discussions and ensure that all applicable investigations are included in the review. It is the expectation that prior to the meeting, supervisors have been involved in providing support to the investigative social worker on an ongoing basis; and have reviewed progress within 10 days and then again within 15 days of the investigation being opened. These reviews are formally documented within FACES.net to ensure that quick and ready access to any follow up recommendations is available to investigative social workers and family support workers. Individual case issues as well as personnel and broader systemic issues impacting investigative practice are identified and addressed through these reviews.

As noted earlier in the report, the Monitor concluded that in December 2010, 19 of the 28 (68%) investigations which remained open beyond the 35 day timeframe for closure had just cause.

▪ Training

The IEP included a number of strategies related to training for CPS investigators and supervisors including:

- *The Child Protection Services (CPS) pre-service training curriculum will be completed and will reflect any changes to policy as well as the CPS practice guide. (Strategy Plan 1.e.i) (Due Date: By November 2010)*
- *The CPS pre-service training curriculum will be used for any new staff or supervisors assigned to investigations. (Strategy Plan 1.e.ii) (Due Date: Beginning December 2010)*
- *All investigators and supervisors will be trained on the CPS investigations practice guide. (Strategy Plan 1.e.iii) (Due Date: December 31, 2010<sup>81</sup>)*

While CFSA anticipates the investigations policy as well as the Investigations Practice Manual to be finalized in April 2011, the leadership made a decision to provide training in November and December 2010 using material from the draft Investigative Practice Manual for certain, identified investigative social workers, family support workers and their supervisors from three units. The decision was based on a recognition that training was needed for existing staff persons and conducting a pilot training would allow leadership and training staff to gather crucial feedback related to the draft policies, procedures and training curriculum before the more comprehensive training for veteran staff, which is now set for May 2011. Since December 2010, CFSA reports that the basic tenets of the Investigations Practice Manual have been included in pre-service training for new CPS workers.

The Monitor expects to be able to provide a full report on the May 2011 training as well as a curriculum review for the next monitoring report.

▪ Quality Assurance

*CFSA will ensure the effective, continuing use of CPS quality assurance measures: ChildStat (at least one investigation every six months), Grand Rounds (two open investigations reviewed per month) and the validation of five hotline call reviews per month.(Strategy Plan 1.f.i. Due Date: Ongoing)*

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<sup>81</sup> CFSA has requested to change this date to May 2011. CFSA requested an extension because they are not able to train on the Investigations Practice Guide until it is complete. The Monitor concurs with this request, but recommends that the plan and timetable for training be developed as part of the completion of the Practice Guide and that training be completed within 3 months after completion of the practice guide. In comments to this report, CFSA reports that training is scheduled for May 2011.



CFSA is ensuring the effective continuing use of ChildStat and Grand Rounds. While undergoing some revisions, the Quality Assurance (QA) Division continues to validate five hotline call reviews per month.

DC ChildStat is a macro level case process review to examine how child and family specific decisions are made and can be improved. These reviews are intended to identify the practice and systems related issues that may be impacting the quality of casework practice in the District of Columbia. The Monitor frequently observes the monthly ChildStat meetings.

In 2010, the QA Division began implementation of an enhanced Grand Rounds process in which three open investigations are randomly selected for review, analysis and feedback. The expectation is that at least one of the investigations selected is one in which there have been four or more reports of abuse or neglect, which allows for performance evaluation and an exploration of trends that may be impacting child and family outcomes. In addition to the CPS staff persons, ongoing supervisors from CFSA as well as the private agencies are included in these reviews.

In March 2009, the CFSA hotline phone system was upgraded to select random calls meeting particular length requirements and prompt Hotline supervisors to listen to the calls and review the corresponding documentation on FACES.net. Supervisors completed an on-line review tool rating the accuracy, thoroughness, attention to child safety, and customer service aspects of the hotline worker's response. The review tool was based largely on the review tool used by the National Resource Center for Child Protective Services (NRC) during its review of hotline calls in 2008.

The results of these reviews were to provide a basis for supervisory oversight of worker quality and establish a standard set of expectations for discussions around performance. The reviews were also to help identify areas where the worker needed training or coaching. The performance reviews of the hotline assess: 1) the questions being asked by the hotline worker; 2) the verification of information gathered by the hotline worker; 3) the resulting data entry into FACES.net and whether the FACES.net report accurately reflects the call; 4) whether or not the call was appropriately screened for investigation; and 5) how respectfully customers are being treated. Since 2010 the protocol has required the system to select three calls per hotline worker per month at random. A subset of the reviewed calls was also to be reviewed by program managers and program administrators. Since the tools are online and the results are stored electronically, the results of the reviews can be tabulated to indicate trends, concerns, inconsistencies or differences in people reviewing the same case.

The QA Division is responsible for validating five hotline call reviews per month. QA works with CPS to reconcile the data from these reviews and to use it to inform practice.

*Quality Assurance (QA) staff will complete 10 reviews of randomly selected investigations each quarter for 12 months using a shortened version of the tool used by the Court Monitor. The sample will consist of investigations that have been closed within 15 days of the review date. The*

*QA staff will work with the Court Monitor to validate these findings. (Strategy Plan 1.f.ii) (Due Date: July 2010 and ongoing)*

The first quarter review has been completed. The Monitor and CFSA have created the following process to validate the findings and expect to be able to report on an annual basis on the 40 reviews. CFSA's QA Division will review 10 randomly selected records of investigations completed each quarter. QA will conduct an internal quality control of their review and send the results of responses to questions on an instrument, jointly developed by CFSA and the Monitor. The Monitor will conduct a secondary review process of each instrument and discuss discrepancies with QA to determine a final response to each question. The Monitor intends to use the validated data from this process to report on the quality of investigative practice.

## **B. In-Home Services to Children and Families**

As of December 31, 2010, CFSA was providing in-home services to 2011 children in 626 families.<sup>82</sup> Through the provision of services to families in their own homes, the goal is to safely maintain children with their families rather than placement in foster care. In-home services are provided by CFSA social workers and in some cases with support from family support workers and the Healthy Family Thriving Community Collaboratives.

CFSA and the Healthy Families Thriving Communities Collaboratives have continued to implement the Partnership for Community-Based Services (PCBS), a practice protocol to guide CFSA and Collaborative workers to "team" to meet the needs of families and children. In April 2010, CFSA and the Collaboratives released their Year 1 Implementation Report. This evaluation found that co-location of CFSA staff at the Collaboratives has improved communication and the understanding that each organization has of the other's functions, missions and working practices and has made it easier for CFSA social workers to get to families and for families to get what they need. The evaluation also identified a number of areas for further improvement including logistical issues and further delineation of and training on the practice protocol to clarify roles, responsibilities and cooperation expectations for workers

In order to address the areas identified for further improvement, CFSA and the Collaboratives have reconvened a joint Implementation Committee to develop a plan to improve and sustain the functioning of the Partnership for Community-Based Services.

### ***1. Visits to Families with In-Home Cases (Outcome to be Achieved #4)***

In order to ensure the safety of the children who remain in their home, CFSA workers and other designated providers are required to visit families with In-Home cases twice monthly. The IEP Exit Standard is slightly changed from the interim benchmark of the Amended Implementation Plan (AIP). The new standard allows workers other than the assigned CFSA social worker (i.e., a

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<sup>82</sup> This count of children served includes children remaining in-home while their siblings are served in out-of-home placement.

CFSA or Collaborative family support worker) to conduct the second monthly visit. ***In order to satisfy the IEP Exit Standard, CFSA must ensure that 95 percent of families are visited monthly by a CFSA or private agency social worker and 85 percent of families are visited a second time monthly by a CFSA or private agency social worker, a family support worker or a Collaborative family support worker.***

With the change in the requirement to allow other workers to conduct the second visit in a month, CFSA needs to update the logic used by FACES.net to produce data on this measure as they have not yet altered their data collection to track visits by workers other than CFSA or private agency social workers.<sup>83</sup> CFSA began providing the data in February 2011 and the Monitor will validate the data for a subsequent report to the Court.

***The IEP also requires workers to assess and document the safety of each child at every visit and to interview each child separately at least monthly outside the presence of the caretaker. In order to meet the Exit Standard, there must be documentation of the above occurring in 90 percent of cases.*** At this point, CFSA is unable to provide performance data on this measure nor has the Agency provided the Monitor with a date by which they expect these data to be available.

## **2. *Strategies to Achieve Visitation Outcomes (Outcome to be Achieved #4)***

### **▪ Worker Visits to Families Receiving In-Home Services**

*For all new in-home cases, the CFSA social worker will discuss the purpose and frequency of visits with the family, will schedule one of the two monthly visits with the family and will review the visitation schedule with their supervisor. The scheduled visit does not preclude the ability of social workers to make unannounced visits. (Strategy Plan 3.b.i) (Due Date: October 1, 2010<sup>84</sup>)*

On February 28, 2011, CFSA submitted to the Monitor a new draft visitation policy. The draft policy incorporates all of the changes to the visitation requirements based on the IEP. Additionally, it includes language requiring social workers to work with families to create visitation plans. CFSA anticipates releasing this new policy in April 2011.

## **C. Ensuring Children in Out-of-Home Placement have Safe, Appropriate, and Family-based Placements**

Children enter foster care when they cannot be kept safely in their own homes. Federal and District Law and the IEP have multiple requirements regarding the placement and supervision of children in out-of-home care to ensure their safety, permanency and healthy development. Figure

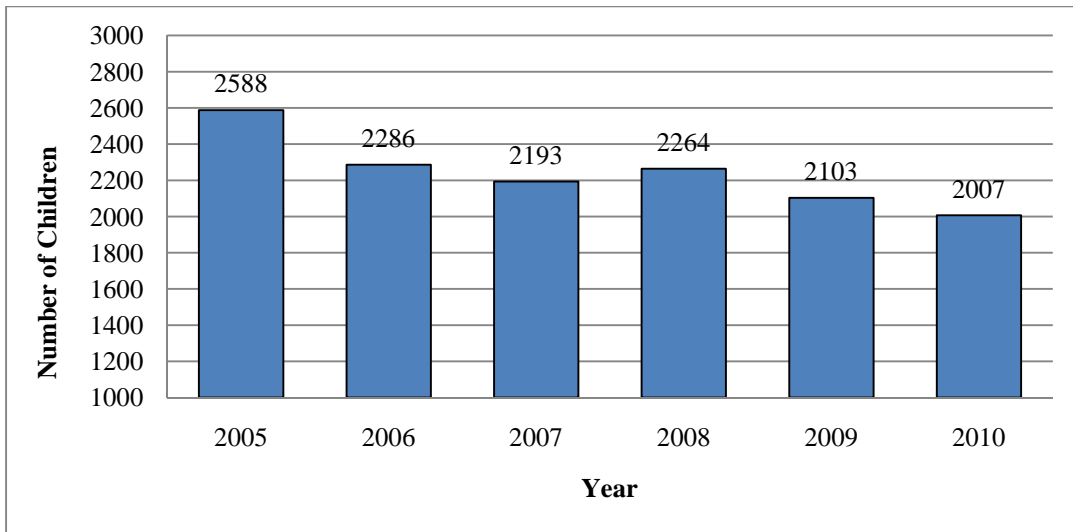
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<sup>83</sup> Based on the old logic, which includes the requirement that twice monthly visits be conducted by the assigned CFSA or private agency social worker, between July and December 2010, between 79 and 87 percent of families were visited by their assigned caseworker twice monthly with one visit occurring in the family's home.

<sup>84</sup> CFSA has requested to change this date to February 2011. CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements. The Monitor concurs.

6 below shows the number of children in out-of-home placement in the District of Columbia from 2005 to 2010. There has been a steady and significant reduction in the number of children in care from 2005 to 2010. The number of children in foster care rose slightly in 2008, but currently remains below 2005 levels.

**Figure 6: Number of Children in Out-of-Home Placement by Year  
CY2005-CY2010**



Source: CFSA Administrative Data, FACES.net report PLC155

Note: These are point in time data taken on the last day of the calendar year.

**1. Demographics of Children in Out-of-Home Care**

Table 5 below shows the number of children in out-of-home placement in the District of Columbia and basic demographic information. On December 31, 2010, there were 2007 children between the ages of 0 and 21 in out-of-home placement. The majority of the children are African American (92%) and either under the age of five (22%) or over the age of 18 (25%).

**Table 5: Demographics of Children in Out-of-Home Placement  
As of December 31, 2010**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
Male	1028	51%
Female	979	49%
<b>Total</b>	<b>2007</b>	<b>100%</b>
<b>Race</b>	<b>Number</b>	<b>Percent</b>
Asian	2	<1%
Black or African American	1850	92%
Native Hawaiian or Other Pacific Islander	1	<1%
Unknown	112	5%
White	42	2%
<b>Total</b>	<b>2007</b>	<b>100%</b>
<b>Age</b>	<b>Number</b>	<b>Percent</b>
1 year or less	122	6%
2-5 years	324	16%
6-8 years	211	11%
9-11 years	208	10%
12-14 years	238	12%
15-17 years	397	20%
18-21 years	507	25%
<b>Total</b>	<b>2007</b>	<b>100%</b>

Source: CFSA Administrative Data, FACES.net report PLC156

## 2. *Investigation of Relative Resources (Outcome to be Achieved #7)*

In order to decrease the trauma of out-of-home placement and increase children's stability and successful outcomes, CFSA is required to investigate relative resources in all cases requiring removal of children from their own homes. As a proxy, the Monitor measures investigation of relative resources through data from Family Team Meetings (FTMs), ***which in accordance with the IEP are to be held prior to removal in 70 percent of applicable cases.*** It is the practice of the Agency to use these Family Team Meetings to help identify family members who may be able to become a placement resource. ***In accordance with the IEP, CFSA is to make reasonable efforts to identify, locate and invite known relatives to FTMs in 90 percent of cases where a child has been removed from his/her home.*** The Monitor did not receive FTM data from CFSA until April 18, 2011 as part of CFSA's response to the draft monitoring report. The Monitor needs additional time to analyze the data, but will do so and will provide the information in a supplemental memorandum to the Court.

## 3. *Strategies to Identify and Investigate Relative Resources (Outcome to be Achieved #7)*

### ▪ Policy

*CFSA will implement the requirements of the Fostering Connections Act relating to the engagement of relatives as part of the routine Agency response to allegations of abuse or neglect in the family home. (Strategy Plan 4.a.i) (Due Date: October 31, 2010)*

CFSA distributed an Administrative Issuance, *Notice of Removal to Adult Relatives of Children and Youth Entering Foster Care*, in December 2009. Within 30 days of a child's entrance into foster care in the District of Columbia, staff persons are required to identify and notify any absent parents, paternal or maternal grandparents, other adult relatives as well as non-relatives who may be identified by family members as having a significant role in the child's life.

These same requirements are incorporated by reference into relevant education, in-home services, out of home services and are included in drafts of permanency planning and placement policies. At this point in time, the Monitor has not validated whether or not this Administrative Issuance is being implemented with a consistent level of quality and uniformity.

The Monitor will be able report on these polices as well as the quality and consistency of the implementation related to this strategy in an upcoming monitoring report.

*CFSA will develop policy (1) defining consistent with federal law, which foster care licensing standards are "non-safety" in nature and, therefore, eligible for the exercise of waiver authority in relation to licensing kinship placements; (2) permitting temporary kinship licensing to be*

*utilized in circumstances in which relative placement is determined to be in the best interest of the child and safety can be maintained; (3) age appropriate policy and age appropriate licensing standards for ensuring kinship placements for 18 to 20 year olds under Family Court jurisdiction who wish to live with identified and qualified kin. In developing these policies, CFSA shall reassess 29 D.C.M.R §6000.5 and whether its assignment of waiver authority to the Director remains appropriate. CFSA will develop and promulgate policy regarding full implementation of the temporary kin licensing agreement with Maryland. (Strategy Plan 4.a.ii) (Due Date: November 30, 2010<sup>85</sup>)*

CFSA has engaged the Children’s Law Center, private agencies, CFSA staff persons, resource and adoptive parents in an effort to ensure CFSA policy clearly defines non-safety related waivers for approval of kin homes, allows for temporary licensure of kin homes, and addresses variances in policy that may be appropriate for 18 to 20 year olds.

To date, discussions have focused primarily on defining those licensure requirements that could be considered non-safety related (such as the number of bedrooms required to serve as a resource parent) and identifying those persons who have the authority to grant waivers of non-safety related licensure requirements. Also under consideration has been the issue of temporary licensure of kin homes, specifically whether or not exigent circumstances<sup>86</sup> requirements should be removed or modified to ensure all children and youth in foster care in the District of Columbia can be placed with relatives or kin without undue delay and prior to those persons becoming fully licensed.

To ensure the timely approval and placement of children with relatives and other persons willing and able to serve as adoptive parents in the State of Maryland, the workgroup considered the merits of removing the exigent circumstances requirement from the agreement and expanding the population of children and youth eligible to be placed in Maryland through this process to include those children and youth served by private agencies in the District of Columbia.<sup>87</sup>

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<sup>85</sup> CFSA has requested to change this date to April 2011. CFSA requested an extension in order to finalize the policy and incorporate information received from series of permanency forums held throughout the fall. The Monitor concurs.

<sup>86</sup> According to DC Code, exigent circumstances exist if a child who would be placed in the home if it had a temporary license: (a) Must be removed from her or his home immediately because of suspected or supported child abuse or neglect; (b) Is in CFSA’s custody and must be removed from her or his placement immediately; or (c) Has been removed from her or his home because of child abuse and neglect; and (1) A petition alleging neglect of the child has been filed before the Family Division of the Superior Court of the District of Columbia pursuant to D.C. Official Code § 16-2305; and (2) A disposition of the neglect petition pursuant to D.C. Official Code § 16-2320 has not yet occurred.

<sup>87</sup> In comments to a draft of this report, CFSA indicated that it has determined that any modification would be inconsistent with the requirements of an agreement between CFSA, the Metropolitan Police Department and the Federal Bureau of Investigations as the exigent circumstances requirement is an essential element to this agreement.

It is hoped that CFSA will continue to address all barriers to safe and timely placement with relatives and kin who may be living in the District of Columbia or another jurisdiction and that these will be fully addressed and incorporated into policy revisions CFSA is targeting for completion by April 2011. Further information regarding this strategy will be included in the next monitoring report.

▪ Practice

*CFSA will immediately and on an ongoing basis ensure that social workers take reasonable action to identify and assess relative resources, including, but not limited to: (a) coordinating the initial FTM for families experiencing a removal, identifying relatives and inviting them to attend the FTM, (b) submitting a referral to the Diligent Search Unit when further assistance is needed, to expand the search to locate additional family members. (Strategy Plan 4.a.iii)(Due Date: September 30, 2011)*

While CFSA has reported that they are making efforts through policy, training and other communication forums to ensure staff persons understand the expectation that family members and kin should be identified and participate in Family Team Meetings (FTMs) when a child is at risk of removal or has been removed, they do not currently have a way to measure the success of this work. There is no methodology in place to track how and when relatives are identified and involved in FTMs to ensure this is happening and with what frequency.

CFSA reports they are now using a database to capture information on whether or not family members and kin are participating in the Family Team Meetings for those children and youth experiencing a removal. This database provides information on the total number of family team meeting participants, including information on the number of individuals representing both the maternal and paternal sides of the family. Family Team Meeting staff persons began using this database on March 7, 2011.

The CFSA Community Services Administration includes a ten person Diligent Search Unit largely made up of persons with law enforcement backgrounds to assist workers in looking for available relative resources. These persons receive referrals from social workers to assist with person-specific searches using web-based search technology and connections with law enforcement in many different states and jurisdictions. The work of the Diligent Search Unit is triggered through a referral when a family first comes to the attention of CFSA or at the point CFSA is considering moving forward to file a termination of parental rights petition. Once the

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The Monitor will explore this further with CFSA and will also discuss any additional options to afford all children and youth in foster care in the District of Columbia the opportunity to be placed with a relative in a timely manner through temporary kin licensure.



person sought is identified and contact is made, the Diligent Search Unit provides information back to the referring social worker for follow up as may be needed and appropriate.

The Monitor expects to be able to provide further information in an upcoming monitoring report on the utility and effectiveness of the referral process to the Diligent Search Unit and follow-up related to persons identified through these searches, as well as information on the relative and kin participants in the Family Team Meeting at the point of removal.

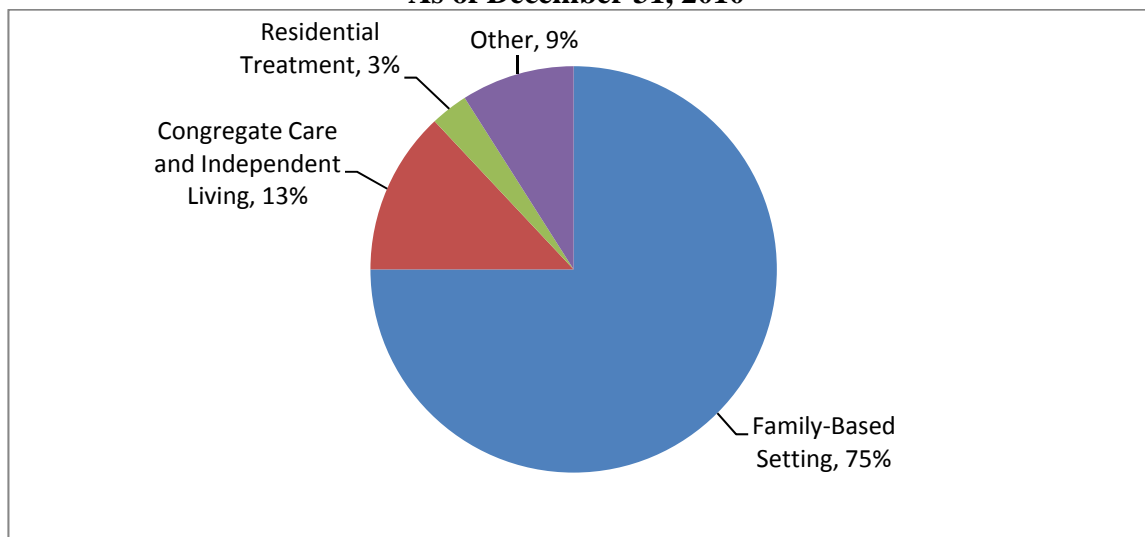
#### 4. Placement in Most Family-like Setting (Outcome to be Achieved #8a)

*The IEP requires that 90 percent of children removed from their homes are to be placed in the least restrictive, most family-like setting appropriate to their needs.* As of December 31, 2010, of the 2007 children in out-of-home care, 1507 (75%) children were placed in family-based settings. The performance on this requirement remained steady between July and December with between 74 and 75 percent of children placed in family-based settings.

The data on the type of placement setting only indicate whether or not it is a family-based setting. The Monitor will conduct a case record review to determine the appropriateness of children's placements in all settings, including whether the setting is the least restrictive based on the child's needs.

Figure 7 below displays the placement types for children in out-of-home care as of December 31, 2010.

**Figure 7: Placement Type for Children in Out-of-Home Care  
As of December 31, 2010**



Source: CFSA Administrative Data, FACES.net report CMT232

\*Other includes abscondance, correctional facilities, hospitals, substance abuse treatment placement and transitional living services programs.

**5. No Child Overnight at the CFSA Office (Outcome to be Maintained #8)**

*The IEP requires CFSA to maintain performance on ensuring that no child stays overnight in the CFSA office building.* CFSA is expected to notify the Monitor any time a child stays overnight at the CFSA office building. During 2010, there were no reports to the Monitor of any child staying overnight at the CFSA office building. CFSA continues to maintain this Exit Standard.

**6. Placement in Emergency Short-term or Shelter Facilities (Outcome to be Achieved #8b)**

Children do best when they are placed with families and experience few placement moves. The use of shelter and emergency placements increases placement instability and can be detrimental to a child's well-being. *The IEP requires that no child remain in an emergency, short-term or shelter facility or foster home for more than 30 days.* Between July and December 2010, a range of between 3 and 11 children each month were placed in an emergency, short term or shelter facility or foster home for more than 30 days.

In refining the measurement for this outcome, the IEP requires that based on individual review, the Monitor's assessment will exclude, on a case-by-case basis, children placed in an emergency, short-term, or shelter facility or foster home for more than 30 days when moving them would not be in their best interests. Within 120 days of the Court's Order (by April 16, 2011), the Monitor and the District of Columbia are to develop a working definition to guide the determination of "a child's best interest" in this case. On March 21, 2011, CFSA submitted a memo to the Monitor proposing certain exclusions to this outcome. The Monitor reviewed the proposal and suggested modifications which will be discussed.

As there is not yet agreement on these exclusion criteria, the July through December 2010 performance above does not exclude any children. The Monitor and CFSA will come to an agreement on the exclusion criteria and adjust performance on the outcome based on the agreement in the next monitoring report.

**7. Placement of Young Children (Outcome to be Achieved #9)**

*In accordance with the IEP, children under the age of 12 are not to be placed in congregate care settings for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a home-like setting and the setting has a program to meet the child's specific needs.* Between July and December 2010, a range of between 4 and 10 children each month under the age of 12 were placed in congregate care settings for more than 30 days.

***The IEP also requires that no children under six years of age be placed in a group care non-foster home setting without appropriate justification that the child has exceptional needs that cannot be met in any other type of care.*** Between July and December 2010, a range of between 8 and 14 children each month under the age of 6 were placed in group care non-foster home settings.

As described above, in refining the measurement for both Exit Standards associated with this outcome, the IEP requires the Monitor to evaluate and report on the placement and needs of any children placed in a group care non-foster home setting where the District has determined the child to have exceptional needs that cannot be met in any other type of care. Within 120 days of the Court's Order (by April 16, 2011), the Monitor and the District of Columbia are to develop a working definition of exceptional needs. On March 21, 2011, CFSA submitted a memo to the Monitor proposing exclusions to be made to this outcome. The Monitor reviewed the proposal and suggested modifications which will be discussed.

As there is not yet agreement on these exclusion criteria, the July through December 2010 performance above does not exclude any children. The Monitor and CFSA will come to an agreement on the exclusion criteria and adjust performance on the outcome based on the agreement in the next monitoring report.

#### **8. *Strategies to Achieve Child Placement Outcomes (Outcomes to be Achieved #8 & 9)***

- *Policy*

*Consistent with CFSA policy on placement of children and youth in the least restrictive, most family-like setting, placement of a child in a congregate care facility will require documentation of the absence of an available family placement and CFSA will develop a transition plan for all children placed in congregate care. (Strategy Plan 5.a.i) (Due date: September 30, 2011)*

CFSA reports that requirements are included in the placement policy, which is expected to be released in May 2011. Further information regarding this strategy will be provided in the next monitoring report.

- *Placement Array*

*A quarterly utilization review of available placement beds will be developed and implemented by the end of 2010, categorized by provider, type of placement, and access patterns. Commensurate modifications will then be made to contracts to ensure consistent access to placements appropriate to each child's needs. (Strategy Plan 5.b.i) (Due Date: December 31, 2010)*

CFSA Community Service Administration staff conducts a quarterly Placement Resources Utilization Review to ensure private agency contracts reflect the placement needs of children and youth entering care.

Through an examination of data related to whether or not the agency has a history of accepting referrals and has been able to consistently provide the number and type of licensed resource homes as stipulated in its contract, this process enables CFSA to shift funds to private agencies who have demonstrated this capacity.

*CFSA will reduce traditional congregate care placements by 30% as compared with the number of placements in January 1, 2010. (Strategy Plan 5.b.ii) (Due Date: by December 31, 2010)*

CFSA's goal was to reduce contracted traditional congregate care placements by the beginning of FY2011. As a first step, the Agency reduced the contract capacity for traditional congregate care slots, from 98 available slots in FY2010 to 58 available slots in FY2011 representing a 40% reduction in contracted capacity for traditional congregate care slots. CFSA has reported that the actual number of children and youth placed in traditional group homes on December 31, 2010 has declined to 65 as compared with 77 children and youth in traditional group homes on January 1, 2010. This is a 16 percent reduction. The Monitor intends to look at additional data points in order to fully assess whether or not there are commensurate reductions in traditional congregate care placements.

- Quality Assurance

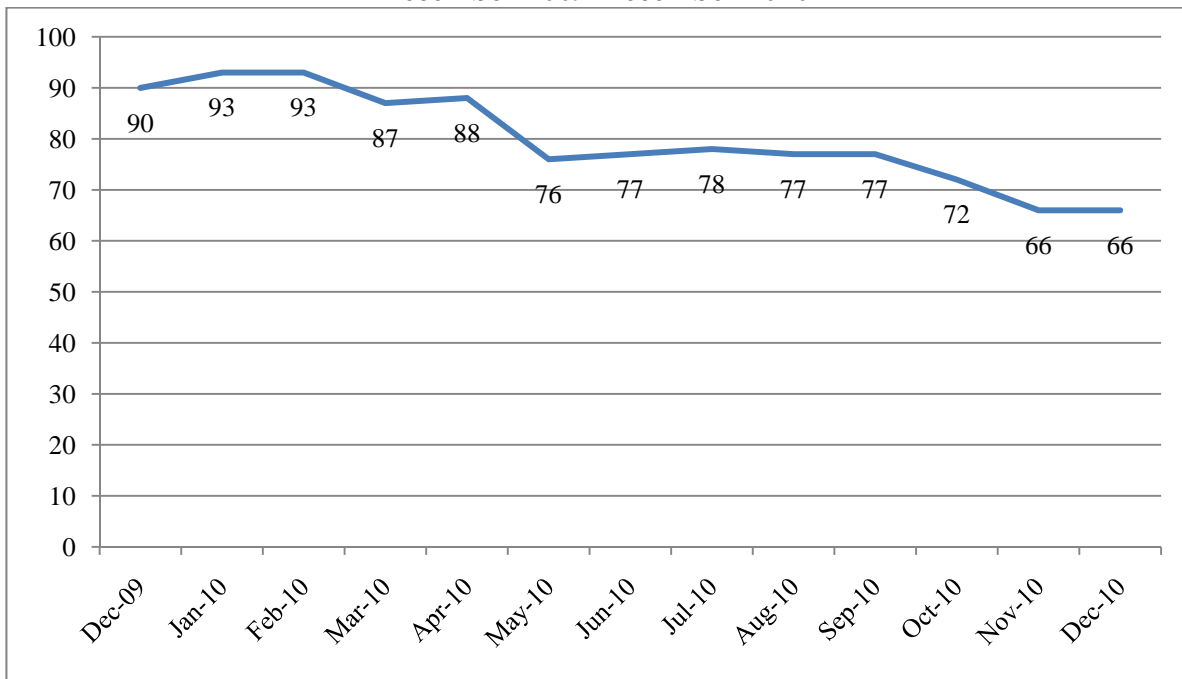
*CFSA will create a monthly report of all children under the age of twelve in congregate settings reflecting the needs of each child and whether they meet the established criteria for this placement. For those that do not meet the criteria, corrective actions will be taken to immediately place the child in a more appropriate setting. (Strategy Plan 5.c.i) (Due Date: July 1, 2010)*

As described above on page 93, CFSA is able to produce a monthly report listing all children under the age of twelve placed in a congregate care facility for more than thirty days. CFSA also submitted a proposal to the Monitor regarding the definitions of "special needs." Once the Monitor and CFSA have come to agreement on the definition, the Monitor anticipates CFSA will develop a process to assess those placements that are not appropriate and to implement and track corrective actions to identify and move children to appropriate placements.

**9. Placement within 100 Miles from the District of Columbia (Outcome to be Maintained #10)**

In order to facilitate reunification, family visitation, the District’s direct involvement in the status of children, and ties to children’s communities, *the IEP requires that children in out-of-home care are placed within 100 miles from the District of Columbia unless they are placed in kinship or pre-adoptive family-based settings under the Interstate Compact for the Placement of Children (ICPC)*. As shown in Figure 8 below as of December 2010, there were 66 children placed over 100 miles from the District of Columbia, down from 78 children in July 2010. The majority of children in CFSA custody who live over 100 miles from the District of Columbia are in placements which are Medicaid-funded and authorized by the District of Columbia’s Department of Mental Health for mental health treatment. There are no such residential mental health treatment placements within the District of Columbia.

**Figure 8: Number of Children Placed Within 100 Miles from the District of Columbia December 2009-December 2010**



Source: CFSA Administrative Data, FACES.net report PLC205

**10. Sibling Placement (Outcome to be Achieved #20a)**

**The IEP requires CFSA to place 80 percent of children who enter foster care with their siblings or within 30 days of their siblings together.** By placing siblings together, CFSA is able to reduce some of the trauma in children's lives when they must enter out-of-home care and promote and sustain important lifelong connection and supports for children. With the execution of the IEP, the outcome includes all siblings in out-of-home care requiring that performance be based on placing siblings together who enter out-of-home care on the same day as well as within 30 days of each other. With this new expectation, CFSA anticipates having an updated FACES.net report by September 2011 to provide data on placing siblings together.<sup>88</sup>

**11. Reduction of Multiple Placements (Outcome to be Achieved #13)**

The AIP established specific outcomes for improving placement stability for children in foster care. With the execution of the IEP, these outcomes were further refined and at CFSA's request, will be measured in twelve month increments rather than fiscal years.<sup>89</sup> **The Exit Standards regarding reduction of multiple placements require:**

- **of all children served in foster care during the previous 12 months who were in care at least 8 days and less than 12 months, 83 percent shall have had two or fewer placements;**
- **of all children served in foster care during the previous 12 months who were in care for at least 12 months, but less than 24 months, 60 percent shall have had two or fewer placements; and**
- **of all children served in foster care during the previous 12 months who were in care for at least 24 months, 75% shall have had two or fewer placements.**

These Exit Standards will be measured by a sliding 12 month scale. The Monitor will report on this outcome in its next report to the Court. CFSA anticipates having an updated FACES.net report by July 2011 to provide data on the reduction of multiple placements.

**12. Strategies to Achieve Reduction of Multiple Placements (Outcome to be Achieved #13)**

The Monitor has had ongoing concerns about the placement process and with the recruitment, licensure, monitoring and retention of foster parents. The Monitor continues to believe that the existing placement array provides too limited options to allow for the appropriate match of children's needs with caregivers who have the skills and supports necessary to meet their needs.

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<sup>88</sup> Based on old logic, which includes all siblings placed in care regardless of time of entry, needs or permanency goals, between July and December 2010, a range from 61 to 64 percent of children with siblings in out-of-home placement were placed with some or all of their siblings.

<sup>89</sup> Based on old logic, as of December 31, 2010, of children served in foster care during the Fiscal Year, for those children in care at least 8 days and less than 12 months, 77 percent had two or fewer placements; for those children in care at least 12 months, but less than 24 months, 56 percent had two or fewer placements; and for those in care greater than 24 months, 26 percent had two or fewer placements.

The lack of a full placement array and the placement process may contribute to the high level of placement moves for children and youth. CFSA has begun to address the structural and management issues related to the placement process through centralizing placement decisions and by working to address issues related to the recruitment and support of resource homes, licensure of prospective resource parents, which contribute to placement instability for children.

- Policy

*CFSA will centralize all placement decisions within the CFSA Placement Administration, eliminating all moves between and within private agencies without CFSA approval. (Strategy Plan 7.a.i & 20.b.i) (Due Date: December 1, 2010<sup>90</sup>)*

Historically, private agencies in the District of Columbia have routinely made decisions regarding the placement of children in their care separate and apart from CFSA. This has been a concern for a number of reasons including, but not limited to CFSA 1) not knowing exactly where all children and youth are placed; 2) not being able to properly notify, as required under the Interstate Compact for the Placement of Children, other states when children and youth have been placed outside of the District of Columbia; and, most importantly; 3) not being able to ensure needed placement stability for children and youth.

CFSA did not complete the planned work to centralize placement decisions by December 31, 2010. However, CFSA reports that beginning March 2011, CFSA's Placement Services Administration centralized decisions regarding placement within the Office of Community Services.

A protocol has been drafted that is currently being vetted with private agencies and the revised placement policy is expected to be complete by May 2011 with full implementation to follow. The protocol outlines the expectations related to planned, unplanned and emergency placement moves. CFSA's review will largely be focused on whether or not a thoughtful planning and assessment process has been utilized by the child's team to assess and recommend a placement move.

The Monitor will be able to report on the quality of the implementation of this protocol in the next monitoring report to the Court.

*CFSA will review and modify as appropriate, existing policy on placement to reflect all changes from the LaShawn A. Implementation and Exit Plan and current practice, and describing how children are to be initially assessed and placed. (Strategy Plan 7.a.ii) (Due Date: September 30, 2011)*

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<sup>90</sup> CFSA has requested to change this date to March 1, 2011. CFSA requested an extension to align with the extended time frame for the execution of the family-based human care agreements and additional time needed to clarify the procedures for requesting and approving placement requests to the family-based providers. The Monitor does not concur since this was an action in process for more than one year.

The Monitor will be able to report on this strategy in the next monitoring report as the expected date for roll out of CFSA placement policies has been set for May 2011.

▪ Licensure

*CFSA will dually license foster homes to serve as both traditional and therapeutic placements. (Strategy Plan 7.b.i) (Due Date: September 30, 2011)*

*CFSA, in collaboration with DMH and the Resource Parent Training Coalition, will develop and implement a skill-based curriculum for training all foster parents to provide therapeutic placements. (Strategy Plan 7.c.ii) (Due Date: September 30, 2011)*

*CFSA, in collaboration with DMH and the Resource Parent Training Coalition, will develop therapeutic foster parent competencies and ensure all training activities build these competencies.(Strategy Plan 7.c.iii) (Due Date: September 30, 2011)*

A workgroup chaired by a representative from the Community Services Administration has been working to develop a specialized training curriculum to ensure all foster parents are offered training needed to care for children with therapeutic needs and thus permit dual licensure. Representatives from the Department of Mental Health, Foster and Adoptive Parent Advocacy Center (FAPAC), the CFSA training and placement administrations, the private agencies, and resource parents are participating in this process and have targeted September 30, 2011 for completion of the specialized training curriculum along with any needed revisions to policy.

▪ Training

*CFSA will explore the feasibility of using foster parents as co-trainers in the pre-service training for workers.(Strategy Plan 7.c.i) (Due Date: September 30, 2011)*

CFSA reports that the feasibility of using resource parents as co-trainers in the pre-service training for workers is currently under consideration. The Monitor will report on this strategy in an upcoming monitoring report.

**13. Assessments for Children Experiencing Placement Disruptions (Outcome to be Achieved #21)**

In order to assess and address the trauma to children experiencing placement disruptions, CFSA is required to ensure that children in its custody whose placements are disrupted are provided with a comprehensive and appropriate assessment and follow-up action plans to determine their service and re-placement needs no later than within 30 days of re-placement. Based on the IEP, a comprehensive assessment is a review, including as applicable the child, his/her family, kin,



current and former caregiver and the GAL, to assess the child's current medical, social, behavioral, educational and dental needs to determine the additional evaluations/services/supports that are required to prevent future placement disruptions. ***The Exit Standard for this outcome requires that 90 percent of children experiencing a placement disruption have a comprehensive assessment as described above.***

CFSA has not provided the Monitor with information on how they intend to conduct these assessments. The required comprehensive assessments are not consistently occurring nor does CFSA have a process to track this requirement. As soon as the Agency develops a process and a tracking mechanism, the Monitor will review the assessments for quality and to ensure they are occurring as required.

**14. *Strategies to Improve Assessments for Children Experiencing Placement Disruptions (Outcome to be Achieved #21)***

CFSA included a number of actions in its Strategy Plan to address the need for comprehensive assessment and follow-up action regarding children who experience placement disruptions including:

- *CFSA will complete an Administrative Issuance that sets forth the actions to be taken when a placement disruption occurs, including the elements of a required replacement child assessment. The Administrative Issuance will include, but not be limited to, the following:*
  - a. *Prior to replacement, children will receive a pre-placement health screening.*
  - b. *Beginning July 2010, the social worker and the Nurse Care Manager, and the family support worker will be provided a record of the medical and behavioral health screening and any other information emanating from the replacement screening.*
  - c. *Beginning July 2010, the social worker and/or family support worker will schedule a case consultation with the nurse care manager and placement services to conduct a comprehensive assessment of the child within 30 days of the disrupted placement to provide information on the social, behavioral, medical, dental and educational needs of the child.*
  - d. *The social worker with the support of the nurse care manager and family support worker will identify appropriate services to address any outstanding medical, social, behavioral, dental or educational services required by the child and inform placement services.*
  - e. *As part of the assessment, the social worker or other designated CFSA staff will consult with the former caregiver to assess reasons for placement disruption and the extent to which support services could have prevented the disruption.*

- f. *The social worker with the support of the nurse care manager family support workers and placement services will complete a follow-up action plan in the case notes.(Strategy Plan 14.a.i) (Due Date: November 1, 2010<sup>91</sup>)*
- g. *The Administrative Issuance will be used to develop CFSA policy on assessments for children experiencing placement disruptions. (Strategy Plan 14.a.ii) (Due Date: April 30, 2011<sup>92</sup>)*
- h. *CFSA will ensure that through monthly, random continuous quality improvement case record reviews, program managers and supervisors will determine if the assessments and plans are occurring and are addressing the child's needs. This is to be in addition to weekly supervision. (Strategy Plan 14.b.i) (Due Date: September 30, 2011)*

CFSA did not meet the original proposed target date of November 1, 2010 for Strategy Plan 14.a.i or 14.a.ii and has proposed a new target date of May 2011. The Monitor is not able to report on these Strategies in this monitoring report. The new policies related to these strategies are expected to be completed by May 2011.

**15. *Interstate Compact for the Placement of Children (ICPC) (Outcome to be Achieved #32)***

The District of Columbia is in a unique position because many of its foster homes and relative resources are located in Maryland and to a lesser extent Virginia. CFSA is required by the Federal government and the ***IEP to maintain responsibility for managing and complying with the Interstate Compact for the Placement of Children (ICPC) for children in its care.*** CFSA has worked with Maryland in particular, to correct ICPC compliance issues and eliminate a longstanding backlog of placements which did not have current ICPC approvals. As of December 31, 2010 there were 110 children placed in Maryland without an ICPC approval. There were an additional 134 children placed in Maryland for whom ICPC approval was pending. This backlog is lower than February 2009 when there were 212 children placed in Maryland for whom CFSA did not have ICPC approval. While considerable progress has been made to lower the backlog of children without ICPC approval, work remains to completely eliminate and prevent this problem.

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<sup>91</sup> CFSA has requested to change this date to April 2011. CFSA requested an extension because they decided to incorporate this action into policy rather than an Administrative Issuance. The Monitor concurs with additional time for incorporating a plan for placement disruption assessments into policy; however as of the date of the writing of this report, CFSA's plan to conduct and track these assessments for children when a placement disrupts has not been clearly developed.

<sup>92</sup> CFSA has requested to change this date to April 30, 2011. CFSA requested a proposed date change because they decided to incorporate this action into policy rather than an Administrative Issuance. The Monitor concurs with additional time for incorporating a plan for placement disruption assessments into policy.

**16. Strategies to Improve Performance on the Interstate Compact for the Placement of Children (Outcome to be Achieved #32)**

*CFSA will seek written agreement with the Maryland Department of Human Resources designed to hold providers serving children in both jurisdictions accountable to complying with ICPC requirements.(Strategy Plan 20.a.i) (Due Date: September 1, 2010)*

CFSA reports that they initially sought an agreement with Maryland, but with the change in Maryland's Department of Human Resources (DHR) leadership have not yet been able to reach resolution. According to CFSA, the two jurisdictions continue to share information and identify issues with individual providers and believe this process is meeting their needs. The Monitor intends to investigate this issue further.

*CFSA will execute performance based contracts and monitoring for Case Management and Family Based Foster Care Services, which include the expectation of timely licensing of foster homes and submission of documents for ICPC approval.(Strategy Plan 20.c.i) (Due Date: December 31, 2010<sup>93</sup>)*

The FY2011 Human Care Agreements for Case Management and Family Based Foster Care Services include the expectation that each provider establish policies and protocols for admission and intake to ensure the submission of accurate and complete ICPC packets to CFSA's Placement Administration within 48 hours of making a decision to place a child outside the District of Columbia.

*CFSA will ensure all documentation is submitted for approval of CFSA children currently placed in Maryland. (Strategy Plan 20.d.i) (Due Date: December 31, 2010<sup>94</sup>)*

With the implementation of centralized placement decisions as of March 1, 2011, CFSA anticipates eliminating a number of placements in noncompliance by tracking moves that require ICPC approval and holding the private agencies accountable for ensuring compliance in advance of the actual placement.

**D. Visitation**

The visits of children with their caseworkers, with their parents and with their siblings can ensure children's safety, maintain and strengthen family connections and increase children's opportunities to achieve permanency. Social worker visits with children in out-of-home placement and with their families promote placement stability and increase the likelihood that

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<sup>93</sup> CFSA has requested to change this date to January 31, 2011. CFSA requested an extension because it took longer than they anticipated to finalize the Human Care Agreements. Monitor concurs as the delay was de minimus.

<sup>94</sup> CFSA has requested to change this date to January 31, 2011. CFSA requested an extension because it took longer than they anticipated to finalize the Human Care Agreements. Monitor concurs as the delay was de minimus.

reunification will occur. They also allow social workers to assess safety and progress, link children and families to needed services and make adjustments to case plans as indicated. Additionally, research shows that regular visitation to children in out-of-home care promotes retention of foster parents.

Historically, CFSA has struggled with performance on visitation outcomes, specifically those related to visiting children more frequently when they are in a new placement as well as parent-child and sibling visitation. The IEP modified several of the visitation requirements to allow other team members in addition to the assigned social worker to visit. These changes are expected to improve the outcomes with regard to parent-child and sibling visits.

**1. Social Worker Visitation to Children in Out-of-Home Care  
(Outcome to be Achieved #5)**

With the execution of the IEP, the Exit Standard for social worker visitation to children in out-of-home care was modified, allowing designated workers other than the assigned social worker (i.e. family support workers or nurse case managers) to conduct the second monthly visit with children. ***In order to satisfy the IEP Exit Standard, CFSA must ensure that 95 percent of children are visited monthly by a CFSA or private agency social worker and 90 percent of children are visited a second time monthly by a CFSA or private agency social worker, a family support worker or a nurse care manager.***

With the change in the requirement to allow additional workers to conduct the second monthly visit, CFSA needed to update the logic used by FACES.net to produce performance data.<sup>95</sup> These data became available beginning in February 2011 and will be presented in the next monitoring report.

***The IEP also requires workers to assess and document the safety of each child at every visit and to interview each child separately at least monthly outside the presence of the caretaker. In order to meet the Exit Standard, there must be documentation of the above occurring in 90 percent of cases.*** As of the date of this report, CFSA is unable to provide performance data on this requirement.

**2. Social Worker Visitation for Children Experiencing a New Placement or a Placement Change (Outcome to be Achieved #6)**

In addition to twice monthly visits for all children in foster care, the IEP requires that children who experience a new placement or a placement change be visited weekly during the first month. For children newly placed in foster care or experiencing a placement change, there must be

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<sup>95</sup> Based on the old logic, which includes a more stringent requirement that two visits be conducted by the assigned CFSA or private agency social worker, between July and December 2010, between 89 and 93 percent of children were visited by a CFSA or private agency social worker twice monthly.

weekly visitation during the first four weeks of the new placement or placement change. The Exit Standard for social worker visitation to children experiencing a new placement or a placement change was also modified, allowing designated workers other than the assigned social worker (i.e. family support workers or nurse care managers) to conduct two of the weekly visits in any given month. ***In order to satisfy the IEP Exit Standard, CFSA must ensure that 90 percent of children newly in foster care or experiencing a placement change have two visits in the first four weeks by a CFSA or private agency social worker and an additional two visits in the first four weeks by a CFSA or private agency social worker, family support worker or nurse care manager.***

With the change in the requirement to allow additional workers to conduct two of the weekly visits, CFSA needed to update the logic used by FACES.net to produce data on this measure.<sup>96</sup> These data are expected to be available by May 2011.

***The IEP also requires workers to assess and document the safety of each child at every visit and to interview each child separately at least monthly outside the presence of the caretaker. In order to meet the Exit Standard, there must be documentation of the above occurring in 90 percent of cases.*** As of the date of this report, CFSA is unable to provide performance data on this measure.

### ***3. Visits between Parents and Workers (Outcome to be Achieved #10)***

For children with a permanency goal of reunification, social workers and other professionals are to meet with their parent(s) no less frequently than twice per month during the first three months of the child's placement in foster care. The purpose of these visits is to support parents in meeting the expectations of their case plan and to facilitate progress toward safely returning children home. With the execution of the IEP, the Exit Standard for visitation with parents was modified, allowing designated workers other than the assigned social worker (i.e. family support workers or nurse care managers) to conduct one of the twice monthly visits in any given month. ***In order to satisfy the IEP Exit Standard, CFSA must ensure that 80 percent of parents are visited monthly by the CFSA or private agency social worker and a second time monthly by the CFSA or private agency social worker, family support worker or nurse case manager during the first three months a child is placed in foster care.***

With the change in the requirement to allow additional workers to conduct one of the twice monthly visits, CFSA needed to update the logic used by FACES.net to produce performance data on this measure.<sup>97</sup> These data are expected to be available by August 2011.

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<sup>96</sup> Based on the old logic, which includes a more stringent requirement that all four weekly visits be conducted by the assigned CFSA or private agency social worker, between July and December 2010, between 66 and 81 percent of children were visited by a CFSA or private agency social worker four times in the first four weeks of a new placement or placement change.

#### 4. *Visits between Parents and Children (Outcome to be Achieved #11)*

In order to facilitate reunification and maintain family connections, children in out-of-home care are to visit weekly with their parents. ***The IEP Exit Standard requires CFSA to ensure that 85 percent of children with a goal of reunification visit weekly with the parent with whom reunification is sought. In cases where visitation does not occur, the IEP also requires CFSA to demonstrate and document in the case record that visitation was not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.***

CFSA is working to change the logic used by FACES.net to produce data on this measure. The Agency anticipates that the new report will be in place by August 2011.<sup>98</sup>

#### 5. *Strategies to Achieve Visitation Outcomes (Outcomes to be Achieved #4, 5, 6, 10 & 11)*

The 2010-2011 Strategy Plan includes multiple activities related to policy development, supervision, training and quality assurance to support and ensure the achievement of the visitation outcomes as discussed below.

##### ▪ Policy

*CFSA will develop policy regarding the responsibilities of social workers and other team members charged with visiting families and children to assess the safety of children at every visit involving families receiving in home services and children in out of home care. (Strategy Plan 3.a.i) (Due Date: December 31, 2010<sup>99</sup>)*

On February 28, 2011, CFSA provided the Monitor a draft of a revised visitation policy. This policy incorporates all of the changes to the visitation requirements based on the IEP. Additionally, it includes language requiring social workers and other team members charged with visiting families and children to assess the safety of the children at every visit.

*CFSA will develop visitation schedule template(s) to be used in worker and team member visits to families with children in out-of-home placement, visits to parents and parent-child visits. (Strategy 3.a.ii) (Due Date: September 30, 2011)*

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<sup>97</sup> Based on the old logic, which includes a more stringent requirement that twice monthly visits be conducted by the assigned CFSA or private agency social worker, between July and December 2010, between 41 and 56 percent of parents were visited by a CFSA or private agency social worker twice monthly during the first three months post-placement.

<sup>98</sup> Based on the old logic, between July and December 2010, between 55 and 65 percent of children with a goal of reunification had weekly visitation with their parent(s).

<sup>99</sup> CFSA has requested to change this date to February 2011. In a memo dated March 29, 2011, CFSA requested an additional modification to April 2011. CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know which proposed Exit Standard would be approved. The policy was delayed to ensure that it was consistent with the new visitation requirements. The Monitor concurs.

The CFSA draft visitation policy discussed above includes language requiring social workers to work with families to create visitation plans. CFSA decided not to create visitation schedule templates, but instead to provide guidance through the policy as to what should be included in the visitation plan. CFSA anticipates releasing this new policy to staff in April 2011.

*CFSA will re-examine the current rules governing the use of supervised parent-child visitation to determine if a broader array of staff, contractors, relatives and foster parents could provide supervision and make revisions as needed. Based on that review, CFSA will, develop a policy on criteria guiding the appropriate use of supervised and unsupervised visitation. (Strategy Plan 3.a.iii) (Due Date: September 30, 2011)*

CFSA reports that it has re-examined the current rules governing the use of supervised parent-child visitation. The result was a decision to require that the visitation plans developed by social workers include documentation as to why visits are supervised or unsupervised, as well as an expansion of the issues social workers should consider during supervised visitation. In comments provided to CFSA on the draft visitation policy, the Monitor expressed concern that the policy did not include criteria guiding the appropriate use of supervised and unsupervised visitation. The Monitor believes that additional work is needed to develop clear policy and to ensure that practice is consistent regarding the appropriate use of supervised and unsupervised visitation. CFSA must also work closely with the Courts to make sure that the level of supervision of visits is appropriate on a case-by-case basis.

▪ *Worker Visits to Children in Out-of-Home Placement*

*For all initial placements and re-entries into foster care, social workers will engage parents and foster parents in the development of written visitation schedules outlining when and where caseworker-child visits will occur and the purpose of the visits. Social workers will document the discussion and the refusal or inability of parents or foster parents to participate in this conversation. (Strategy Plan 3.c.i) (Due Date: October 1, 2010<sup>100</sup>)*

On February 28, 2011, CFSA provided the Monitor a draft of a revised visitation policy. This policy includes language requiring social workers to work with families to create visitation plans. CFSA anticipates releasing this new policy to staff in April 2011.

▪ *Parent-Child Visitation*

*For all initial placements and re-entries into foster care, social workers will engage parents in the development of written visitation schedules outlining when and where parent-child visits will occur and the purpose of the visits. Social workers will document the discussion and the refusal*

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<sup>100</sup> CFSA has requested to change this date to February 2011. CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements. The Monitor concurs.

*or inability of parents to participate in this conversation. (Strategy Plan 3.d.i) (Due Date: October 1, 2010<sup>101</sup>)*

On February 28, 2011, CFSA provided the Monitor a draft of a revised visitation policy. This policy includes language requiring social workers to work with families to create parent-child visitation plans. CFSA anticipates releasing this new policy to staff in April 2011.

*By December 31, 2010, CFSA will explore the feasibility, make recommendations and develop strategies to increase visitation between children and their parents. These strategies may include, but are not limited to, permitting visitation to occur in the parent's home, expansion of community-based visitation centers, utilization of foster parents and/or relatives to supervise visitation, and utilization of contracted service providers to supervise visitation. (Strategy Plan 3.d.ii)(Due date: December 31, 2010<sup>102</sup>)*

While CFSA did not meet the target date of December 31, 2010 for completing the work outlined in this strategy, CFSA has taken two important steps towards increasing visitation between children and their parents through contract modifications with the Healthy Families Thriving Communities Collaborative and with congregate care providers.

The 2011 Healthy Family Thriving Community Collaboratives contracts now specifically require each Collaborative to team with assigned social workers to provide a family friendly atmosphere for parent-child and sibling visits to occur. The Collaboratives are to provide support staff to directly observe visits, complete visitation contact notes and offer supportive services to families as may be needed and appropriate.

The 2011 Human Care Agreements with Congregate Care Providers now specifically require the providers to work in partnership with the case manager and the family to develop a plan for visitation, including but not limited to visits between children and their parents.

While these are two strategies for increasing visitation, the exploration of other options to increase visitation is targeted for completion in May 2011. The Monitor will be able to report on these strategies to increase visitation between children and their parents for an upcoming monitoring report.

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<sup>101</sup> CFSA has requested to change this date to February 2011. CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements. The Monitor concurs.

<sup>102</sup> CFSA has requested to change this date to May 2011. CFSA requested an extension because the requirement for a formal report based on this strategy was added to the Strategy Plan with the issuance of the Court's December 17, 2010 Order. The Monitor concurs.



- Caseworker Visits to Parents

*For all initial placements and re-entries into foster care, social workers will engage parents in the development of written visitation schedules outlining when and where caseworker-parent visits will occur during the first three months post-placement and the purpose of the visits. Social workers will document the discussion and the refusal or inability of parents to participate in this conversation. (Strategy Plan 3.e.i) (Due Date: October 1, 2010<sup>103</sup>)*

On February 28, 2011, CFSA provided the Monitor a draft of a revised visitation policy. This policy includes language requiring social workers to work with families to create visitation plans. CFSA anticipates releasing this new policy to staff in April 2011.

*CFSA will use a case review process to analyze data and contact information regarding the parent and social worker visits to ensure that the visitation is supportive of the permanency goal and issues identified in the visits are addressed and documented in the case plan. Program managers will conduct monthly three (3) case reviews and supervisors will conduct two (2) case reviews on a random selection of cases. Programs managers and supervisors will meet on a weekly basis or more frequently as necessary with workers to address quality and non-compliance issues. (Strategy Plan 3.e.ii) (Due Date: July 2010)*

CFSA reports that this case review process has begun. The Monitor will report on this strategy in the next monitoring report as this will be included in CFSA's revised quality assurance review process scheduled for full implementation in May 2011.

- Supervision

*CFSA will ensure that through weekly supervision or review of contact notes, supervisors are ensuring that workers are assessing for safety at every visit and documenting their findings. (Strategy Plan 3.f.i) (Due Date: September 30, 2011)*

CFSA reports that a process is in development to ensure that through weekly supervision or review of contact notes, supervisors are ensuring that workers are assessing for safety at every visit.

The Monitor will report on this strategy in the next monitoring report as this will be included in CFSA's revised quality assurance review process scheduled for full implementation in May 2011.

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<sup>103</sup> CFSA has requested to change this date to February 2011. CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements. The Monitor concurs.

*CFSA will ensure that supervisors and program managers will complete monthly continuous quality activities to ensure documentation of the assessment of safety at each visit. Program managers will complete three reviews a month per program area and supervisors will complete two reviews a month per unit. (Strategy Plan 3.f.ii) (Due Date: September 30, 2011)*

CFSA reports that a process to ensure supervisors and program managers complete monthly quality improvement activities to ensure documentation that safety is assessed at each visit is in development.

The Monitor will report on this strategy in the next monitoring report as this will be included in CFSA's revised quality assurance review process scheduled for full implementation in May 2011.

*CFSA will ensure supervisory review of every child with a goal of reunification to ensure there is a written visitation plan and clear understanding among the family's team as to the visitation plan. (Strategy Plan 3.f.iii) (Due Date: September 30, 2011)*

CFSA reports a process to ensure a supervisory review of every child with a goal of reunification to ensure there is a written visitation plan and clear understanding among the family's team regarding this plan is in development.

The Monitor will report on this strategy in the next monitoring report as this will be included in CFSA's revised quality assurance review process scheduled for full implementation in May 2011.

*Beginning July 2010, the social worker, Nurse Care Manager, and/or Family Support Workers will update notes in FACES.net providing a status of the visit or state why the visit did not occur. At every visit, workers will discuss permanency goals, visitation requirements, and required action steps in the case plan during each parent/worker visitation and reflect the progress in the case notes. (Strategy Plan 3.e.iii) (Due Date: July 2010<sup>104</sup>)*

CFSA reports a process to ensure workers update notes in FACES.net providing a status of the visit or state why the visit did not occur is in development.

The Monitor will report on this strategy in the next monitoring report as this will be included in CFSA's revised quality assurance review process scheduled for full implementation in May 2011.

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<sup>104</sup> CFSA has requested to change this date to July 2011. CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements. The Monitor concurs.

- Training

*As part of training on the implementation of CFSA's practice model, social workers and supervisors will be trained on the use of the [visitation] protocol for assessing a child's safety at every visit; the use of the visitation templates; and the purpose of visits and how to connect each visit to the overall case and permanency plans. (Strategy Plan 3.g.i) (Due Date: September 30, 2011.)*

As noted above, CFSA decided not to create visitation schedule templates, but instead to provide guidance through the visitation policy as to what should be included in the visitation plan. CFSA anticipates releasing this new policy to staff in April 2011. CFSA also reports increasing the emphasis on visitation in the revised pre-service training curriculum.

- Quality Assurance

*CFSA will assure that private agencies develop and implement internal quality assurance systems for monitoring and evaluating their program performance on all visitation requirements and regularly develop and implement improvement strategies where necessary. (Strategy Plan 3.h.i) (Due Date: July 2010)*

CFSA reports that all contracted private agencies have quality assurance (QA) systems. There is a workgroup meeting with private agency staff to address the IEP criteria and ensure that each agency's QA system does in fact review for all the necessary items. CFSA staff that monitor the functioning of contracted agencies are expected to review quality assurance activities of each agency. The Monitor has not yet validated this information.

## **6. Sibling Visits (Outcome to be Achieved #20b)**

In addition to requiring that children be placed with some or all of their siblings, the IEP requires that children placed apart from their siblings have at least twice monthly visits with some or all of their siblings, unless documented that the visit is not in the best interest of the child(ren). ***In order to meet the Exit Standard, CFSA must ensure that 80 percent of children have monthly visits with their separated siblings and 75 percent of children have twice monthly visits with their separated siblings.***

CFSA is working to change the logic used by FACES.net to produce performance data on this measure, specifically excluding children for whom there is documentation that sibling visits have been determined to not be in their best interest. The Agency anticipates that the new report will be in place by September 2011.<sup>105</sup>

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<sup>105</sup> Based on the old logic, between July and December 2010, between 65 and 68 percent of children had twice monthly visits with their separated siblings.

**7. *Strategies to Improve Visitation Between Siblings Placed Apart***  
***(Outcome to be Achieved #20)***

▪ *Policy*

*For all initial placements and re-entries into foster care, social workers will engage parents, foster parents and kinship caregivers in the development of written visitation schedules outlining when and where sibling visits will occur. (Strategy Plan 13.a.i.) (Due Date: October 1, 2010<sup>106</sup>)*

On February 28, 2011, CFSA provided the Monitor a draft of a revised visitation policy. This policy includes language requiring social workers to work with families to create sibling visitation plans. CFSA anticipates releasing this new policy to staff in April 2011.

*CFSA will explore the feasibility of and begin to implement strategies to increase visitation between siblings placed apart. These strategies may include, but are not limited to, permitting visitation to occur in the parent's home, expansion of community-based visitation centers, utilization of foster parents to supervise visitation, and utilization of contracted service providers to supervise visitation. CFSA shall prepare and provide a brief report of its research and findings. (Strategy Plan 13.a.ii) (Due Date: December 31, 2010<sup>107</sup>)*

As noted in relation to Strategy Plan 3.d.ii, CFSA has already taken two important steps towards increasing visitation for children and their siblings through contract modifications. The Monitor will report on this strategy in the next monitoring report as the revised date for completion of this report is May 2011.

▪ *Practice*

*Social workers and/or family support workers will follow-up weekly with caregivers to document sibling visitation that occurs outside of CFSA supervision (i.e. contacts children have in the school or community).(Strategy Plan 13.b.i) (Due Date: September 30, 2011)*

The Monitor will report on this in the next monitoring report once CFSA's revised quality assurance review process has been institutionalized beginning in May 2011.

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<sup>106</sup> CFSA has requested to change this date to February 2011. CFSA requested an extension because until the Court's December 17, 2010 Order was issued, they did not know the final visitation requirements. The Monitor concurs.

<sup>107</sup> CFSA has requested to change this date to May 2011. CFSA requested an extension because the requirement for a formal report based on this strategy was added to the Strategy Plan with the issuance of the Court's December 17, 2010 Order. The Monitor concurs.

▪ Supervision

*CFSA will ensure supervisory review of every child in foster care with siblings to ensure there is a written visitation plan and clear understanding among the family team as to the visitation plan. (Strategy Plan 13.c.i) (Due Date: September 30, 2011)*

The Monitor will report on this strategy in the next monitoring report as this will be included in CFSA's revised quality assurance review process scheduled for full implementation in May 2011.

▪ Quality Assurance

*CFSA will complete an evaluation of sibling groups to understand the barriers to placement and to determine how best to address these barriers.(Strategy Plan 13.d.i) (Due Date: September 30, 2010<sup>108</sup>)*

CFSA's Quality Assurance Division completed its review of barriers to placement for sibling groups in September 2010. Based on the preliminary findings, additional cases were reviewed and the report was completed in January 2011. This review specifically examined reasons for children and youth not being placed with their siblings, the efforts to maintain these placements and whether or not there are any resulting policy or practice recommendations to improve the number and percentage of siblings placed together in the District of Columbia.

The review highlighted the following reasons for children and youth not being placed with their own siblings.

- Therapeutic resource parent(s) not receiving enough support to care for children and youth who have experienced trauma; most specifically of concern is the lack of support and preparedness for the cumulative effect of multiple behaviors of multiple children and youth in the home.
- Specialized treatment for bi-polar disorder and depression could not be made available in the home where other siblings were placed.
- Varying permanency goals for siblings.
- Physical space limitations.

Recommendations for increasing the number and percentage of siblings placed together are outlined below.

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<sup>108</sup> CFSA has requested to change this date to February 2011. CFSA requested an extension because an initial review prompted subsequent analysis and additional time was needed to develop recommendations. The Monitor concurs. The report was submitted on March 3, 2011.

- Improve the quality and quantity of the documentation in FACES.net related to how decisions are made to place children apart from their siblings.
- Ensure private agency and CFSA staff persons understand that siblings should be placed together even if only one child in the family requires specialized treatment foster care.
- Complete the process of ensuring that the all resource parents can be dually approved as regular resource parents and therapeutic resource parents.
- Improve the quality and consistency of care available to children and youth in the District of Columbia through the use of therapeutic foster care.
- Improve the supports available to resource parents in the District of Columbia.
- Better respond when caregivers, particularly kin caregivers, struggle to care for multiple siblings due to physical space limitations.
- Learn from other jurisdictions demonstrating significantly better results in ensuring siblings are placed together and remain together while children and youth are in foster care.

CFSA has not yet indicated how it intends to move forward to address the recommendations of this study.

## **E. Services to Children and Families and Child Well-Being**

### ***1. Services to Families and Children to Promote Safety, Permanency and Well-being (Outcome to be Achieved #3)***

The IEP requires CFSA to offer appropriate services, including all services identified in a child or family's safety or case plan<sup>109</sup> and to assist children and families in using services to support child safety, permanency and well-being. CFSA is to provide or arrange for services through operational commitments from District of Columbia public agencies and/or contracts with private providers. Services shall include:

- services to enable children who have been the subject of an abuse/neglect report to avoid placement and to remain safely in their own homes;
- services to enable children who have or will be returned from foster care to parents or relatives to remain with those families and avoid replacement in foster care;
- services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and
- services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement.

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<sup>109</sup> A child or family's safety plan addresses concerns of imminent danger to a child and how those concerns will be addressed. Though it may include a plan for safety, as needed, a child or family's case plan is broader and often includes other goals which are to be related to safely closing the case. Both plans are expected to contain objectives, timelines and responsibilities identified by the family and other team members.

*The Exit Standard for this outcome requires CFSA to offer appropriate services in 80 percent of cases.* The Monitor measures performance on this requirement through case scores from the Quality Service Review (QSR). The QSR is a case-based qualitative review process that requires interviews with as many persons as possible who are familiar with the child and family whose case is under review, synthesizing the information provided and objectively rating the status of the child and status of the system in performing a range of functions or practices on behalf of the child and family. Reviewers provide feedback to social workers as well as a written summary of findings to expand/justify ratings. By agreement, the Monitor conducts some of the QSRs and verifies the data from reviews conducted by CFSA. All of the reviews use a structured protocol and an internal process to ensure validity and reliability of scores. CFSA's validation is designed to ensure inter-rater reliability.

As required by the IEP, two indicators from the QSR protocol are used to measure CFSA's performance on the Exit Standard related to appropriate service provision: 1) *Implementation* and 2) *Pathway to Safe Case Closure*. The figures below show the parameters which reviewers are guided to consider in rating performance in the select areas, as well as the descriptions of minimally acceptable performance and marginal/unacceptable performance as contained within the QSR protocol for each of the two indicators.

**Figure 9: QSR Implementation Indicator Parameters  
to Consider and Description of Acceptable/Unacceptable Performance**

***QSR Implementation Indicator***

➤ *Parameters Reviewers Consider:*

How well are the actions, timelines, and resources planned for each of the change strategies being implemented to help the: (1) parent/family meet conditions necessary for safety, permanency, and safe case closure and the (2) child/youth achieve and maintain adequate daily functioning at home and school, including achieving any major life transitions? To what degree is implementation timely, competent, and adequate in intensity and continuity?

➤ *Description of Acceptable/Unacceptable Performance:*

Acceptable Implementation shows that the strategies, supports, and services set forth in the plans are being implemented in a minimally timely, competent, and consistent manner. Fair quality services are being provided at levels of intensity and continuity necessary to meet some priority needs, manage key risks, and meet short-term intervention goals. Providers are receiving minimally adequate support and supervision in the performance of their roles.

Unacceptable Implementation shows a somewhat limited or inconsistent pattern of intervention implementation shows that most of the strategies, supports, and services set forth in the plans are being implemented but with minor problems in timeliness, competence, and/or consistency. Services of limited quality are being provided but at levels of intensity and continuity insufficient to meet some priority needs, manage key risks, and meet short-term intervention goals. Providers are receiving limited or inconsistent support and supervision in the performance of their roles. Minor-to-moderate implementation problems are occurring.

**Figure 10: QSR Pathway to Safe Case Closure Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance**

*Pathway to Safe Case Closure Indicator*

➤ *Parameters Reviewers Consider:*

To what degree: (1) Is there a clear, achievable case goal including concurrent and alternative plans? (2) Does everyone involved, including family members, know and agree on what specific steps need to be achieved in order to achieve the case goal and close the case safely? (3) Is the child/family making progress on these steps and informed of consequences of not meeting the necessary requirements within the required timelines? (4) Are team members planning for the youth's transition from care in APPLA cases? (5) Are reasonable efforts being made to achieve safe case closure for all case goals?

➤ *Description of Acceptable/Unacceptable Performance:*

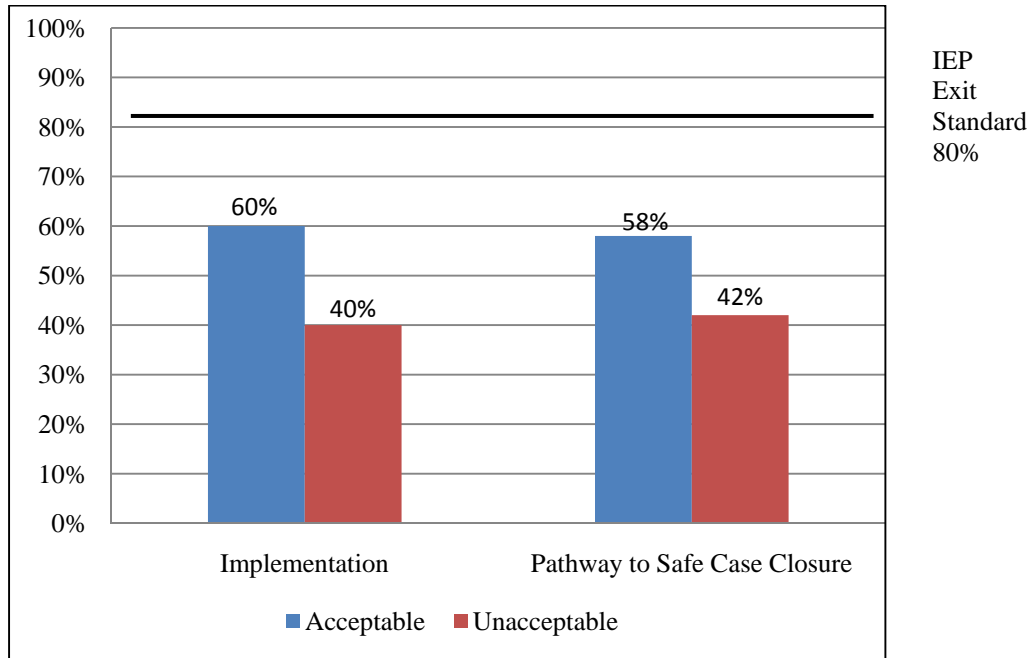
Acceptable Pathway to Safe Case Closure means some people involved in the case understand the case goal, including any plan alternatives. Minimally adequate to fair efforts are being made to achieve the permanency goal and to remove any barriers to permanency. Some people have agreed upon the steps that must be accomplished and requirements that must be met for safe case closure. Some team members are aware of timelines and consequences for not meeting requirements and the team is making some progress towards closure, though not in a timely manner. - OR - The team has established a good plan but has not made sufficient progress on it.

Unacceptable Pathway to Safe Case Closure means few people involved in the case understand or agree with the case goal, including any plan alternatives. Marginal or inconsistent efforts are being made to achieve the permanency goal and to remove any barriers to permanency. Few steps that must be accomplished or requirements that must be met for safe case closure, timelines, and consequences for not meeting requirements have been defined and/or agreed upon by family members and providers. The case is not making sufficient progress towards closure. -OR- The team has established a fair plan but has not made progress on it.

During calendar year 2010, 86 cases were reviewed using the QSR methodology; 69 of the case reviews were coordinated by CFSA and 17 by the Monitor. One of those cases was not rated on the Implementation measure. As Figure 11 below indicates, two-thirds of the cases reviewed (60%; 51 of 85) were rated as acceptable on Implementation and 40 percent were rated as unacceptable. For Pathway to Safe Case Closure, 58 percent of the cases (50 of 86) were rated as acceptable and 42 percent were rated as unacceptable. This level of performance does not meet the Exit Standard for Services to Children and Families.



**Figure 11: Services to Children and Families to Promote Safety, Permanency and Well-being  
N=85**



Source: CY2010 Quality Service Review data

**2. Strategies to Achieve Safety, Permanency and Well-Being Services Outcomes (Outcome to be Achieved #3)**

Strategies identified to ensure the provision of services to families to promote safety, permanency and well-being are primarily focused on practice, supervision, community-based services and expanding the service array.

▪ Practice

*CFSA will ensure that a team comprised of the assigned social worker, family support worker, and nurse care manager (for children in foster care) will in each case:*

- a. assess and properly and timely identify service needs,*
- b. make referrals for identified community-based services, and take any follow-up action to confirm access to and provision of identified services. (Strategy Plan 2.a.i) (Due Date: July 1, 2010)*

CFSA reports that they have begun implementation of this strategy although they do not have a process in place at this time to track consistent implementation. CFSA is revising their quality assurance review process to be used for CFSA staff and a contract monitoring process for the quality assurance systems within the private agencies to assess whether these teams are meeting,

properly identifying service needs, making needed referrals, and ensuring the provision of these services.

*CFSA will ensure that team meetings are held with the family and other team members within the first 30 days of case opening to identify service needs and to plan for service provision. (Strategy 2.a.ii) (Due date: July 1, 2010)*

*CFSA will ensure that team meetings are held with the family and other team members at critical decision points throughout the life of the case (i.e. placement changes, significant life changes; permanency decision-making). (Strategy Plan 2.a.iii) (Due Date: October 1, 2010)*

CFSA is currently working with an outside consultant to aid in the development of an operations manual to outline more comprehensive family teaming expectations to ensure that team meetings are held with the family and other team members within the first 30 days of case opening and at critical decision points throughout the life of a case.

There is no data report currently available to capture whether team meetings are held with the family and other team members within the first 30 days of a case opening. CFSA intends to implement a quality assurance review process to assess whether or not these meetings occur and whether or not these meetings are effectively serving the purpose of identifying service needs and developing a plan with the family based on those needs.

- Supervision

*CFSA will conduct verification of the identification of service needs and service provision through weekly supervision and through monthly continuous quality improvement case reviews completed by supervisors and program managers. Program managers will complete three reviews a month per program area and supervisors will complete two reviews a month per unit. (Strategy Plan 2.b.i) (Due Date: July 1, 2010)*

This strategy was not implemented by July 2010 as planned. Information regarding the implementation of this strategy will be available for the next monitoring report based on a review of CFSA's revised quality assurance review process set for full implementation in May 2011.

- Community-Based Services

*CFSA will develop targets of the number of families to be served in FY2011 [by the Collaboratives]. Based on the targets developed, CFSA will ensure that resources and protocols are in place to meet the targets. (Strategy Plan 2.c.i and 2.c.ii) (Due Date: September 30, 2010)*

CFSA program administrators, social workers, and program managers examined trends and issues related to access to services for children, youth and families through the Healthy Family Thriving Communities Collaboratives. As a result, CFSA concluded that the scope of services

for each Collaborative should be modified to allow more flexibility to serve families no matter the service type as long as the Collaborative operates within its budget allocation.

Using data regarding the number of children and youth in foster care by ward, the number of in-home families being served by ward, the number of substantiated investigations by ward as well as the number of families served during FY2010, CFSA has developed targets of the number of families expected to be served in FY2011 and has shifted funding to each of the remaining Collaboratives based on these established targets. Funding for the Collaboratives for FY2011 reflects \$623,000.00 in budget reductions overall from the previous year.

These targets and funding allocations for FY2011 are outlined in Table 6 below.

**Table 6: Funding and Source Delivery Targets for Healthy Family Thriving Communities Collaboratives FY2011**

	Target Number of Families to be Served in Fiscal Year 2011	Total Amount of Contract for Fiscal Year 2011
Columbia Heights\Shaw	1,715	\$1,748,684.00
East River	3,379	\$1,841,914.00
Edgewood/Brookland	2,020	\$2,002,740.00
Far Southeast	3,820	\$2,654,645.00
Georgia Avenue	1,405	\$1,067,490.00
Ward 6 <sup>110</sup>	805	\$1,523,683.00
<b>TOTAL</b>	<b>13,144</b>	<b>\$10,839,156.00</b>

Source: CFSA

*CFSA will convene the joint Implementation Committee and develop a plan and begin to implement, pending available budgetary resources, the findings of the recently completed Partnership for Community Based Services (PCBS) First Year Evaluation Report to enhance and sustain the functioning of the PCBS. (Strategy Plan 2.c.iii) (Due Date: September 30, 2011)*

The joint Implementation Committee, whose membership includes representatives from the Healthy Family Thriving Communities Collaboratives, the Collaborative Counsel as well as CFSA, has responsibility for the implementation of the recommendations from the April 2010 *Partnership for Community Based Services (PCBS) Year 1 Implementation Report*.

<sup>110</sup> Following an RFP and proposal review process, the Collaborative Council awarded funding to provide services for this year in Ward 6 to the Edgewood/Brookland Collaborative.

The joint Implementation Committee has completed a work plan that details the plan for implementation of these recommendations, the persons responsible as well as the timeline for implementation.

To address the lack of technical capacity within each Collaborative related to computer access and utilization, CFSA has had cables installed to improve networking and internet access, new laptop computers have been provided to co-located staff persons, and the Office of the Chief Technology Officer (OCTO) has been made available to address technological issues that arise.

To address the lack of clarity among the Collaboratives regarding teaming with children and their own families and supports, and to clarify the roles and responsibilities of staff persons for the Collaboratives, CFSA and private agencies and ensure practice expectations are clear and standardized, the members of the sub-group agreed to finalize a Procedure Guide to be completed on May 6, 2011.

The sub-group committed to ensuring that a comprehensive training plan would be developed for PCBS staff persons by April 1, 2011. The monitor is unaware that this has been completed.

Lastly, the sub-group identified the need for an aggregate report to be made available to help monitor the quality of the teaming process with children and their own families. Set for completion on April 1, 2011, the joint Implementation Committee is currently developing strategies to monitor the quality of this teaming process.

- Service Array

*CFSA will maintain the Rapid Housing program for families at risk of entering foster care or in need housing assistance for reunification. (Strategy Plan 2.d.i) (Due Date: September 30, 2011)*

This strategy is currently in place as this program is funded in the amount of \$1,047,000 for FY2011 and the same amount has been proposed for FY2012.

*The District will seek possible federal grants available to support housing assistance/housing choice vouchers to support family reunification. (Strategy Plan 2.d.ii) (Due Date: September 30, 2011)*

In partnership with the District of Columbia Housing Authority, CFSA reapplied for Federal Family Unification Program funding on December 1, 2010.

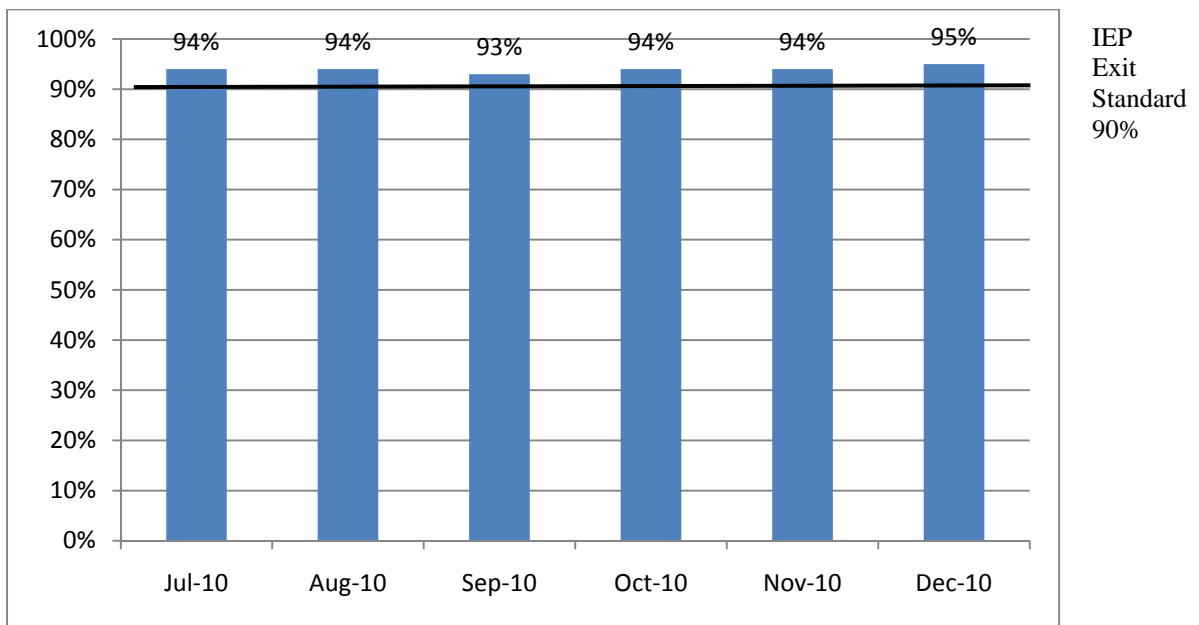
**F. Case Planning**

**1. *Timely Case Plans (Outcome to be Maintained #12)***

CFSA has continued to maintain acceptable performance on developing written case plans within 30 days of a child entering care and modifying the plans at least every six months thereafter. Between July and December 2010, between 94 and 95 percent of family case plans were current. With this performance, *CFSA continues to meet the Exit Standard of ensuring that 90 percent of case plans are developed within 30 days of the child entering care and reviewed and modified at least every six months thereafter.*

Figure 12 below provides monthly data on the percentage of cases with current case plans.

**Figure 12: Percentage of Current Case Plans for Children in Foster Care July-December 2010**



Source: CFSA Administrative Data, FACES.net report CMT163

## **2. Case Planning Process (Outcome to be Achieved #17)**

Consistent with standards of good social work practice, the IEP requires CFSA to work with families to develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect family and children's needs, are updated as family circumstances or needs change and to deliver services reflected in the current case plan. Every effort is to be made to locate family members and to develop case plans in partnership with youth and families, the families' informal support networks and other formal resources working with or needed by the youth and/or family. Case plans are to identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.

The Monitor measures performance on this requirement through the Quality Service Review (QSR). ***In order to meet the Exit Standard, CFSA must ensure 80 percent of cases reviewed through the QSR are rated as acceptable on the Case Planning Process and Pathway to Safe Case Closure indicators.***

The figures below summarize the parameters which reviewers are guided to consider in rating performance in the select areas, as well as the descriptions of minimally acceptable performance and marginal performance/unacceptable as contained within the QSR protocol.

**Figure 13: QSR Case Planning Process Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance**

*Case Planning Process (CPP)*

➤ *Parameters Reviewers Consider:*

- Does the CPP strategically focus the paths and priorities of intervention necessary to achieve specific outcomes for the child/family?
- Is the CPP actually driving practice decisions and activities on the case?
- Does the CPP outline measurable objectives and steps to meet the requirements to achieve the permanency goal in a realistic timeframe?
- Are parents/caregivers (and child if appropriate) involved in creating the plan?
- Are all providers and family members working towards the same outcomes?
- Is the plan modified and strategies and services adjusted in response to progress made, changing needs and circumstances and additional knowledge gained?

➤ *Description of Acceptable/Unacceptable Performance:*

Acceptable Case Planning Process means some key service participants, including some family members, including the child, at least minimally plan steps to achieve outcomes. Most of the specified outcomes focus on achieving permanency. Some participants are in agreement with the steps the family must take, and these steps somewhat address requirements for safe case closure. Transitions are being planned for some of the time. Minimally adequate to fair tracking of service implementation, child and P/C progress, risk reduction, conditions necessary for safe case closure and results are being conducted by the social worker and team.

Unacceptable Case Planning Process shows isolated service participants separately plan agency-centered efforts for achieving broad, agency-directed outcomes, rather than measurable objectives with planned steps. The child and family members may not have a voice in the steps they are being asked to take. These steps may not guide the family towards permanency; they may not all be realistic; and/or accomplishing them may not lead to safe case closure. Transitions may be planned for sporadically. Limited or inconsistent tracking and communication are being conducted by the social worker and team.

**Figure 14: QSR Pathway to Safe Case Closure Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance**

*Pathway to Safe Case Closure*

➤ *Parameters Reviewers Consider:*

To what degree: (1) Is there a clear, achievable case goal including concurrent and alternative plans? (2) Does everyone involved, including family members, know and agree on what specific steps need to be achieved in order to achieve the case goal and close the case safely? (3) Is the child/family making progress on these steps and informed of consequences of not meeting the necessary requirements within the required timelines? (4) Are team members planning for the youth's transition from care in APPLA cases? (5) Are reasonable efforts being made to achieve safe case closure for all case goals?

➤ *Description of Acceptable/Unacceptable Performance:*

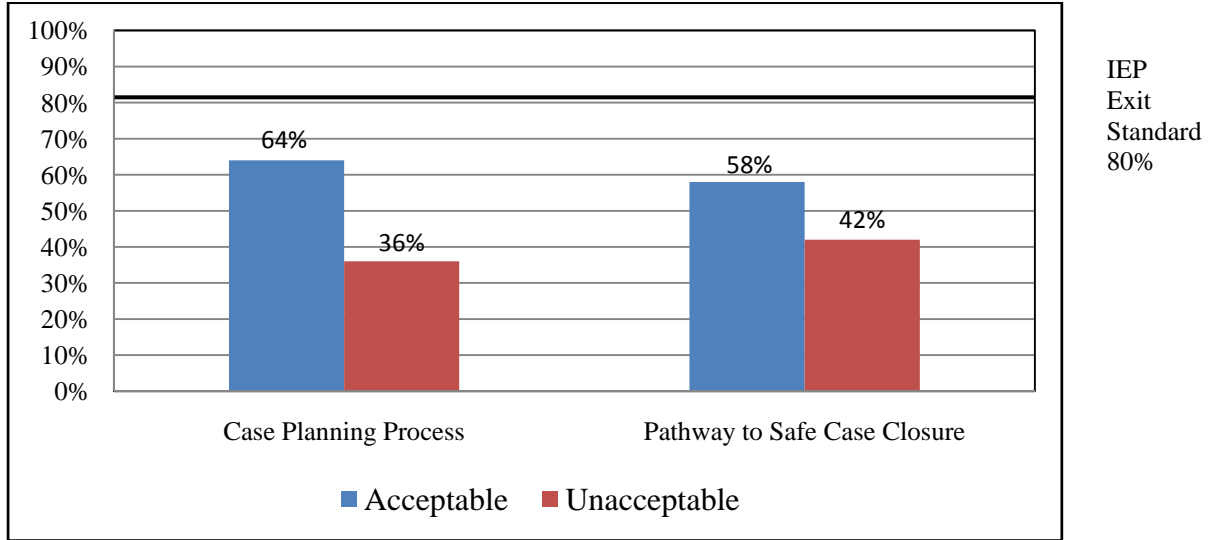
Acceptable Pathway to Safe Case Closure means some people involved in the case understand the case goal, including any plan alternatives. Minimally adequate to fair efforts are being made to achieve the permanency goal and to remove any barriers to permanency. Some people have agreed upon the steps that must be accomplished and requirements that must be met for safe case closure. Some team members are aware of timelines and consequences for not meeting requirements and the team is making some progress towards closure, though not in a timely manner. - OR - The team has established a good plan but has not made sufficient progress on it.

Unacceptable Pathway to Safe Case Closure means few people involved in the case understand or agree with the case goal, including any plan alternatives. Marginal or inconsistent efforts are being made to achieve the permanency goal and to remove any barriers to permanency. Few steps that must be accomplished or requirements that must be met for safe case closure, timelines, and consequences for not meeting requirements have been defined and/or agreed upon by family members and providers. The case is not making sufficient progress towards closure. -OR- The team has established a fair plan but has not made progress on it.

During calendar year 2010, 86 cases were reviewed using the QSR methodology; 69 of the case reviews were coordinated by CFSA and 17 by the Monitor. As Figure 15 below indicates, two-thirds of the cases (64%; 55 of 86) were rated as acceptable on Case Planning Process and 36 percent were rated as unacceptable. For Progress to Safe Case Closure, over half of the case (58%; 50 of 86) were rated as acceptable on Pathway to Safe Case Closure and 42 percent were rated as unacceptable. This level of performance does not meet the Exit Standard for an adequate case planning process.



**Figure 15: Case Planning Process**  
N=86



Source: CY2010 Quality Service Review data

**3. Strategy to Support Quality Case Planning (Outcome to be Achieved #17)**

CFSA identified an overarching quality assurance strategy as the means to support and improve quality case planning:

*CFSA will immediately and on an ongoing basis ensure that existing case review processes (e.g. QSRs, Structured Progress Reviews, CQI Case Reviews, etc.) are utilized for children in foster care to ensure social work practice is directed toward the timely achievement of permanency (i.e. parent/ child visitation, sibling visitation, access to services required to remediate the risk to children in the home) (Strategy Plan 11.a.i.) (Due Date: September 30, 2011)*

Individual case reviews are utilized for children in foster care to ensure social work practice is directed toward the timely achievement of permanency. The Monitor remains concerned that these individual reviews are not consistently assessed and analyzed to better understand the systemic issues that may require overhaul to ensure timely permanency for children and youth.

**G. Medical, Dental and Mental Health Care**

In December 2009, CFSA established the Healthy Horizons Assessment Center (HHAC) as a limited-service on-site medical screening clinic for children and youth who are entering, re-entering, exiting, or changing placements while in foster care. The HHAC does not provide “sick visit” services, nor does it serve children or youth who have open in-home case relationships with CFSA. The HHAC provides pre-placement screenings, comprehensive medical evaluations for children entering and re-entering care and serves as a health information resource for children

and youth, social workers, foster parents, birth parents and other caregivers and uses a Nurse Care Manager model to ensure that children's medical, dental and mental health needs are met.

CFSA anticipated with the coordination of all medical, dental and mental health care through the HHAC that better performance on health care outcomes would be confirmed by FACES.net data. As seen below, the data in FACES.net continues to reflect poor performance on the outcomes related to children's medical, dental and mental health care. In order to accurately report on the Exit Standards below, the Monitor and CFSA must reconcile FACES.net data with a separate database being kept by the HHAC and nurse care managers. The CFSA Director has been holding a weekly multi-disciplinary meeting to identify the challenges to performance, data entry and reconciliation. The Monitor will report more fully on this process in the next monitoring report.

### ***1. Health Screening Prior to Placement (Outcome to be Achieved #22a)***

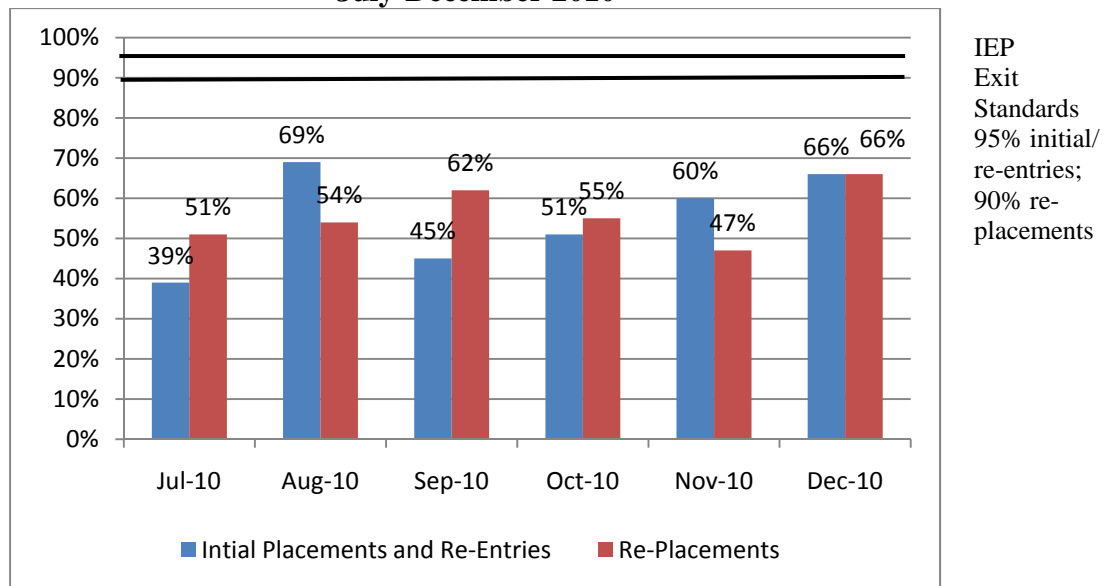
Children in foster care are to have a health screening prior to an initial placement, re-entry into care or a re-placement. The purpose of the health screening prior to placement is to identify health conditions that require prompt medical attention such as acute illnesses, chronic diseases, signs of abuse or neglect, signs of infection or communicable diseases, hygiene or nutritional problems and developmental or mental health concerns. Additionally, the screening gathers information about the child's health care needs to be shared with the child's foster parent or caregiver, social worker and other service providers.

***The IEP Exit Standard requires CFSA to ensure 95 percent of children have a health screening prior to initial placement or re-entry and that 90 percent of children who experience a placement change have a replacement health screening.*** Between July and December 2010, between 39 and 69 percent of children who initially entered foster care or re-entered foster care received a health screening prior to being placed. Additionally, between July and December 2010, between 47 and 66 percent of children experiencing a replacement received a health screening prior to the replacement. Figure 16 below displays the monthly breakdown of receipt of a health screening prior to placement. This level of performance does not meet the Exit Standard for pre-placement health screening.<sup>111</sup>

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<sup>111</sup> Based on the weekly multi-disciplinary meeting described above, CFSA has begun to see improvements in the data on health screenings for children who have initially entered or re-entered care. Based on data reconciled during those meetings, of the 39 children who initially entered or re-entered care in December 2010, 38 (97%) children had a health screening prior to placement.

**Figure 16: Percentage of Children who Received a Health Screening Prior to Placement  
July-December 2010**



Source: CFSA Administrative Data, FACES.net report HTH004

**2. Full Medical Evaluation within 30 Days of Placement (Outcome to be Achieved #22b)**

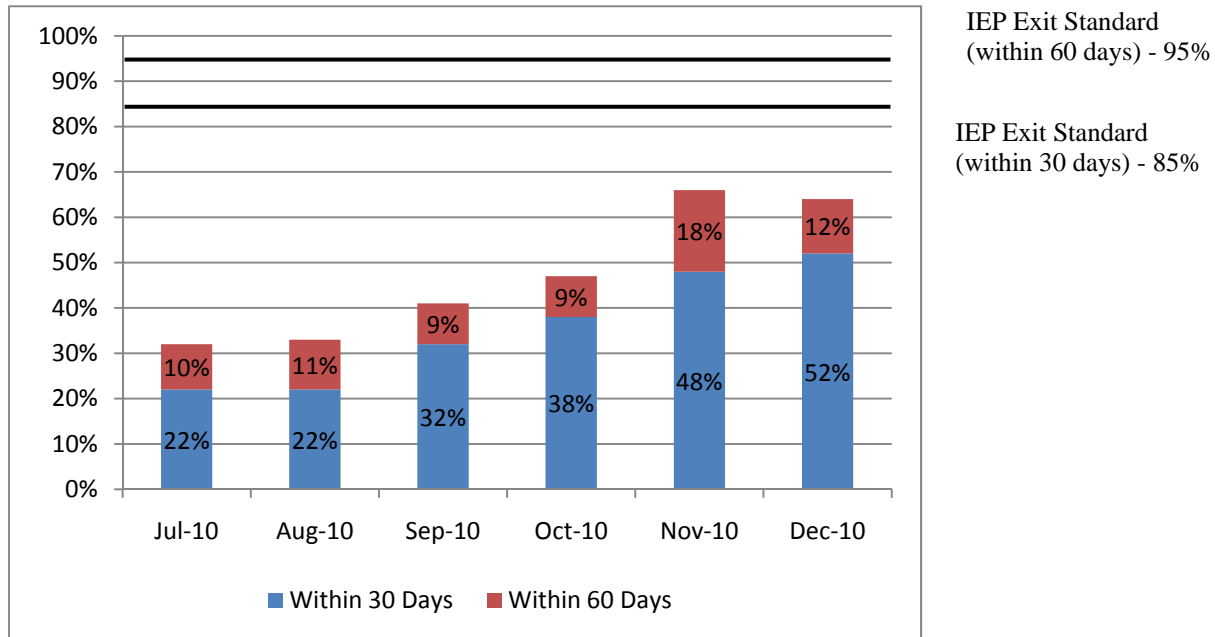
Based on Healthy Horizons Assessment Clinic Administrative Issuance dated November 1, 2010 a comprehensive medical evaluation shall take place within 30 days of the child’s initial entry into out-of-home care. This comprehensive medical evaluation shall build on the information obtained from the family and primary care provider in addition to the outcomes of the initial health screening. The social worker and resource parent are both encouraged to accompany the child or youth to the exam. As with the health screenings described above, the full medical evaluation is conducted by the nurse practitioners in the HHAC.

***In order to meet the IEP Exit Standard for this outcome, CFSA must ensure that 85 percent of children in foster care receive a full medical evaluation within 30 days of placement and 95 percent of children in foster care receive a full medical evaluation within 60 days of placement.*** Based on FACES.net data between July and December 2010, between 22 and 52 percent of children in foster care received a full medical evaluation within 30 days of placement and an additional 9 to 18 percent of children received a full medical evaluation within 60 days of placement, for a total of between 32 and 66 percent of children receiving a full medical evaluation within 60 days of placement in foster care.<sup>112</sup> This performance, although improving over the six month monitoring period, falls far short of the IEP Exit Standard.

<sup>112</sup> Based on the weekly multi-disciplinary meeting described above, CFSA has begun to see improvements in the data on full medical evaluations within 30 days of placement. Based on data reconciled during those meetings, of the 37 children who initially entered or re-entered care in December 2010 and remained in care, 25 (73%) children had a

As shown in Figure 17 below, performance on this outcome, as reported from FACES.net, has improved over time.

**Figure 17: Percentage of Children who Received a Full Medical Evaluation Within 30 Days of Placement July-December 2010**



Source: CFSA Administrative Data, FACES.net report HTH005

### 3. *Full Dental Evaluations Within 30 Days of Placement (Outcome to be Achieved #22b)*

Based on Healthy Horizons Assessment Clinic Administrative Issuance dated November 1, 2010, the Medical Assistants in the HHAC are responsible for scheduling a full dental evaluation to be completed within 30 days of the child or youth’s entry into foster care. The HHAC does not have the capacity to conduct these evaluations onsite.

***In order to meet the IEP Exit Standard for this outcome, CFSA must ensure that 25 percent of children in foster care receive a full dental evaluation within 30 days of placement, 50 percent of children in foster care receive a full dental evaluation within 60 days of placement and 85 percent of children in foster care receive a full dental evaluation within 90 days of placement.***

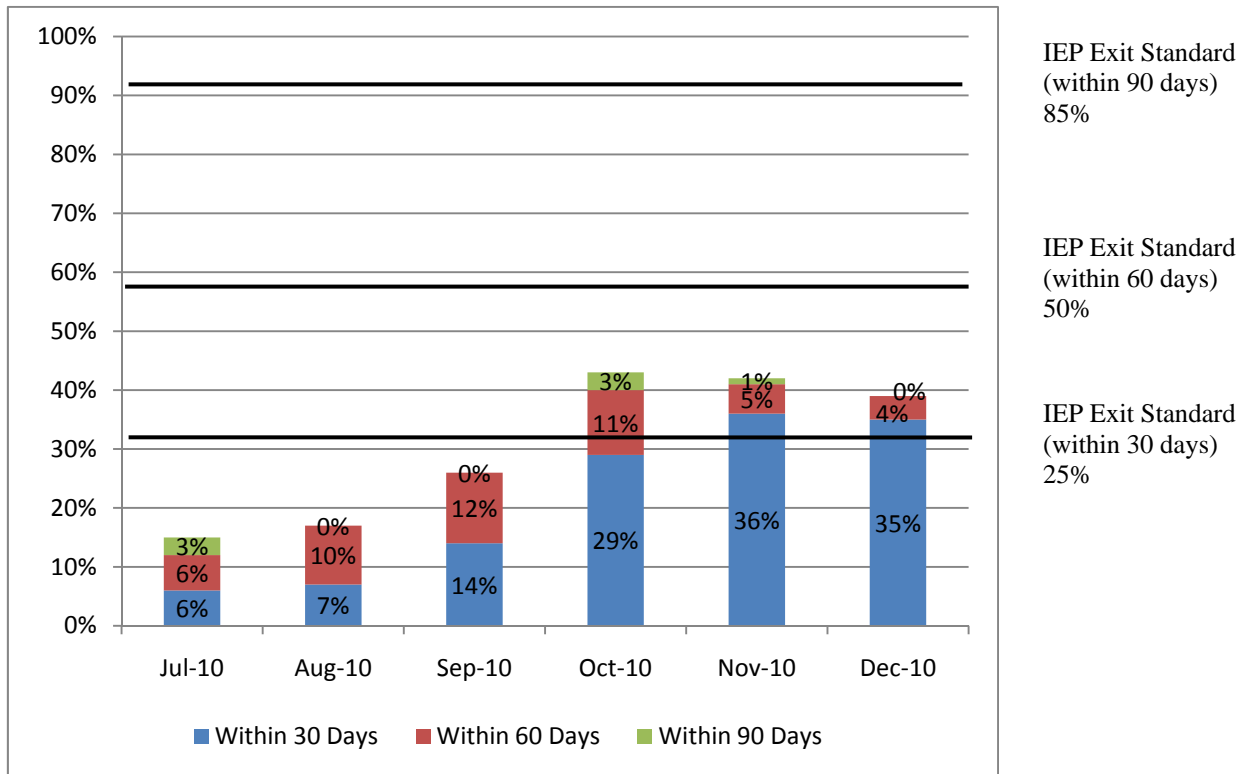
Based on FACES.net data between July and December 2010, between 6 and 36 percent of children received a full dental evaluation within 30 days of placement. An additional 4 to 12 percent of children received a full dental within 60 days and an additional 1 to 3 percent of children received a full dental within 90 days, for a total of between 12 and 41 percent of children receiving a full dental within 60 days and between 15 and 43 percent of children

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full medical evaluation within 30 days of placement. The remaining 10 (27%) children received a full medical evaluation within 60 days of placement.

receiving a full dental within 90 days.<sup>113</sup> This performance, although improving over the six month monitoring period, falls far short of the IEP Exit Standard.

**Figure 18: Percentage of Children who Received a Full Dental Evaluation July-December 2010**



Source:

CFSA Administrative Data, FACES.net report HTH005

**4. Timely Access to Health Care Services (Outcome to be Achieved #22c)**

With the execution of the IEP, a new outcome and associated Exit Standard related to health care access and delivery was added. In accordance with the IEP, CFSA is to ensure that children in foster care have timely access to health care services to meet identified needs.

<sup>113</sup> Based on the weekly multi-disciplinary meeting described above, CFSA has begun to see improvements in the data on full dental evaluations within 30 days of placement. Based on data reconciled during those meetings, of the 37 children who initially entered or re-entered care in December 2010 and remained in care, 20 (54%) children had a full dental evaluation within 30 days of placement. Another 4 (11%) children had a full dental evaluation within 60 days of placement and 6 (16%) children had a full dental evaluation within 90 days of placement. There was one child who had a full dental evaluation more than 90 days after placement and the remaining 6 (16%) children have not yet received their full dental evaluation.

The Monitor measures performance on this requirement through the Quality Service Reviews (QSR). *In order to meet the Exit Standard, CFSA must ensure 80 percent of cases reviewed through the QSR are rated as acceptable on the child status health/physical well-being indicator.*

The figure below summarizes the parameters which reviewers are guided to consider in rating performance in the select areas as well as the descriptions of minimally acceptable performance and marginal performance/unacceptable as contained within the QSR protocol.

**Figure 19: QSR Health/Physical Well-Being Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance**

*Health/Physical Well-Being QSR Indicator*

➤ *Parameters Reviewers Consider:*

Is the child in good health? To what degree are the child's basic physical needs being met? To what degree are the child's health care/maintenance needs being met?

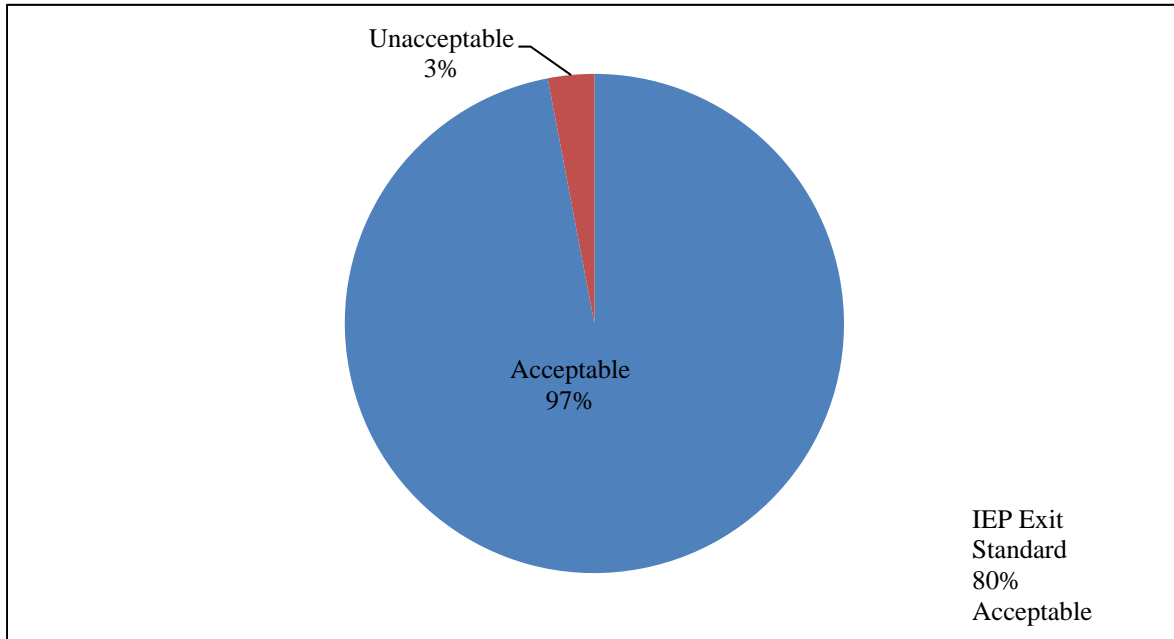
➤ *Description of Acceptable/Unacceptable Performance:*

Acceptable Health/Physical Well-being means the child's physical needs are being minimally met on a daily basis. The child's health status is good. Routine health and dental care are minimally received but not always on schedule. Reproductive health issues may not be fully addressed. Acute or general health care is generally adequate, but follow-ups or required treatments may be missed or delayed but are not life threatening. Height and weight are within normal ranges. If height and weight are not within age appropriate expectations, all medical recommendations are generally being followed to address concerns (i.e. diet and/or exercise).

Unacceptable Health/Physical Well-being means the child's physical needs for food, shelter, hygiene or clothing may not be consistently met. The child's nutritional or physical health status is problematic. Routine health and dental care may not be adequately received. Reproductive health issues may not be addressed. Acute or chronic health care may be inadequate and/or follow-ups or required treatments may be missed or delayed but are not immediately life threatening. If height and weight are not within age appropriate expectations, medical recommendations are not being followed to address the concerns (i.e. diet and/or exercise).

During calendar year 2010, 86 cases were reviewed using the QSR methodology; 69 of the case reviews were coordinated by CFSA and 17 by the Monitor. As Figure 20 below indicates, almost all (97%; 83 of 86) were rated as acceptable. In three cases (3%) there were concerns noted. This level of performance meets the Exit Standard for timely access to health care services.

**Figure 20: Timely Access to Health Care Services  
Health/Physical Well-being Status  
N=86**



Source: CY2010 Quality Service Review data

**5. Medicaid Coverage (Outcome to be Achieved #22d)**

In the District of Columbia, medical, dental and mental health services for children in foster care are funded through Medicaid fee-for-service provisions. The provision of a Medicaid number and the Medicaid card allows foster parents to access medical services and prescription drugs for children in their care. To this end, the IEP requires CFSA to ensure the prompt completion and submission of appropriate health insurance paperwork and to keep records of Medicaid application dates, HMO severance dates and enrollment dates. CFSA is also required to provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement. ***The Exit Standard associated with this outcome requires that 90 percent of children’s caregivers be provided with documentation of Medicaid coverage within 5 days of placement and with Medicaid cards within 45 days of placement.***

The IEP imposed more stringent information tracking requirements regarding prompt Medicaid enrollment and providing Medicaid cards to foster caregivers. These provisions required that CFSA and the District Department of Health Care Finance (DHCF) work together to develop an efficient system to ensure and track these obligations. As of the writing of this report, CFSA reports they continue to process and maintain health insurance paperwork which activates the Medicaid fee-for-service coverage for children in foster care. CFSA also reports continuing to separately track both the processing of the health insurance paperwork and the distribution of Medicaid cards to foster parents. The reporting of both processes is being combined to develop a

more comprehensive tracking system which is in the final stages of development. The tracking system is expected to track the completion and submission of health insurance paperwork, severance dates and fee-for-service enrollment dates. No date for completion of this work has been provided.

## **6. *Mental Health Services for Children, Youth and Families***

In 2007, CFSA convened a multi-stakeholder Mental Health Working Group to “consider and prioritize a group of mental health services identified as valuable for children engaged in foster care placements.” This group proposed a multi-year plan with commitments from both CFSA and the Department of Mental Health (DMH) with the goal of enhancing the provision of mental health services to children in foster care. The group cautioned that it was imperative that more appropriate reimbursement rates be developed to enable growth of providers and capacity for several service areas. This theme has been echoed in the District of Columbia by advocates, consumers and providers who are concerned about the array and quality of, as well as timely access to child, adolescent and adult mental health services for Medicaid recipients.

The District’s phased implementation of the multi-year mental health plan became a requirement of the *LaShawn* Decree because of the critical interplay between the availability of high quality mental health services and achieving outcomes of permanency, stability and well-being for children and youth involved with the child welfare system.

CFSA, in partnership with the DMH has achieved some of the goals of the multi-year plan including: establishing a mobile crisis response service and crisis beds and providing trauma-focused cognitive behavioral therapy training for practitioners; and increasing the reimbursable rate for both medication management and counseling. The District is also able to bill Medicaid for Multi-Systemic Therapy (MST).

CFSA, DMH and service providers have continued to dedicate staff to work jointly on troubleshooting issues regarding access and time to initiation of clinical assessments and ongoing treatment for children involved with both systems. There are also some efforts to understand service utilization. Particularly, underutilization of MST, has led to the possibility of a qualified provider deciding it cannot economically survive and the possible loss of that service all together in the District. Over the past year, there was some work by DMH to encourage a “teaming” approach to working with families, a practice for Choice Providers.<sup>114</sup> The philosophy of the approach closely matches that contained in CFSA’s Practice Model.

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<sup>114</sup> DMH core service mental health agencies contracted by DMH to develop specialty in meeting the needs of children and youth in the District of Columbia, including youth CFSA custody, and to continue to serve those children and families when children return to their homes.



CFSA's implementation of a mental health screening for children who enter protective custody should help to further inform the District about the children's mental health needs. CFSA's creation of the Office of Youth Empowerment provides an additional opportunity for focus on creatively addressing and meeting the mental and behavioral health needs of adolescents in their custody, supporting their caretakers, and partnering with youth and public and private agencies on their behalf.

Despite these important steps, various aspects of the structure of the District's public mental health service system continue to negatively impact the delivery of services for both children in foster care and children who remain in or return to the custody of their parents. School and community-based mental health services for children in the District have been cut. Children who are not in District custody, receiving Medicaid and served by a Managed Care Organization are, according to DMH, not accessing specialty services at rates which might be expected and needed.

DMH is currently faced with delivering high priority services with a much leaner budget. Proposed cuts to the agency's FY2012 budget are \$8 million. Over \$2.5 million may be reduced from funding to those providers designated as Choice Providers for children and families involved with CFSA. This funding is particularly important to develop specialized expertise of clinicians. Training in Parent Child Interactive Therapy, Child-Parent Psychotherapy for Family Violence, Attachment Therapy, Trauma Focused Child Behavioral Therapy, Sex Offender Treatment and treatment for victims of sexual abuse as outlined in the mental health plan, remain outstanding. Equally important to the development of skill and expertise, is the ability to compensate practitioners; the caution cited in the 2008 Mental Health Needs Assessment and mentioned above. Over the past few years, DMH and others have funded training for practitioners to provide specialized services. However, according to representatives of the local provider community, the relatively low Medicaid reimbursable rate for the provision of these services is a disincentive to serving children whose primary insurance is Medicaid. DMH's FY2011 also includes a \$900,000 reduction in non-Medicaid children's services which may include the District's crisis intervention service as well as flex funds intended for those children served by Choice Providers.

In sum, while the District can be credited for the progress made in some areas of the delivery of children's mental health service, that progress has yet to meet some fundamental goals. The District's mental health service system for children and families who are Medicaid recipients remains hampered by its infrastructure, to include: financing, accountability, resources, rules, and training. The goals of the achieving a system of care for children with an array of mental health services provided in a timely and culturally appropriate manner, as envisioned for the Mental Health Needs Assessment and plan remain unmet.

**7. *Strategies to Ensure the Provision of Health, Mental Health and Dental Care (Outcome to be Achieved #22)***

CFSA proposed multiple strategies to help achieve health, mental health and dental care outcomes as described below:

▪ *Policy*

*CFSA will develop and promulgate Administrative Issuances regarding the Healthy Horizons Assessment Center and Nurse Care Management Model. This Administrative Issuance, among other things, will define the roles of the assigned social worker, nurse care manager and case aide in ensuring the provision of timely and appropriate medical, dental and mental health care for children in foster care. (Strategy Plan 15.a.i) (Due Date: October 31, 2010)*

This strategy has been completed as Administrative Issuance, *Teaming Between Nurse Care Managers, Social Workers, and Family Support Workers*, went into effect on November 1, 2010.

This Administrative Issuance defines the roles of the assigned social worker, nurse care manager and case aide in ensuring the provision of timely and appropriate medical, dental and mental health care for children in foster care. Issues related to gathering information, assessment, evaluation and planning, service coordination, monitoring and program support activities are all covered in a level of detail needed to ensure roles and responsibilities are easy to understand.

*CFSA will develop and promulgate policy based on the Administrative Issuance and their practice experience.(Strategy Plan 15.a.ii) (Due Date: September 30, 2011)*

The Monitor will report on this strategy in an upcoming report as the CFSA has targeted September 30, 2011 for completion.

▪ *Healthy Horizons Assessment Center*

*The Healthy Horizons clinic will be staffed and operational. CFSA will operate an on-site screening center with licensed nurse practitioners for the completion of pre-placement screenings and comprehensive medical evaluations. The full array of responsibilities to be implemented are:*

- a. Provision of medical and behavioral health screening services*
- b. Engagement of families to complete comprehensive medical, mental, and developmental biological family history.*
- c. Comprehensive mental health screenings completed by co-located mental health professionals, except for those under age 1 and only with the involvement of the biological parent for those under age 8.*

- d. *Provision of medical, mental health and developmental information to social workers, family support workers, and co-located mental health professionals to provide a baseline history for providers;*
- e. *Serving as a medical information resource within the first month of placement.(Strategy Plan 15.b.i) (Due Date: September 30, 2010)*

The Healthy Horizons Assessment Center is staffed and operational 24 hours per day seven days per week with one Medical Assistant and one Nurse Practitioner available to complete pre-placement screenings. Comprehensive medical evaluations for all children and youth entering or re-entering foster care are available from 8:00 a.m. to 8:00 p.m. seven days per week.

Also available is a comprehensive mental health screening for children and youth who are eight years of age or older or between the ages of one and eight with involvement of their biological parent.

▪ *Nurse Care Managers*

*Nurse care managers and/or medical assistants will follow-up with foster parents and social workers to document the completion of the dental evaluations and to advocate for the dental healthcare of children.(Strategy Plan 15.c.i) (Due Date: July 2010)*

*The Teaming Between Nurse Care Managers, Social Workers, and Family Support Workers Administrative Issuance outlines these responsibilities for nurse care managers and medical assistants.*

*Nurse care managers will be assigned to children in foster care at a ratio of 1:100. Nurse care managers are required to facilitate the provision of appropriate services to meet healthcare needs. In collaboration with the assigned social worker, the Nurse Care Manager will be responsible for:*

- a. *Coordinating and monitoring health care services over the life of the case.*
- b. *Ensuring active Medicaid coverage for the entire time the child is in foster care or otherwise facilitating needed health care.*
- c. *Teaming with foster parents and social workers to ensure compliance with required and necessary health care services.*
- d. *Engaging in systematic communication, education and coordination of care among health care providers, child welfare professionals and family supports.*
- e. *Ensuring medical plans are integrated into permanency case plans. (Strategy Plan 15.c.ii) (Due Date: July 1, 2010)*

Currently, there are a total of 435 cases assigned to fourteen Nurse Care Managers, which results in an average of 31 cases per Nurse Care Manager, with no Nurse Care Manager carrying more than 44 cases.

The Monitor will report more fully on this strategy in the next monitoring report by convening focus groups with Nurse Care Managers and other identified stakeholders.

- *Needs Assessment and Implementation*

*CFSA, with DMH, will review the availability of mental health services as identified in the 2007 Children's Mental Health Needs Assessment and determine, based on current needs and current capacity, the additional services that are required. Based on that review, by February 2011, CFSA, with DMH, will release a solicitation to provide the services identified. Services to be in place by August 2011.(Strategy Plan 15.d.i) (Due Date: Review by February 2011 and services in place by August 2011<sup>115</sup>)*

The required review was not completed as scheduled, however CFSA and DMH submitted the report to the Monitor on April 8, 2011. It is currently being reviewed. If a solicitation for services is needed, July 2011 is targeted for the release with service provision beginning in Fiscal Year 2012. As mentioned above, next steps planned by DMH are impacted both by funding to offer ongoing training and supports to clinicians to provide specific interventions such as Parent Child Interactive Psychotherapy, Child-parent Psychotherapy for Family Violence, Trauma Focused Therapy and Sex Offender Therapy and current inability to provide an rate of reimbursement to support practitioners who provide these specialized services. The Monitor remains very concerned about the reduction in budgeted funds available to support this work and the impact on necessary improvements to the mental health service array.

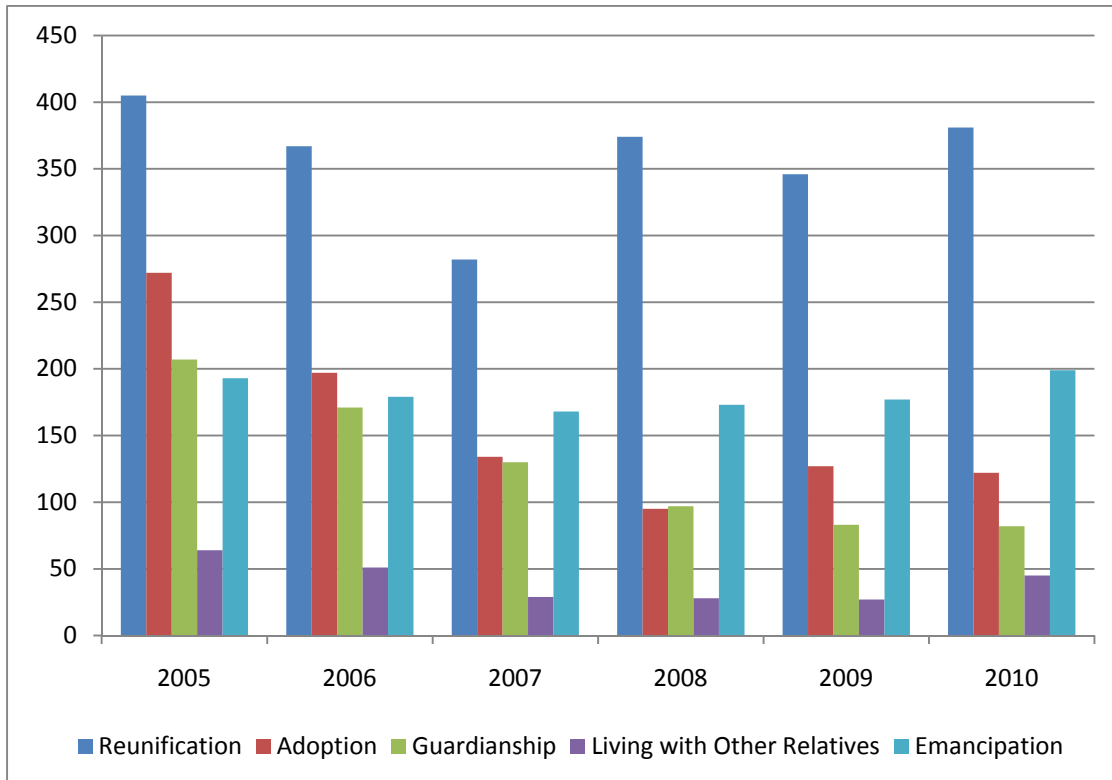
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<sup>115</sup> The timelines on this strategy changed, based on discussion with DMH, from February 2011 and August 2011 to March 2011 and July 2011. The Monitor concurs with a March 2011 completion date for the review and report. The Mental Health Services review was submitted to the Monitor on April 8, 2011 and is under review

## H. Permanency and Exits from Foster Care

Overall, there has been a decline in the total number of children and youth exiting care by achieving positive permanent outcomes (see Figure 21 below).

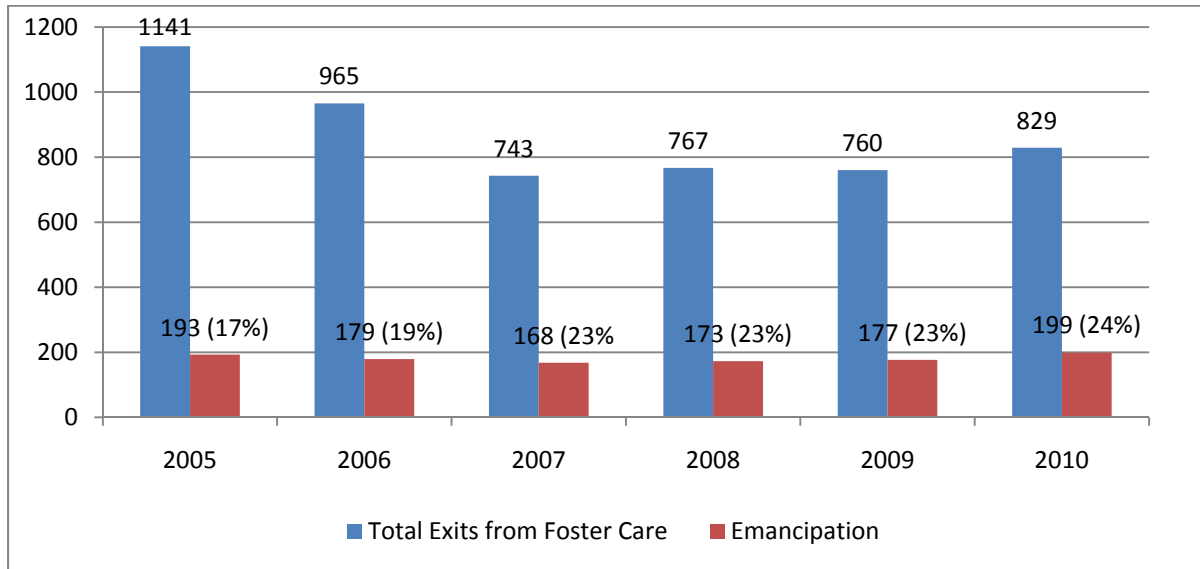
**Figure 21: Exits from Foster Care by Year and Type  
CY2005-2010**



Source: CFSA Administrative Data, FACES.net report PLC155

As shown in Figure 21 above, the majority of children exiting foster care return home to their families, but the high number of children who annually exit foster care to emancipation remains virtually unchanged since 2005 although their percentage in relation to the total number of foster care exits has increased (see Figure 22 below).

**Figure 22: Total Exits and Emancipation Exits from Foster Care  
CY2005-CY2010**

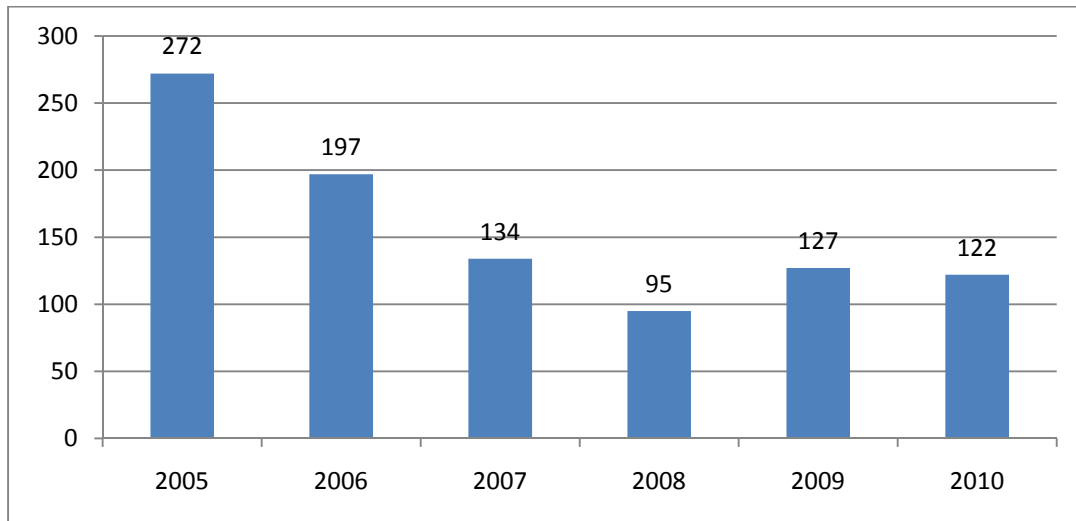


Source: CFSA Administrative Data, FACES.net report PLC155

\*Total Exits from Foster Care include only exits to reunification, adoption, guardianship, living with other relatives and emancipation. They do not include exits due to the child's death, a third party placement or when placement/custody is transferred to another District agency. In CY2010, these other exit types accounted for 5 percent of the total exits.

As seen in Figure 23 below, the number of children and youth exiting care to adoption had a significant decline from 2005 to 2008, but has begun to increase in the last two years.

**Figure 23: Foster Care Exits to Adoption  
CY2005-CY2010**



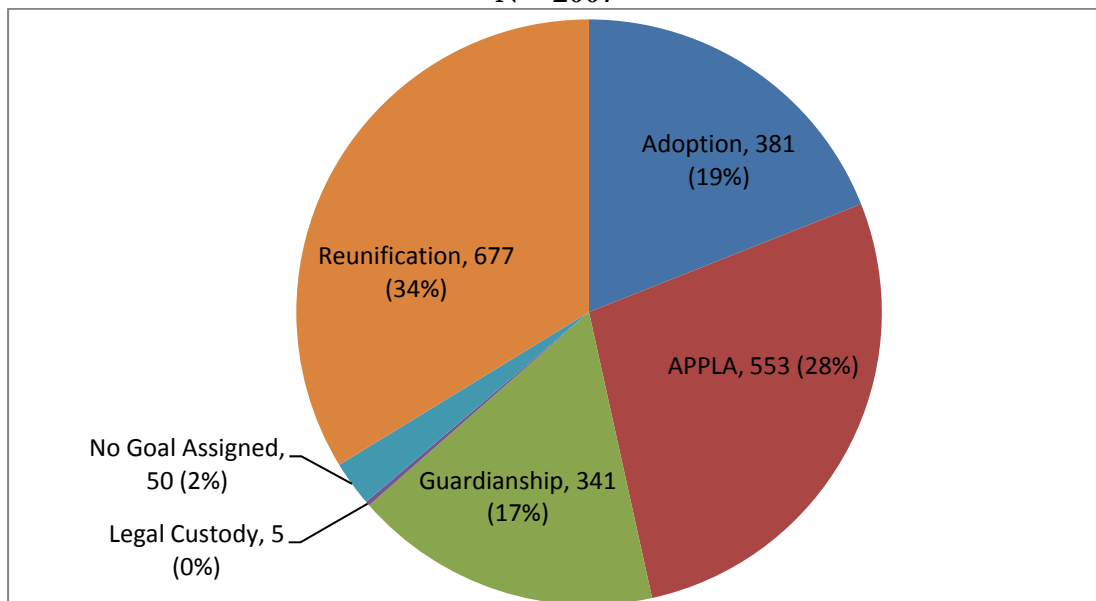
Source: CFSA Administrative Data, FACES.net report PLC155

**1. Appropriate Permanency Goals (Outcome to be Achieved #12 and Outcome to be Maintained #13)**

CFSA leadership has committed to improving permanency outcomes for children and youth. The IEP requires that children are to have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. There are a number of Exit Standards associated with this outcome.

*Ninety-five percent of children are to have permanency planning goals consistent with ASFA and District law and policy guidelines.* Between July and December 2010, 97 percent of children were assigned permanency planning goals consistent with ASFA and District law and policy guidelines. At this time the Monitor has not validated the appropriateness of the assigned goal for any given child. During the next monitoring period, the Monitor intends to review a sample of cases to validate appropriateness of permanency planning goals. As seen in Figure 24 below, the majority of children and youth have a goal of either reunification (34%) or Alternative Planned Permanent Living Arrangement (APPLA) (28%).

**Figure 24: Permanency Goals for Children in Foster Care as of December 31, 2010**  
N = 2007

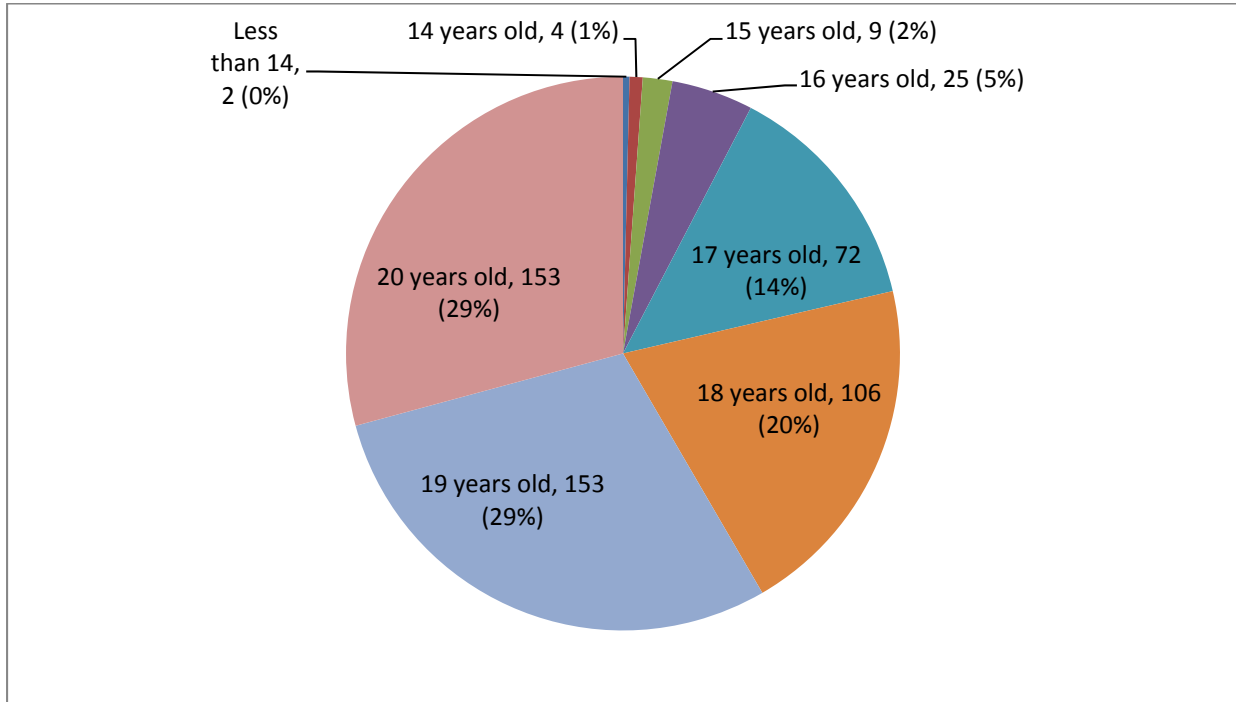


Source: CFSA Administrative Data, FACES.net report PLC155

The Monitor has repeatedly expressed concern about the high number of children and youth with a goal of Alternative Planned Permanent Living Arrangement (APPLA). These are primarily older youth between the ages of 18 and 20. CFSA has begun to implement a number of strategies to reduce the number of youth with a goal of APPLA and increase their prospects for legal permanency. The number of youth with an APPLA goal has in fact declined from a high of 849

on January 31, 2008. As of December 31, 2010, there were 524 youth with a goal of APPLA. Figure 25 below shows the age breakdown of these 524 youth.

**Figure 25: Age of Youth with APPLA Goal as of December 31, 2010**  
N=524

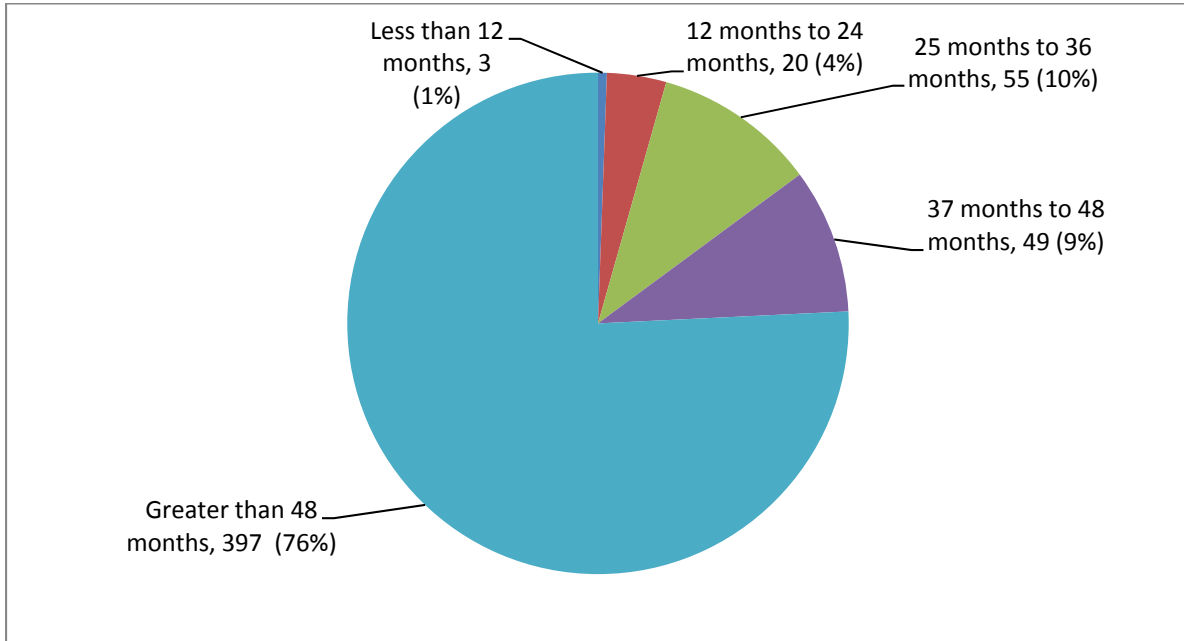


Source: CFSA Administrative Data, FACES.net

Figure 26 below shows the length of stay in foster care for youth with an APPLA goal. The vast majority of these youth (76%) have been in care for greater than 48 months with the longest stay at 250 months or 20.8 years in the care of the District of Columbia.



**Figure 26: Length of Stay for Youth with APPLA Goal as of December 31, 2010**  
**N=524**



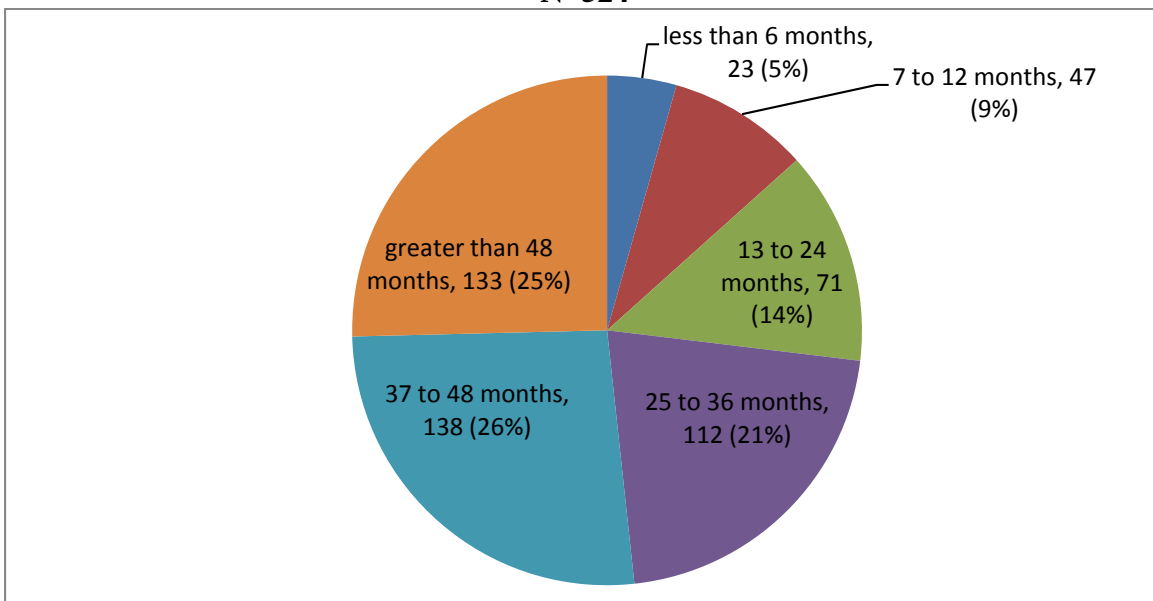
Source: CFSA Administrative Data, FACES.net

As depicted in Figure 27 below, the vast majority of youth with a goal of APPLA have had this permanency goal for greater 2 years (72%). One youth, who is 20 years old, has had an APPLA goal for 117 months or almost 10 years. As of December 31, 2010, there were 21 youth who had a goal of APPLA for 6 months or less. The large number of older youth who have been in care for 4 years or more are a population for which the District's efforts to achieve permanency failed. The consequences of this failure is poor life outcomes for many of these youth. Youth of any age want and need permanency options and the failure to connect youth to a permanent caring adult while in foster care predicts poor future outcomes. The Monitor believes that CFSA is correct in placing high priority on these youth. In addition to the work underway to prevent more youth from falling into this group of children with APPLA goals, CFSA must redouble efforts to promote and achieve permanency for all of them. Intensive efforts must continue to be made for the 141 youth who have had the goal of APPLA for less than 2 years.

The number and rate of youth being assigned APPLA goals has significantly slowed in the past two years, as discussed below. This is a positive outcome.

**Figure 27: Length of Goal for Youth with APPLA Goal as of December 31, 2010**

N=524



Source: CFSA Administrative Data, FACES.net

***The second Exit Standard associated with the outcome of ensuring children in foster care have appropriate goals is that beginning July 1, 2010, no child is to be given a goal of APPLA without convening a Family Team Meeting (FTM) or Listening to Youth and Families as Experts (LYFE) meeting with participation by the youth and approval by the CFSA Director or a court directing the permanency goal of APPLA.***

Between July and December 2010, CFSA reports that 21 youth newly received an APPLA goal. Of the 21 youth, six received the goal at CFSA's recommendation. For one of the six youth, CFSA determined that a LYFE conference or Family Team Meeting was not in his best interest as it would be detrimental to his mental health.<sup>116</sup> Of the remaining five youth, four youth had a LYFE conference. Two of the four youth who had a LYFE conference had the LYFE conference prior to their goal being changed by the Court and one of them had the Agency Director's approval. This performance does not meet the Exit Standard.

One of the remaining fifteen youth was an unaccompanied minor and an APPLA goal was assigned by the Court since there is no family to support him. For the remaining fourteen youth,

<sup>116</sup> LYFE conferences and FTMs are voluntary for the family and are not held when it's not in the best interest of the child or the family.

the Court ordered the change in goal against the CFSA's recommendation. Seven of these fourteen youth had a LYFE conference prior to the Court ordering the change in goal.

***The third Exit Standard requires 90 percent of youth aged 18 and older to have a plan to prepare them for adulthood developed with their consultation.***<sup>117</sup> This individualized transition plan is to be created no later than 180 days prior to the date on which the youth will turn 21 years old (or the date which the youth will emancipate) and is to be created to include appropriate connections to specific options for housing, health insurance, and education and linkages to continuing adult support services agencies (e.g. Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income and Medicaid), work force supports, employment services and local opportunities for mentors.<sup>118</sup>

As of December 31, 2010, there were 507 youth aged 18 to 20 years old in the District's custody. CFSA reports that of the 507 youth, 252 (50%) youth have an existing Youth Transition Plan. This information is based on a manual count from CFSA and the private agencies and CFSA did not provide the Monitor with back up data to permit validation. CFSA reports that with the support of the Office of Youth Empowerment (OYE) Independent Living Specialists, social workers are prioritizing the completion of a youth's transition plan according to the youth's age in descending order, regardless of a youth's permanency goal. Beginning in April 2011, OYE will track this information using a database completed by the Independent Living Specialists. The Monitor intends to validate performance on this Exit Standard based on the information in the database after April 2011.

***CFSA is also required to maintain the outcome of ensuring that no child under the age of 12 has a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and its is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person.***

***Additionally, no child under the age of 12 shall have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member and to place the child for adoption and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent caretakers of the child.***

As of December 31, 2010, there were 5 children with a goal of legal custody with permanent caretakers. As of February 28, 2011, the goal of one of the five children was changed to

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<sup>117</sup> This requirement is also a requirement of the federal Fostering Connections Act, see H.R. 6893--110th Congress: Fostering Connections to Success and Increasing Adoptions Act of 2008. (2008). In GovTrack.us (database of federal legislation). Retrieved April 29, 2011, from <http://www.govtrack.us/congress/bill.xpd?bill=h110-6>

<sup>118</sup> This Exit Standard is satisfied if CFSA makes and documents good faith efforts to develop a transition plan but the youth refuses to participate in transition planning.

adoption. The remaining 4 children are siblings and the goal for all of them is legal custody with the father of two of them. The father is currently working to find housing to accommodate all four children. Additionally, there was 1 child under the age of 12 with a goal of APPLA, or continued foster care.<sup>119</sup>

## **2. *Strategies to Ensure the Appropriateness of Permanency Goals (Outcome to be Achieved #12)***

CFSA developed multiple strategies in the areas of policy, practice and quality assurance to help ensure that children and youth in the District of Columbia have appropriate permanency goals.

### ▪ Policy

*CFSA will develop policies and protocols/MOUs for linking transitioning youth, as appropriate, to adult services (e.g. Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), and work force supports and employment services, and local opportunities for mentors. (Strategy Plan 6.a.i) (Due Date: December 31, 2010<sup>120</sup>)*

By January 10, 2011, CFSA had completed Administrative Issuance, *Transition Planning for Youth*, which provides guidance related to transition planning for youth. Expectations related to the completion of the Ansell-Casey Life Skills Assessment, the role of the Youth Transition Planning (YTP) Team, Individual Transition Independent Living Plans, and data entry requirements into the Office of Youth Empowerment database are detailed in this Administrative Issuance.

The Office of Youth Empowerment is convening a series of a Permanency Forums scheduled throughout CY2011. The first in this series was held on March 16, 2011 on the topic of life after foster care. This forum featured young adults who transitioned from CFSA's foster care system, a judge, a Guardian ad Litem and a representative from the Office of Youth Empowerment. With over 300 youth, resource parents, community advocates, judges, attorneys, private agency and CFSA staff persons participating, issues of relevance were covered from a variety of perspectives. The following were addressed during the forum related to linking transitioning youth to adult services including employment services and mentors.

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<sup>119</sup> This child was given the goal of APPLA by the Court at the recommendation of the Guardian ad Litem due to her significant medical and developmental needs that according to the written court order warranted court monitoring and agency involvement. The foster parents may be potential pre-adoptive parents in the future and the Agency is continuing to support them as well as monitor the well-being and medical status of the child.

<sup>120</sup> CFSA has requested to change this date to January 10, 2011. No rationale was provided for this request. The Monitor concurs with a two week change in date because its de minimus. However, as of the writing of this report, the strategy has not been completed.

- Parental and family visitation
- Access to health insurance
- Youth as the drivers of their own Youth Transition Planning Teams
- Educational Training Vouchers (ETV)
- Issues of trust when caregivers and resource parents have not offered permanency
- How to address concerns about social worker engagement and performance
- Access to youth advocates and mentors

▪ Practice

*CFSA independent living specialists will provide consultation to social workers managing cases of youth ages 16 – 17 to complete the Ansell-Casey Life Skills Assessment. (Strategy Plan 6.b.i) (Due Date: June 1, 2010)*

Administrative Issuance, *Transition Planning for Youth*, outlines the policy expectation that all youth in foster care in the District of Columbia should have an updated Ansell-Casey Life Skills Assessment (ACLSA) and that the results should be incorporated into the youth’s learning plan and, ultimately, Individual Transition Independent Living Plans (ITILP). The role of the consultative social worker (i.e., Independent Living Specialist) is outlined in this Administrative Issuance. Independent Living Specialists have trained 169 CFSA and 164 private agency staff persons on the ACLSA.

The Office of Youth Empowerment has formed a workgroup to establish a method to track the completion of Ansell-Casey assessments.

*The Office of Youth Empowerment in partnership with CFSA and private agency social workers will begin facilitating Youth Transition conferences to plan for transition to adulthood and to explore other appropriate permanency goals for youth ages 18 to 20 that currently have an APPLA goal and no permanent or potential connection to an adult. (Strategy Plan 6.b.ii) (Due Date: June 30, 2010)*

Administrative Issuance CFSA 10-15, *Transition Planning for Youth*, outlines the policy expectation that youth will have Youth Transition Planning Team meetings 30 days prior to turning 18 years old and every six (6) months thereafter.

These Youth Transition Planning Team meetings begun. The monitor will be able to provide information on the implementation in an upcoming report.

*CFSA will examine permanency options for youth ages 14 – 20 with an APPLA goal using best practices, e.g., permanency roundtables. (Strategy Plan 6.b.iii) (Due Date: September 30, 2010)*

Youth aged 17.5 and older with any permanency goal are connected with a consultative social worker (i.e. Independent Living Specialist) to help support the transition planning. Youth between the ages of 14 and 17.5 still participate in semi-annual reviews through CFSA's Structured Progress Review process.<sup>121</sup> Both processes aim to identify needs and strengths as youth begin the transition planning process, whether or not there are more appropriate permanency goals, and identify persons who, if engaged, would be willing and able to become lifelong supports.

The Monitor has begun to review these processes, including observing at reviews, and expects to report more completely on youth with the goal of APPLA for an upcoming monitoring report.

*CFSA will issue an RFQ for services not currently available to provide for the comprehensive, effective child-specific transitional services and support for youth with an APPLA goal. Contract(s) to provide these services will be in place by March 31, 2011.<sup>122</sup> (Strategy Plan 6.b.iv) (Due Date: December 31, 2010<sup>123</sup>)*

This solicitation was released in March 2011, with an anticipated service start date of July 2011.

The RFQ is seeking a contractor to provide transitional living services to youth who are transitioning out of the foster care system who meet Chafee criteria. The RFQ identifies that the contractor must be youth-focused and able to provide youth empowerment and career development skills. Specifically listed as requirements are life skills training, educational, housing and money management, study skills, job preparedness, job placement and college readiness services. Performance measures focus on youth completion of the program, having a career plan in place and becoming employed.

▪ Quality Assurance

*CFSA will track and monitor the educational, employment, health and housing outcomes for youth with an APPLA goal.(Strategy Plan 6.c.i) (Due Date: December 31, 2010)*

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<sup>121</sup> The Structured Progress Review (SPR) process replaced the Administrative Review process. Through the SPR process, there is an internal feedback mechanism between every case reviewed and the parties responsible for moving the case towards the achievement of permanency and safe case closure.

<sup>122</sup> This action step assumes that CFSA will continue to provide currently available services (through CFSA, other District agencies, contracts with the Collaboratives, placement providers, or community based programs) to youth as identified during their six month review or in any prior review. The action step is designed to create an expanded array of services that will provide a more efficient method of providing such services if needed.

<sup>123</sup> CFSA has requested to change this date to March 2011. CFSA requested an extension because the contracting staff was focused on completing the negotiations and executing the family-based human care agreements. The Monitor concurs. The RFQ was issued on March 10, 2011.

The Monitor will report on this strategy in the next monitoring report as the Office of Youth Empowerment database under development by CFSA to track and monitor this information is set to run reports beginning in April 2011.

*CFSA, in partnership with Family Court through the Child Welfare Leadership Team, will monitor the number of youth given the goal of APPLA and will work with the Family Court to change the permanency goal for youth when guardianship and/or adoption opportunities are identified.(Strategy Plan 6.c.ii) (Due Date: June 1, 2010)*

CFSA has placed this action step on the agenda for the Child Welfare Leadership Team's work this year. The Child Welfare Leadership Team is composed of leadership from CFSA, the Department of Mental Health, the Family Court and the Office of the Attorney General. They meet quarterly to review data on child welfare system performance and the necessary interfaces between CFSA and the Family Court in producing outcomes for children and youth. The Monitor participates in the CWLT meetings. No decisions have been made yet as to how the CWLT will implement this action step.

### **3. Legal Action to Free Children for Adoption (Outcome to be Achieved #15)**

As a step toward permanency through adoption, District of Columbia Office of the Attorney General (OAG) attorneys, on behalf of CFSA, are required to initiate legal action to free children for adoption and to facilitate the Court's timely hearing and resolution of legal action to terminate parental rights.<sup>124</sup> There are two Exit Standards associated with this outcome. ***For 90 percent of children with a permanency goal of adoption, where freeing the child for adoption is necessary and appropriate to move the child towards legal permanency in a more timely manner, OAG, on behalf of CFSA shall file a motion to terminate parental rights or confirm that appropriate legal action has been taken within 45 days of their permanency goal becoming adoption.***<sup>125</sup>

There were 14 children whose permanency goal became adoption between September 27, 2010 and November 15, 2010. For two of the 14 children, the social worker and Assistant Attorney General (AAG) determined that freeing them for adoption was not necessary or appropriate to move them to permanency.<sup>126</sup> For the remaining 12 children, as of December 31, 2010, all (100%) children had legal action to free them for adoption within 45 days. This performance meets the Exit Standard requirement.

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<sup>124</sup> Legal action to free a child for adoption includes the filing of a TPR or adoption petition, voluntary relinquishment. If both parents are deceased no legal action is required.

<sup>125</sup> This Exit Standard is satisfied when other actions or circumstances have occurred to free a child for adoption, such as relinquishment, or an adoption petition, or when the child is 18 years old or older or his or her parent(s) have died.

<sup>126</sup> The Monitor has reviewed the case files and agrees with this decision. In one of these cases the child's foster parent is pursuing an adoption petition and in the other a 14 year old is not consenting to recruitment and ongoing counseling is in place to try and persuade him otherwise.

***The second Exit Standard requires CFSA to take and document actions by the assigned social worker and the assistant attorney general (AAG) to facilitate the Court's timely hearing and resolution of legal action to terminate parental rights for 90 percent of children for whom a petition to terminate parental rights has been filed in order to achieve permanency.*** There were 22 children for whom a termination of parental rights petition was filed between January 1, 2010 and June 30, 2010. For 22 of the 22 children (100%), CFSA has provided documentation to the Monitor that verifies that the termination petition is moving forward. This performance meets the Exit Standard requirement.

The strong performance on both of these outcomes is noteworthy and reflects the CFSA's and OAG leadership's high priority on improving timely permanence for children in foster care.

#### ***4. Strategies to Free Children for Adoption (Outcome to be Achieved #15)***

*Beginning with petitions to Terminate Parental Rights (TPRs) filed in January, 2010, OAG will review all pending TPRs regularly and quarterly will provide data to the CFSA Director for use in collaboration with the Court on cases that have not been resolved. For any TPR pending more than six months without appropriate court action scheduled to move the matter forward, OAG will take appropriate action to attempt to move the case to disposition. (Strategy Plan 9.a.i) (Due Date: September 30, 2011)*

On February 11, 2011, the Monitor was provided with a spreadsheet listing all petitions to terminate parental rights (TPRs) filed in 2010. This list is provided to the CFSA Director at least quarterly to be used in collaboration with the Court on cases that have not been resolved. As indicated above, the Monitor reviewed the documentation for termination of parental rights petitions filed between January 1, 2010 and June 30, 2010 and has determined that appropriate actions have been taken to move the petitions forward. While many petitions are still taking a very long time to be resolved, this strategy to closely track progress appears to be helping to alert CFSA and OAG to take appropriate actions to address barriers and/or to encourage the court to more quickly hear and resolve the issues.

#### ***5. Timely Adoption (Outcome to be Achieved #16 and Outcome to be Maintained #14)***

There are a number of outcomes in the IEP that track timeliness and processes to ensure that children's adoptions occur in a timely manner. The first desired outcome is that children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption.<sup>127</sup> There are two Exit Standards for this outcome. First, ***for children whose permanency goal changed to adoption July 1, 2010 or thereafter, 80 percent will be placed in an approved adoptive placement by the end of the ninth month from when***

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<sup>127</sup> Based on the IEP, the Monitor is to consider a placement an approved adoptive placement based on documentation of an intent to adopt or filing of an adoption petition or indication in the FACES.net services line of an approved adoptive placement.



*their goal changed to adoption.* There were 37 children whose goal changed to adoption between July and December 2010. As of December 31, 2010, of the 37 children, 19 (51%) children have been placed in a pre-adoptive home. The Monitor cannot assess whether or not this performance meets the Exit Standard as the full nine month timeframe has not yet run for any of the 37 children. This will be reported on in the next monitoring period.

The second Exit Standard requires that *for children whose permanency goal changed to adoption prior to July 1, 2010, who were not in an approved adoptive placement, 40 percent would be placed in an approved adoptive placement by December 31, 2010 and an additional 20 percent will be placed in an approved adoptive placement by June 30, 2011.* As of December 31, 2010, there were 202 children whose goal changed to adoption prior to July 1, 2010 who were not in an approved adoptive placement. Of these 202 children, 6 children exited from foster care (1 to adoption and 5 to reunification) and another 24 children had their goals changed from adoption to APPLA, guardianship or reunification. Of the remaining 172 children, 27 (16%) children moved to a pre-adoptive home by December 31, 2010. This does not meet the Exit Standard and there remain 145 children from this group of children who have been waiting for an adoptive placement for some time for whom active and intensive recruitment is still needed.

**Table 7: Status of Children with Goal of Adoption  
Who Were Not Placed in an Approved Adoptive Home  
on June 30, 2010 as of December 31, 2010  
N=202**

	<b>Number (Percent) of Children</b>
Children Moved to an Approved Adoptive Home	27 (16%)
Children Not in an Approved Adoptive Home	145 (84%)
<b>Subtotal</b>	<b>172 (100%)</b>
Children Whose Goal Changed	
APPLA	8
Guardianship	10
Reunification	6
Children Who Exited from Foster Care	
Adoption	1
Reunification	5
<b>Subtotal</b>	<b>30</b>
<b>Total</b>	<b>202</b>

Source: CFSA Administrative Data, FACES.net report ADP076

The second IEP outcome on timely adoption requires CFSA to make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home. There are three Exit Standards associated with this outcome. *First, by September 30, 2010, 40 percent of the 203 children in pre-adoptive homes as of October 1, 2009 were to achieve permanency.* CFSA reports that after some data clean up due to backdated entries into FACES.net of goal changes and/or exits, the

universe of children with a goal of adoption placed in an approved adoptive home as of October 1, 2009 is 197 children as opposed to 203 children. Of the 197 children, 110 (56%) children exited foster care to permanency as of September 30, 2010; an additional 3 children emancipated on or prior to September 30, 2010. As of February 10, 2011, an additional 22 children had exited to adoption; therefore 62 of the 197 (31%) children remain in foster care. This performance exceeds the Exit Standard and reflects the significant progress that has been made in adoptions practice over the last two years.

**Table 8: Status of Children in Pre-Adoptive Homes on October 1, 2009 as of February 10, 2011**  
N=197<sup>128</sup>

	Number (Percent) of Children
Children who Exited to Permanency On or Prior to September 30, 2010	110 (56%)
Children who Exited Permanency as of February 10, 2011	22 (11%)
Children who Exited to Emancipation On or Prior to September 30, 2010	3 (2%)
Children who Remain in Foster Care	62 (31%)
<b>Total</b>	<b>197 (100%)</b>

Source: CFSA Administrative Data, FACES.net report ADP073

***The second Exit Standard requires that by June 30, 2011, 45 percent of the children in pre-adoptive homes as of July 1, 2010 achieve permanency.*** There were 224 children in pre-adoptive homes as of July 1, 2010. As of February 10, 2011, of the 224 children, 70 (31%) children had achieved permanency. CFSA has made good progress to date toward meeting the June 30, 2011 Exit Standard for this outcome.

***The third Exit Standard requires 90 percent of children in pre-adoptive homes to have their adoption finalized within 12 months or have documented reasonable efforts to achieve permanence within 12 months of the placement in an approved adoptive home.*** Between July and December 2010, 67 children had adoptions finalized. Of the 67 children, 22 (33%) children had their adoptions finalized within 12 months of placement in a pre-adoptive home. CFSA has provided the Monitor with information to demonstrate documented reasonable efforts to achieve permanence within 12 months for the remaining 45 children. The Monitor cannot determine performance on this Exit Standard based on the documentation provided. In order to report on the Exit Standard, the Monitor will need to validate documentation through a case file review to ensure reasonable efforts were made.

<sup>128</sup> There were 6 additional children in the universe of children with a goal of adoption placed in an approved adoptive home as of October 1, 2009. CFSA reports that due to delayed data entry of exits or goal changes, those children were erroneously counted in the universe.

The IEP Outcome to be Achieved #16 requires timely permanency through reunification, adoption or legal guardianship. There are three Exit Standards associated with the outcome on timeliness of permanency;

- ***The first Exit Standard requires that of all children who entered foster care for the first time in FY2010 and who remain in foster care for 8 days or longer, 45% will achieve permanency by September 30, 2011.***
- ***The second Exit Standard requires that of all children who are in foster care for more than 12, but less than 25 months as of September 30, 2010, 45% will be discharged to permanency by September 30, 2011.***
- ***The third Exit Standard requires that of all children who are in foster care for 25 months or longer on September 30, 2010, 40% will be discharged to permanency prior to their 21<sup>st</sup> birthday or by September 30, 2011 whichever is earlier.***

All three of these Exit Standards are to be met each year for as long as the IEP is in effect. As these are modified Exit Standards in the December 17, 2010 IEP, CFSA has indicated it needs additional time to produce the data on performance against these standards. CFSA anticipates being able to report on these Exit Standards by April 2011 and the Monitor will report on these in the next monitoring report.

There is also one outcome in the Outcomes to be Maintained (#14) section of the IEP regarding timely adoption. ***This outcome requires that within 95 days of a child's permanency goal becoming adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource. To maintain compliance with the Exit Standard, this outcome is to be met for 90 percent of applicable children.*** CFSA has met this outcome in the past. Between January 1, 2010 and December 31, 2010, there were 70 children whose goal changed to adoption. Of the 70 children, it has not yet been 95 days since their goal was changed for two children. Of the remaining 68 children, 31 (46%) had a permanency planning team staffing within 95 days of the goal change. CFSA reports that for the remaining 37 children, a child-specific recruitment plan was not needed and therefore a permanency planning team staffing was unnecessary.<sup>129</sup> The Monitor has not yet validated the data but will do so in the upcoming period.

## **6. *Strategies to Ensure Timely Adoptions (Outcome to be Achieved #16)***

CFSA included in the 2010-2011 Strategy Plan, a range of actions related to policy, practice, expanding the array of services, supervision, training and quality assurance to ensure timely adoptions for children and youth in the District of Columbia, as discussed below.

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<sup>129</sup> Reasons for which a child-specific recruitment plan would not be needed include: an adoption petition was already filed, a letter of intent to adopt was already signed or the child's goal has since been changed.

- Policy

*CFSA will formulate and publish official agency policy describing how permanency planning is to be undertaken and how permanency goals are to be facilitated and achieved including clarifying the roles of permanency specialists, social workers with case-management responsibility, private agency social workers and adoptions workers.(Strategy Plan 10.a.i) (Due Date: December 1, 2010<sup>130</sup>)*

CFSA provided a draft policy to the Monitor for review on December 30, 2010. The Monitor provided feedback on Friday, January 21, 2011.<sup>131</sup> CFSA has reported that it will revise and formally issue this policy by April 30, 2011.

- Practice

*CFSA will immediately and on an ongoing basis assure the effective and routine use of the Permanency Opportunities Project model to achieve timely permanency for children.(Strategy Plan 10.b.i) (Due Date: September 30, 2011)*

The Permanency Opportunities Project (POP), now known as CFSA's Permanency Strategy, was developed in the fall of 2008 pursuant to the October 2008 LaShawn Stipulated Order to expedite permanency for children and youth in foster care in the District of Columbia.

The POP began by focusing on the needs of 65 children and youth who had a permanency goal of adoption and were not moving in a timely manner to permanency. Of those 65 children, 20 had families already identified and the remaining 45 did not have any permanent family identified. In strong partnership with Adoptions Together, the POP team participated in a specialized training program on practices of case mining and engaging children, youth, foster parents, relatives and other support persons.

The newly-created High Impact Permanency Team within CFSA began working to achieve permanency for and with this population. CFSA reports that 100 percent of the 20 children with identified families achieved permanency within nine months of being assigned a POP consultant. Additionally, 70 percent of the 45 remaining children and youth without families identified have now achieved permanency.

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<sup>130</sup> CFSA originally requested a modification in completion date to 2/2011. In a memo dated March 29, 2011, they requested an additional modification to April 2011 with no rationale provided. The Monitor concurs; A draft of the policy was reviewed by the Monitor on January 28, 2011 with recommendations for change. The Monitor assumes that additional time is needed to incorporate those and other comments received on the draft.

<sup>131</sup> Memo to CFSA from Judith Meltzer dated January 28, 2011.

As an outgrowth of the work of the POP, CFSA restructured and eliminated the transfer of cases to an adoption worker at the time of a goal change to adoption and created a centrally administered Consulting and Support Team made of permanency specialists. This was intended to promote continuity of case work practice and eliminate delays created by unnecessary case transfers. These permanency specialists partner with assigned social workers to ensure that all appropriate and possible formal and informal team members are engaged in permanency planning efforts; permanency resources from within a child's own already existing network of support are identified and engaged; and that case-specific decisions are made with the goal of permanency at the forefront. As is demonstrated by the overall improvement in adoptions outcomes, these changes appear to be effective.

Next steps for CFSA's Permanency Strategy include: 1) expanding the focus of the permanency specialists to include those children and youth at entry to foster care who are identified as having the potential to remain in foster care for long periods of time; 2) through a partnership with Casey Family Programs, working to improve the data analysis and expertise to better understand whether or not more children and youth are exiting to permanency as a result of this strategy implementation; and 3) assessing whether or not the staff and private agency resources devoted to the strategy are sufficient to meet the needs of children and youth in need of permanency in the District of Columbia.

*For children not in an approved adoptive placement, CFSA shall convene a permanency planning team meeting to develop a child-specific recruitment plan, which may include contracting with a private adoption agency for those children without an adoptive resource.(Strategy Plan 10.b.ii) (Due Date: September 30, 2011)*

*CFSA social workers will provide the referral package to the matching unit to determine if a waiting family is a good match for the child; CFSA will ensure the matching unit sends the referral package to the recruitment unit if no available match for child specific recruitment.(Strategy Plan 10.b.iii) (Due Date: September 30, 2011)*

*CFSA recruitment staff will conduct case mining and Family Finding activities to locate family members. (Strategy Plan 10.b.v) (Due Date: October 2010)*

*CFSA recruitment supervisors will review a daily management information system report to track children newly assigned the goal of adoption and working with social workers to complete the referral package if no adoptive resource is identified. (Strategy Plan 10.d.ii) (Due Date: September 30, 2011)*

*By June 2011, CFSA recruitment staff will be trained in case mining and family engagement to enhance capacity for identifying and engaging potential permanency resources. (Strategy Plan 10.e.i) (Due Date: June 2011)*

It is the responsibility of CFSA's recruitment team, made up of seven recruiters, two supervisors and one clerical support person, to review the weekly FACES.net report to monitor all children and youth whose permanency goal has changed to adoption. Members of the recruitment team are assigned to each of the administrations within CFSA as well as to each private agency and have responsibility for ensuring that each child or youth with the goal of adoption has an identified resource. The expectation is that these recruiters remain assigned to these children and youth until an intent to adopt is signed or a petition to adopt is filed.

When assigned, the recruiters are responsible for ensuring that permanency planning teams occur within 95 days of a goal changing to adoption. As noted earlier in this report, CFSA reports that between January 1, 2010 and December 31, 2010, there were 70 children whose goal changed to adoption. Of the 70 children, for 2 children it has not yet been 95 days since their goal was changed. Of the remaining 68 children, 31 (46%) had a permanency planning team staffing within 95 days of the goal change. CFSA reports that for the remaining 37 children, a child-specific recruitment plan was not needed and therefore a permanency planning team staffing was unnecessary.<sup>132</sup>

The recruiters ensure that the matching unit<sup>133</sup> has all the information needed to assess whether or not there is a potential match with a family already approved and waiting for an adoptive placement. A team of professionals meets to review any potential matches for the child or youth, and, if so, moves forward with full disclosure with the family, visitation between the child or youth and family and then placement with this family as appropriate. The professional staff included in the decision process for a child/family match are the primary social worker for the child, recruitment social worker and supervisors to whom the case has been assigned, a resource development specialist in the Permanency Administration and clinical professionals.

Recruiters also ensure children and youth waiting for an adoptive family are highlighted at community events, foster/adoptive parent training and on the Wednesday's Child television program.

To ensure that recruitment staff are able to build permanency resources from within a child or youth's already existing network of support, a newly-created team within CFSA's Office of

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<sup>132</sup> Reasons for which a child-specific recruitment plan would not be needed include: an adoption petition was already filed, a letter of intent to adopt was already signed or the child's goal has since been changed.

<sup>133</sup> The matching unit is housed within CFSA's Out-of-Home Permanency Administration and is responsible for providing information to social workers about the availability of adoptive families for waiting children and youth in the District of Columbia.

Community Services plans to provide additional training for the recruiters regarding case mining and engagement of children, youth, foster parents, relatives and other support persons to achieve permanency for and with this population.

The Monitor expects to provide additional information in an upcoming monitoring report on the quality of these child specific recruitment plans as well as the teaming process used to develop and implement these plans, including the partnership among the members of the Child and Family Team, the recruitment team, permanency specialists and the matching unit.

*CFSA recruitment staff will use web-based technology (e.g., social network sites) to locate potential adoption resources.(Strategy Plan 10.b.iv) (Due Date: June 1, 2011)*

There is currently an online community and resource center for current and future foster and adoptive parent in the metropolitan Washington, D.C. area, which provides up-to-date information on orientation sessions for prospective foster and adoptive parents as well as upcoming community events. The site can be found using the following web address:  
[www.facebook.com/kidsneedfamilies](http://www.facebook.com/kidsneedfamilies).

To more fully utilize the capacity of web-based technology, CFSA expects to roll out an external website in late April 2011, ([www.adoptdc.org](http://www.adoptdc.org)) which will provide more information to prospective foster and adoptive parents about the process of becoming approved and licensed for the placement of a child as well as the children and youth who are waiting and available for adoption.

Also of note, CFSA reports having implemented a tracking system for waiting families in March 2011, enhancing CFSA's ability to sort families based on identified characteristics, skills and preferences and ensure the best possible matches for children and youth needing an adoptive resource.

*CFSA will assess the current array of post-adoptive services. In making This assessment, CFSA will review internal performance and program data and will consult with the Foster and Adoptive Parent Advocacy Center (FAPAC), Adoptions Together, the Post-Permanency Center and others, as appropriate, to identify priority needs and develop plans to meet them.(Strategy Plan 10.c.i) (Due Date: December 31, 2010)*

CFSA has completed this assessment of the current array of post-adoption services and concluded the following:

- Additional therapists must be trained in post-adoptive challenges to better meet the needs of children and youth with mental health needs or who may have experienced the trauma of multiple placement disruptions.

- CFSA needs to increase and expand the opportunities for families to have access to needed respite care.
- CFSA needs to expand the availability of community based in-home services, specifically for older kin caregivers who may have certain physical challenges related to caring for younger children.
- CFSA needs to ensure the availability of meeting and training sites in counties where many District children and youth currently reside, including Southern Prince George's County and Charles County, Maryland.
- CFSA needs to provide information on available services and supports to families in counties outside the District of Columbia.

CFSA has already put in place a respite contract for the provision of Saturday respite for adoptive families and has begun working with the University of Maryland to provide training to identified therapists on adoption-specific issues.

Given current budgetary resources, two additional components currently under consideration would be for CFSA to access space in several counties in Maryland and provide resource materials for those counties so parents can be informed of and provided supports closer to home. Implementing other recommendations will require additional resources that CFSA reports are not currently available.

*The CFSA Out of Home and Permanency Administrators will conduct individual meetings with social workers and permanency specialists as needed to assess barriers and identify strategies to remove barriers that prevent permanence for those children with a goal of adoption and with an identified resource. Permanency specialists will track and follow-up on actions steps from the permanency barrier staffing every 30 days.(Strategy Plan 10.d.i) (Due Date: September 30, 2011)*

CFSA reports that these meetings are being implemented.

The Monitor expects to report on this quality of this process as well as the methodology for ensuring that action steps are tracked and followed up on from each permanency barrier meeting.

▪ Quality Assurance

*CFSA will track reasonable efforts to ensure children placed in an approved adoptive home have their adoption finalized within 12 months of the placement in the approved adoptive home.(Strategy Plan 10.f.i) (Due Date: September 30, 2011)*

As indicated above, CFSA has provided the Monitor with information to demonstrate documented reasonable efforts to achieve permanence within 12 months for the remaining 45



children whose adoptions were not finalized within 12 months of placement in an approved adoptive home. The Monitor cannot determine performance on this action step based on the documentation provided. In order to report on the Exit Standard, the Monitor will need to validate documentation in case files to ensure reasonable efforts were made. This will be done in the next monitoring period.

*CFSA will review the status of any child with the goal of adoption without a current pre-adoptive placement to create or revise and implement a child specific recruitment plan. Follow-up meetings will occur every 60 days until a permanent resource is identified. (Strategy Plan 10.f.ii) (Due Date: September 30, 2011)*

These meetings are documented in FACES.net; however, there is no alert within FACES.net to help staff persons ensure that the meetings are held timely. Therefore CFSA is using a manual process to track this while building the capacity in FACES.net to track whether or not these meetings are occurring every sixty days. The Monitor expects to report on the implementation of this strategy in the next monitoring period.

**7. Post Adoption Services and Notification (Outcome to be Achieved #15)**

CFSA is required to maintain acceptable performance on *the outcome of providing adoptive families with notification at the time that the adoption becomes final of the availability of post-adoption services*. CFSA continues to maintain a contract with Adoptions Together, a private agency, to operate the Post Permanency Family Center (PPFC). In CY2010, the PPFC received 290 new inquiries for services from families. The types of services provided to children and families by the PPFC include respite, therapy, case management, support groups and training. Table 9 below shows the number of children and families served by the PPFC in CY2010. The FY2011 budget provided \$760,372 to support the PPFC. The Mayor’s proposed FY2012 budget includes \$760,372 in funding for the PPFC.

**Table 9: Children and Families Served by the Post Permanency Family Center**

<b>Calendar Year 2010 Type of Post Permanency Family Center Support</b>	<b>Number Served</b>
Therapy Services	59 Children/Families
Case Management	64 Children/Families
Respite	34 Children
Support Groups	96 Children/Families
Parent Trainings	185 Parents
Professional Trainings	169 Professionals

Source: CFSA

## **I. System Accountability**

### ***I. Needs Assessment (Outcome to be Maintained #21)***

As required by the IEP, CFSA has consistently completed the bi-annual Needs Assessment, the most recent report having been completed in December 2009. The next Needs Assessment is scheduled to be completed by the end of 2011. Specifically, the IEP requires ***CFSA to complete a needs assessment every two years, which shall include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO. The needs assessment is to be a written report.***

The 2009 Needs Assessment had seven principal findings:

- With the exception of youth placed in ILPs, children and youth are most likely to exit care to reunification regardless of the placement type.
- In-Home families face some challenges in accessing services that support family stabilization.
- Compared to the 2007 Needs Assessment, a child's overall length of time in out-of-home care has decreased by three months.
- CFSA's focus on coaching and mentoring social workers should extend to resource families.
- Although the 2007 Needs Assessment projected declining numbers, the percentage of children and youth in family-based foster care has remained the same.
- Youth in foster care are not consistently asked to identify prospective life-long connections.
- The lack of step-down programs in the District leads to longer lengths of stay for youth in RTCs and increases the likelihood of placement disruption upon discharge.

Additionally, the Needs Assessment identified the following needs:

- Respondents expressed a need for greater community education and engagement on definitions of child abuse and neglect.
- Respondents indicated concerns regarding communication on most every level of engagement, beginning with the Hotline report and ending with post-permanency services. Examples of communication concerns included staff understanding the Agency's actual meaning of the term "permanency" and its implications for CFSA clients as well as comprehensive sharing of information about resources and services, cultural and situational sensitivity, guidance and engagement, policies and procedures, and advocacy.

- Respondents reported that the foundation for teaming to realize successful permanency outcomes needs to be strengthened through additional promotion, training, and consistent adherence to the teaming principles identified in the *Practice Model*.
- Foster and biological parents revealed a need for better preparation for navigating the judicial process.
- CFSA workers and external stakeholders indicated that while placement resources have increased, the range of available placement options remains challenging. In particular, there are ongoing placement needs for older youth, sibling groups, those who identify as LGBTQ (lesbian, gay, bi-sexual, transgender or questioning), and youth with behavioral challenges.
- Social workers identified establishing standards for entry into Independent Living Programs (ILPs) as a need to ensure youth were sufficiently prepared for the challenges of living independently.

Based on the 2009 Needs Assessment, CFSA created and is currently working to implement its associated 2010 Resource Development Plan. Both the Needs Assessment and the Resource Development Plan are informed by formal reports and programmatic assessments. The Resource Development Plan uses all the information gathered to inform specific action steps to be taken to address the critical placement and resource needs identified in the Needs Assessment. See discussion below.

## **2. Resource Development Plan (Outcome to be Achieved #23)**

On June 30, 2010, CFSA released its 2010 Resource Development Plan (RDP). ***In order to meet the Exit Standard, the annual RDP is to: a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of adoptive families based on the annual assessment.***

From June to December 2010, CFSA completed a utilization review to determine the adjustments needed to their initial placement projections. The initial target to increase the total number of congregate care beds by eight was adjusted in December 2010 to reduce congregate

care beds by 11 and increase the number of foster home placements by 112. The RDP currently projects a need for 447 congregate care beds and 1,325 foster home placements.<sup>134</sup>

CFSA has used its Human Care Agreement procurement process to contract for placements to meet projected needs. Further, Permanency Forums were held with participation of a range of stakeholders to identify potential challenges and recommendations for next steps to address barriers to placement with kin. Workgroups have been formed to address priority issues including:

1. Communication among youth, families, and social workers
2. Education of all stakeholders that older/all children can be adopted and permanency can be achieved for all children and youth
3. Flexibility when licensing kinship and foster parents
4. Engagement of birth, kinship, foster, and adoptive families

The workgroups will continue to address these priority areas throughout FY2011.

Two recruiters have now been assigned to a community Collaborative to support a resource parent recruitment effort. CFSA recruitment staff and Collaborative staff are jointly exploring a recruitment campaign to educate and increase awareness of the need for resource parents in Northeast DC and working to increase the number resource parents in the District in general.

CFSA is addressing the need to develop additional community-based services to prevent unnecessary placement, re-placement and adoption and foster home disruption, in part, by maintaining existing grant-funded prevention programs; finalizing Parent Education and Support Project grants to support expansion of parenting programs in the District beginning in FY2010; and continuing partnerships with District agencies and community-based organizations to implement the citywide Prevention Plan. The District is also moving forward to implement a Differential Response (DR) model by the last quarter of FY2011 with support from the National Resource Center for Child Protective Services.

In order to move towards decentralized neighborhood and community-based services, CFSA's recruitment staff are working with each of the five Collaboratives to increase the number of resource parents. Recruitment staff participate in community meetings sponsored by the Collaboratives in each ward. Collaborative staff are also invited to CFSA recruitment events in their respective ward. Through this work CFSA has an opportunity to expand partnerships with other service providers within communities located in: churches, police precincts, and fire

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<sup>134</sup> Numbers include only those placements (family-based and congregate care) procured under the Placement Services Administration and do not include ST\*A\*R Homes which are DC foster homes. Residential Treatment Center (RTC) or Psychiatric Residential Treatment Facility (PRTF) placements are facilitated through the Office of Clinical Practice in collaboration with the Department of Mental Health. These placements are separate from the Placement Services Administration's acquisition planning and procurement process.

stations. Reportedly, these efforts have resulted in enhancing information and education in the community about the needed for foster and adoptive parents within the District.

CFSA is also utilizing a community organizing process among resource parents to develop a network of support outside of CFSA that builds upon the resources and services that are available in the neighborhoods and communities where the resource family lives. The Agency is also developing a work plan that includes both short term (comprehensive resource directory for resource families) and long term (expanding community partnerships) objectives.

CFSA developed and is implementing a FY2011 Recruitment and Retention Plan for resource families. The resource parent recruitment team is conducting targeted recruitment efforts to meet the needs of adolescents in general, GLBTQ youth, and those of medically fragile and disabled children/youth. For example, Howard University Hospital is seen as a source for potential resource parents. Persons who work with and understand the needs of children with special needs including medically fragile and developmentally delayed are often most interested in fostering or adopting. The Director's Youth Advisory Board is also active in presenting the needs of teens to prospective resource parents. The plan is to continue to develop this activity to ensure the needs of youth in foster care are directly communicated. A database capturing the status of applications from orientation through licensing is to be implemented to improve tracking and troubleshooting.

Based on information provided to the Monitor on a quarterly basis, CFSA is working to achieve many of the action steps identified in the RDP and to make adjustments in planning as the need arises.

### **3. *Financial Support to Community-Based Services (Outcome to be Achieved #24)***

***The IEP requires the District to provide evidence each year of financial support for community and neighborhood-based services to protect children and support families.*** Under contract with CFSA, the Healthy Families/Thriving Communities Collaboratives provide community-based services to children and families by ward in the District of Columbia. Over the past two years, CFSA has reduced funding to the Health Families/Thriving Communities Collaboratives by over 20 percent. The Collaboratives have continued to explore cost sharing and other options in response to continued cuts to their budgets. Financial support to community based services has not been limited to the Collaboratives and includes other grant-making with local funds and as the lead agency to receive and disseminate federal Community-Based Child Abuse Prevention (CBCAP) funds.

### **J. Staffing and Caseloads**

In order to be successful, a public child welfare agency needs to have a sufficient, well-trained and stable workforce. Significantly reducing and maintaining caseloads was a primary goal of the *LaShawn* Decree. CFSA has continued to maintain progress made in keeping worker caseloads at levels needed to do the work.

For a short time in 2009, CFSA experienced a challenge in recruiting and retaining staff which temporarily resulted in a high vacancy rate for case-carrying social workers. CFSA reports that as of February 28, 2011, the Agency has a vacancy rate of 7 percent (16 of 243 FTEs). CFSA's proposed FY2012 budget recommends increasing the vacancy rate to 10 percent although the Director has testified that the additional vacancies will be captured from non-case-carrying positions. The Monitor has also been consistently concerned with evidence from case reviews that suggest considerable worker turnover and high vacancy rates for social workers in the private agencies. CFSA did not provide the Monitor with current information on the private agency vacancy rate.

**1. Caseloads (Outcome to be Achieved #25)**

▪ *Investigations Caseloads*

***The IEP requires workers conducting investigations of reports of abuse and/or neglect to maintain caseloads of no more than 12 investigations. The Exit Standard for this outcome requires 90 percent of investigators to have caseloads that meet this standard. Additionally, no individual investigator shall have a caseload greater than 15 investigations.***

As of December 31, 2010, CFSA had 69 investigative social workers. Of these 69 social workers, all (100%) social workers had caseloads that met the IEP caseload standard. This is a significant improvement over performance in previous years.

▪ *In-Home and Placement Caseloads*

CFSA and private social workers provide services to children who are living in their own homes and their families and to children who have been placed in foster care and their families. ***The IEP requires social workers to maintain caseloads that do not exceed 15 families with children in their own homes or 15 children in foster care. The Exit Standard for this outcome requires 90 percent of social workers to have caseloads that meet this standard. The Exit Standard also requires that no individual social worker have a caseload of greater than 18 cases.***

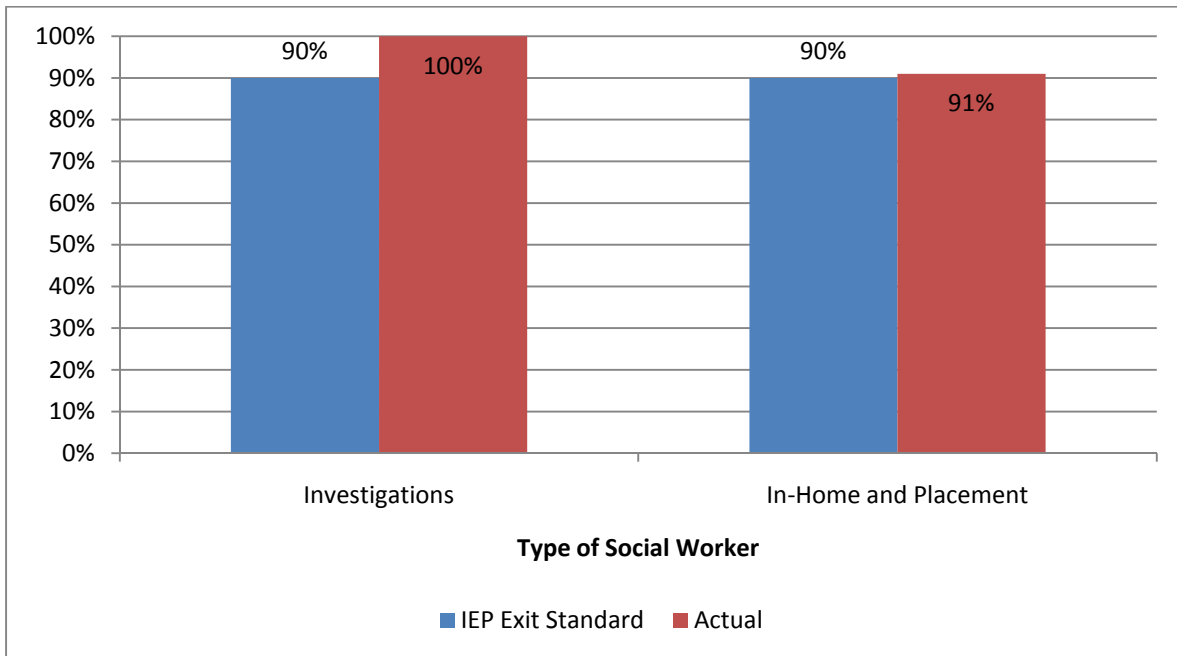
As of December 31, 2010, there were 256 case-carrying social workers at CFSA and the private agencies. Of the 256 social workers, 232 (91%) social workers had caseloads that met the IEP requirement. There were 4 social workers with caseloads greater than 18 cases, with the highest caseload for an individual worker being 20 cases. This performance meets the Exit Standard with respect to overall caseloads, but does not meet the standard that no worker have more than 18 cases.

The Monitor has some concerns about the 69 (27%) case-carrying social workers who have both in-home and placement cases on their caseloads. Without a specific caseload Exit Standard for these criteria, it is possible that the number of children and families with whom these social

workers are working may be too high. The Monitor is aware of this issue and intends to assess the impact of mixed caseloads in the coming months.

Figure 28 below shows performance on meeting the individual caseload standards.

**Figure 28: Percent of Social Workers with Caseloads Meeting the Caseload Standards**

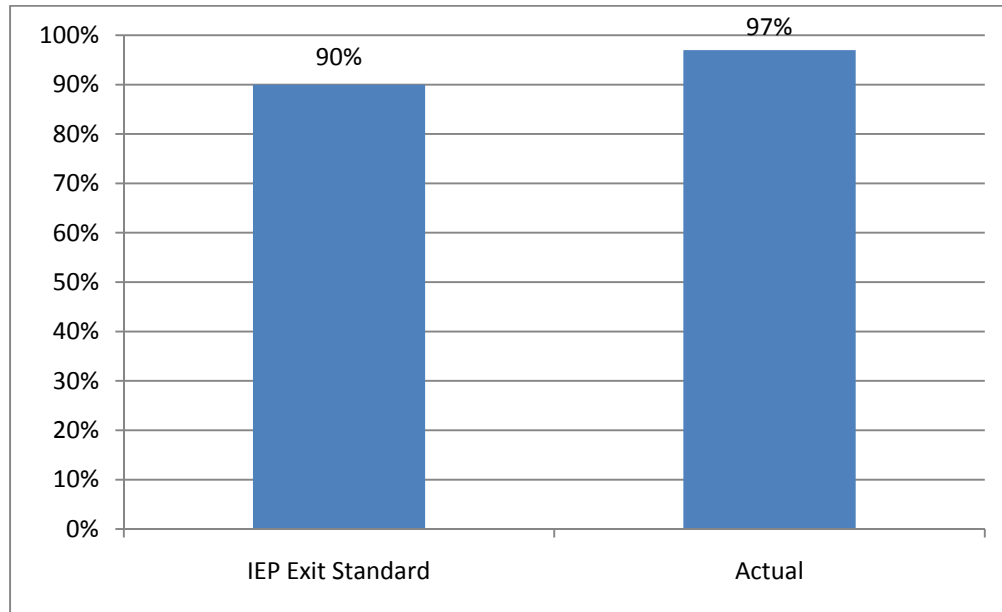


Source: CFSA Administrative Data, FACES.net report CMT328

**2. Supervisory Responsibilities (Outcome to be Achieved #26)**

*Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including caseaides or family support workers, or five caseworkers. The Exit Standard associated with this outcome requires 90 percent of supervisors to meet the supervisor to social worker ratio.* As of December 31, 2010, there were 73 supervisors at CFSA and the private agencies. Of the 73 supervisors, 71 (97%) supervisors were responsible for supervising no more than five caseworkers. This performance meets the Exit Standard.

**Figure 29: Percent of Supervisors with Supervisory Responsibility Meeting the Exit Standard**



Source: CFSA Administrative Data, FACES.net report CMT328

*In addition to the Exit Standard on supervisor to social worker ratios, supervisors are not to be responsible for the on-going case management of any case. The Exit Standard requires 95% of cases to be assigned to social workers. As of December 31, 2010, there were 31 cases assigned to supervisors or program managers or unassigned therefore requiring ongoing case management to fall to the supervisor or program manager. These 31 cases (2% of the overall caseload) were assigned to 13 supervisors or program managers. This performance meets the Exit Standard.*

**3. Use of BSWs and MSWs and Social Work Licensure (Outcomes to be Maintained #18 and 19)**

*The IEP requires CFSA to hire social workers with a Bachelors or Masters degree in Social Work as well as to ensure that all social work staff meet District of Columbia licensing requirements in order to carry cases. CFSA Human Resources (HR) continues to report that all staff hired for social work positions have a BSW or an MSW. CFSA requires evidence from all new hires of District licensure compliance. The Family-based Human Care Agreements require that providers only hire candidates with a BSW or an MSW who are licensed to carry cases.*



## **K. Training**

Training is a core function of any child welfare agency and is a primary mechanism to ensure that social workers, supervisors, managers and foster parents have the competencies necessary to ensure the safety, permanency and well-being of children and families. To this end, the IEP requires CFSA to ensure that all new direct services staff receive 80 hours of pre-service training; that all new supervisors receive 40 hours of pre-service training on supervision; that all previously hired direct service staff receive a minimum of 5 full training days (or 30 hours) of in-services training; and that all supervisors and administrators receive a minimum of 24 hours of in-service training annually. Additionally, CFSA and contract agency foster parents must receive a minimum of 15 hours of pre-service training and 30 hours of in-service training every two years.

In the past few years, CFSA has had significant leadership changes in the Child Welfare Training Academy (formerly the Office of Training Services). A new Administrator began on January 24, 2011. With a master's degree in clinical social work, a doctorate in Organizational Leadership and professional experience in the areas of curriculum development, professional development and organizational health, this newly hired Administrator has a background suited for this responsibility.

### ***1. Pre-Service Training for Direct Services Staff and Supervisors (Outcome to be Achieved #27)***

As indicated above, CFSA and private agency social workers must complete a minimum of 80 pre-service training hours before assuming a caseload. These hours incorporate both classroom training as well as applied professional training. Every new staff member from CFSA and the private agencies must attend the CFSA pre-service training unless they can provide evidence of having completed the training within the last 24 months. This ensures that all new hires have a common core curriculum, a consistent knowledge base and the same foundation for implementing CFSA's practice model. Additionally, supervisors must also complete the CFSA supervisory pre-service training.

***The IEP Exit Standard requires that 90 percent of newly hired CFSA and private agency direct service staff receive 80 hours of pre-service training.*** The IEP defines direct service staff to include social workers, nurse care managers and family support workers who provide direct services to children, youth and families. Between July and December 2010, there were 61 newly hired direct service staff at CFSA and the private agencies. Of the 61 newly hired direct service staff, four were CFSA nurse care managers. CFSA reports that during the period of July to December 2010 a clear training program did not exist for nurse care managers to meet this measure. CFSA reports it has now established the pre-service training expectations for the nurse care managers. As of February 11, 2011, 51 of the 61 (84%) newly-hired direct service staff had completed at least 80 hours of pre-service training. Four of the 6 newly-hired direct service staff

that had not yet completed pre-service training are family support workers who completed some, but not all of the pre-service training curriculum. This performance falls short of meeting the Exit Standard.

***The IEP Exit Standard also requires 90 percent of newly hired CFSA and private agency supervisors to complete 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility.*** There were 12 supervisors hired at CFSA and the private agencies between July and December 2010. As of February 6, 2011, 2 of the 12 supervisors (17%) had completed 40 hours of pre-service training on supervision of child welfare workers. A full eight months have not passed since the supervisors were hired, so at this time, the Monitor cannot assess whether or not performance meets the Exit Standard.

**2. *In-Service Training for Previously Hired Social Workers, Supervisors and Administrators (Outcome to be Achieved #28)***

***The IEP Exit Standard requires 80 percent of CFSA and private agency direct service staff to receive a minimum of 5 full training days (or 30 hours) of structured in-service training annually. The IEP also requires that 80 percent of CFSA and private agency supervisors and administrators receive a minimum of 24 hours of structured in-service training annually.***

Based on the IEP, CFSA is to measure these requirements based on a twelve month period between July 1, 2010 and June 30, 2011; therefore the data are not yet due. In the past, CFSA did not have a real-time tracking system in place to routinely track training performance. The CWTA, along with the Agency's Child Information Systems Administration (CISA), has worked to establish an ongoing tracking and monitoring system. The Monitor will review the data report on these measures after June 30, 2011.

**3. *Strategies to Ensure Needed Training for Staff (Outcomes to be Achieved #27 & 28)***

*CFSA will review and revise the pre-service curriculum to ensure it builds the skills that CFSA believes are needed to implement the case practice model and protocol.(Strategy Plan 16.a.i) (Due Date: September 1, 2010)*

*CFSA will review and revise in-service training to ensure it builds the skills that CFSA believes are needed to implement the case practice model and protocol.(Strategy Plan 16.b.i) (Due Date: September 30, 2010)*

CFSA previously reviewed and revised their pre-service and in-service training curriculum, which were launched along with the new Child Welfare Training Academy (CWTA) in August 2010.

CFSA hired a new Administrator for the Child Welfare Training Academy on January 24, 2011. The new Administrator, working along with a staff of one staff assistant, two family support

workers, four full-time trainers, three supervisors, two program managers and one in-service training coordinator, has reviewed both the pre-service and in-service training curricula to ensure these build the skills that CFSA believes are needed to implement the case practice model and protocol. The Monitor intends to report more fully on the training curricula in the next monitoring report. Given the large number of new policies being finalized and implemented in the next few months, the Monitor will look to assess how workers will be trained and provided the knowledge and skills to implement the new policies and practices.

*CFSA will institute a quarterly quality assurance and reconciliation process of CFSA and private agency staff pre-service and in-service training data to ensure that staff pre-service training hours are being accurately tracked and monitored. Strategy Plan 16.a.ii and 16.b.ii) (Due Date: September 30, 2010<sup>135</sup>)*

As outlined in the above section, CFSA provided information on total number of new hires between July 2010 and December 2010 and the number and percentage of those who completed all of the pre-service training requirements. This is the first time in many years that these data have been provided.

CFSA is now working to institutionalize a process which will alert the Administrator for the CWTA and other key leaders of any new hires at CFSA or private agencies who have not received pre-service training. The final report for pre-service training is expected to be available beginning April 2011. The CWTA staff is using a draft of the report currently to ensure that staff are completing in-service training and CFSA expects the final report on in-service training to be complete in June 2011.

*CFSA will institute a quarterly quality assurance and reconciliation process of CFSA and private agency staff in-service training data to ensure that staff in-service training hours are being accurately tracked and monitored.(Strategy Plan 16.b.i) (Due Date: September 30, 2010)*

CFSA is projecting that a quarterly quality assurance and reconciliation process for in-service training data will be in place by May 2011. To accomplish this strategy, a management report for in-service training is being developed to track individual CFSA and private agency workers' completion of in-service training hours. In the interim, CWTA has alerted staff and managers to check their individual training records and to contact CWTA if any CEUs that they have earned are not reflected so that records can be adjusted to reflect actual CEUs earned.

*CFSA will modify its existing training tracking and monitoring system to better ensure: (a) all newly hired CFSA supervisors complete the required training on child welfare supervision within eight months of assuming supervisory responsibility; and training hours are accurately tracked and monitored.(Strategy Plan 16.c.i) (Due Date: September 30, 2010)*

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<sup>135</sup> CFSA has requested to change this date to March 2011. CFSA requested an extension due to an unexpected illness and subsequent departure of the Training Director. A new Training Administrator began on January 24, 2011. The Monitor concurs.

As detailed above, CFSA provided the Monitor with data on supervisors, both from CFSA and the private agencies, hired between July and December 2010 who have begun supervisory training. The Monitor has not validated the data.

*CFSA, in collaboration with the private agencies, will strengthen and standardize the existing notification, tracking and monitoring system to ensure: (a) timely notification of new private agency supervisor hires or internal promotions; (b) timely enrollment of private agency supervisory staff in pre-service training; (c) completion of supervisory pre-service training within eight months of assuming supervisory responsibilities; and (d) accurate tracking and monitoring of training hours. (Strategy Plan 16.c.ii) (Due Date: September 30, 2010)*

This action step was not completed timely. The Monitor will report on it in the next monitoring report.

*CFSA will complete a revised Training Academy Plan with an enhanced focus on the practice model and incorporate additional training on teaming and improving the quality of visitation.(Strategy Plan 16.d.i) (Due Date: August 1, 2010)*

CFSA has an Annual Training Plan for FY2012 (as of April 1, 2011). CFSA reports that the CWTA is piloting a Training Needs Assessment for front-line staff in May 2011 and findings from this survey will be used to augment the overall training plan. The Monitor expects to report on the 2012 Training Plan in the next monitoring report.

#### **4. *Training for Foster and Adoptive Parents (Outcome to be Achieved #29 and Outcome to be Maintained #20)***

In addition to the staff training requirements, ***CFSA is required to ensure that 95 percent of CFSA and contract agency foster parents receive a minimum of 15 hours of pre-service training.*** CFSA is working with the private agency staff to ensure that data to measure performance on this Exit Standard are entered into FACES.net. CFSA provided the Monitor with preliminary data on this measure which the Monitor will validate for the next monitoring report.

***The IEP also has an Exit Standard requiring that 95 percent of foster parents whose licenses are renewed must receive 30 hours of in-service training every two years.*** This Exit Standard reflects a change in the previous LaShawn in-service training requirements for foster parents. Previously, foster parents were required to receive a minimum of 15 hours of in-service training annually, rather than 30 hours every two years. The change is designed to facilitate foster parent acquisition of needed training and be consistent with the semi-annual licensing re-approval process. In order to report on this measure, CFSA must change the logic of the FACES.net report. CFSA anticipates having an updated FACES.net report by May 2011.

**5. Strategies to Ensure Needed Training for Foster and Adoptive Parents (Outcome to be Achieved #29)**

*CFSA will propose changes to 29 DCMR § 6026 to align the training requirements to the licensing period. (Strategy Plan 17.a.i) (Due Date: March 31, 2011)*

Emergency rules have been drafted and are in effect as of March 31, 2011.

*CFSA will develop a specialized training curriculum to ensure all foster parents are offered training necessary to accept children with therapeutic needs per the action step to permit dual licensure for all foster placements. (Strategy Plan 17.b.i) (Due Date: September 30, 2011)*

A workgroup including representatives from the Department of Mental Health (DMH), the Foster and Adoptive Parent Advocacy Center (FAPAC), the private agencies and the training and placement units and chaired by a representative from CFSA's Community Services Administration is working to develop a specialized training curriculum to ensure all foster parents are offered training needed to care for children with therapeutic needs to permit dual licensure. The workgroup has targeted September 30, 2011 for completion of the specialized training curriculum along with any needed revisions to policy to be place.

*CFSA will institute a quarterly quality assurance and reconciliation process of foster parent training data to ensure that pre-service and in-service training hours for CFSA and private agency foster parents are being accurately tracked and monitored. (Strategy Plan 17.c.i) (Due Date: December 31, 2010)*

CFSA reports that a quarterly quality assurance and reconciliation process of resource parent training data to ensure that CFSA and private agency resource parents are receiving the required number of pre-service and in-service training hours has been institutionalized.

There is a FACES.NET report that is available to the Family Licensing Division as well as the private agencies to ensure timely and accurate data entry related to the completion of pre-service and in-service training hours.<sup>136</sup> The Family Licensing Division uses a supervisory review tool to ensure families are on track to complete licensure within 150 days.

**L. Licensing and Monitoring of Foster or Adoptive Homes**

CFSA is responsible for licensing and monitoring foster homes and placement facilities in the District of Columbia, while the state of Maryland and private child placing agencies in Maryland are responsible for homes and facilities in that state. Kinship placements located in Maryland are licensed and monitored under a cross-jurisdictional agreement allowing CFSA to conduct an initial screening and make the connection to Maryland's licensing process for an expedited placement. Homes in Virginia are licensed through private child placing agencies in that state.

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<sup>136</sup> These data have not been verified by the Monitor for this report.

**1. Timely Approval of Foster/Adoptive Parents (Outcome to be Achieved #14 and Outcome to be Maintained #9)**

Based on the IEP, *CFSA is to have in place a process for recruiting, studying and approving families, including relative caregivers, interested in becoming foster or adoptive parents that results in the necessary training, home studies and decisions on approval being completed within 150 days of beginning training.*

In order to meet the Exit Standard, *CFSA is to ensure 70 percent of homes licensed beginning November 1, 2010, have been approved and interested parties notified within 150 days of beginning training.* There were 39 families licensed by CFSA and the private agencies in November and December 2010. Of the 39 families, 28 (72%) families were licensed within 150 days of beginning training.<sup>137</sup>

*CFSA is also required to ensure that training opportunities are available so that interested families may begin training within 30 days of inquiry.* CFSA offers training opportunities to interested families every 30 days except in the month of December and has done so consistently for several years.

**2. Strategies to Ensure the Timely Approval of Foster/Adoptive Parents (Outcome to be Achieved #14)**

▪ Policy

*CFSA will review and seek to modify applicable regulations to better facilitate timely licensure, and to eliminate or waive the fire inspection fee. (Strategy Plan 8.a.i)*

The Monitor will report on this strategy in the next monitoring report once the draft proposed changes to regulations have been developed and approved.

▪ Licensure

*CFSA will modify and update administrative processes to facilitate a more timely licensing process. These include:*

- a. beginning the home studies process earlier during pre-service training;*
- b. beginning 30/60/90 day reviews of each applicant completed by the licensing supervisor and worker; and*
- c. streamlining the required documents.(Strategy Plan 8.b.i) (Due Date: September 30, 2010)*

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<sup>137</sup> The Monitor has asked for data to track how many foster parents started training during the monitoring period and how many are still in the process of receiving training. CFSA provided the Monitor with partial information on this request. The Monitor hopes to include information on this in the next monitoring report.

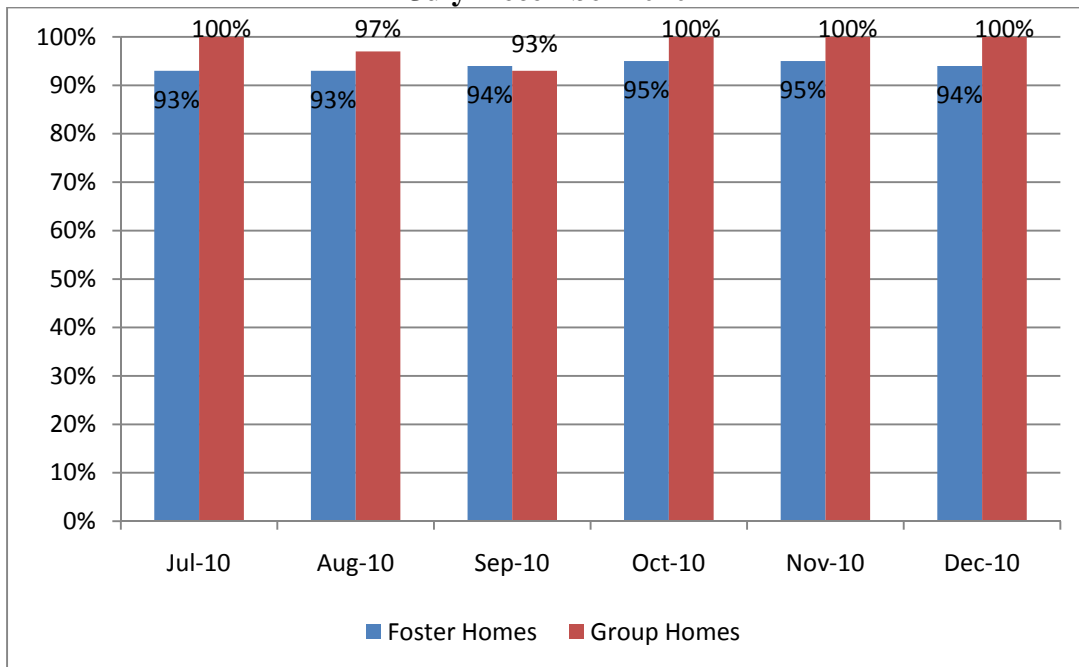
Recognizing this will be an ongoing process, CFSA has completed an initial effort to streamline required documents. Through a year-long program sponsored by the District government for public agency managers, CFSA identified the process of licensing prospective resource parents as an administrative process in need of streamlining. This workgroup examined over 40 documents and forms related to this process and eliminated those not adding value to the process.

In an effort to expedite the process, the trainers are also now responsible for writing the home studies and CFSA reports they are beginning the home study process during training. Further, supervisors are required to review the status of each applicant at 30, 60 and 90 days and document their review in FACES.net. Once CFSA has had an opportunity to undertake an initial review and verification that this is happening consistently, the Monitor will follow up to verify.

**3. Placement Licensing (Outcomes to be Achieved #18 & 33 and Outcome to be Maintained #11)**

***CFSA is required to ensure 95 percent of foster homes and group homes with children placed have current and valid licenses.*** In the months between July and December 2010, between 93 and 95 percent of foster homes with children placed had a current and valid license and between 93 and 100 percent of group homes with children placed had a current and valid license. This performance meets the Exit Standard.

**Figure 30: Foster Homes and Group Homes with Valid Licenses July-December 2010**



Source: CFSA Administrative Data, FACES.net reports PRD133 and PRD138

CFSA is also to maintain ongoing compliance with ensuring that **95 percent of children are placed in foster homes and other placements that meet licensing and other Modified Final Order (MFO) placement standards**. Specifically, children in foster home placements shall be in homes that a) have no more than three foster children or b) have six total children including the family’s natural children; c) have no more than two children under two years of age or d) have more than three children under six years of age. The sole exception to these requirements shall be those instances in which the placement of a sibling group, with no other children in the home shall exceed these limits. Additionally no child shall be placed in a group-care setting with a capacity in excess of eight children without express written approval by the Director or his designee based on written documentation that the child’s needs can only be met in that specific facility, including a description of the services available in the facility to address the individual child’s needs. Table 10 shows the number of children placed in homes exceeding licensing capacity between July and December 2010. This performance meets the Exit Standard.

**Table 10: Children Placed in Placements Exceeding Licensing Capacity  
July-December 2010**

Licensing/Placement Standard	Number of Children					
	July 2010	August 2010	September 2010	October 2010	November 2010	December 2010
Foster Homes with More than 3 Foster children	79	67	67	57	53	41
Foster Homes with More than 6 Total Children Including the Family’s Natural Children	0	0	0	0	0	0
Foster Homes with More than 2 Children under 2 Years of Age	0	0	0	0	0	0
Foster Homes with More than 3 Children under 6 Years of Age	8	4	4	0	0	0
Group Home with a Capacity in Excess of 8 children	29	43	28	25	21	33

Source: CFSA Administrative Data, FACES.net reports PRD173, PRD127, PRD133 & PRD138

Additionally, **CFSA is required to have the necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes and independent living facilities**. There are three staff units responsible for licensing and monitoring foster homes, group homes and independent living facilities. The Contracts Management and Performance Improvement Administration has 28 FTEs of which 25 are filled. The Family Licensing Division



has 31 FTEs of which 28 are filled. Finally the Office of Facility Licensing is responsible for licensing congregate care facilities. There are 7.5 FTEs for the Office of Facility Licensing, of which 5.5 are filled.

**4. *Strategies to Ensure that Foster Homes and Agencies Meet Licensing and Placement Standards (Outcome to be Achieved #18)***

▪ *Foster Home Licensing*

*Implement an annual licensing and re-licensing calendar and protocol to ensure that all foster homes are licensed and re-licensed timely and accurately reflected in FACES.net that includes:*

- a. a supervisory review of assigned foster homes due for licensure and re-licensure;*
- b. the due dates and expiration dates for all foster home; and postcard reminders to all foster parents.(Strategy Plan 12.a.i) (Due Date: June 30, 2010)*

There are currently manual, hand written annual licensing and re-licensing calendars being used by staff persons within CFSA's Office of Community Services. These include notation of a supervisory review as well as the due dates related to training and expiration dates for certain background checks and clearances for all resource homes.

To facilitate a more user-friendly process and provide a mechanism for improved tracking and data analysis, CFSA is working to ensure data related to the annual foster parent licensure process can be entered into FACES.net and that there is a methodology for gathering needed information on resource parent in-service training.

*Create and implement a manual documentation protocol that serves as back-up tracking of foster parent compliance with required training. (Strategy Plan 12.a.ii) (Due Date: September 30, 2010)*

CFSA has created a manual documentation protocol, *Tracking of Time Sensitive Re-Licensing Documents and Licensing Documents and Licenses of Foster/Adoptive Homes*. This Protocol outlines the process to ensure there is backup tracking of foster parent compliance with required training. The Monitor will validate the implementation of this protocol for an upcoming monitoring report.

▪ *Congregate Care Licensing*

*By June 30, 2010, implement an annual licensing and re-licensing calendar and protocol to ensure that all congregate care facilities are licensed and re-licensed timely and accurately reflected in FACES.net that includes:*

- a. a supervisory review of assigned congregate care facilities due for re-licensure;
- b. the expiration dates for all group home and ILP licenses and the schedule of licensing activities and deadlines associated with each re-licensure;
- c. and memorandum reminders to the CEOs of congregate care facilities up for re-licensure. (Strategy Plan 12.b.i) (Due Date: June 30, 2010)

CFSA has implemented an annual licensing and re-licensing calendar and protocol to ensure that all congregate care facilities are licensed and re-licensed timely and that this information is accurately reflected in FACES.net.

*Implement notification process to CFSA's Placement Office, Contracts Office and the Congregate Care Contract Management Division in order to alert these offices of any concerns that may adversely affect a contractor's license or the ability to place youth in a congregate care facility. (Strategy Plan 12.b.ii)(Due Date: June 30, 2010)*

In late 2008, CFSA leadership shifted the organizational structure so that persons responsible for congregate care agency licensure would no longer work in the same office as the persons responsible for monitoring these same agencies. An unintended result was a loss of needed communication regarding both licensure as well as placements of children and youth. CFSA reports that it has now instituted a system to ensure email notification when an agency has been identified as having an issue with licensure. The Office of Facility Licensing (OFL), CMPIA, the Office of Placement Services and the Office of Contracts and Procurement meet regularly to share developments and concerns. Conference calls are held among all of these offices when licensing issues may impact the ability of youth to remain in placement.

Going forward, CFSA is working to establish a shared drive accessible to all persons with responsibility for placement, licensure and monitoring with critical information related to all of the family based and congregate care providers, which will be an important step to ensure all key persons have access to needed information.

*Implement performance based monitoring of each private placement agency on a monthly basis, to include a full review of compliance with licensing and all placement standards followed with immediate corrective actions where indicated.(Strategy Plan 12.c.i) (Due Date: June 30, 2010)*

CFSA requires each congregate care provider to submit a report each month which includes information on the number of children served, program activities, personnel, staff training, program safety information, child and family outcomes and other accomplishments. Supporting documentation is required to further validate this information. Information from the report is

used to monitor monthly progress, track quarterly trends and implement improvement strategies as needed.

*As a process of monitoring congregate care provider agency compliance with title 29 DCMR chapters 62 and 63, CMPIA will notify the Office of Facility License to report any evidence of noncompliance with the licensing requirements, and ensure agencies develop and implement corrective actions.(Strategy Plan 12.c.ii) (Due Date: September 30, 2010)*

The monitor will be able to report on this strategy for an upcoming monitoring report.

**M. Performance Based Contracting (Outcome to be Achieved #31)**

***In accordance with the IEP, CFSA shall have in place a functioning performance-based contracting system that (a) develops procurements for identified resource needs, including placement and service needs; (b) issues contracts in a timely manner to qualified service providers in accordance with District laws and regulations; and (c) monitors contract performance on a routine basis.***

CFSA began implementing performance based contracting for case management and family-based foster care services in 2010. The newly executed family-based Human Care Agreements have linked meeting certain performance standards in the areas of pre-placement health screening, visitation, placement stability, permanency and re-entries into foster care, to some portion of the payment to providers and other contract terms. Under the Human Care Agreement process, CFSA issues Task Orders and can adjust their size in order to provide a financial incentive to those agencies and providers that demonstrate achievements in these outcome areas.

Performance based contracting at CFSA is still its earliest stages of implementation and is a work in progress to address long standing concerns about oversight of the private agencies in the District of Columbia. In the next monitoring report, the Monitor will assess the implementation of the performance based contracts as well as the accompanying Utilization Review Process intended to assess and reallocate placement and service resources based on needs and performance, and the newly implemented performance monitoring plans and quarterly site visits with congregate care and family based foster care service agencies.

**1. *Strategies to Meet Performance Based Contracting Commitments (Outcome to be Achieved #31)***

▪ **Congregate Care Contracts**

*CFSA will award Congregate Care Human Care Agreements/Tasks Orders that include performance indicators and outcomes. (Strategy Plan 19.a.i)(Due Date: August 1, 2010)*

The Congregate Care Human Care Agreements/Task Orders include performance indicators and outcomes and providers have been awarded Human Care Agreements with Task Orders that cover the period of May 2010 to March 2012.

*CFSA will conduct monthly site visits [to congregate care facilities] including:*

- a. record reviews;*
- b. physical plant inspections;*
- c. surveys and interviews with staff and child/youth; and*
- d. semi- annual evaluations of performance based contracts/human care agreements for congregate care services.(Strategy Plan 19.a.ii)(Due Date: December 1, 2010<sup>138</sup>)*

CFSA began monitoring site visits to congregate care facilities in March 2011 and will be able to provide information on these first site visits in June 2011. As the congregate care evaluation cycle is based on a fiscal year, there will be an annual report available by October 2011.

▪ *Foster Care Contracts*

*CFSA will conduct a technical review of the business plan submissions for case management and family-based foster care services. (Strategy Plan 19.b.i) (Due Date: August 1, 2010)*

*CFSA will award Case Management and Family-based Foster Care Human Care Agreements/Task Orders that include performance indicators and outcomes. (Strategy Plan 19.b.ii) (Due Date: December 31, 2010<sup>139</sup>)*

Case Management and Family-Based Foster Care Human Care Agreements/Task Orders that include performance indicators and outcomes were awarded to fifteen private agencies effective February 1, 2011. The Contracts/Task Orders cover the period between February 1, 2011 and March 31, 2012. CFSA's intention is to modify Task Orders based on assessment of need and performance on established indicators and outcomes. The Monitor will be assessing this as it is implemented.

*CFSA will conduct monthly site visits [to child-placing agencies] including:*

- a. record reviews;*
- b. home safety inspections;*

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<sup>138</sup> CFSA has requested to change this date to April 2011. CFSA requested an extension because they need to update the monitoring tools to reflect final Human Care Agreements signed into place in January 31, 2011. The Monitor does not concur. The Human Care Agreements have been in process for at least two years and CFSA consistently reported that the development of monitoring tools to support them was being done simultaneously. Additionally, CFSA is changing this strategy from monthly site visits to quarterly site visits after discussion with the private agencies that monthly visits would be too onerous unless the agency has a performance improvement plan in place. The Monitor has broad concerns about the effectiveness of oversight and quality assurance with congregate care providers. The use of quarterly site visits if part of a well-developed monitoring and QA plan could be effective, but at this point, the Monitor will be working with CFSA to ensure a comprehensive monitoring strategy is in place.

<sup>139</sup> CFSA has requested to change this date to January 1, 2011. CFSA requested an extension because it took longer than they anticipated to the finalize Human Care Agreements. Monitor concurs as the delay was de minimus.

- c. *surveys and interviews with staff, foster parents and child/youth; and*
- d. *semi-annual evaluations of performance based contracts for case management and family based foster care services. (Strategy Plan 19.b.iii<sup>140</sup>)(Due Date: April 1, 2011)*

CFSA began monitoring site visits to case management and family-based foster care agencies in March 2011 and will be able to provide information on these first site visits by June 2011. There will be an annual report available by March 2012.

*CFSA will take all necessary action, including any necessary hiring and training, to assure that adequate contract monitoring capacity exists to oversee private contractor performance. (Strategy Plan 19.b.iv) (Due Date: September 30, 2010)*

CFSA has taken steps to rebuild its contract monitoring capacity to ensure staff have the needed educational background as well as past work experience to be effective in these positions. In May 2010, CFSA terminated many of its former contract monitoring staff. New job descriptions were developed and staff hired with the intention of improving CFSA's ability to effectively monitor private contractor performance.

There is one Administrator who oversees the work of the Contracts Management and Performance Improvement Administration, including both congregate care and family-based care private agencies. Congregate care private agency performance monitoring is the responsibility of one program manager and eleven contract management supervisors, specialists and secretarial support staff. Family-based private agency performance monitoring is the responsibility of one program manager and nineteen staff including data assessment specialists, program monitors, program evaluation specialists, supervisors and a data management assistant.

During the next monitoring period, the Monitor will closely examine the functioning of the CFSA contract monitoring capacity.

- Quality Assurance

*CFSA will require private agencies to develop internal quality assurance systems for monitoring and evaluating their program performance and to regularly develop and implement improvement strategies. Strategy Plan 19.c.i) (Due Date: Private Agency Implementation December 31, 2010, CFSA Report June 1, 2011)*

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<sup>140</sup> CFSA has proposed changing this strategy from monthly site visits to quarterly site visits after discussion with the private agencies that monthly visits would be too onerous unless the agency has a performance improvement plan in place. The Monitor has broad concerns about the effectiveness of oversight and quality assurance with child placing agencies. The use of quarterly site visits if part of a well-developed monitoring and QA plan could be effective, but at this point, the Monitor will be working with CFSA to ensure a comprehensive monitoring strategy is in place.

*CFSA will assure that, as part of its annual assessment, the Contract Monitoring and Program Improvement Administration (CMPPIA) provides feedback, technical assistance, and next step recommendations to private agencies to ensure continuous quality improvements are obtained and/or sustained. (Strategy Plan 19.c.ii<sup>141</sup>)(Due Date: January 2011)*

Requirements for congregate care and family based private agencies to develop internal quality assurance systems for monitoring and evaluating their program performance and to regularly develop and implement improvement strategies were incorporated into the Human Care Agreements and Task Orders in FY2010 and FY2011.

In addition to training and other methods of communicating this message to private agencies, CFSA has convened a workgroup for agencies to discuss the type of data, specifically IEP data, needing to be collected within each of the private agencies and how these would be reported and analyzed. CFSA is expecting quarterly reporting on these agreed upon IEP indicators.

CFSA recognizes there are significant variance in the quality of these agency specific quality assurance systems and will be providing feedback, technical assistance and next step recommendations to private agencies to ensure needed improvements are obtained or sustained to ensure better outcomes.

The Monitor expects to report on the implementation of this strategy for an upcoming monitoring report.

**N. Quality Assurance (Outcome to be Maintained #24)**

*The IEP requires CFSA to have a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system must annually review a sufficient number of cases to assess compliance with the provisions of the MFO and good social work practice, to identify systemic issues and to produce results allowing the identification of specific skills and additional training needed by workers and supervisors.* Since 2009, CFSA has sought to analyze and improve the quality of its practices and operations through a consistent, structured review of all program areas. CFSA's Quality Assurance philosophy is that the responsibility for quality improvement does not rest solely with the Office of Planning, Policy and Program Support (OPPS) and its Quality Assurance Division, but needs to be embedded throughout the Agency.

In 2009 and 2010, processes for supervisors and managers to evaluate practices using a structured tool were implemented across all programs. Partnering with private agencies, CFSA also developed a tool for agencies to internally review cases they manage. Other activities: CPS

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<sup>141</sup> CFSA has proposed changing this strategy from semi-annual assessments to annual assessments due to budgetary struggles and the desire to ensure the focus is on the children and families to be served. The Monitor does not agree with this changed strategy (moving to annual reviews) given the performance issues with the private agencies.

Grand Rounds, DC ChildStat, Quality Service Review, Child Fatality Review, and special reviews and Studies by the Quality Assurance Division of OPPS has been used to evaluate the delivery of services and outcomes for children, youth and families. Many of these other activities allow for the review of cases managed both by CFSA and private agencies.

These multiple reviews are spelled out in CFSA's annual Quality Improvement Plan and are part of work with the National Child Welfare Resource Center for Organizational Improvement and Casey Family Programs to develop and implement a Continuous Quality Improvement (CQI) model. Based on updates from CFSA and the monitor's observation, CFSA is moving towards the goal set in 2010 of adopting the principles which the National Center believes to be effective in helping child welfare agencies achieve outcomes. Those principles include that the:

- Organizational culture supports and actively promotes CQI;
- Agency adopts specific outcomes, indicators, and practice standards that are grounded in the agency's values and principles;
- Agency leaders, staff, children, youth, families and stakeholders receive training in the specific skills and abilities needed to participate actively in CQI;
- Agencies collect qualitative and quantitative data and information from and about children, youth, families and staff;
- Staff children, youth, families and stakeholders review, analyze, and interpret qualitative and quantitative data to inform agency practices, policies and programs; and
- Agencies use CQI results to improve policies, practices and programs.

During 2011, CFSA is working on methods of evaluating the Quality Assurance (QA) practices of each of the private agencies and instituting standards and expectations across providers for QA practices.

The targeted attention paid to including supervisors, program managers in the evaluation of practices, development of a Director level review and setting standards for all providers are notable and have positioned CFSA to build a learning environment. The remaining work includes careful review of all of the tools and activities to assure that outcomes, indicators and practice standards are indeed reflective of and aligned with CFSA's stated values, principles and practice model. For example, the Monitor's review of tools geared to evaluating documentation in ongoing cases finds no mention of team work and ensuring that family and team members inform the social worker's continuous assessment of strengths, challenges, progress and barriers. CFSA should also work on including birth and resource parents, and frontline social workers as sources of information and feedback, as they are skilled to participate in the review, analysis and interpretation of qualitative and quantitative data.

***1. Special Corrective Action Reviews (Outcome to be Achieved #30)***

Under the IEP, CFSA is required to produce accurate monthly reports, shared with the Monitor which identify children in the following categories:

- All cases in which a child has been placed in four or more different placements, with the fourth or additional placement occurring in the last 12 months and the placement is not a permanent placement;
- All cases in which a child has had a permanency goal of adoption for more than one year and has not been placed in an adoptive home;
- All children who have been returned home and have reentered care more than twice and have a plan of return home at the time of the report;
- Children with a permanency goal of reunification for more than 18 months;
- Children placed in emergency facilities for more than 90 days;
- Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license;
- Children under 14 with a permanency goal of APPLA; and
- Children in facilities more than 100 miles from the District of Columbia.

CFSA is also required to conduct child-specific case reviews for each child identified in the above categories and to implement a child-specific corrective action plan as appropriate. ***The IEP Exit Standard requires CFSA to conduct the reviews for 90 percent of children identified.*** Table 11 provides the number of children/families in each of the above categories by month from July through December 2010. CFSA reports that the cases of these children/families are being flagged for discussion during applicable case reviews (e.g. Structured Progress Reviews, 18 Day Reviews, etc). However, the Monitor has no information on how the results of the discussions are being used to address relevant concerns and track resolution.



**Table 11: Children/Families in Special Corrective Action Categories by Month  
July-December 2010**

Special Corrective Action Category	Number of Children/Families					
	July 2010	August 2010	September 2010	October 2010	November 2010	December 2010
CFSA Children with 4 or More Placements with a Placement Change in the Last 12 Months and the Placement is not a Permanent Placement	184	185	173	183	177	170
Children in Care who Returned Home twice and Still have Goal of Reunification	2	2	2	2	2	2
Children with Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home	164	172	153	158	146	137
Cases with Four or More Reports of Neglect or Abuse with the Fourth or Greater Report Occurring in the Last 12 Months	87	86	84	84	81	78
Children under 14 with a Goal of APPLA	3	2	2	2	2	2
Children Placed in Emergency Facilities Over 90 Days	0	0	0	1	1	1
Children Placed in Foster Homes without Valid Permits/Licenses or Foster Homes that Exceed their Licensed Capacity	202	177	158	129	130	138
Children with Goal of Reunification for More than 18 Months	110	121	123	124	122	129
List of Children in Residential Treatment More than 100 Miles from DC	64	63	60	58	53	50

Source: CFSA Administrative Data, FACES.net report COR013

**2. Strategy to Ensure Plans for Children and Families in Special Corrective Action Categories (Outcome to be Achieved #31)**

*CFSA will develop and implement a plan to review all children and families in special corrective action categories. The plan will include a timeframe for when these reviews will commence. (Strategy Plan 18.a.i) (Due Date: October 15, 2010<sup>142</sup>)*

CFSA has changed its initial plan to conduct the reviews of children and families in special corrective action categories through Structured Progress Reviews and Independent Living and Permanency specialist lead meetings. As of this last month, CFSA reports that they now intend to provide guidance to staff to complete these reviews through the case planning process. The

<sup>142</sup> CFSA intends to revisit whether their initial plan to conduct the reviews of children and families in special corrective action categories through Structured Progress Reviews and meetings facilitated by Independent Living and Permanency Specialists. The actions associated with this strategy are long overdue and the Monitor believes that a revised plan needs to be developed and implemented within the next 30-60 days.

Monitor has some serious concerns about this revised plan as the intent of this Exit Standard and the associated strategy was to have an additional review process for children and families who fall into special corrective action categories because the normal case planning process is not working effectively. The Monitor has not yet had an opportunity to discuss these concerns with CFSA leadership.

### **3. *Reviewing Child Fatalities (Outcome to be Maintained #4)***

***The IEP requires the District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for 1) reviewing child deaths; 2) making recommendations concerning appropriate corrective action to avert future fatalities; 3) issuing an annual public report; and 4) considering and implementing recommendations as appropriate.***

The Child Fatality Review Committee (CFRC) was created by Mayoral Order in October 1992, as part of the District's early efforts to meet the requirements of the *LaShawn* litigation and to be in line with national best practices.<sup>143</sup> A citywide child fatality review process is now also required by District law.<sup>144</sup> The primary goals of the Committee are to identify and recommend ways in which prevention, risk reduction, and systems improvement methods may be utilized to reduce deaths of children who are residents of the District. Such a committee serves as an opportunity to engage in self-assessment, learning, and taking informed action. It is also an opportunity for agency representatives to (1) freely share information about the child and family, including how their organization interacted with the family, (2) critically assess their internal and cross-agency practices, and (3) make and implement appropriate recommendations for improvement. Reviews of cases should not be a *pro forma* event, but rather an occasion for participants and organizations to self-evaluate and act on what they have learned with the goal of preventing future child morbidity and mortality.

As required by *LaShawn*, the city-wide CFRC is minimally expected to review the deaths of all children and youth who have come to the attention of or have been served by CFSA in the four year period prior to their death.<sup>145</sup> The Monitor has served as a member of both the citywide CFRC and the CFSA internal child fatality review committee since their inception.

The Monitor has consistently identified longstanding issues with the city-wide CFRC. These issues include: the lack of participation by public and private agencies involved in cases being reviewed; how city agencies often do not respond to and act on Committee recommendations; and the vacant positions both on the Committee and in staff supporting the Committee. Recently these issues have worsened. To this day, community positions remain unfilled (at last count,

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<sup>143</sup> Mayor's Order 92-121.

<sup>144</sup> D.C. Code § 4-1371

<sup>145</sup> This was an agreed to modification to the original requirement for a 10 year look back.

there was no representation from wards 1, 2, 3, 7 or 8), the number of staff assigned to the Committee has been reduced, there remain approximately 20 agency-related cases from 2010 that have not been reviewed and the Committee has seen little response to its recommendations from city agencies. Additionally, the Committee has not released an annual report since 2008, in specific violation of the *LaShawn* Modified Final Order and Implementation and Exit Plan requirement that “at the end of each District of Columbia Fiscal Year, the Committee shall issue a formal report...and make recommendations concerning appropriate corrective action to be taken....”<sup>146</sup>

In a letter to the CFSA Director dated February 14, 2011, the Monitor outlined these issues and made the following suggestions:

- All committee vacancies should be filled.
- Senior leadership from all relevant city agencies should attend each Committee meeting prepared to discuss the cases under review.
- At each meeting, Committee members should be given a full case report for each case under review.
- The number of Committee staff should be restored to the level required for all reviews to be done in a timely manner and for an annual report to be produced each year.
- The backlog in case reviews and in the production of annual reports should be addressed.
- A mechanism to track Committee recommendations, agencies responses and implementation should be instituted.
- There should be a review of the database used to record historical data to ensure it is designed, maintained and used effectively.
- The Committee should be relocated to the Mayor’s Office or to the Office of the Inspector General.

As of the writing of this report, the Monitor has not received a response from the District as to the issues and recommendations identified above.

#### ***4. Strategies to Improve Data and Technology (All Outcomes)***

As mentioned in the introduction, the Monitor has concerns about the resources allocated to the Child Information Systems Administration (CISA). In order to effectively reform the child welfare system and to use the extensive data that FACES.net is able to produce to manage the Agency, CFSA must allocate resources to build and maintain the technology and data infrastructure that has been put in place. Over the past four years, CISA has lost a significant number of staff and in the Monitor’s opinion, these cuts have made it more difficult for the Agency to produce necessary data in a timely manner.

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<sup>146</sup> MFO II.N.4.

*Within 180 days of the Court's Order approving the LaShawn A. Implementation and Exit plan, CFSA, in consultation with the Monitor, will develop the capacity to produce accurate data on commitments made in the 2010-2011 Implementation Plan. (Strategy Plan 21.a.i) (Due Date: June 15, 2010)*

Throughout this report, the Monitor has noted the timeframe for completion of any new or revised FACES.net reports. CFSA anticipates completing all necessary development and/or revision to reports by September 2011.

*CFSA will publish on its website an expanded array of data relating to commitments in the LaShawn A. Implementation and Exit Plan. (Strategy Plan 21.b.i) (Due Date: December 31, 2010<sup>147</sup>)*

CFSA reports they have completed a draft of the figures and narrative representing an array of data relating to commitments in the IEP, federal standards and basic demographic information of the families and children served by CFSA. CFSA reports that the website will be updated periodically and new data points will be added over time.

## **O. Budget and Staffing Adequacy**

CFSA has presented an overall FY2012 budget request of \$265,295,653, of which \$191,596,000 or 72 percent is local funding.<sup>148</sup> The overall FY2012 budget has declined by \$4,373,926 from FY2011.<sup>149</sup> The FY2010 budget was eight percent below FY2009 levels which means that CFSA has sustained substantial budget cuts over this three year period. This fiscal reality requires that the District of Columbia government and CFSA set clear priorities short- and long-term to maximize their investments in support of children and families.

To accommodate the overall District budget issues, the proposed FY2012 budget shifts funds from some important previously funded areas to allow continued although still insufficient funding for grandparents caring for their own grandchildren through the Grandparent Caregiver Program, needed housing assistance for families to stay together or for youth aging out of foster care in the District through Rapid Housing<sup>150</sup>, extending with local funds adoption and

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<sup>147</sup> CFSA originally requested a modification in completion date to 2/2011. In a memo dated March 29, 2011, they requested an additional modification to 4/2011. CFSA requested an extension because they had to have the Court's December 17, 2010 Order in place to know the final outcomes and Exit Standards on which to report. The Monitor concurs. As of the date of the writing of this report, CFSA has not yet submitted a plan for how and when they will be developing the modified reports needed for the IEP and posting them on the website.

<sup>148</sup> Gerald, Roque (2011). *Mayor Gray's Proposed FY 2012 Budget for CFSA, April 18, 2011*. Testimony, Committee on Human Services, Washington, DC.

<sup>149</sup> CFSA FY 2011 Oversight Questions (Round 1), Q2, *FY 2011 Revised Budget and FY 2012 Mayoral Spending Plan by Program*.

<sup>150</sup> *Lashawn A. v. Fenty Implementation and Exit Plan (IEP)*, December 17, 2010. CFSA will maintain the Rapid Housing program for families at risk of entering foster care or in need housing assistance for reunification. (Strategy Plan 2.d.i) (Due Date: September 30, 2011)

guardianship subsidies to the age of 21, as well as to maintain manageable caseloads for CFSA and private agency<sup>151</sup> staff persons are in line with the requirements within the IEP.

Reductions in services required as a part of this budget request result from a combination of factors; (1) local funding has remained at exactly the same level since FY2011<sup>152</sup>, (2) certain, identified federal funds not being available due to slow progress on CFSA's federal revenue enhancement plans and federal Medicaid and Title IV-E disallowances and deferrals, as well as (3) rising personnel and other fixed costs as well as costs related to guardianship and adoption subsidies.<sup>153</sup> As discussed earlier in this report, the need for the District to move forward aggressively to solve the issues and problems that have resulted in the low percentage of federal revenue appropriately claimed and received to support CFSA's work must receive the highest priority for action.

These proposed cost reductions are outlined below followed by a discussion of the ones that are most problematic.

- (\$2.5 million) Discontinue children's mental health Memorandum of Understanding with the Department of Mental Health.
- (\$675,000) Discontinue substance abuse memorandum of understanding with the Department of Health.
- (\$968,000) Reduce mentoring and tutoring services.
- (\$635,000) Reduce Healthy Family Thriving Communities Collaboratives contracts.
- (\$732,510) Net reduction in contractual services.
- (\$141,289) Reduce prevention services.
- (\$300,000) Reduce residential treatment placements.

While the full impact of the proposed reductions is not entirely clear, the Monitor has concerns related primarily to the potential impact on services and supports to meet the needs of children and families who have come to the attention of the larger public child welfare system. These include children and families with identified mental health, substance abuse, attachment or trauma related issues and children who are educationally delayed or experiencing difficulties in

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<sup>151</sup> As noted earlier in the report, CFSA has maintained caseloads and supervisor-to-staff ratios at levels required by the *LaShawn* IEP and that meet caseload standards recommended by the Child Welfare League of America (CWLA). For the current monitoring period, CFSA met the *LaShawn* caseload Exit Standards: all (100%) of Investigators had caseloads of no greater than 12 investigations and 91 percent of social workers assigned to in-home or out-of-home cases had caseloads at or below the 1:15 standard.

<sup>152</sup> Gerald, Roque (2011). *Mayor Gray's Proposed FY 2012 Budget for CFSA, April 18, 2011*. Testimony, Committee on Human Services, Washington, DC.

<sup>153</sup> Gerald, Roque (2011). *Mayor Gray's Proposed FY 2012 Budget for CFSA, April 18, 2011*. Testimony, Committee on Human Services, Washington, DC.

school. The Monitor is specifically concerned about the proposed reduction in spending for children's mental health services and total reduction in support for tutoring services, as discussed below. Additionally, although the District has enacted legislation to implement a Differential Response system, which is intended to redirect more families to supportive services, the proposed FY2012 budget does not include the funds needed for operational planning and beginning implementation.

### Reductions in Funding to Support Children's Mental Health

As noted on page 132 of this report, DMH is currently faced with delivering high priority services with a much leaner budget. Proposed cuts to the DMH FY2012 budget are \$8 million. CFSA's budget proposes to eliminate the Memorandum of Understanding with DMH which has been the mechanism through which CFSA was to provide \$2.5 million annually to DMH to support the development and delivery of appropriate mental health services for children in CFSA's custody. The impact of the loss of these funds threatens to derail the advances that have been occurring, although slowly, in building the District's mental health system capacity for children and families. Although the full \$2.5 million was not spent in prior years, the Mental Health Needs Assessment continues to show significant gaps in needed services and the Medicaid reimbursement available is not sufficient to fully support the service array. The loss of these funds will impact those providers designated as Choice Providers for children and families and the work that has begun to develop specialized expertise of clinicians. Training in Parent Child Interactive Therapy, Child-Parent Psychotherapy for Family Violence, Attachment Therapy, Trauma Focused Child Behavioral Therapy, Sex Offender Treatment and treatment for victims of sexual abuse as outlined in the mental health plan, remain outstanding and would be adversely affected by this budget reduction.<sup>154</sup>

Also threatened through the loss of the \$2.5 million allocation are payments for the behavioral health screening tool used when children and youth enter foster care as well as the mental health diagnostic assessment used to determine specific service needs. Non-traditional mental health services such as art, drama and dance therapies are also currently made available to children and youth through flex funds paid for with this allocation. CFSA believes that through a combination of using existing funds on a current contract, initiating new contracts and encouraging Choice Providers to consider becoming Medicaid reimbursable free standing clinics, there will be minimal impact directly to children and families with identified mental health needs.<sup>155</sup> The provider community does not agree with this assessment and CFSA and DMH have been engaged in recent discussions to fully review the impact of this proposal.

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<sup>154</sup> The District's phased implementation of the multi-year mental health plan became a requirement of the *LaShawn* Decree because of the critical interplay between the availability of high quality mental health services and achieving outcomes of permanency, stability and well-being for children and youth involved with the child welfare system.

<sup>155</sup> CFSA FY 2012 Budget Questions Round 2, Q3. In the absence of this MOU, CFSA will have to use existing funds on a current contract using local dollars for youth to continue receiving individual behavioral coaching services. For the remaining services, CPP-FV, PCIT, Sex Abuse and Sex Offender therapies, CFSA will have to

The CFSA budget also proposed eliminating an MOU with the Department of Health through which CFSA provided \$675,000 to support substance abuse services for mothers with children. CFSA has testified that the impact on services of this reduction will be minimal. With current information, the Monitor is unable to assess the impact of this reduction.

The proposed FY 2012 budget also eliminates all CFSA funds to support payment for tutors for children who need tutoring services. CFSA intends to convert to the use of volunteer tutors, similar to a conversion they made from the use of paid to volunteer mentors. More information is needed on the number of children requiring tutoring services and the agency's operational plan to convert to volunteer tutoring in order to fully assess the impact of this proposed budget cut.

#### Lack of Funding to Support Differential Response

While the District is moving forward to implement a Differential Response (DR) model by the fourth quarter of FY2011, the proposed budget does not clearly reflect funding implementation. It is estimated that implementation would cost \$550,000 in the first year of implementation, \$175,000 in the second, and \$50,000 in the third and final implementation year.<sup>156</sup>

Additionally, if the Differential Response system is to meet its goal of supporting families to address needs without the label of child abuse or neglect, there must be robust community-based, early intervention and prevention services. It is not clear whether or not the substantial funding reductions to the Collaboratives, substance abuse services and other prevention services in the FY2012 budget would impact the ability of the District to ensure a strong and viable network of support to keep families intact and, thereby, implement Differential Response.

#### **1. *Federal Revenue Maximization (Outcome to be Achieved #35)***

There have been longstanding problems in the District of Columbia related to federal revenue maximization, primarily through failure to aggressively pursue federal funding options through Medicaid and Title IV-E and due to disallowances related to incomplete documentation to support federal claims. While CFSA has been engaged in work over the past year to remediate these problems, major, unresolved issues related to both of these funding sources remain today.

The District made a decision in 2008 to halt CFSA's federal Medicaid claiming for Targeted Case Management (TCM) for social workers until an infrastructure could be built and institutionalized to ensure an accurate methodology for billing coupled with a well-functioning internal quality assurance process to verify the accuracy of this billing process. Originally, Medicaid claiming was to be resumed by July 2010 however, to date, Medicaid claiming has resumed in only in a very limited way and there remain unresolved policy differences between

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contract these services using local dollars. The Department of Mental Health (DMH) is encouraging each of the Choice Providers to consider becoming a certified free standing clinic, which allows Medicaid reimbursement for EBP services for fee-for-service clients (children in foster care).

<sup>156</sup> Families Together Act of 2010, Fiscal Impact Statement

CFSA and the Department of Health Care Finance (DHCF) regarding appropriate next steps. CFSA and DHCF are weighing the merits of resuming billing Medicaid for Targeted Case Management for social workers who would be trained to provide case management services billable through TCM. CFSA is also interested in moving ahead with the Rehabilitation Option. With the transition to a new Mayor and the appointment of a new Director of DCHF earlier this year, it is hoped that the issue of appropriate and expanded use of Medicaid claiming by CFSA will be revisited and quickly resolved.

In order to recoup some of the federal funding being lost by not claiming TCM and by not exploring and building on the possibilities for federal funding in the Medicaid Rehabilitation Services option, CFSA embarked on a plan to improve its federal funding through Title IV-E of the Social Security Act. CFSA's current agreed upon standardized Title IV-E reimbursement is based on an eleven year old methodology, which does not allow CFSA full reimbursement for Title IV-E expenditures, especially expenditures by private agencies on behalf of children in CFSA custody. The new rate setting methodology is scheduled to be submitted to the federal Administration for Children and Families (ACF) by May 2011. In addition, CFSA, with assistance from an outside consultant, submitted a revised Cost Allocation Plan (CAP) to ACF in July, 2010. As of this report, the CAP has not been fully approved. As a result, portions of recent claims for training for both staff and resource parents and adoption assistance administrative claiming have been deferred. Additional work is needed to resolve these federal claiming issues with ACF.

CFSA also submitted a State Plan Amendment to ACF to allow additional federal claiming for guardianship subsidies and to extend foster care eligibility to the age of 21, both now permissible under the *Fostering Connections to Success and Increasing Adoptions Act*. While the District was approved to begin claiming for guardianship subsidies, as of the writing of this report ACF has not approved the District's amendment to cover youth age 18 to 21, and the District will likely need to make changes to its proposal to gain federal approval.

In view of the District's overall budget climate requiring reductions in expenditures of local funds and recognizing the serious limitations imposed on the system without increased federal funds, CFSA leadership has recently placed a high priority on its work to successfully claim federal revenue. Since January 2010, the CFSA Director has convened a weekly meeting with members of the leadership team to track actions underway to gain appropriate federal approvals and to put in place the documentation and quality assurance needed to be successful in gaining additional federal revenue. Some of the items tracked by this group include:

- *Claiming federal Medicaid funds for the work of the Nurse Practitioners in the Health Horizons Assessment Center (HHAC)*. CFSA successfully bills Medicaid for the direct service costs of the HHAC Nurse Practitioners providing pre-placement screening and health assessments. CFSA has been billing Medicaid for the direct services costs of the



Nurse Practitioners since December 2009. Medicaid claims for the services totaled approximately \$294,000 from July 1, 2010 to December 2010.

- *Claiming federal Medicaid funds for the Targeted Case Management Nurse Care Management Program.* DHCF has submitted a State Plan amendment to be able to claim Medicaid for the newly implemented TCM Nurse Case Management Program, but this has not been approved by the Center for Medicaid and Medicare. Additionally, gaps in needed documentation have been identified and steps are now being taken to put into place needed corrections.
- *Improving documentation to allow Title IV-E claiming of private agency expenditures.* CFSA is working with private agencies to gather needed expenditure information to be able to successfully negotiate an updated, standardized Title IV-E rate for reimbursement with ACF that is fully representative of the services being provided through the family-based and congregate care providers, specifically those that are eligible for federal reimbursement. The process of getting the required documentation from the private agencies has been very slow, but a more strategic approach to obtaining the data has been recently implemented, resulting in CFSA receiving the information needed to develop a revised Title IV-E rate for reimbursement.
- *Improvements with Random Moment Sampling (RMS) time study.* With the help of a consultant group, CFSA has put in place a new, automated time study system, largely credited with ensuring a 90 percent participation rate in Random Moment Sampling (RMS), a process required to adequately bill staff time to appropriate Title IV-E activities.

## **2. *Strategies to Increase Federal Revenue Claiming (Outcome to be Achieved #35)***

### ▪ *Federal Revenue Claiming*

*With assistance from the federal revenue consultant, will submit a revised cost allocation plan to federal officials. (Strategy Plan 22.a) (Due Date: September 30, 2010)*

A Title IV-E CAP amendment was submitted to ACF. CFSA received a deferral letter from ACF on February 4, 2011 approving the portions of the CAP related to foster care and adoption assistance claims. ACF raised questions regarding the methodology for determining the foster care eligibility ratio as well as the methodology for determining adoption assistance administrative claims. Approval for foster care state and local training claims in the amount of \$216,026 and adoption assistance administrative claims in the amount of \$2,030,208 for the quarter ending September 30, 2010 were deferred pending provision of requested information. Further, there is disagreement between ACF and CFSA regarding whether or not the CAP was submitted on June 29, 2010 which would have been required for an effective date of July 1, 2010. When ACF defers or disallows claims, jurisdictions have (60) days of receiving the

deferral letter to provide a formal, written response. CFSA has written and submitted a formal response to ACF and is engaged in dialogue to resolve issues; claiming in these areas will remain on hold until the issues are resolved.

*CFSA in consultation with DHCF will assess the feasibility and desirability of submitting a revised Medicaid state plan amendment to federal officials to permit additional appropriate Medicaid plans in placement settings and make formal recommendations to the City Administrator. (Strategy Plan 22.b) (Due Date: December 31, 2010<sup>157</sup>)*

CFSA's leadership has been working with the District's budget review team and DHCF to develop a plan to address Medicaid reimbursement issues, including submitting a Medicaid state plan amendment to permit claiming using the Medicaid Rehabilitation Option.

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<sup>157</sup> CFSA has requested to change this date. CFSA requested an extension while awaiting direction from the new Mayor and his administration. The Monitor concurs with the request based on the change in Administration and associated leadership transition. The Monitor believes this strategy needs to be completed by no later than June 30, 2011.

# APPENDIX A

## CHILD & FAMILY SERVICES AGENCY ORGANIZATIONAL CHART

