LaShawn A. v. Gray Progress Report
for the Period January 1 – June 30, 2012

November 21, 2012
LaShawn A. v. Gray

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I. INTRODUCTION

This report on performance of the District of Columbia’s child welfare system for the period of January 1 – June 30, 2012 is prepared by the Center for the Study of Social Policy (the LaShawn 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 required to independently assess the District of Columbia’s performance on the outcomes, Exit Standards and strategies of the Modified Final Order (MFO) and its most recent update, the LaShawn Implementation and Exit Plan (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 establishes 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. For each of the outcomes, an Exit Standard(s) has been identified.

The Monitor’s last full report on LaShawn implementation was released on May 21, 2012. With few exceptions, this report is based on data and performance from January through June 2012, as verified by the Monitor, to determine progress in meeting the IEP Exit Standards and the objectives of the 2012 Strategy Plan.

A. Methodology

The primary sources of information about performance are data provided by the Children and Family Services Agency (CFSA) and verified by the Monitor. The Monitor receives extensive aggregate and back-up data and has access to staff and FACES.NET to verify performance.

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1 January 27, 1994, Modified Final Order (“MFO”) (Dkt. No. 222 (order adopting MFO); Dkt. No. 222-2 (MFO))
2 December 17, 2010, Implementation and Exit Plan (“IEP”) (Dkt. No. 1073)
4 FACES.NET is CFSA’s automated child welfare information system.
The Monitor conducted the following special verification/data collection activities during this period:

- **Youth Transition Plan Case Record Review**

  To assess the quality of transition planning with older youth in foster care, the Monitor conducted a case record review in the summer 2012 to determine the rate of Youth Transition Plan (YTP) completion and to evaluate the quality of YTP meetings, resulting plans and subsequent implementation. This review was done jointly with CFSA and the District of Columbia’s Citizen’s Review Panel. The review examined the case files and most recent YTP plans of all youth aged 20.5 to 21 years old in foster care between January 1 and March 31, 2012 (see full report in Appendix C).

- **Resource Parent Survey**

  The Monitor conducted a telephone survey of 129 resource parents who had a child or youth newly placed with them between January and May 2012 in order to collect and validate data related to several Exit Standards including timely approval of foster/adoptive parents; children and youth health outcomes; and the extent to which resource parents feel supported by CFSA and private providers in their care of children and youth (see full report in Appendix D).

- **Assessing Safety during Visits Case Record Review**

  The IEP includes three Exit Standards which require social workers to assess and document the safety of a child(ren) during each social worker visit. The Monitor and CFSA jointly conducted a review of a statistically significant sample of children and youth who were involved with CFSA either through an in-home or out-of-home case to determine the extent to which child safety was assessed and documented during social worker visits.

- **Validation of Training Data**

  The Monitor conducted an independent validation of pre- and in-service training data for CFSA and private agency staff, as well as foster/adoptive parent training completion.

- **Validation of Caseload Data**

  The Monitor conducted an independent validation of CFSA and private agency social worker caseloads for the period between January and June 2012.
Focus Group with Nurse Care Managers

In May 2012, the Monitor conducted a focus group with several nurse care managers and nurse care manager supervisors to better understand their roles and responsibilities with children and families served by CFSA as well as their teaming with social workers and placement providers.

Other Monitoring Activities

The Monitor interviewed and/or visited many external stakeholders of the District of Columbia’s child welfare system, including contracted service providers, youth, relatives and birth parents, advocacy organizations and judicial officers. The Monitor attends numerous CFSA meetings including policy workgroup meetings, Child Stat, CPS Grand Rounds and CFSA Internal Child Fatality Review Committee, as well as the City-wide Child Fatality Review Committee. The Monitor meets frequently with senior leadership and managers throughout the Agency. The Monitor also conducts Quality Service Reviews and reviews the documentation and scoring of CFSA Quality Service Reviews and other quality reviews.

B. Report Structure

This monitoring report assesses the District of Columbia child welfare system’s performance in meeting the IEP Exit Standards, as defined in the December 17, 2010 Court Order, during January 1 through June 30, 2012. Section II provides a summary of the District’s progress and, where identified, CFSA’s plans for improving outcomes in 2012. In Section III, the summary tables provide the Court with a consolidated update of the District’s performance as of June 2012 on LaShawn IEP Outcomes to be Achieved and Outcomes to be Maintained Exit Standards. Section IV provides further discussion and assessment of whether the District has met the established Exit Standards as well as progress in implementing the strategies identified in the 2012 Strategy Plan. The Appendices to this report include a glossary of acronyms; CFSA Organizational Chart; findings and recommendations from a case record review of transition planning for youth exiting foster care; findings from a telephone survey of resource parents; and corrected data pertaining to investigative social worker caseloads during the previous monitoring period, July through December 2011.
II. SUMMARY OF PERFORMANCE

A. New Developments

This six month period has been one of high energy and rapid change with a renewed focus at CFSA on positive outcomes for children, youth and families. On January 3, 2012, the Mayor of the District of Columbia appointed Brenda Donald as Acting Director of the Child and Family Services Agency (CFSA) and on April 17, 2012 the District of Columbia Council confirmed her appointment as Director. Within months of becoming Director, Ms. Donald implemented an overall, broad-based strategic framework to improve outcomes for children and families by working to ensure that children are safe, families are strengthened, child and teen developmental needs are met and children and teens have permanence. The strategic framework has “four pillars” which are being used to organize the Agency’s work:

- **Narrowing the Front Door**—focuses on keeping families together and removing children from their homes only when necessary for their safety. CFSA is emphasizing reaching out to and engaging kin and coordinating responses to ensure that children only enter foster care when needed for their protection and implementing Differential Response to serve families without having to establish abuse or neglect, among other strategies and services, to support and stabilize families.
- **Temporary safe haven**—focuses on CFSA’s efforts to make a plan for permanence for children from the first day of entering out-of-home care and promotes that while children are in custody, they should be placed in the most appropriate, family-like setting that enables continued connections with their family, school and community whenever possible.
- **Well-being**—CFSA has committed to working collaboratively with other systems on the healthy development of all children and youth in care, including attention to appropriate educational, mental health and physical health benchmarks and needs. This pillar supports an approach to applying evidence-based treatments for trauma and other chronic mental and physical health conditions and a two-generation approach targeting teen parents.
- **Exits to Positive Permanency**—recognizes the services families and youth may require for stability post-legal permanency or who have aged out of care. Although the Agency hopes that all children and youth efficiently exit care to a permanent home and a lifelong connection, this pillar also recognizes the need for older youth to develop the tools necessary to be self-supporting adults.

In May 2012, CFSA realigned its internal structure to support the four-pillar framework and to assist in improved outcomes for children and families (see Child and Family Services – Organizational Chart, Appendix B). At the same time, Director Donald recruited several new
and talented staff to join the CFSA leadership team and reassigned talented staff already within the Agency to new positions and responsibilities aligned with the strategic framework. The most significant change within the realignment involved disbanding the organizational entities previously known as Community Services Administration and Office of Clinical Practice and creating the following new organizational entities: Entry Services, Kinship Support, Foster Care Resources and Well Being. Entry Services, which is responsible for CFSA’s front door realignment, includes four administrations: Child Protective Services (CPS), Kinship Support, Clinical & Health and Placement Services. With the disbanding of a stand-alone Office of Clinical Practice, CFSA has created a new Kinship Support Division which includes the Family Team Meetings Unit, diligent search and foster parent licensing to launch streamlined efforts to engage families promptly and prevent placement, when possible. The new Foster Care Resources Administration was created to consolidate functions previously encompassed within the Community Services Administration and to integrate the vital support services of foster/adoptive parent recruitment and family-based and congregate care licensing and monitoring. The new Well Being Administration is charged with strengthening support services in the areas of education, domestic violence response, mentoring and tutoring, substance abuse treatment and transportation. Also as part of the realignment, Ms. Donald repositioned the Office of Youth Empowerment to report directly to her in an effort to intensively focus on better meeting the needs of older youth. Since the beginning of this year, CFSA has concentrated specific efforts to increase support and permanency options for older youth. After additional review of permanency practices and outcomes, in June 2012, Director Donald disbanded the separate Adoptions Unit and is working on a transition plan that will integrate adoptions specialists with case-carrying permanency workers who will be responsible for ensuring that every child removed from their home achieves safe and timely permanency, including timely adoption when that is the appropriate permanency option.

Another significant change that occurred toward the end of this monitoring period is CFSA decisions not to renew multiple existing placement contracts and realign contract capacity based on an assessment of provider performance and an anticipated shift from congregate care to greater use of family-based care. The anticipated contract changes necessitated shifts of some foster families to different contract agencies for case management services and some placement changes for youth. While the Monitor was informed of instances where communication with providers, resource parents and Guardian ad litem (GALs) could have been improved, overall the transition occurred with only modest disruptions. The decision to not renew contracts with some low performing providers was consistent with CFSA’s performance-based contracting system.

In addition to the many systemic changes that have occurred throughout this monitoring period, CFSA has also been busy developing strategies to accomplish the outcomes identified within the four pillars framework. As a lot of change has occurred in a short amount of time, performance
from this monitoring period may be too soon to evaluate the full effect of the systemic changes and strategies implemented. There is however no question of the heightened attention to a visible and shared mission that will require disparate parts of CFSA, private providers under contract with CFSA and all of the other public and private entities with whom CFSA interacts to collaborate more effectively to achieve outcomes for children and youth. There is also a clear and positive attention to results with a commitment to use data to track progress, identify problems, explore underneath and around issues to identify root causes, and to think and act flexibly to craft and implement solutions. As is demonstrated in the remainder of this report, the forward action in the last six months has shown some improved results in some areas. This does not mean that all problems have been identified or solved but there is a sense of both forward movement and optimism about the accelerated system performance in the next monitoring period.

The remainder of this section highlights areas of progress and areas of challenge and concern.

**B. Progress**

There are a number of areas in which CFSA has demonstrated progress during this monitoring period.

- **Eleven LaShawn Exit Standards were newly achieved during the period under review, seven Exit Standards were partially achieved and all but one of the Exit Standards that were previously achieved have been maintained.**

  There remain two Exit Standards to be achieved for which progress cannot currently be assessed.

During the January to June 2012 monitoring period, the Monitor could assess that eleven Exit Standards were newly met. These Exit Standards are:

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5 CFSA performance toward Timely Adoption Exit Standard (IEP citation I.B.16.a.i.) has fallen below the IEP required performance level for two consecutive monitoring periods. CFSA met the other Timely Adoption Exit Standard (IEP citation I.B.16.a.ii.) for the first time this monitoring period, but performance was due a year ago. Two additional Exit Standards designated as Outcomes to be Maintained have had declined performance over this monitoring period (Investigations completed within 35 days at IEP citation I.A.1.b. and Training for New Supervisors at IEP citation I.D.27.b.), however, at this point, the Monitor has determined that this decline was temporary or insubstantial. The Monitor will continue to assess these Exit Standards with the goal of improved performance in the future.

6 Data provided for performance toward Initiation of Investigations (IEP citation I.A.1.a.) were insufficient to assess performance as the logic for the data report is inconsistent with the IEP definition which requires that initiation include seeing all alleged victim child(ren) or making good faith efforts to do so. (See IEP, at 3.) Specifically, performance data for January through April 2012 only captured if at least one child, regardless of victim status, within a household that was subject to a CPS investigation was seen by a social worker within 48 hours of the report. Data provided for May and June 2012, captured if at least one alleged victim child was seen within 48 hours and if not, if good faith efforts were made. The second Exit Standard for which progress cannot be assessed is Assessments for Children Experiencing a Placement Disruption (IEP citation I.C.21.).
Worker visitation to children in out-of-home care, which requires social workers to visit children at least monthly and a social worker, family support worker or nurse care manager to conduct a second visit during the month. At least one of these visits shall occur in the child’s placement (IEP citation I.A.5.a-c.).

Relative resources, which requires CFSA to identify and investigate relative resources by offering and facilitating a pre-removal Family Team Meeting (FTM) in all cases requiring removal of children from their homes (IEP citation I.B.7.a.).

Relative resources, which requires CFSA to make efforts to identify, locate and invite known relatives to a FTM in cases where children have been removed from their homes (IEP citation I.B.7.b.).

Placement in most family-like setting, which requires that children in out-of-home care be placed in the least restrictive, most family-like setting appropriate to their needs (IEP citation I.B.8.a.).

Placement of young children, which requires that no child under the age of six years be placed in group care non-foster home setting, except for those children with exceptional needs that cannot be met in any other type of care (IEP citation I.B.9.b.).

Appropriate permanency goals, which requires that no child or youth be given a goal of APPLA without a Family Team Meeting or Listening to Youth and Families as Experts (LYFE) meeting with participation of the youth and approval by the CFSA Director or Court order (IEP citation I.B.12.b.).

Timely adoption of children, which follows the time to placement in a pre-adoptive home for a cohort of 223 children whose permanency goal changed to adoption prior to July 1, 2010 and who were not in an approved adoptive placement (IEP citation I.B.16.a.ii).

Training for previously hired social workers, which requires that direct service staff receive required annual in-service training (IEP citation I.D.28.a.).

Training for previously hired supervisors and administrators, which requires that supervisors and administrators who have casework responsibility receive annual in-service training (IEP citation I.D.28.b.).

7 The Monitor was not provided with sufficient back up data to allow validation. Back up data will be provided and validated by the Monitor during the next monitoring period.

8 Ibid.
• **Performance Based contracting**, which requires CFSA to have a functioning contracting system (IEP citation I.D.31.)

• **Licensing Regulations**, which require CFSA to have the necessary resources to enforce regulations related to ensuring that providers have required original or renewal licenses (IEP citation I.D.33.).

Seven Exit Standards were partially⁹ met during this monitoring period, including:

• **Placement of young children** (IEP citation I.B.9.a.). During this monitoring period, CFSA came very close to meeting this Exit Standard as only one child under the age of 12 was placed in a congregate care setting for more than 30 days without appropriate justification.

• **Reduction of multiple placements for children in care** (IEP citation I.B.13.). CFSA met one of the sub-parts of this Exit Standard related to children in care at least 24 months. The Standard is that these children have two or fewer placements in the previous 12 months. CFSA did not meet the other two sub-parts regarding reduction in multiple placements for cohorts of children in care 8 days to 12 months and 12 to 24 months.

• **Sibling visits** (IEP citation I.C.20.b.). CFSA met the sub-part of this Exit Standard which requires that 80 percent of children have monthly visits with their separated siblings. CFSA came close to meeting (72 percent performance) the sub-part which requires that 75 percent of children have twice monthly visits with their separated siblings.¹⁰

• **Health and dental care** (IEP citation I.C.22.b.ii.). CFSA met two of the sub-parts of this Exit Standard related to the number of children who receive a full dental evaluation within 30 days of placement and within 60 days of placement. CFSA did not meet the final sub-part which requires that within 90 days of placement, 85 percent of children are to have received a full dental evaluation.

• **Special corrective action** (IEP citation I.D.30.). CFSA met the sub-part of the Exit Standard which requires that CFSA produce accurate monthly reports on children

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⁹ “Partially” is used when CFSA has come very close but has not fully met an Exit Standard or in instances where Exit Standards have more than one part and CFSA has fulfilled some but not all parts of the Exit Standard requirement.

¹⁰ Performance is based upon data for the month of June 2012.
who fall within special corrective action categories but did not meet required performance to conduct reviews and to develop corrective action plans, as appropriate, for 90 percent of children identified in corrective action categories. There was however progress in reducing the number of children overall and within several categories who are identified as needing corrective action.

- **Federal Revenue Maximization** (IEP citation I.D.35.). CFSA has nearly completed the work necessary to consistently and appropriately claim all appropriate and available federal revenue.

- **Child fatality review** (IEP citation II.A.4.). The Internal CFSA Committee is compliant; however, the City-wide Child Fatality Committee remains non-compliant.

Of the 23 Exit Standards designated as Outcomes to be Achieved which did not meet the required levels of performance, several demonstrated improvement over previous monitoring periods. These Exit Standards include:

- **Acceptable investigations**, with performance improving this monitoring period to 70 percent of investigations determined to be of acceptable quality from 53 percent in the previous monitoring period 11 (IEP citation I.A.2.). The Exit Standard requires 80 percent of investigations to be of acceptable quality.

- **Visitation for children experiencing a placement change**, with a monthly range of 67 to 87 percent of children receiving weekly visits from a worker during the first four weeks of placement change this monitoring period compared to a monthly range of 52 to 71 percent during the previous monitoring period (IEP citation I.A.6.a.-c.). The Exit Standard requires 90 percent.

- **Visitation between parents and workers**, with data from May and June 2012 indicating that 63 percent and 53 percent of applicable parents received twice monthly visits with workers during the first three months post-placement of their child(ren) compared to a monthly range of 33 to 44 percent during the previous monitoring period (IEP citation I.B.10.). The Exit Standard requires 80 percent.12

- **Visitation between parents and children**, with a monthly range of 68 to 74 percent of children with a goal of reunification visiting weekly with their parents with whom

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11 Performance data are based on a non-statistically significant sample of cases. The Monitor and CFSA are planning a review of a statistically significant sample of closed investigations in December 2012.

12 Currently, data are not precise enough to assess instances where there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency. Thus, performance may be better than reported as the Exit Standard is satisfied when there is documentation that parents are unavailable or non-cooperative with the Agency.
reunification is sought compared to a monthly range of 52 to 69 percent during the previous monitoring period (IEP citation I.B.11.). The Exit Standard requires 85 percent.\(^{13}\)

Other areas of significant improvement include:

- The number of children placed outside of the District of Columbia has continued to decrease.

CFSA has continued to reduce the number of children who are placed more than 100 miles from the District of Columbia to an all-time low of 39 children as of June 30, 2012. As demonstrated in Figure 1 below, CFSA has reduced the number of children placed more than 100 miles outside the District by 57 percent since December 2009.

**Figure 1:**
Number of Children Placed 100 Miles Outside of the District of Columbia
December 2009 – June 2012

Source: CFSA Administrative Data, FACES.net report PLC205
* Data are point in time data from the last day of the month

\(^{13}\) Currently, data are not precise enough to assess instances where it is documented that a visit is not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it. Thus, performance may be better than reported.
Direct service staff, supervisors and administrators are receiving required in-service training hours.

CFSA met and exceeded the 80 percent performance requirement for in-service training for both direct service staff as well as supervisors and administrators. During this monitoring period, 95 percent of CFSA and private agency direct service staff received 30 hours of in-service training and 94 percent of CFSA and private agency supervisors and administrators who have casework responsibility received 24 hours of in-service training. In-service training is an important tool in keeping the child welfare workforce educated in current best practice, informing workers on policy changes that occur with the Agency and promoting consistent practice in accordance with the principles of the Practice Model.

The majority of children in out-of-home placement are living in family-like settings or are placed in the most appropriate, least restrictive placement based upon their individual needs.

In previous monitoring periods, data on this measure only indicated what percentage of children and youth were placed in foster homes. During this monitoring period, CFSA conducted a statistically significant review of children and youth placed in non-foster home settings to determine if their placement as of March 2012 was the most appropriate, least restrictive placement based upon the child’s needs. The findings from this review in addition to the number of children placed in foster homes in March 2012 provide an estimate that 97% of children were either in a family-based setting or the most appropriate setting based on his/her needs as of March 2012.

Supporting older youth in finding permanence and preparing for responsibilities of adulthood is a priority of CFSA leadership.

For the first time this monitoring period, no child or youth was recommended by CFSA to have a goal change to APPLA. The 18 youth whose goal changed to APPLA between January and June 2012 were all changed by court order, over the objection of CFSA. Further, 346 youth had a goal of APPLA on June 30, 2012, a decline of 60 youth since the last monitoring period. With significant numbers of those youth with the goal of APPLA reaching the age of 21 in the next year or two, and fewer youth being assigned the goal of APPLA, the Monitor expects to see a dramatic reduction in the number of youth with this goal.

Further, the Monitor’s case record review conducted in collaboration with CFSA and the District of Columbia’s Citizens Review Panel, found that of youth ages 20.5 and 21, 96
percent participated in a youth transition plan meeting at least 180 days before their 21st birthday. CFSA has demonstrated an increased focus on this older population and is working hard to ensure that there are adequate and appropriate plans and supports in place for these youth.

- **CFSA has recently developed a new approach for kinship licensing.**

  During this monitoring period, CFSA worked intensively to assess barriers to kinship licensing and placement with a goal of constructing a dramatically different and streamlined process to identify, study and support kinship placements and to make decisions about such placements quickly enough to reduce trauma for children. This work has culminated in the launch in October 2012 of CFSA’s revised Kinfirst procedures.

- **Progress is being made to finalize a new joint QSR protocol for use by CFSA and the Department of Mental Health.**

  Since 2004 the District’s Department of Mental Health (DMH) has used a qualitative case review process and protocol termed the Community Services Review (CSR). The CSR is very similar to CFSA’s Quality Service Review (QSR) which was implemented in 2005 and is used for CFSA internal quality improvement as well as to monitor lawsuit progress. In January 2012 CFSA, DMH and CSSP began planning for the creation of a shared Quality Service Review protocol which articulates the practice tenets and expectations embraced by both systems and can be applied to cases of children and youth involved with either the child protection or mental health system or with both systems. CFSA and DMH representatives met with key stakeholders in early June and a team with representation from CFSA, DMH and CSSP convened in late June to design the new protocol. The work remains on target for completion at the end of 2012. It will be important for CFSA and DMH to continue to work together and with stakeholders to fully support shared practices and take actions based on what is learned from the qualitative case reviews.

- **CFSA has demonstrated increased performance of visitation by workers to children within the first four weeks of a new placement or placement change and worker visits to children in out-of-home care.**

  The IEP requires that 90 percent of children newly placed in foster care or experiencing a placement change receive weekly visits by CFSA and/or private agency staff during the first four weeks of the new placement or change in placement. During the previous monitoring period (July – December 2011), monthly performance on this measure ranged
from 52 to 71 percent. During this monitoring period, performance increased to a monthly range of 67 to 87 percent. Although this performance does not meet the level required by the IEP, performance is improving.

Additionally, the IEP requires that 90 percent of children in out-of-home care are visited monthly by the worker with case management responsibility and 90 percent of children are required to be visited a second time by the social worker, family support worker or nurse care manager. At least one of these visits should occur within the child’s placement. During this monitoring period, CFSA met and exceeded the IEP required performance level with a monthly range of 95 to 97 percent of children receiving one visit a month by their worker with case management responsibility and a monthly range of 93 to 95 percent of children receiving a second visit during the month conducted by their social worker, family support worker or nurse care manager. Performance data based upon a case record review of a statistically significant sample of cases in June 2012 found that 96 percent of children were visited at least once within their placement.

The Monitor and CFSA have reached agreement on data collection and reporting methodologies for the majority of Exit Standards that were previously unable to be assessed.

In the previous monitoring period (July – December 2011), the Monitor was unable to report performance for 21 Exit Standards. Since that time, the Monitor and CFSA determined methodologies to measure the vast majority of those Standards. These data will assist in providing a full understanding of CFSA’s progress toward the IEP requirements and identifying areas where future strategies can be targeted to increase performance as needed. Although this is a noteworthy accomplishment, as discussed more fully later in this report, there remain two Exit Standards that are not assessed in this report and the Monitor has become concerned about the quality of data in several areas.

C. Challenges and Concerns

The following are areas where CFSA’s performance falls short of the requirements of the IEP and where there remain significant barriers to achieving goals.

Caseloads for investigative social workers have been higher than the required caseload standard since August 2011.

CFSA’s recent performance is out of compliance with the Exit Standard requirement that 90 percent of social workers conducting investigations maintain a caseload of 12 investigations per worker and that no investigator has a caseload greater than 15. This performance decline began in August 2011 when 85 percent of investigative social
workers had caseloads of 12 or fewer, with one worker having a caseload exceeding 15 investigations. Performance significantly declined during this monitoring period, with the lowest performance during the month of February 2012 when only slightly more than half (56%) of investigative workers had caseloads meeting standards and 18 investigative workers had a caseload exceeding 15 investigations. High investigative caseloads add stress to the workforce in this already difficult job and have a collateral impact on the quality of investigations and case practice expectations about family engagement and linking families to services.

CFSA leadership has discussed and is in the process of implementing several measures to address this problem, including hiring additional CPS staff. To assist in addressing incoming educational neglect referrals, one additional Family Assessment unit was established in late-September 2012. This unit is fully staffed and functional. CFSA is currently hiring and training staff for a CPS overflow unit and a new Family Assessment unit with the goal of all staff hired by the end of December 2012. Additionally, CFSA reports that modifications have been made to the tours of duty of its investigative social workers to provide for more coverage on the evening shifts. The Monitor will continue to work with CFSA to assess barriers to meeting the required investigator caseload standards.

- Preliminary annual data for the District’s performance on the Exit Standard for “services to families and children to promote safety, permanency and well-being” and “case planning process” as measured through Quality Service Reviews, has decreased.

Quality Service Review (QSR) ratings on indicators used to measure “services to families and children to promote safety, permanency and well-being” and “case planning process” reflect that performance on cases rated acceptable has declined so far this year, compared to the last monitoring period, July to December 2011. Specifically, for cases reviewed between January and June 2012, performance decreased by 16 percentage points on the combined indicators for each case used to report on “services to families and children to promote safety, permanency and well-being” (from 64% to 48%) and by 10 percentage points (from 64% to 54%) on the indicators for “case planning process.”

CFSA plans to conduct 65 QSRs of cases of children and youth in foster care in 2012 and the Monitor plans to conduct an additional 50 QSRs of children and youth receiving both foster care and in-home services. Recently recommended changes in CFSA’s Continuous Quality Improvement activities include a greater focus on using the QSR process and results in conjunction with quantitative data and other case review results to further understand and act on eliminating systemic barriers to acceptable practice performance. The Agency is beginning to work on building the infrastructure across the system to
support key practices such as engagement of and teaming and planning with families, youth and other service providers.

- Data regarding placement providers receipt of Medicaid numbers and Medicaid cards, reported for the first time during this monitoring period, shows that compliance for this Exit Standard is lower than required.

Data collected during a survey of resource parents who had a child placed with them between January and May 2012 indicate that a little over half (53%) of resource parents surveyed were provided with the Medicaid number of the child placed with them within five days of placement as is required. This performance is substantially below the required level of 90 percent. Additionally, less than a third (29%) of resource parents surveyed received the child’s Medicaid card within 45 days of the child’s placement and well over half (67%) had not yet received the child’s Medicaid card at the time of the survey. This performance is also well below the required level of 90 percent.

- CFSA has failed to maintain the Exit Standard requiring that a child be placed in a pre-adoptive home within nine months of the goal change to adoption.

CFSA failed to maintain performance on one of the Exit Standards related to timely adoption, specifically that children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. This Exit Standard requires that 80 percent of the children and youth whose goal changed to adoption July 1, 2010 or thereafter be placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption. Last monitoring period, performance dropped to 76 percent of children achieving placement in an adoptive home by the end of the ninth month from when their goal changed to adoption. This monitoring period, performance declined again – to 71 percent of children achieving placement in an adoptive home by the end of the ninth month from their goal change. Should performance continue to be below the Exit Standard requirement during the next monitoring period, the Monitor will recommend that this Exit Standard be re-designated as an Outcome to be Achieved. CFSA leadership has recognized that adoption performance is not meeting expectations. One of the reasons for the Director’s decision to disband separate adoption units and reorganize permanency work is to improve the

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14 After continued discussions with CFSA, the Monitor agreed to a different methodology than previously used to calculate performance for this Exit Standard. Performance on this Exit Standard as reported in the May 21, 2012 report was 56 percent but was re-calculated to 76 percent (71 of 94 children) (see p. 43 of LaShawn A. v. Gray Progress Report for the Period July 1 - December 21, 2011). There remain legitimate questions about the fairest way to measure CFSA performance on this Exit Standard. The Monitor will be proposing a new calculation method prior to next monitoring period. Due to the small number of children involved in reducing CFSA’s performance, the Monitor is not currently recommending re-designating this Exit Standard despite the drop in performance. Data for this Exit Standard as currently calculated are cumulative.
timeliness of adoption planning and outcomes for those children who require adoption to achieve permanency. The Monitor will follow these efforts closely to see how they impact permanency outcomes, including performance on this Exit Standard.

- **Case record review found evidence of unclear expectations for workers about the practice and documentation necessary to ensure that a safety assessment of all children is conducted at each worker visit.**

This review discovered several practice issues which made it difficult to assess performance for the three Exit Standards related to assessing and documenting safety during worker visits for in-home and out-of-home care cases. While workers have received training regarding assessing safety through the Child Welfare Training Academy (CWTA) and CFSA policy identifies the factors and criteria that need to be examined when assessing safety of a child and family, consistent guidance on how an assessment of safety should be carried out and documented is lacking. As a result, it appears that different supervisors, program managers and units within CFSA and at private agencies may provide their workers with differing expectations of what is minimally expected to be done and documented to assess safety during a worker visit.

- **Although data methodologies have been identified for nearly all IEP Exit Standards, representing a significant improvement over last reporting period, the Monitor continues to be concerned about CFSA’s ability to produce accurate data in a timely manner.**

The Monitor has had discussions with CFSA leadership about these concerns and recommends that CFSA review several existing management reports to ensure the logic behind the information is accurate and contains data adequate to track performance over time. In this monitoring period, as a result of analyses to validate the data provided by CFSA, the Monitor became concerned about the quality of data in many areas, including: FACES.NET data on unassigned cases, FACES.NET reports on over placements, addresses of resource parents and FACES.NET reports on worker visits with children and families. The Monitor and CFSA are continuing to assess and hopefully resolve these issues.
III. SUMMARY TABLES OF LaSHAWN A. V. GRAY IMPLEMENTATION AND EXIT PLAN (IEP)

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<td>1. <strong>Investigations</strong>: 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. (IEP citation I.A.1.a.)</td>
<td>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.</td>
<td>Monthly range 73-78%&lt;sup&gt;15&lt;/sup&gt;</td>
<td>Monthly range 73 – 75%&lt;sup&gt;16&lt;/sup&gt;</td>
<td>Monthly range 68 – 74%&lt;sup&gt;17&lt;/sup&gt;</td>
<td>Data provided to Monitor insufficient to assess performance&lt;sup&gt;18&lt;/sup&gt;</td>
<td>No</td>
<td>N/A</td>
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<td>3. <strong>Investigations</strong>: 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. (IEP citation I.A.1.c.)</td>
<td>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.</td>
<td>CFSA has not produced data on this requirement as of the date of this report.</td>
<td>Unable to assess</td>
<td>Unable to assess</td>
<td>Range from 33% in January 2012 to 75% in June 2012</td>
<td>No</td>
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<sup>15</sup> Data do not include an account of applicable good faith efforts.

<sup>16</sup> Data do not include an account of applicable good faith efforts. Monitor’s case review of good faith efforts for a statistically significant sample of investigations during July 2011 found that in 19 percent of applicable cases all required and applicable good faith efforts were made.

<sup>17</sup> Data do not include an account of applicable good faith efforts.

<sup>18</sup> Data provided were insufficient to assess performance as the logic for the data report is inconsistent with the IEP definition which requires that initiation include seeing all alleged victim child(ren) or making good faith efforts to do so. (See IEP, at 3.) Specifically, performance data for January through April 2012 (range of 68 to 80%) only captured if at least one child, regardless of victim status, within a household that was subject to a CPS investigation was seen by a social worker within 48 hours of the report. Data provided for May and June 2012 (range of 73 to 76%), captured if at least one alleged victim child was seen within 48 hours and if not, if good faith efforts were made.
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<td>4. Acceptable Investigations: CFSA shall routinely conduct investigations of alleged child abuse and neglect(^{19}). (IEP citation I.A.2.)</td>
<td>80% of investigations will be of acceptable quality.</td>
<td>Not newly assessed in this report.</td>
<td>50% of investigations of acceptable quality.(^{20})</td>
<td>53% of investigations of acceptable quality.(^{21})</td>
<td>70% of investigations of acceptable quality.(^{22})</td>
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\(^{19}\) 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. 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); (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.

\(^{20}\) Results of a review of 40 investigations closed between July 2010 and June 2011. Cases were reviewed by CFSA and findings were validated by the Monitor.

\(^{21}\) Results of a review of 30 investigations closed between July and December 2011. Cases were reviewed by CFSA and findings were validated by the Monitor.

\(^{22}\) Results of a review of 20 investigations closed between January and June 2012. Cases were reviewed by CFSA and findings were validated by the Monitor.
Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<td>5. Services to Families and Children to Promote Safety, Permanency and Well-Being: 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. 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: 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; 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;</td>
<td>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.</td>
<td>42% CY2010 QSR data</td>
<td>65% Jan - June 2011 QSR data</td>
<td>64% CY2011 QSR data</td>
<td>Partial CY2012 data: 48% Jan - June 2012 QSR data</td>
<td>No</td>
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23 The IEP requires the Monitor to determine performance based on the QSR implementation and pathway to safe case closure indicators for which 80 percent of cases will be rated acceptable on both indicators. For period under review, 60 percent of the cases were determined to be acceptable on the implementation indicator, 58 percent were determined to be acceptable on the safe case closure indicator and 42 percent were acceptable on both indicators.

24 For period under review, 88 percent of the cases were determined to be acceptable on the implementation indicator, 68 percent were determined to be acceptable on the safe case closure indicator and 65 percent were acceptable on both indicators.

25 For period under review, 87 percent of the cases were determined to be acceptable on the implementation indicator, 70 percent were determined to be acceptable on the safe case closure indicator and 64 percent were acceptable on both indicators.

26 For period under review, 79 percent of the cases were determined to be acceptable on the implementation indicator, 56 percent were determined to be acceptable on the safe case closure indicator and 48 percent were acceptable on both indicators.
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<td>c. Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and d. Services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement. (IEP citation I.A.3.)</td>
<td>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.</td>
<td>Unable to assess</td>
<td>Unable to assess</td>
<td>57% of children were interviewed outside the presence of their caretaker at least once during the month of June 2012. 28% of children had documentation indicating that safety was fully assessed during all visits in June 2012. An additional 60% of children had documentation indicating that safety was partially assessed during</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>7. Worker Visitation to Families with In-Home Services: 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. (IEP citation I.A.4.c.)</td>
<td>CFSA has not produced data on this requirement as of the date of this report.</td>
<td>Unable to assess</td>
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27 “Partially” indicates that some but not all applicable domains (health, education, environmental factors or initial safety concern(s) that brought this family to the attention of the Agency) were assessed during the monthly visits. The Monitor does not consider “partially” to be compliant with the Exit Standard.
8. Worker Visitation to Children in Out-of-Home Care:

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.).

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.).

c. At least one of the above visits each month shall be in the child’s home. (IEP citation I.A.5.a-c.)

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<td>95% of children should be visited at least monthly and 90% of children shall have twice-monthly visits.</td>
<td>CFSA has not produced data on this requirement as of the date of this report.</td>
<td>a. Monthly range of 92 – 96%</td>
<td>a. Monthly range of 93 – 94%</td>
<td>a. Monthly range of 95 – 97% had monthly visits</td>
<td>Yes</td>
<td>↑</td>
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<td>b. Monthly range of 89 – 94%</td>
<td>b. Monthly range of 89 – 92%</td>
<td>b. Monthly range of 93 – 95% had twice monthly visits</td>
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<td>c. Monthly range of 92 – 96%</td>
<td>c. Monthly range of 93 – 94%</td>
<td>c. Monthly range of 95 - 97% of children received at least one visit a month within their placement</td>
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28 Performance data based upon case record review of a statistically significant sample of cases with a margin of error of ± 9% with 95 percent confidence for the month of June 2012. See Visitation section of this report for additional details.
Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<tr>
<td>9. Worker Visitation to Children in Out-of-Home Care: 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. (IEP citation I.A.5.d.)</td>
<td>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.</td>
<td>CFSA has not produced data on this requirement as of the date of this report.</td>
<td>Unable to assess</td>
<td>Unable to assess</td>
<td>85% of applicable children were interviewed outside the presence of their caretaker at least once during the month of June 2012. 24% of children had documentation indicating that safety was fully assessed during all visits within the month. An additional 66% of children had documentation indicating that safety was partially assessed during visits within the month.</td>
<td>No</td>
<td>N/A</td>
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29 “Partially” indicates that not all applicable domains (health, education, environment or initial safety concerns that brought this family to the attention of the Agency) were fully assessed at each visit during the month. The Monitor does not consider “partially” to be compliant with the Exit Standard.

30 Performance data based upon case record review of a statistically significant sample of cases with a margin of error of ± 9% with 95 percent confidence for the month of June 2012. See Visitation section of this report for additional details.
Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<td>10. Visitation for Children Experiencing a New Placement or a Placement Change:</td>
<td>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 a placement change.</td>
<td>No data available</td>
<td>May: 66%</td>
<td>June: 57%</td>
<td>a.- c. Monthly range of 52 – 71%</td>
<td>a.-c. Monthly range of 67 – 87% of applicable children had four visits in first four weeks of new placement or placement change.</td>
<td>No</td>
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<tr>
<td>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.</td>
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<td></td>
<td>d. Unable to assess</td>
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<tr>
<td>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.</td>
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<td>d. 61 – 62% of visits included a conversation between the social worker and resource parent regarding assistance needed.</td>
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<td>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.</td>
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<td>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. (IEP citation I.A.6.a-d.)</td>
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Data presented are from two sources: 1) 61% was obtained during resource parent survey of statistically significant sample with a margin of error of ± 7.6% with 95 percent confidence who had a child placed with them between January and May 2012 and 2) 62% is from data collected during case record review of non-statistically significant sample of children newly placed or experiencing a placement change in June 2012.
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<tr>
<td>11. Visitation for Children Experiencing a New Placement or a Placement Change: 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. (IEP citation I.A.6.e.)</td>
<td>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.</td>
<td>CFSA has not produced data on this requirement as of the date of this report.</td>
<td>Unable to assess</td>
<td>Unable to assess</td>
<td>100% of children were interviewed outside the presence of their caretaker. 32 8% of children had documentation indicating that safety was assessed during visits within the first four weeks of a new placement and 92% children had documentation indicating that safety was partially assessed during visits within the month.</td>
<td>No</td>
<td>N/A</td>
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32 Data collected during case record review of non-statistically significant sample of children newly placed or experiencing a placement change in June 2012.
33 “Partially” indicates that not all applicable domains (health, education, environment or initial safety concerns that brought this family to the attention of the Agency) were fully assessed at each visit during the month. The Monitor does not consider “partially” to be compliant with the Exit Standard.
Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<td>12. Relative Resources: CFSA shall identify and investigate relative resources by taking necessary steps to offer and facilitate pre-removal Family Team Meetings (FTM) in all cases requiring removal of children from their homes. (IEP citation I.B.7.a.)</td>
<td>CFSA will take necessary steps to offer and facilitate pre-removal FTMs in 70% of applicable cases requiring child removal from home.</td>
<td>Unable to Determine</td>
<td>Unable to assess</td>
<td>Unable to assess</td>
<td>Between Jan-June 2012, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 83% of applicable cases</td>
<td>Yes, pending verification</td>
<td>N/A</td>
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<td>13. Relative Resources: In cases where a child(ren) has been removed from his/her home, CFSA shall make reasonable efforts to identify, locate and invite known relatives to the FTM. (IEP citation I.B.7.b.)</td>
<td>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 FTM.</td>
<td>Unable to assess</td>
<td>Unable to assess</td>
<td>Of the children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM for 98% (253 of 259) of children removed.</td>
<td>Yes, pending verification</td>
<td>N/A</td>
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34 In September 2012, CFSA provided for the first time data regarding the use of FTMs. The Monitor is not able to validate this data as sufficient, detailed back up data was not provided. Beginning July 2012, CFSA is able to and will provide data on this requirement to the Monitor on at least a quarterly basis with additional, sufficient back up data necessary for verification.

35 Ibid.
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<td><strong>14. Placement of Children in Most Family-Like Setting:</strong> Children in out-of-home care shall be placed in the least restrictive, most family-like setting appropriate to his or her needs. (IEP citation I.B.8.a.)</td>
<td>90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs.</td>
<td>Monthly range of 74-75% of children in placement were in a foster home setting.</td>
<td>Monthly range of 76-78% of children in placement were in a foster home setting.</td>
<td>Monthly range 78 - 80% of children in placement were in a foster home setting.</td>
<td>Yes</td>
<td>N/A</td>
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<tr>
<td><strong>15. Placement of Children in Most Family-like Setting:</strong> No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. (IEP citation I.B.8.b.)</td>
<td>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.</td>
<td>Monthly range of 3-11 children</td>
<td>Monthly range of 6 – 15 children</td>
<td>Between July - December 2011, there were 27 of 51 children and youth placements over 30 days in emergency, short-term or shelter facility or foster home that did not meet an agreed upon placement exception.</td>
<td>No</td>
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36 A child-specific review is needed to assess appropriateness of placement in meeting child’s needs.
37 Performance is based upon finding that 80% of children in placement in March 2012 were in family-based settings. Of those children not in a family-based setting, a statistically significant sampling with ± 8.6 % margin of error with 95 percent confidence in the results found that 84% of the sample were in the most appropriate setting based upon his/her needs. These data combined with the number of children in a family setting yield an estimate of 97% of children meeting the requirement of the Exit Standard.
Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<tr>
<td>16. Placement of Young Children: 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. (IEP citation I.B.9.a.)</td>
<td>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.</td>
<td>Monthly range of 4-10 children</td>
<td>Monthly range of 1-8 children</td>
<td>Between July - December 2011, 2 of 9 placements of children applicable to this standard did not meet an agreed upon placement exception.</td>
<td>Between January - June 2012, 1 of 7 placements of children applicable to this standard did not meet an agreed upon placement exception.</td>
<td>Partially ↑</td>
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<td>17. Placement of Young Children: 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. (IEP citation I.B.9.b.)</td>
<td>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 other type of care.</td>
<td>Monthly range of 8-14 children</td>
<td>Monthly range of 3-12 children</td>
<td>Between July - December 2011, 1 of 12 placements of children under 6 in a group care non-foster home setting applicable to this measure did not meet one of the agreed upon placement exceptions.</td>
<td>Between January - June 2012, the 1 child placement applicable to this measure met an agreed upon placement exception.</td>
<td>Yes ↑</td>
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Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<td>18. Visits between Parents and Workers:</td>
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<td>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. (IEP citation I.B.10.)</td>
<td>80% of parents will have twice monthly visitation with workers in the first three months post-placement.</td>
<td>No data available</td>
<td>No data available</td>
<td>Monthly range 33 – 44%</td>
<td>Monthly range 28 – 63% 39, 40</td>
<td>No</td>
<td>↑</td>
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<td>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.</td>
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19. Visits between Parents and Children: 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

85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought. | No data available | No data available | Monthly range of 52 – 69% | Monthly range of 68 – 74% 41 | No | ↑ |

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38 This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

39 Data for monitoring period are as follows: January 2012, 28%; February 2012, 46%; March 2012, 43%; April 2012, 49%; May 2012, 63% and June 2012, 53%.

40 Currently, data are not precise enough to assess instances where there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency. Thus, performance may be better than reported as the Exit Standard is satisfied when there is documentation that parents are unavailable or non-cooperative with the Agency.

41 Currently, data are not precise enough to assess instances where it is documented that a visit is not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it. Thus, performance may be better than reported.
## Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<td>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. (IEP citation I.B.11.)</td>
<td>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.</td>
<td>There were 19 children and youth whose goal changed to APPLA between January and June 2011. Thirteen of the 19 had goal changes ordered by the Court over CFSA’s objection and two cases involved unaccompanied refugee minors. In the remaining 4 cases, a LYFE conference was held but the CFSA conference was not approved by the Director.</td>
<td>There were 19 children and youth whose goal changed to APPLA between July and December 2011. Thirteen of the 19 had goal changes ordered by the Court over CFSA’s objection and two cases involved unaccompanied refugee minors. In the remaining 4 cases, a LYFE conference was held but the CFSA conference was not approved by the Director.</td>
<td>Yes</td>
<td>↑</td>
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<td>21. <strong>Appropriate Permanency Goals:</strong> Children shall not be given a goal of APPLA without convening a 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. (IEP citation I.B.12.b.)</td>
<td>Beginning July 1, 2010, children shall not be given a goal of APPLA without convening a 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.</td>
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Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<td>22. Appropriate Permanency Goals: Youth ages 18 and older will have a plan to prepare them for adulthood that is developed with their consultation and includes, as appropriate, connections to housing, health insurance, education, 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. (IEP citation I.B.12.c.)</td>
<td>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.</td>
<td>50%</td>
<td>Of the 527 youth able to participate in a Youth Transition Planning (YTP) meeting, 473 (90%) youth had at least one meeting during that same period of time.</td>
<td>Unable to assess(^{43})</td>
<td>Between January and June 2012, 61% of youth ages 18 and older had a timely YTP.</td>
<td>No</td>
<td>N/A</td>
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\(^{42}\) Forty-nine youth were reported as not able to have a meeting conducted due to being incarcerated, on runaway or too medically fragile to participate.

\(^{43}\) CFSA provided data stating that 92 percent of applicable youth participated in a YTP, however, information on whether the YTP plan includes appropriate connections to the options listed in this Exit Standard is not available. Additionally, this universe excludes 31 youth on the basis that the youth’s disability, incarceration or abscondence make the youth unable to participate in the YTP meeting. The Monitor reviewed approximately half of these excluded cases and could not determine why some of these exclusions were made. Consequently, the Monitor will postpone reporting performance and determining compliance until a case record review is conducted during the summer of 2012.
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<td><strong>23. Reduction of Multiple Placements for Children in Care:</strong> (IEP citation I.B.13.)</td>
<td>a. 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.</td>
<td>Not Assessed</td>
<td>81%</td>
<td>Monthly range of 78-81%</td>
<td>Monthly range of 79 – 82%</td>
<td>Partially</td>
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<td>b. 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.</td>
<td>Not Assessed</td>
<td>59%</td>
<td>Monthly range of 57 – 59%</td>
<td>Monthly range of 53 – 62%</td>
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<td>c. 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.</td>
<td>Not Assessed</td>
<td>76%</td>
<td>Monthly range of 75 – 83%</td>
<td>Monthly range of 77 – 79%</td>
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44 CFSA met one of the sub-parts of this Exit Standard which requires children in care 25 months or longer to have two or fewer placements during the previous 12 months, but did not meet the other two sub-parts for cohorts of children in care less than 12 months and children in care 12 to 24 months.
Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<td>24. <strong>Timely Approval of Foster/Adoptive Parents</strong>: 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. (IEP citation I.B.14.)</td>
<td>70% of homes licensed beginning November 1, 2010, will have been approved, and interested parties will have been notified within 150 days.</td>
<td>72%</td>
<td>No data available</td>
<td>No data available</td>
<td>51% of applicable foster parents surveyed received full licensure within 150 days or less of beginning training.</td>
<td>No</td>
<td>N/A</td>
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28. **Timely Adoption**: Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (IEP citation I.B.16.a.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.

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<tr>
<td>16% of children placed by December 31, 2010</td>
<td>An additional 11% by June 30, 2011</td>
<td>44% of applicable children by December 31, 2011</td>
<td>As of June 2012, of the original cohort, 30% have been placed in a pre-adoptive home or adopted. An additional 9% of children found permanency through guardianship</td>
<td>Yes</td>
<td>N/A</td>
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45 CSSP collected data for performance on this Exit Standard through a survey of foster parents who had a foster child placed with them between January and May 2012. In order to ensure more recent practice was being assessed, CSSP analyzed data specific to this Exit Standard for those foster parents who had been licensed for three years or less.

46 In total, as of June 30, 2011, 40 children had been moved into a pre-adoptive home; 27 of those children moved by December 31, 2010 and 13 moved by June 30, 2011. In addition, of the original 215 children, eight had their adoptions finalized, 13 children achieved permanency through reunification or guardianship, and 46 children had their goal changed from adoption. As of June 30, 2011, 106 children are still awaiting placement in a pre-adoptive home.
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<td>i.</td>
<td>Of all children who entered foster care for the first time in FY2011 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, 2012.</td>
<td>Not Yet Due</td>
<td>Not Yet Due</td>
<td>By September 30, 2011, 47% of children in this cohort achieved permanency.</td>
<td>As of June 30, 2012, 37% of children in this cohort achieved permanency.</td>
<td>Performance is due September 30, 2012</td>
<td>N/A</td>
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<td>ii.</td>
<td>Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2011, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2012.</td>
<td>Not Yet Due</td>
<td>Not Yet Due</td>
<td>By September 30, 2011, 34% of children in this cohort achieved permanency.</td>
<td>As of June 30, 2012, 19% of children in this cohort achieved permanency.</td>
<td>Performance is due September 30, 2012</td>
<td>N/A</td>
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32. **Timely Adoption**: Timely permanency through reunification, adoption or legal guardianship.  
   (IEP citation I.B.16.c.)

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As of June 30, 2012, the original cohort of children was determined to be 223 (a new denominator). Of the original 223, 65 children have been adopted or placed in pre-adoptive homes and 79 children with the goal of adoption are still awaiting placement in a pre-adoptive home. Of the original cohort of 223 children, 56 had their goal changed from adoption to another goal. 23 exited care due to emancipation (2), guardianship (11), reunification (8), or no end of care reason determined (2).
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<td>iii. Of all children who are in foster care for 25 months or longer on September 30, 2011, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2012, whichever is earlier.</td>
<td>Not Yet Due</td>
<td>Not Yet Due</td>
<td>By September 30, 2011, 18% of children in this cohort achieved permanency.</td>
<td>As of June 30, 2012, 14% of children in this cohort achieved permanency.</td>
<td>No</td>
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33. **Case Planning Process:**

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.

80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.

**CY2010:** Case Planning Process - 64%
Pathway to Safe Case Closure - 58%

65% of cases were acceptable based on QSR data January – June 2011

64% of cases were acceptable based on QSR data CY 2011

Partial CY2012 data: 54% of cases acceptable Jan - June 2012

QSR data

No ↓

---

48 The IEP requires the Monitor to determine performance based on the QSR case planning and pathway to safe case closure indicators for which 80 percent of cases will be rated acceptable on both indicators. For the period under review, 82 percent of the cases were determined to be acceptable on the case planning indicator, 68 percent were determined to be acceptable on the safe case closure indicator and 65 percent were acceptable on both indicators.

49 The IEP requires the Monitor to determine performance based on the QSR case planning and pathway to safe case closure indicators for which 80 percent of cases will be rated acceptable on both indicators. For the period under review, 81 percent of the cases were determined to be acceptable on the case planning indicator, 70 percent were determined to be acceptable on the safe case closure indicator and 64 percent were acceptable on both indicators.

50 The IEP requires the Monitor to determine performance based on the QSR case planning and pathway to safe case closure indicators for which 80 percent of cases will be rated acceptable on both indicators. For the period under review, 73 percent of the cases were determined to be acceptable on the case planning indicator, 56 percent were determined to be acceptable on the safe case closure indicator and 54 percent were acceptable on both indicators.
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<td>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.</td>
<td>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.</td>
<td>As reported by CFSA, in December 2011, 33% of families for whom CFSA determined services were needed were referred to a Collaborative.51</td>
<td>Monthly range of 26-59%52</td>
<td>Unable to assess</td>
<td>The Monitor and CFSA are engaged in discussions about alternative measurement methodologies for this Exit Standard.</td>
<td>Unable to determine</td>
<td>N/A</td>
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<tr>
<td>c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals. (IEP citation I.B.17.)</td>
<td>35. Community-based Service Referrals for Low &amp; Moderate Risk Families: (IEP citation I.C.19.)</td>
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51 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.  
52 Ibid.
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

|------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|------------------------------|---------------------------------|------------------------|---------------------|
| 36. **Sibling Placement and Visits:**  
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.  
(IEP citation I.C.20.a.) | 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. | No data available            | Monthly range of 63 - 64%       | Monthly range of 64 – 67%     | Monthly range of 67 – 68%     | No                     |                     |
| 37. **Sibling Placement and Visits:**  
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).  
(IEP citation I.C.20.b.) | 80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings. | No data available            | Unable to assess               | Unable to assess               | June 2012 performance:  
80% with at least monthly visits  
72% with at least twice monthly visits | Partially | N/A                              |
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<td>38. <em>Assessments for Children Experiencing a Placement Disruption:</em> 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. (IEP citation I.C.21.)</td>
<td>90% of children experiencing a placement disruption will have a comprehensive assessment and an action plan to promote stability developed.</td>
<td>Unable to assess</td>
<td>Unable to assess</td>
<td>Unable to assess</td>
<td>Unable to determine</td>
<td>N/A</td>
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53 CFSA does not currently have information available to determine performance on this measure. CFSA reports that data will be available for the July through December 2012 monitoring period.
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<td><strong>39. Health and Dental Care:</strong> Children in foster care shall have a health screening prior to placement. (IEP citation I.C.22.a.)</td>
<td>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.</td>
<td>Initial Placements and Re-entries: monthly range of 39-69% Replacements: monthly range of 47-66%</td>
<td>Initial: monthly range of 91 - 100% Re-entry: monthly range of 80 - 100% Replacements: monthly range of 58 - 75%</td>
<td>Initial: monthly range of 83 – 100% Re-entry: monthly range of 64 – 100% Replacements: monthly range of 69 – 79%</td>
<td>Initial and re-entries: monthly range of 86 – 100% Replacements: monthly range of 74 – 81%</td>
<td>No</td>
<td>⟷</td>
</tr>
<tr>
<td><strong>40. Health and Dental Care:</strong> Children in foster care shall receive a full medical evaluation within 30 days of placement. (IEP citation I.C.22.b.i.)</td>
<td>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.</td>
<td>Within 30 days: monthly range of 22-52% Within 60 days: monthly range of 32-66%</td>
<td>Within 30 days: 67% Within 60 days: 88%</td>
<td>Within 30 days: monthly range of 69 – 82% Within 60 days: monthly range of 83 – 91%</td>
<td>Within 30 days: monthly range of 54 – 80% Within 60 days: monthly range of 76 – 94%</td>
<td>No</td>
<td>⟷</td>
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</table>
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<tr>
<td>41. Health and Dental Care: Children in foster care shall receive a full dental evaluation within 30 days of placement. (IEP citation I.C.22.b.ii.)</td>
<td>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.</td>
<td>Within 30 days: monthly range of 6-35%</td>
<td>Within 60 days: monthly range of 12-41%</td>
<td>Within 90 days: monthly range of 15-43%</td>
<td>Within 30 days: monthly range of 49 – 64%</td>
<td>Within 60 days: monthly range of 64 – 69%</td>
<td>Within 90 days: monthly range of 66 – 72%</td>
</tr>
<tr>
<td>43. Health and Dental Care: 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. (IEP citation I.C.22.d.)</td>
<td>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.</td>
<td>CFSA has not produced data on this requirement as of the date of this report.</td>
<td>Unable to assess</td>
<td>Unable to assess</td>
<td>Receipt of Medicaid number within 5 days of placement: 53%</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

54 In order to achieve compliance on this Exit Standard, performance must meet the required level for all parts of the Exit Standard. During the period under review, CFSA met the required performance level for dental evaluations within 30 and 60 days, but not the requirement that 85 percent of children receive a dental evaluation within 90 days of placement.
Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<tr>
<td>51. Training for Previously Hired Social Workers, Supervisors and Administrators: Previously hired direct service staff 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. (IEP citation I.D.28.a.)</td>
<td>80% of CFSA and private agency direct service staff shall receive the required annual in-service training.</td>
<td>Not Yet Due</td>
<td>57%</td>
<td>Not Yet Due; data collected for period July 1, 2011 – June 30, 2012</td>
<td>95%</td>
<td>Yes</td>
<td>↑</td>
</tr>
<tr>
<td>52. Training for Previously Hired Social Workers, Supervisors and Administrators: Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training. (IEP citation I.D.28.b.)</td>
<td>80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive annual in-service training.</td>
<td>Not Yet Due</td>
<td>69%</td>
<td>Not yet due; data collected for period July 1, 2011 – June 30, 2012</td>
<td>94%</td>
<td>Yes</td>
<td>↑</td>
</tr>
<tr>
<td>53. Training for Foster Parents: CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training. (IEP citation I.D.29.a.)</td>
<td>95% of CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training.</td>
<td>Not Assessed</td>
<td>Unable to assess</td>
<td>No data available</td>
<td>92%</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

55 Data for this Exit Standard were collected during a survey of resource parents who had a child placed with them between January and May 2012. The survey included a statistically significant sample with a margin of error of ± 7.6% with 95 percent confidence in the results. See Health and Dental Care section of this report for further information.

56 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 Exit Standards for Outcomes to be Achieved Between January and June 30, 2012**

|------------------------------------------|---------------|------------------------------|---------------------------------|-------------------------------|---------------------------------|------------------------|---------------------|
| **54. Training for Foster Parents:** CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years. 
  (IEP citation I.D.29.b.) | 95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training. | Not Assessed | Unable to assess | No data available | 81%57 | No | N/A |
| **55. Special Corrective Action:** | For 90% of children identified in corrective action categories, required reviews will occur and corrective action plans will be developed and implemented as appropriate. | a. CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable case reviews. | a. CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable case reviews. | a. CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable case reviews. | a. CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable case reviews. | Partially59 | |

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57 This performance is based on the Monitor’s review of a statistically significant sample with a margin of error of ± 5% with 95 percent confidence.
59 CFSA has met the required performance level for part a. of this Exit Standard, however, has not met the required performance for part b. of this Exit Standard.
Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<tr>
<td>v. Children placed in emergency facilities for more than 90 days; vi. Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license</td>
<td>b. No documentation about the process and conduct of the required reviews.</td>
<td>b. CFSA has provided partial information to the Monitor regarding child-specific case reviews for each child identified in a special corrective action category.</td>
<td>b. Documentation regarding child-specific case reviews for each child identified in a special corrective action category has not been provided to the Monitor.</td>
<td>b. 46% of children in the cohort received a review and had a corrective action plan developed. Plans were developed for all children in the following categories: children with goal of adoption for more than one year and not placed in adoptive home; children with permanency goal of reunification for more than 18 months; and children under 14 with permanency goal of APPLA. 58</td>
<td></td>
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<tr>
<td>vii. Children under 14 with a permanency goal of APPLA; and viii. Children in facilities more than 100 miles from the District of Columbia</td>
<td>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. (IEP citation I.D.30.)</td>
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58 On March 14, 2012, CFSA identified a cohort of 701 unique children who met the category for one or more special corrective action categories. There were 173 children within a permanency category and 148 children within the unlicensed home category who had reviews conducted and plans developed. Fourteen children and youth fell into both of these categories and therefore were only counted once for purposes of assessing compliance.
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<tr>
<td>56. <strong>Performance-Based Contracting:</strong> 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. <strong>(IEP citation I.D.31.)</strong></td>
<td>Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis.</td>
<td>The new Human Care Agreements with performance expectations were negotiated.</td>
<td>Performance-based contracting implemented for family-based providers; planning occurring for congregate care providers.</td>
<td>Infrastructure and beginning architecture in place. Financial incentives/disincentive minimal. CFSA is reviewing strategy and approach as part of 2012 LaShawn Strategy Plan.</td>
<td>Infrastructure for performance-based contracting in place. CFSA is using data on performance of providers to make decisions about placements and future contracts.</td>
<td>Yes</td>
<td>↑</td>
</tr>
<tr>
<td>57. <strong>Interstate Compact for the Placement of Children (ICPC):</strong> CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care. <strong>(IEP citation I.D.32.)</strong></td>
<td>Elimination of the backlog of cases without ICPC compliance.</td>
<td>110 children in the ICPC backlog as of December 31, 2010</td>
<td>Number of children placed without ICPC approval: Monthly range of 112 – 142 children</td>
<td>Number of children placed without ICPC approval: Monthly range of 111 – 144 children</td>
<td>Number of children placed without ICPC approval: Monthly range 89-116 for foster homes. Monthly range is 47-82 for kinship homes.</td>
<td>No</td>
<td>N/A</td>
</tr>
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60 Previously, CFSA had not provided data on kinship placements that were part of the ICPC backlog. This monitoring report includes kinship homes with a child awaiting ICPC approval. Thus, performance on this measure cannot be compared to past monitoring periods.
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<tr>
<td>58. Licensing Regulations: CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities. (IEP citation I.D.33.)</td>
<td>CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.</td>
<td>The Contracts Monitoring Administration had 28 FTE positions; 25 of those positions were filled during the period under review. The Family Licensing Division had 31 FTE; 28 of them were filled during the period under review.</td>
<td>Unable to determine based on current vacancies</td>
<td>30 of 34 FTE positions for Contracts Monitoring were filled during the period under review. The Family Licensing Division had 30 FTE and 29 of those positions were filled during the period under review.</td>
<td>As of June 2012, 30 of 34 FTE positions for Contracts Monitoring were filled. 27 of 30 FTE positions were filled for Family Licensing Division.</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>60. Federal Revenue Maximization: CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development. (IEP citation I.D.35.)</td>
<td>Evidence of consistent and appropriate claiming of all appropriate and available federal revenue.</td>
<td>Work in process</td>
<td>Work in process</td>
<td>Work in process</td>
<td>Nearly completed all work necessary for maximizing Title IV-E revenue; work continues on Medicaid claiming</td>
<td>Partially</td>
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LaShawn A. v. Gray  
November 21, 2012  
Page 44
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January and June 30, 2012

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<tr>
<td>64. <strong>Reviewing Child Fatalities</strong>: 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.</td>
<td>Ongoing Compliance</td>
<td>Internal: Ongoing Compliance</td>
<td>Internal: Ongoing Compliance</td>
<td>Internal: Ongoing Compliance</td>
<td>Internal: Ongoing Compliance</td>
<td>Partially⁶²</td>
<td>↔</td>
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<tr>
<td></td>
<td></td>
<td>City-wide: Non-compliant</td>
<td>City-wide: Non-compliant</td>
<td>City-wide: Non-compliant</td>
<td>City-wide: Non-compliant⁶¹</td>
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⁶¹ Annual report for 2009 was released during the period under review; however, the 2010 and 2011 reports have not yet been finalized or issued.

⁶² The Internal CFSA Child Fatality Committee is compliant for the period under review and the City-wide Committee is not.
<table>
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<tr>
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<tbody>
<tr>
<td>2. <em>Investigations:</em> 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 five days of the completion of the investigation. (IEP citation I.A.1.b.)</td>
<td>90% of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days.</td>
<td>Monthly range of 77 – 87%[^63]</td>
<td>No</td>
</tr>
<tr>
<td>6. <em>Worker Visitation to Families with In-Home Services:</em></td>
<td>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.</td>
<td>a. Monthly range of 94 – 96% of families were visited monthly</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>b. Monthly range of 92 – 96% of families were visited twice during the month</td>
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<tr>
<td>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. (IEP Citation I. A.4.a-b.)</td>
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<tr>
<td>20. <em>Appropriate Permanency Goals:</em> Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. (IEP citation I.B.12.a.)</td>
<td>95% of children shall have permanency planning goals consistent with ASFA and District law and policy guidelines.</td>
<td>94%</td>
<td>Yes</td>
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[^63]: Data for monitoring period are as follows: January 2012, 83%; February 2012, 87%; March 2012, 82%; April 2012, 83% May 2012, 77%; June 2012, 80%.
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<tr>
<td>25. <strong>Legal Action to Free Children for Adoption</strong>: 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. (IEP citation I.B.15.a.)</td>
<td>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.</td>
<td>99%&lt;sup&gt;64&lt;/sup&gt;</td>
<td>Yes</td>
</tr>
<tr>
<td>26. <strong>Legal Action to Free Children for Adoption</strong>: 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. (IEP citation I.B.15.b.)</td>
<td>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.</td>
<td>100%&lt;sup&gt;65&lt;/sup&gt;</td>
<td>Yes</td>
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<sup>64</sup> For the period under review, there were a total of 69 applicable children and youth who had a permanency goal of adoption and required legal action to free them for the adoption. Of the 69 children, 68 (99%) had legal action to free them for adoption within 45 days.

<sup>65</sup> While documentation was provided demonstrating that steps were taken to schedule a hearing to resolve the legal action to terminate parental rights (TPR), the amount of time between the filing of the TPR and the next court date ranged between four to eleven months.
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<tr>
<td>27. <em>Timely Adoption</em>: Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (IEP citation I.B.16.a.i.)</td>
<td>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.</td>
<td>71%</td>
<td>No[^66]</td>
</tr>
<tr>
<td>29. <em>Timely Adoption</em>: 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. (IEP citation I.B.16.b.i.)</td>
<td>By September 30, 2010, 40% of the 203 children in pre-adoptive homes as of October 1, 2009 will achieve permanence.</td>
<td>56% achieved permanence as of December 2011[^67]</td>
<td>Yes</td>
</tr>
<tr>
<td>30. <em>Timely Adoption</em>: 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. (IEP citation I.B.16.b.ii.)</td>
<td>By June 30, 2011, 45% of the children in pre-adoptive homes as of July 1, 2010 will achieve permanence.</td>
<td>42% achieved permanence as of June 30, 2011; 64% as of December 31, 2011; 72% as of June 30, 2012</td>
<td>Yes</td>
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</table>

[^66]: This is the second consecutive monitoring period that CFSA has failed to maintain this Exit Standard. At this time, due to the small number of children involved in reducing CFSA’s performance, the Monitor is not currently recommending re-designating this Exit Standard despite the drop in performance. Data for this Exit Standard as currently calculated is cumulative. There remain challenges with the current method used to assess this Exit Standard. Therefore, the Monitor will be proposing a new method before the next monitoring report.

[^67]: Because the review period has expired and CFSA ultimately met this IEP Standard, the Monitor is no longer tracking performance.
Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January – June 30, 2012

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</table>
| **31. Timely Adoption**: 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.  
(IEP citation I.B.16.b.iii.) | 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. | From January 1 - June 30, 2012, 90% of adoptions were completed or reasonable efforts were made to complete adoptions within 12 months of the child being placed in a pre-adoptive home.  
Yes | |
| **34. Placement Licensing**: 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.  
(IEP citation I.B.18.) | 95% of foster homes and group homes with children placed will have a current and valid license. | Monthly range of foster homes –92-96%  
Monthly range of group homes – 98-100% | Yes |
| **42. Health and Dental Care**: Children in foster care shall have timely access to health care services to meet identified needs  
(IEP citation I.C.22.c.) | 80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable. | 98% of cases reviewed through Quality Service Reviews (QSR) were rated as acceptable on health status indicator | Yes |

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68 CFSA reported that 39 adoptions were finalized this monitoring period. CFSA reports that 21 cases were finalized within 12 months and that reasonable efforts were made to finalize adoptions within 12 months on an additional 17 cases. The Monitor does not find sufficient evidence on 3 of those cases, therefore, the Monitor finds performance to be at 90 percent. Further, CFSA completed the reasonable efforts review and audit for the previous monitoring period after that monitoring report was published. CFSA found that from July 1-December 31, 2011, 88% of adoptions were completed within 12 months or reasonable efforts were made to complete adoptions within 12 months of the child being placed in a pre-adoptive home. The Monitor did not verify this performance.
### Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January – June 30, 2012

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<tr>
<td><strong>44. Resource Development Plan:</strong> 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 the IEP. (IEP citation I.D.23.)</td>
<td>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 “Outcomes to be Maintained” Needs Assessment and Resource Development Plan.</td>
<td>Resource Development Plan completed August 15, 2012</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>45. Financial Support for Community-Based Services:</strong> The District shall provide evidence of financial support for community- and neighborhood-based services to protect children and support families. (IEP citation I.D.24.)</td>
<td>The District shall provide evidence each year of financial support for community- and neighborhood-based services to protect children and support families.</td>
<td>No change in FY2012 funding to support community-based agencies.</td>
<td>Yes</td>
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Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January – June 30, 2012

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<tr>
<td>46. Caseloads:</td>
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<tr>
<td>a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations.</td>
<td>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.</td>
<td>a. Monthly range of 56 – 71% of investigators met the caseload requirements. Monthly range of 7 to 18 investigators had a caseload of 15 or more. b. &amp; c. Monthly range of 96 – 99% of ongoing workers met the caseload requirements. Monthly range of zero to 2 social workers had a caseload of 18 or more. d.100% of workers conducting home studies met the required performance of no greater than 30 cases and no individual worker had a caseload greater than 35 cases. e. Monthly range of 20 – 62 (1 – 3% of total open cases) cases unassigned to a social worker for more than five business days.</td>
<td>Partially</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.</td>
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</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(IEP citation I.D.25.)

69 During the period under review, in addition to the cases cited above, a monthly range of between 67 and 82 in-home or placement cases were assigned to investigative social workers. CFSA reports that these cases were incorrectly categorized and are not assigned to investigative workers but are rather closed investigations that are in the transfer process to an in-home or permanency unit. Due to the manner in which the data are presented, the Monitor is unable to determine if these cases have been unassigned to a social worker for more than five days, however, review of some of these cases during the visitation case record review confirm that these cases are unassigned for longer than five days.

70 This Exit Standard is considered to be partially maintained because caseloads standards are compliant for social workers providing services to children and families and workers conducting home studies, however, caseloads for workers conducting investigations are not compliant with the Exit Standard requirement.
### Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January – June 30, 2012

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January through June Performance</th>
<th>Exit Standard Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>47. Supervisory Responsibilities:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aids or family support workers, or five caseworkers.</td>
<td>90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker.</td>
<td>Monthly range of 96 – 99% of supervisors met the required standard.</td>
<td>Yes</td>
</tr>
<tr>
<td>b. No supervisor shall be responsible for the ongoing case management of any case.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Supervisors shall be responsible for no more than five social workers and a case aide or family support worker.</td>
<td>90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker.</td>
<td>Monthly range of 96 – 99% of supervisors met the required standard.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>48. Supervisory Responsibilities:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aids or family support workers, or five caseworkers.</td>
<td>95% of cases are assigned to social workers.</td>
<td>Monthly range of 93 – 96%</td>
<td>Yes</td>
</tr>
<tr>
<td>b. No supervisor shall be responsible for the ongoing case management of any case.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Cases shall be assigned to social workers.</td>
<td>95% of cases are assigned to social workers.</td>
<td>Monthly range of 93 – 96%</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>49. Training for New Social Workers:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New direct service staff shall receive the required 80 hours of pre-service training through a combination of classroom, web-based and/or on-the-job training.</td>
<td>90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training.</td>
<td>90%</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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71 Direct service staff includes social workers, nurse care managers and family supports workers who provide direct services to children, youth and families.

72 The Monitor conducted a secondary analysis of FACES.NET training data on staff hired between October 1, 2011 and April 1, 2012. Between October 1, 2011 and April 1, 2012, there were 49 applicable CFSA and private agency direct service staff hired and employed for at least 90 days. Of the 49 newly hired direct service staff, 44 (90%) completed 80 hours of pre-service training within 90 days of hire.
### Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January – June 30, 2012

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January through June Performance</th>
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</tr>
</thead>
<tbody>
<tr>
<td>50. <em>Training for New Supervisors</em>: 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.</td>
<td>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.</td>
<td>80% (^{73})</td>
<td>No (^{74})</td>
</tr>
<tr>
<td>59. <em>Budget and Staffing Adequacy</em>: 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.</td>
<td>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.</td>
<td>The FY2012 budget was $265.3 million and provided adequate funds.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*\(^{73}\) The Monitor conducted a secondary analysis of FACES.NET training data on supervisors hired between July 1, 2011 and June 30, 2012. Five supervisors were applicable to this measure because they were hired at least eight months prior to June 30, 2012 and worked for at least eight months as a supervisor. Of these five, four supervisors (80%) completed the required 40 hours of pre-service training.*

*\(^{74}\) Due to the low number of supervisors included in this calculation, the Monitor does not believe that this Exit Standard needs to be re-designated at this time but will continue to monitor for improvement. One supervisor was not compliant with meeting the training hours which had a significant impact on the number.*
<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
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</thead>
<tbody>
<tr>
<td><strong>61. Entering Reports Into Computerized System:</strong> 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. (IEP citation II.A.1.)</td>
<td>Ongoing Compliance</td>
<td>Ongoing Compliance</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>62. Maintaining 24 Hour Response System:</strong> 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. (IEP citation II.A.2.)</td>
<td>Ongoing Compliance</td>
<td>Ongoing Compliance</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>63. Checking for Prior Reports:</strong> Child abuse and/or neglect reports shall show evidence that the investigator checked for prior reports of abuse and/or neglect. (IEP citation II.A.3.)</td>
<td>Ongoing Compliance</td>
<td>Ongoing Compliance</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>65. Investigations of Abuse and Neglect in Foster Homes and Institutions:</strong> 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. (IEP citation II.A.5.)</td>
<td>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 care settings. Foster Homes: Monthly range of 67 – 100%75 Group Homes: 100%</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

75 The 67 percent performance in April 2012 was an anomaly based on only three investigations.
Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January – June 30, 2012

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January through June Performance</th>
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</tr>
</thead>
<tbody>
<tr>
<td>66. <em>Policies for General Assistance Payments</em>: 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. (IEP citation II.B.6.)</td>
<td>Ongoing Compliance</td>
<td>Ongoing Compliance</td>
<td>Yes</td>
</tr>
<tr>
<td>67. <em>Use of General Assistance Payments</em>: 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. (IEP citation II.B.7.)</td>
<td>Ongoing Compliance</td>
<td>Ongoing Compliance</td>
<td>Yes</td>
</tr>
<tr>
<td>68. <em>Placement of Children in Most Family-Like Setting</em>: No child shall stay overnight in the CFSA Intake Center or office building. (IEP citation II.B.8.)</td>
<td>Ongoing Compliance</td>
<td>No child has been reported staying overnight at CFSA during this monitoring period.</td>
<td>Yes</td>
</tr>
<tr>
<td>69. <em>Timely Approval of Foster/Adoptive Parents</em>: CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry. (IEP citation II.B.9.)</td>
<td>Ongoing Compliance</td>
<td>The Monitor verified that training was offered monthly during the period under review.</td>
<td>Yes</td>
</tr>
<tr>
<td>70. <em>Placement within 100 Miles of the District</em>: 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.) (IEP citation II.B.10.)</td>
<td>Ongoing Compliance for no more than 82 children.</td>
<td>Monthly range of 39 -50 children</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January – June 30, 2012

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January through June Performance</th>
<th>Exit Standard Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>71. <strong>Licensing and Placement Standards</strong></td>
<td>Ongoing compliance for 95% of children.</td>
<td>a. Monthly range of foster homes – 92-96%; Monthly range of group homes – 98-100%</td>
<td>Yes</td>
</tr>
<tr>
<td>a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards.</td>
<td></td>
<td>b. Monthly range of children over placed in foster homes – 3-4%.76</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>c. Monthly range of children in group care settings with a capacity in excess of eight children – 7-28%.77</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(IEP citation II.B.11.)

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76 As of June 30, 2012, CFSA reports 33 children were placed in 8 different foster homes in excess of the IEP Exit Standard placement requirements. Six of the foster home placements were for sibling groups. Of the remaining 2, both were operating in compliance with their license but were listed as out of compliance due to data entry/analysis errors.

77 Over the monitoring period, one or two group care settings accounted for the over-placement of children. These settings were St. Ann’s Infant and Maternity Home and Quadri-Technology, Ltd. CFSA did not renew its contract with Quadri-Technology effective October 1, 2012 and is reassessing its use of St. Ann’s.
### Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January – June 30, 2012

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
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</thead>
<tbody>
<tr>
<td><strong>72. Case Planning Process:</strong> 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. (IEP citation II.B.12.)</td>
<td>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.</td>
<td>Monthly range of 93 – 97%</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>73. Appropriate Permanency Goals:</strong> 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. (IEP citation II.B.13.)</td>
<td>Ongoing Compliance</td>
<td>Ongoing Compliance⁷⁸</td>
<td>Yes</td>
</tr>
</tbody>
</table>

⁷⁸ As of June 30, 2012, CFSA reports that no child under the age of 12 had a non-court ordered goal of legal custody and 1 child under the age of 12 had a goal of APPLA. This child has significant medical needs. A special corrective action plan was developed for this child and permanency with her foster parents is being explored by the social worker.
<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
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</thead>
<tbody>
<tr>
<td><strong>74. Timely Adoption</strong>: 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. (IEP citation II.B.14.)</td>
<td>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.</td>
<td>100%</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>75. Post-Adoption Services Notification</strong>: Adoptive families shall receive notification at the time that the adoption becomes final of the availability of post-adoption services. (IEP citation II.B.15.)</td>
<td>Ongoing compliance for 90% of cases.</td>
<td>All adoptive families receive notification.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>76. Family Court Reviews</strong>: 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. (IEP citation II.D.16.)</td>
<td>Ongoing Compliance for 90% of cases.</td>
<td>95%</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>77. Permanency Hearings</strong>: 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. (IEP citation II.D.17.)</td>
<td>Ongoing compliance for 90% of cases.</td>
<td>Monthly range of 95-99%</td>
<td>Yes</td>
</tr>
<tr>
<td>Implementation and Exit Plan Requirement</td>
<td>Exit Standard</td>
<td>January through June Performance</td>
<td>Exit Standard Maintained</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------</td>
<td>---------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>78. Use of MSWs and BSWs:</strong> Unless otherwise agreed, all social worker hires at CFSA shall have an MSW or BSW before being employed as trainees. (IEP citation II.E.18.)</td>
<td>Ongoing compliance for all social work hires.</td>
<td>Ongoing Compliance</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>79. Social Work Licensure:</strong> All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units. (IEP citation II.E.19)</td>
<td>Ongoing compliance for all social workers.</td>
<td>Ongoing Compliance</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>80. Training for Adoptive Parents:</strong> Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process. (IEP citation II.F.20.)</td>
<td>Ongoing compliance for 90% of adoptive parents.</td>
<td>88% (135 of 151) of foster parents licensed January through June 2012 completed 30 hours of pre-service training.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>81. Needs Assessment and Resource Development Plan:</strong></td>
<td>Ongoing Compliance</td>
<td>Needs Assessment Completed December 2011</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
<td>Resource Development Plan completed August 15, 2012</td>
<td></td>
</tr>
</tbody>
</table>

79 The data that CFSA provides for this measure includes both foster and adoptive parents and does not distinguish between the two categories. The Monitor therefore calculated performance for this Exit Standard using all newly licensed foster parents as the universe.
Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January – June 30, 2012

<table>
<thead>
<tr>
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<th>January through June Performance</th>
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</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Ongoing Compliance</td>
<td>Monitoring Ongoing</td>
<td>Yes</td>
</tr>
</tbody>
</table>

82. Foster Parent Licensure: CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements.

(IEP citation II.G.22.)
Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January – June 30, 2012

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<tbody>
<tr>
<td>83. Quality Assurance: 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. (II.G.23.)</td>
<td>Ongoing Compliance</td>
<td>Ongoing Compliance</td>
<td>Yes</td>
</tr>
<tr>
<td>84. Maintaining Computerized System:</td>
<td>Ongoing Compliance</td>
<td>Ongoing Compliance</td>
<td>Yes*80</td>
</tr>
<tr>
<td>a. CFSA shall develop and maintain a unitary computerized information system and shall take all reasonable and necessary steps to achieve and maintain accuracy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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. (IEP citation II.H.24.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*80 The Monitor is concerned about the accuracy of some of the data produced through FACES.NET. In this monitoring period, as a result of analyses to validate the data provided by CFSA, the Monitor became concerned about the quality of data in the following areas: FACES.NET data on unassigned cases, FACES.NET reports on over placements, contact information of resource parents and FACES.NET reports on worker visits with children and families.
<table>
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<tbody>
<tr>
<td><strong>85. Contracts to Require the Acceptance of Children Referred:</strong> 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. (IEP citation II.H.25.)</td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>86. Provider Payments:</strong> CFSA shall ensure payment to providers in compliance with DC’s Quick Payment Act for all services rendered. (IEP citation II.H.26.)</td>
<td>90% of payments to providers shall be made in compliance with DC’s Quick Payment Act for all services rendered.</td>
<td>Ongoing Compliance Monthly range of 96-99% of providers were paid timely.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>87. Foster Parent Board Rates:</strong> 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. (IEP citation II.H.27.)</td>
<td>Ongoing Compliance</td>
<td>New foster care board rates effective January 1, 2012 include an annual adjustment that was equal to USDA annual adjustments.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>88. Post-Adoption Services:</strong> CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA. (IEP citation II.H.28.)</td>
<td>Ongoing Compliance</td>
<td>FY2012 budget provides $760,372 for the Post-Permanency Family Center. This is the same funding level as in FY2011.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
IV. DISCUSSION OF LaSHAWN A. v. GRAY IMPLEMENTATION AND EXIT PLAN (IEP) OUTCOMES

A. GOAL: CHILD SAFETY

1. Child Protective Services

CFSA maintains a 24 hour a day, seven days per week Hotline to accept reports of alleged abuse and neglect.

Table 3 shows the number of calls the Hotline received between January and June 2012; the number of reports accepted for investigation and for family assessment (FA) through the Differential Response (DR) pilot each month. The volume of calls to the hotline remained fairly consistent over this monitoring period with a range of approximately 1,000 to 1,200 calls per month. Between 63 to 68 percent of hotline calls each month are referred to Child Protective Services (CPS) for an investigation. Referrals to the DR pilot remain a very small part of the response (approximately 2 percent each month).

81 Under the DR pilot program, referrals to the Hotline that are coded as educational neglect; newborn positive toxicology for marijuana; unwilling/unable caregiver for youth 13 years or older; or inadequate shelter, care, food and clothing may be referred to the DR unit for a family assessment as opposed to a child protective services investigation. The goal of the DR pilot is to facilitate the provision of community-based services to families where there are no safety concerns without labeling the families with a finding of child abuse or neglect.
### Table 3:  
Number of Calls to Child Abuse and Neglect Hotline by Classification  
January – June 2012

<table>
<thead>
<tr>
<th>Month</th>
<th>Total</th>
<th>Information and Referral (I&amp;R)</th>
<th>Child Protective Services (CPS)</th>
<th>Referral for Family Assessment (DR Pilot)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Jan - 2012</td>
<td>1,139</td>
<td>354</td>
<td>31%</td>
<td>761</td>
</tr>
<tr>
<td>Feb - 2012</td>
<td>1,199</td>
<td>381</td>
<td>32%</td>
<td>789</td>
</tr>
<tr>
<td>Mar - 2012</td>
<td>1,187</td>
<td>411</td>
<td>35%</td>
<td>748</td>
</tr>
<tr>
<td>Apr - 2012</td>
<td>1,008</td>
<td>332</td>
<td>33%</td>
<td>653</td>
</tr>
<tr>
<td>May - 2012</td>
<td>1,214</td>
<td>373</td>
<td>31%</td>
<td>821</td>
</tr>
<tr>
<td>June - 2012</td>
<td>1,021</td>
<td>364</td>
<td>36%</td>
<td>652</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.NET report INT003

Of those calls referred for a CPS investigation, as shown in Table 4, a monthly range of 80 to 84 percent were accepted by CPS for investigation with the remaining referrals either screened out (monthly range of 8 to 11 percent) or linked to an existing investigation (monthly range of 5 to 8 percent).

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82 Of the 24 reports referred for Family Assessment in January 2012, one report was linked to an existing investigation.
83 Of the 29 reports referred for Family Assessment in February 2012, one report was linked to an existing investigation, one report was screened out and one report was awaiting approval at the time the data was run.
84 Of the 28 reports referred for Family Assessment in March 2012, four reports were linked to an existing investigation and one report was awaiting approval at the time the data was run.
85 Of the 23 reports referred for Family Assessment in April 2012, one report was linked to an existing investigation.
86 Of the 20 reports referred for Family Assessment in May 2012, one report was screened out.
87 Of the five reports referred for Family Assessment in June 2012, two reports were linked to existing investigations.
Table 4:  
Number of CPS Calls Accepted for Investigation, Linked to an Existing Investigation and Screened Out 
January – June 2012

<table>
<thead>
<tr>
<th>Month</th>
<th>Child Protective Services (CPS) Total</th>
<th>CPS Accepted</th>
<th>CPS Linked</th>
<th>CPS Screened Out*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Jan - 2012</td>
<td>761&lt;sup&gt;88&lt;/sup&gt;</td>
<td>631</td>
<td>83%</td>
<td>59</td>
</tr>
<tr>
<td>Feb - 2012</td>
<td>789&lt;sup&gt;89&lt;/sup&gt;</td>
<td>662</td>
<td>84%</td>
<td>50</td>
</tr>
<tr>
<td>Mar - 2012</td>
<td>748&lt;sup&gt;90&lt;/sup&gt;</td>
<td>627</td>
<td>84%</td>
<td>44</td>
</tr>
<tr>
<td>Apr - 2012</td>
<td>653&lt;sup&gt;91&lt;/sup&gt;</td>
<td>547</td>
<td>84%</td>
<td>30</td>
</tr>
<tr>
<td>May - 2012</td>
<td>821&lt;sup&gt;92&lt;/sup&gt;</td>
<td>657</td>
<td>80%</td>
<td>63</td>
</tr>
<tr>
<td>June - 2012</td>
<td>652&lt;sup&gt;93&lt;/sup&gt;</td>
<td>539</td>
<td>83%</td>
<td>38</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.NET report INT003  
Percentages may not equal 100% due to rounding.  
*Screened out as duplicative or otherwise not applicable.

CFSA reports that between late-May and early-July 2012, the Hotline received 456 educational neglect referrals either by phone or fax from various public and charter schools within the District of Columbia. The vast majority of these referrals were for children in kindergarten through fifth grade. It appears that these referrals were made toward the end of the school year as a result of increased truancy accountability efforts within the District. CFSA reports that this

<sup>88</sup> Of the 761 CPS reports in January 2012, 11 were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.  
<sup>89</sup> Of the 789 CPS reports in February 2012, seven were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.  
<sup>90</sup> Of the 748 CPS reports in March 2012, two were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.  
<sup>91</sup> Of the 653 CPS reports in April 2012, seven were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.  
<sup>92</sup> Of the 821 CPS reports in May 2012, seven were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.  
<sup>93</sup> Of the 652 CPS reports in June 2012, seven were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.
high volume of referrals in such a short time made it difficult to initiate investigations in a timely manner for both the educational neglect referrals as well as other investigations. Additionally, it was difficult for reporters to be contacted to gather full information for an investigation as many teachers and school staff who made the reports are not present within the schools over the summer months. Beginning in August 2012, CPS and the Office of the Chief of Staff have developed a regular meeting time with Office of State Superintendent for Education (OSSE) and the District of Columbia Public Schools (DCPS) to share data and set up processes to receive educational neglect referrals in a timely manner. The strategy of monthly meetings, collective data review and shared strategy development is expected to minimize future high volume referrals and allow CFSA to plan ahead.

2. **Investigations**

*Initiating Investigations*

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <em>Investigations:</em> 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. (IEP citation I.A.1.a.)</td>
<td>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.</td>
<td>Data provided to Monitor insufficient to assess performance</td>
<td>No</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**

Initiation of an investigation includes seeing all alleged victim children and talking with them outside the presence of the caretaker, or making all applicable good faith efforts to locate all alleged victim children within the 48-hour time frame.\(^94\)\(^95\) It was determined during this monitoring period that the logic that has been used for several years in the FACES.NET report to report data on this Exit Standard does not completely match the definition of “initiation” within the IEP. More specifically, the IEP defines initiation as “seeing all alleged victim child(ren) and talking with the child(ren) outside the presence of the caretaker” or documenting good faith

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\(^94\) For younger and non-verbal children, observation is acceptable.

\(^95\) Based on the IEP, documented good faith efforts to see 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.
efforts to see all alleged victim children within the first 48 hours.” 96 In response to recent inquiry by Monitor staff, CFSA reports that the logic utilized in the FACES.NET report historically counted an investigation initiation to occur when a worker sees any child, regardless of victim status, face-to-face within 24 or 48 hours of the report. The logic of the report was changed in the later part of this monitoring period to capture any “victim” child being seen face-to-face within 24 or 48 hours as opposed to any child in the household. Neither approach (counting seeing any child in the household or seeing any victim child) correctly captures the IEP definition. The Monitor has raised this concern with CFSA and CFSA believes that current data provides a close approximation of practice in accordance with the IEP, especially given the clarity of investigative policy and practice on the need to see or observe all victim children. Nonetheless, CFSA reports that the logic in the monthly reports will be changed by January 2013.

Based on the data from FACES.NET, between January and April 2012, monthly performance as reported by CFSA is that 68 to 80 percent of investigations had documentation that at least one child, regardless of victim status, within a household that was subject to a CPS investigation was seen by a social worker within 48 hours of a report to the hotline, not accounting for cases in which there were good faith efforts to locate and interview all children. CFSA did not have a method to measure good faith efforts until a new FACES.NET report was created in May 2012. Performance for May and June 2012 demonstrates that in 73 and 76 percent of investigations, at least one alleged victim child was seen by a social worker or all applicable good faith efforts to locate and interview all alleged victim child(ren) were made within 48 hours of a report to the hotline. For example, there were 618 investigations closed in June. Of the 618 closed investigations, in 447 (72%) investigations at least one victim child was seen within 48 hours and an additional 25 (4%) investigations had good faith efforts made to initiate the investigation.

**Performance on Strategy Plan:**
CFSA has employed the following strategies to increase performance in initiating investigations in a timely manner:

- **CFSA will continue to use the supervisory tool developed in January 2012 during the supervisory review process in order to document good faith efforts to initiate contact with the victim/child (2012 Strategy Plan, p.3).**

As of May 2012, CFSA reports that CPS supervisors use the supervisory tool to assess whether workers who have not made contact with the victim child(ren) within 48 hours of a hotline report have made all applicable good faith efforts to do so. With the addition of the new FACES.NET report on good faith efforts, CPS supervisors now document the findings of their supervisory review within FACES.NET.

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96 IEP, at 3 (emphasis added).
FACES.NET data from May and June 2012 demonstrate that many supervisors were failing to record if applicable good faith efforts had been made in investigations where it was necessary. In response, CFSA reports that on July 24, 2012, CPS management staff implemented an action plan to increase performance on this measure. The Monitor will provide an additional update on this strategy in the next monitoring report.

- **By June 30, 2012, the Child Protection Services Administration (CPS) will adjust the tour of duty for its investigators to provide for additional workers in the evening shifts (2012 Strategy Plan, p.3).**

Beginning June 17, 2012, adjustments to CPS investigator’s tour of duty took effect. Such adjustments provided for additional units during evening shifts and included a dedicated unit for locating the victim child(ren) when an assigned worker is unable to locate the child(ren) during their tour of duty. However, due to the influx of 456 referrals alleging educational neglect in the spring/summer of 2012, CFSA was unable to fully implement that adjustment. The unit originally designed to locate victim child(ren) when an assigned worker was unable to immediately do so was placed into case-carrying status and thus did not fulfill the original strategy that had been outlined.

- **CFSA will work with the District of Columbia Public Schools to increase the number of staff in CPS with access to STARS and will update the list of ACEDS users to ensure adequate access to CPS staff (2012 Strategy Plan, p.3).**

CPS has trained and given access to an additional 13 staff in ACEDS (Automated Client Eligibility Determination System), for a total of 28 staff having access to ACEDS. CPS staff use the ACEDS database to assist in identifying and locating parents and relatives.

As of the date of this report, CFSA has four staff with access to STARS (the educational system’s Student Tracking and Reporting System). This access is used by CFSA as an additional tool for CPS investigators to quickly identify addresses and locate children and families. CFSA has requested that the District of Columbia Public Schools provide additional CFSA staff access to this database. Discussions are currently underway.

- **Each month, ten percent of investigations where the victim/child was not seen within the first 48 hours will be reviewed by staff in the Office of the Principal Deputy Director to determine if good faith efforts were taken to timely initiate the investigation. Starting on March 1, 2012, and every month thereafter, the results will be shared with the Director, the Principal Deputy Director, the Administrator of CPS and the assigned program...**
manager, supervisor, and social worker to identify and resolve future barriers, as needed (2012 Strategy Plan, p.3).

CFSA began to implement Quality Assurance (QA) reviews to evaluate performance in this area. Ten percent of investigations closed in February, March and April 2012 where child(ren) were not initially seen within 48 hours were reviewed by QA staff.\(^\text{97}\) CFSA reports that the findings from the reviews, which showed that some staff are not yet consistently making or documenting required good faith efforts, have been shared with the CPS Program Administrator, CPS supervisors and program managers and Director of Agency Performance.\(^\text{98}\)

**Reviews of Repeat Reports**

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Investigations: 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. (IEP citation I.A.1.c.)</td>
<td>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.</td>
<td>Range from 33% in January 2012 to 75% in June 2012</td>
<td>No</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**

CFSA began utilizing a FACES.NET report in January 2012 to provide data on the number of families who are subject to a new investigation for whom the current report is the fourth or greater report occurring within the last 12 months and whether or not their cases have had a comprehensive review. Between the months of January and June 2012, performance on this measure improved from 33 percent in January to 75 percent in June 2012. Of the 607 investigations closed in June 2012, 101 had four or more reports of abuse or neglect with the most recent report occurring in the last 12 months. Of those 101 investigations, 76 (75%) had documentation of a comprehensive review.

\(^\text{97}\) The number of investigations reviewed each month was less than ten percent as at least three cases included in the sample each month were determined to be inappropriately listed or categorized in FACES.NET due to data entry errors.

\(^\text{98}\) Review of 15 investigations closed in February 2012 found that five (33%) of the 15 had all applicable good faith efforts documented. Review of 11 investigations closed in March 2012 found that two (18%) of the 11 had all applicable good faith efforts documented. Review of 16 investigations closed in April 2012 found that six (38%) of the 16 had all applicable good faith efforts documented.
**Performance on Strategy Plan:**

CFSA has employed the following strategies to increase performance on reviews of repeat reports:

- *Prior to assigning the case for investigation, supervisors will review FACES.NET for each new investigation to determine if the family has four or more reports of maltreatment, with the fourth or more occurring in the past 12 months. For such cases, a comprehensive review of the family’s history and current circumstances will occur during the investigation and a “four plus” staffing will occur in one or more of the following venues: panel review, investigation assignment, weekly supervision, 18-day review, grand rounds, and case transfer staffing reviews. The “four plus” staffing will be documented in FACES.NET and measured through a FACES.NET report (2012 Strategy Plan, p.3).*

CFSA has instructed staff to enter information documenting the occurrence of and recommendations from a “four plus” staffing into contact notes within FACES.NET prior to closing an investigation. Additionally, as discussed above, CFSA has developed a report within FACES.NET which quantifies the number of cases in which a “four plus” staffing should occur and the number of cases in which a “four plus” staffing did occur prior to closing the investigation.
Additionally, the timing and purpose of these reviews was discussed during CFSA’s CPS “Deep Dive” meeting on June 25, 2012 which intensively reviewed the operations and data within the CPS administration. Following this meeting, CFSA reports that CPS management clarified with staff that a “four plus” staffing is an opportunity to comprehensively review the previous case history in order to inform the current investigation. CFSA reports that effective July 31, 2012, CPS management implemented a protocol to comprehensively review various decision points within an investigation. The first identified decision point is at the time of the hotline call when the hotline worker should identify family history in order to minimize opening duplicate cases on families. The second decision point is during assignment of the investigation by the supervisory social worker to the investigation social worker. The supervisory social worker should complete a cursory review of the history, review the current snapshot and provide detailed next steps, including contacting the reporter, scheduling an at-risk FTM and making a referral to the previous CPS worker. This conversation between the supervisory social worker and investigative social worker should be documented in FACES.NET. The third decision point occurs during supervision either before or during the 18-day review. The discussion between supervisory social worker and investigative social worker is expected to be a follow-up from the initial discussion during case assignment and should consider how the previous history informs or impacts the current report as well as next steps, recommendations and/or service needs for the family. This discussion is to be documented in FACES.NET.

- CFSA will review the results of a “four plus” staffing in applicable cases during grand rounds and case transfer staffing. CFSA will use the CQI tool (revised in January 2012) to review the quality of investigations. Additional QA measures will continue (e.g., 18-day reviews, grand rounds, quarterly review of open investigations, and hotline call reviews). Findings from the QA reviews will be shared with CPS managers beginning April 1 and quarterly thereafter. Findings will be used by these managers to modify existing practice and policy and for training, as needed (2012 Strategy Plan, p. 4).

CFSA reports that the CQI tool is inconsistently used by some supervisors. During the period under review, CPS management, staff from the QA unit and the Director of Agency Performance met and developed an inventory of all current quality assurance activities within CPS, which include: hotline reviews, grand rounds, “four plus” staffings, good faith efforts quality reviews, quality of investigations reviews, 18-day reviews and CQI reviews. The goal in compiling this inventory is to determine how to eliminate redundancy and to create meaningful review processes with a feedback loop to workers and supervisors to allow for continual improvement in practice. CFSA reports that CPS management was scheduled to review, evaluate and develop recommendations for improvement of the quality assurance processes on August 16, 2012. The Monitor will provide a further update on this strategy in the next monitoring report.
## Quality of Investigations

### Implementation and Exit Plan Requirement | Exit Standard | January - June 2012 Performance | Exit Standard Achieved
--- | --- | --- | ---
4. Acceptable Investigations CFSA shall routinely conduct investigations of alleged child abuse and neglect.  
(IEP citation I.A.2.) | 80% of investigations will be of acceptable quality. | 70% of investigations of acceptable quality. | No

**Performance for the period January 1 through June 30, 2012:**
The Monitor has been validating CFSA data through a secondary review of the Quality Assurance (QA) unit’s quarterly review of ten randomly selected investigations. Results of the QA unit’s review of 20 investigations closed between January and June 2012 and verified through a secondary review by the Monitor indicate that 70 percent (14 of the 20 investigations) reviewed were of good or acceptable quality. This performance continues to be below the required IEP Exit Standard. A more complete review of the quality of investigative practice through a statistically significant sample of cases is scheduled for December 2012.

**Performance on Strategy Plan:**
CFSA has employed the following strategies to increase performance on quality of investigations:

- By July 31, 2012 and August 31, 2012, CFSA will revise the hotline practice operational manual (POM) and the investigations POM, respectively, to reflect policy and practice changes and the findings of quality assurance reviews (e.g., the POM will be updated on the critical events procedures, hotline worker expectations, standards for staff, and “four plus” staffing protocol) (2012 Strategy Plan, p.3).

99 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. 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); (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.
CFSA organized a workgroup to review and update the hotline and investigations policies. The workgroup first met regarding the hotline policy and the Monitor participated in these meetings to provide input and feedback. CFSA reports that the hotline policy was finalized and is set for final review during the August 17, 2012 executive policy team meeting prior to publication. CFSA reports that the workgroup will be reconvening in the near future to complete revisions to the investigations policy.

CFSA reports that completion of the procedural operations manual (POMs) has been delayed as CPS leadership is re-examining its use of the Structured Decision-Making process along with feedback from CPS quality assurance processes, including hotline reviews, good faith efforts reviews, quality of investigations reviews and grand rounds during a retreat on August 16, 2012. CFSA informed the Monitor that they would provide a proposed revised timeline for revision of the hotline and investigation POMs and staff training based upon discussion during the retreat. The Monitor has not yet received this proposal from CFSA.

**Community-based Service Referrals for Low & Moderate Risk Families**

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. Community-based Service Referrals for Low &amp; Moderate Risk Families (IEP citation I.C.19.)</td>
<td>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.</td>
<td>The Monitor and CFSA are engaged in discussions about alternative measurement methodologies for this Exit Standard.</td>
<td>Unable to determine</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**
During this monitoring period, CFSA and the Monitor have engaged in several discussions regarding the process by which families are identified as appropriate for a referral to a Collaborative or other appropriate community-based service provider and the types of data that are collected and reported regarding these families’ access to and use of services.

CFSA provided data this monitoring period in the same format as previously provided. These data show that between 27 and 67 percent of appropriate families were referred monthly to a Collaborative or other appropriate community-based service provider. However, both the
Monitor and CFSA staff believe the methodology used to report on this outcome does not accurately reflect performance. The Monitor expects to receive a proposal from CFSA and to work with CFSA staff and consult with Plaintiffs on changing the methodology before the end of 2012.

**Performance on Strategy Plan:**

CFSA has employed the following strategy to increase performance on services to children and families to promote safety, permanency and well-being:

- *Findings and recommendations from the 2011 Partnership for Community Based Services workgroup will be completed by March 30, 2012. The FY2013 Healthy Families/Thriving Community Collaborative contracts will include provisions designed to address the findings and recommendations from the 2011 Partnership for Community Based Services workgroup.* (2012 Strategy Plan, p.9).

CFSA reports that it has incorporated language to strengthen data collection and outcome measurement for Partnership for Community Based Services (PCBS) and other types of cases the Collaboratives manage or provide supportive services into its FY2013 contracts with the Healthy Families/Thriving Communities (HFTC) Collaboratives and the Healthy Families/Thriving Communities Collaborative Council. It is intended that data sharing between the Collaboratives and CFSA will be improved and both quantitative and qualitative methodology will be used in to assess effectiveness of social work practice with all families served by the HFTC Collaboratives.

3. **Differential Response Pilot**

As previously indicated, a monthly range of less than one to two percent of Hotline calls result in a referral for a Family Assessment (FA) through the Differential Response (DR) pilot program. This small percentage of FA referrals is not due to lack of potentially appropriate referrals but to the current capacity of the pilot program which is comprised of one unit with five case-carrying staff. CFSA expanded the DR program to include one additional FA unit in late-September 2012 with plans for an additional FA unit by the end of 2012. Three additional units will be added during 2013. CFSA has planned for one of these additional units to focus exclusively on educational neglect referrals. It is imperative that CFSA develop capacity to track FA referrals, the service path that results from a FA and subsequent reports/referrals on families served. The evaluation process is a key component to DR expansion. CFSA has scheduled a two-day

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100 The goal of the DR program is to facilitate the provision of community-based services to families where there are no safety concerns without labeling the families with a finding of child abuse or neglect.

101 Currently, referrals to the Hotline coded as educational neglect, newborn positive toxicology, unwilling/unable caregiver for youth 13 years or older or inadequate shelter, care, food and clothing may be referred to the DR unit for a family assessment as opposed to a child protective services investigation.
planning session with Casey Family Programs on DR planning to include a discussion on the evaluation process.

Limited data has been available to date to assess the functioning of the DR pilot. According to CFSA data, between September 6, 2011 (when the DR pilot began accepting referrals) and June 25, 2012, 221 referrals were accepted for FA. Of the 221 referrals, the majority of referrals involved allegations of educational neglect (158 referrals) and/or inadequate shelter (40 referrals), food (19 referrals), physical care (16 referrals) or clothing (14 referrals). As of July 16, 2012, CFSA reports that the disposition of the 221 FA referrals were as follows: 33 percent of referrals were open as Family Assessment cases receiving support services; 19 percent resulted in the family declining services; 17 percent were determined that no further action was needed; 11 percent were converted to CPS referrals for investigation; eight percent were referred to a Collaborative for services; six percent were found to be out of jurisdiction; four percent were connected to an open case; and two percent were referred to a Department of Human Services (DHS) agency. Additionally, of the 221 families who were referred for FA, 16 (7%) were later referred for a CPS investigation and two (1%) referrals resulted in a second FA episode.

\[\text{Total referral categories equal over 221 as a referral could include more than one category.}\]
### Services to Families and Children to Promote Safety, Permanency and Well-Being

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Services to Families and Children to Promote Safety, Permanency and Well-Being:</strong> 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. 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:</td>
<td>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 Case Closure indicators.</td>
<td>48% (25 of 52) of cases reviewed January through June 2012 rated acceptable on both the Implementation and Pathway to Safe Case Closure QSR indicators.</td>
<td>No</td>
</tr>
<tr>
<td>e. 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;</td>
<td></td>
<td></td>
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<tr>
<td>f. 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;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IEP citation I.A.3.)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**
The Monitor measures performance on this requirement through ratings 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

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103 The IEP requires the Monitor to determine performance based on the QSR implementation and pathway to safe case closure indicators for which 80 percent of cases will be rated acceptable on both indicators. For period under review, 79 percent of the cases were determined to be acceptable on the implementation indicator, 56 percent were determined to be acceptable on the safe case closure indicator and 48 percent were acceptable on both indicators.
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 QSR 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 3:**
QR Implementation Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance

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**QR 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:**
  - *(Minimally) 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 4:
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:**

(Minimally) 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.

From January to June 2012, 52 cases were reviewed using the QSR methodology. As Figure 5 indicates, less than half of the cases reviewed (48%; 25 of 52) were rated as acceptable on both the Implementation and Pathway to Safe Case Closure indicators. While 79 percent of cases (41 of 52) were rated acceptable on the Implementation indicator and 56 percent of cases (29 of 52) were rated acceptable on the Pathway to Safe Case Closure indicator, fewer cases were rated acceptable on both indicators. This level of performance does not meet the Exit Standard for services to families and children to promote safety, permanency and well-being.
5. **Visitation**

The visits of children with their caseworkers, their parents and with their siblings can ensure children’s safety, maintain and strengthen family connections and increase 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 reunification will occur. They also allow social workers to assess safety and progress, link children and families to needed services and adjust case plans as indicated.

CFSA has maintained strong, consistent performance related to social workers visiting children in cases with in-home supervision and the Exit Standard for this requirement was re-designated during the last monitoring period as an Outcome to be Maintained. Additionally, CFSA has demonstrated improved performance regarding social worker visits to children in out-of-home care and children experiencing a placement change. While there have also been improvements this period in worker visits with parents and visits between parents and children, additional work is needed in order to meet these Exit Standard requirements.

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104 See Table 2 of this report for performance on this Exit Standard this monitoring period.
The Monitor has been unable to report in the past on the three Exit Standards requiring assessing and documenting safety during worker visits for in-home, out-of-home and placement change cases. A case record review was necessary to reach a determination on these measures. A review methodology was established and the Monitor and CFSA completed a case review which also validated data reported through FACES.NET for other visitation measures. The principal finding of this review was that the expectations for CFSA and private providers on the documentation that is necessary to demonstrate an assessment of safety are not clearly understood by staff.

**Social Worker Visits to Families with In-Home Services**

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Worker Visitation to Families with In-Home Services: 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. (IEP citation I.A.4.c.)</td>
<td>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.</td>
<td>57% of applicable children were interviewed outside the presence of their caretaker at least once during the month of June 2012. 28% of children had documentation indicating that safety was assessed during visits in June 2012. An additional 60% of children had documentation indicating that safety was partially assessed during visits in June 2012.</td>
<td>No</td>
</tr>
</tbody>
</table>

105 “Partially” indicates that some but not all applicable domains (health, education, environmental factors or initial safety concern(s) that brought this family to the attention of the Agency) were assessed during the monthly visits. The Monitor does not consider “partially” to be compliant with the Exit Standard.
Performance for the period January 1 through June 30, 2012:

**Child visited and seen outside the presence of caretaker**

Data to measure performance for this Exit Standard were collected during a case record review.\(^{106}\) Of the 1,249 children who made up the universe of every child receiving in-home services for longer than eight days in June 2012, a random, statistically significant sample of 107 children was selected.\(^{107}\) Of the sample of 107 children, 16 (15%) children were non-verbal or under the age of two which, in the social worker’s assessment, made interviewing them outside of the presence of their caretaker unnecessary. However, of those 16 children, 15 (94%) were observed while awake and for eight of these children, there was documentation describing the social worker’s observation of the interactions between the child and caretaker. Of the remaining 91 children who were verbal and over the age of two, reviewers found that there was documentation indicating the social worker saw and interviewed the child outside the presence of their caretaker at least once during the month for 52 (57%) children.

**Safety was assessed during each visit**

The IEP also requires workers to assess a child’s safety during each visit. Assessing safety requires the worker to examine health, education, environmental factors and the initial safety concern(s) that brought the family to the attention of the Agency, if still present. For the case record review, reviewers were asked to review the documentation of each visit during the month of June 2012 and in their judgment, make a determination if safety was assessed throughout the month. Of the 107 sample children who received in-home services from CFSA during the month of June 2012, reviewers determined that 30 (28%) children had documentation indicating that safety was assessed during visits within the month; 64 (60%) children had documentation indicating that safety was partially\(^{108}\) assessed during visits within the month; and 13 (12%) children did not have documentation indicating that safety was assessed during the month or did not have any social worker visits during the month of June 2012. Examples of specific comments from reviewers who responded by indicating partial assessment or no assessment are included below:

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\(^{106}\) The case record review was conducted between August 28 – 30, 2012. Piloting testing of the review tool occurred July 26 – 27, 2012. The Review Team used a structured data collection instrument produced using Survey Monkey, an online software tool used for creating surveys and questionnaires, and FACES.NET data were reviewed to collect information and documentation related to visits. Reviewers participating in this case record review included Monitor staff, CFSA program staff and CFSA Contract Monitoring staff.

\(^{107}\) This sampling produced a ± 9 percent margin of error with 95 percent confidence in its results.

\(^{108}\) “Partially” indicates that some but not all applicable domains (health, education, environmental factors or initial safety concern(s) that brought this family to the attention of the Agency) were assessed during the monthly visits. The Monitor does not consider “partially” to be compliant with the Exit Standard.
• Concerning that during the second visit in the month, the worker did not discuss or assess the injury that was observed during the visit a week prior.

• Documentation from the second visit spoke of the sibling group as a whole not having marks or bruises but did not speak about any of the observations or needs of the focus child individually.

• For the most part the social worker did a good job documenting this case. However, the child had educational and behavioral health issues. The educational issues and how they impacted safety were not always assessed and addressed consistently.

Systemic Barriers Identified for In-Home Cases related to Documentation of Assessment of Safety

During the case record review, two barriers specific to the completion and documentation of visits to children and families receiving in-home services were identified.

• In several instances, a CPS investigation had recently closed and the case was being transferred to an in-home unit. However, there was a delay in case transfer for over a week which resulted in no worker being assigned to complete the required visits. This is a concerning lapse as the decision to transfer the case to an ongoing unit is based upon a determination that the family needs services and/or supervision in order to minimize risk and increase the safety of the child(ren), yet because of case transfer delays, the family was not promptly engaged by a CFSA ongoing worker.

• Family Support Workers (FSW) from the Healthy Families/Thriving Communities (HFTC) Collaboratives team with social workers from CFSA on many in-home cases. These FSWs are able to complete some of the required monthly visits. However, HFTC FSWs do not have the ability to enter visitation contact notes into FACES.NET. CFSA staff report that HFTC staff create hand-written notes documenting what occurs during visits as part of their internal record keeping, however, this information is not uniformly shared with CFSA staff and therefore, may not be consistently entered into FACES.NET. During the case record review, reviewers found some instances where the CFSA staff had received documentation from the HTFC worker which the CFSA worker entered into FACES.NET and reviewers noted other instances where documentation was not shared by the HTFC worker and therefore was not included in FACES.NET.
Social Worker Visits to Children in Out-of-Home Care

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January through June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Worker Visitation to Children in Out-of-Home Care:</td>
<td>95% of children should be visited at least monthly and 90% of children shall have twice-monthly visits.</td>
<td>a. Monthly range of 95 – 97% children had monthly visits.</td>
<td>Yes</td>
</tr>
<tr>
<td>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.).</td>
<td></td>
<td>b. Monthly range of 93 – 95% children had twice-monthly visits.</td>
<td></td>
</tr>
<tr>
<td>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.).</td>
<td></td>
<td>c. Monthly range of 95 - 97% of children received at least one visit a month within their placement.</td>
<td></td>
</tr>
<tr>
<td>c. At least one of the above visits each month shall be in the child’s home. (IEP citation I.A.5.a-c.)</td>
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</tbody>
</table>

Performance for the period January 1 through June 30, 2012:
Between January and June 2012, performance on this measure showed improvement over the previous monitoring periods with 95 to 97 percent of children visited once a month by a social worker within his or her placement and 93 to 95 percent of children visited a second time monthly (see Figure 6). CFSA’s strongest performance was found in the month of June 2012 which is detailed below.

In June 2012, there were 1,568 children applicable to this measure. Of the 1,568 children, 1,514 (97%) children were visited once during the month within his or her placement by a CFSA or private agency social worker with case management responsibility. A CFSA social worker, private agency social worker, family support worker or nurse care manager visited 1,483 (95%)
children a second time during the month. CFSA’s performance meets the Exit Standard requirement for this measure.

The case record review conducted during this monitoring period also collected data to validate FACES.NET data pertaining to worker visitation to children in out-of-home placement to determine if at least one visit during the month occurred within the child’s placement. Of the 1,568 applicable children\(^{109}\) who made up the universe of every child in placement for longer than seven days in June 2012, a random, statistically significant sample of 103 children were selected.\(^{110}\) Of the 103 children, 99 (96%) received at least one visit a month at their placement. These findings are consistent with the data reported in FACES.NET and support Exit Standard compliance for this measure.\(^{111}\)

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\(^{109}\) Children who were placed more than 100 miles outside the District and did not have visits during the month and children in abscondance for the entire month were excluded from the universe.

\(^{110}\) This sampling produced a ± 9 percent margin of error with 95 percent confidence in its results.

\(^{111}\) FACES.NET reports for the month of June 2012, of the 1,568 children applicable to this measure, 1,514 (96%) received at least one visit by a social worker in their home.
### Implementation and Exit Plan Requirement

<table>
<thead>
<tr>
<th>9. Worker Visitation to Children in Out-of-Home Care: 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. (IEP citation I.A.5.d.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit Standard</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>January - June 2012 Performance</td>
</tr>
<tr>
<td>85% of applicable children were interviewed outside the presence of their caretaker at least once during the month of June 2012.</td>
</tr>
<tr>
<td>Exit Standard Achieved</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

### Performance for the period January 1 through June 30, 2012:

**Child visited and seen outside presence of caretaker**

Data to measure performance for this Exit Standard were collected during the previously referenced case record review. Of the sample of 103 children receiving out-of-home services in June 2012, seven (7%) children were non-verbal or under the age of two which, in the social worker’s assessment, made interviewing them outside of the presence of their caretaker unnecessary. However, of those seven children, documentation indicates that six were observed while awake and for five of these children, there was documentation describing the social worker’s observation of the interactions between the child and caretaker. Of the remaining 96 children who were verbal and over the age of two, reviewers found that there was documentation indicating the social worker saw and interviewed the child outside the presence of their caretaker at least once during the month for 82 (85%) children.

**Safety was assessed during each visit**

As part of the case record review, reviewers were asked to assess documentation of each visit during the month of June 2012 and in their judgment, make a determination if safety was assessed throughout the month. Of the 103 sample children who were in out-of-home placement during the month of June 2012, reviewers determined that 25 (24%) children had documentation indicating that safety was assessed during visits within the month; 68 (66%) children had documentation indicating that safety was partially assessed during visits within the month; and

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112 “Partially” indicates that some but not all applicable domains (health, education, environmental factors or initial safety concern(s) that brought this family to the attention of the Agency) were assessed during the monthly visits. The Monitor does not consider “partially” to be compliant with the Exit Standard.

113 Ibid.
ten (10%) children did not have documentation indicating that safety was assessed during the month or did not have any social worker visits during the month of June 2012.

**Social Worker Visits for Children Experiencing a New Placement or a Placement Change**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>10. Visitation for Children Experiencing a New Placement or a Placement Change:</td>
<td>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.</td>
<td>a.-c. Monthly range of 67 – 87%</td>
<td>No</td>
</tr>
<tr>
<td>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.</td>
<td>d. Data collected through case record review and survey of resource parents indicate a range of 61 – 62% of visits included a conversation between the social worker and resource parent regarding assistance needed.</td>
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</tr>
<tr>
<td>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.</td>
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</tr>
<tr>
<td>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.</td>
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</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IEP citation I.A.6.a-d.)</td>
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</tbody>
</table>
Performance for the period January 1 through June 30, 2012:
Between January and June 2012, monthly performance ranged between 67 and 87 percent (see Figure 7). For example, during the month of June 2012, there were 206 individual child placements applicable to this measure; 170 (83%) had the required number of visits by a CFSA social worker, private agency social worker, family support worker or nurse care manager with at least one visit occurring in the child’s home. This performance demonstrates strong improvement over previous monitoring periods, however, falls short of the Exit Standard requirement.

![Figure 7: Required Number of Visits by Worker to Children in New Placements July 2011 – June 2012](source: CFSA Administrative Data, FACES.NET CMT014)

The Exit Standard also requires that at least one of the visits during the first four weeks of a new placement or a placement change include a conversation between the social worker and the resource parent to determine what, if any assistance is needed from the Agency. Data were available from two sources to assess performance – case record review and Monitor resource parent survey. The case record review found that of the 13 sample children who had a placement change in June 2012, eight (62%) children had a visit within the first four weeks of placement which included a conversation between the social worker and the placement provider to assess assistance needed by the placement provider in caring for the child. Similar findings were obtained in the survey of resource parents. CSSP surveyed 129 resource parents who had a child newly placed with them between January and May 2012.\(^{114}\) Of the 118 resource parents

\(^{114}\) This sample represents a statistically significant sample with a ± 7.6 percent margin of error with 95 percent confidence in its results.
applicable to this measure, 72 (61%) reported that they had a conversation with the caseworker within the child’s first month of placement regarding the needs of the resource parent.  

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>11. Visitation for Children Experiencing a New Placement or a Placement Change: 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. (IEP citation I.A.6.e.)</td>
<td>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.</td>
<td>Data collected during case record review of non-statistically significant sample of applicable children found that 100% of children were interviewed outside the presence of their caretaker. 8% of children had documentation indicating that safety was assessed during visits within the first four weeks of a new placement. Additionally, 92% children had documentation indicating that safety was partially assessed during visits within the month.</td>
<td>No</td>
</tr>
</tbody>
</table>

Performance for the period January 1 through June 30, 2012:
Data to assess performance on this Exit Standard were collected during the previously referenced case record review. Reviewers determined that of the 13 sample children included in the review, all 13 (100%) were interviewed outside the presence of their caretaker. Additionally, of the 13 sample children who had a placement change in June 2012, reviewers determined that one (8%) child had documentation indicating that safety was assessed during visits within the month and 12 (92%) children had documentation indicating that safety was partially assessed during visits within the month.

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115 Eleven responses were excluded because the resource parent could not recall.
116 “Partially” indicates that some but not all applicable domains (health, education, environmental factors or initial safety concern(s) that brought this family to the attention of the Agency) were assessed during the monthly visits. The Monitor does not consider “partially” to be compliant with the Exit Standard.
117 This sample was not a statistically significant sample of the universe of applicable children.
118 “Partially” indicates that some but not all applicable domains (health, education, environmental factors or initial safety concern(s) that brought this family to the attention of the Agency) were assessed during the monthly visits. The Monitor does not consider “partially” to be compliant with the Exit Standard.
Additional Findings of the Case Record Review

The case review discovered several practice issues which made it difficult to assess performance for the three Exit Standards related to assessing and documenting safety during visits. Even though workers receive training through the Child Welfare Training Academy (CWTA) and CFSA policy identifies the factors and criteria to examine when assessing safety of a child and family, consistent guidance on how an assessment of safety should be documented is lacking. As a result, it appears that different supervisors, program managers and units within CFSA and private agencies provide their workers with differing expectations of what is minimally expected to be done and documented to assess safety during a worker visit.

The Monitor recommends that CFSA develop clear guidance; disseminate and train social workers (CFSA and private agency) and staff regarding required documentation to demonstrate an assessment of safety during visits with children. CFSA reports that CWTA will revisit the issue of documentation of safety and how it can be more fully addressed in training. The Monitor recommends that the next case record review to determine performance for these Exit Standards not occur until after the policy and practice expectations are disseminated and training completed.

Additionally, during the case review, several instances of data entry errors were noted which resulted in FACES.NET counting visits as having occurred when in fact they did not. For example, reviewers found that a worker may categorize a visit as “completed” when the worker attempted a visit but was unsuccessful in seeing the child. There were also instances where a worker included a child as a participant in a visit, however, there was no evidence in the summary of the visit that the child was present. This was a particular concern in families with multiple children.

The Monitor has shared in general these data error entry errors with CFSA.
Visits between Parents and Workers

<table>
<thead>
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<tbody>
<tr>
<td>18. Visits between Parents and Workers:</td>
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<tr>
<td>c. 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.(^{119})</td>
<td>80% of parents will have twice monthly visitation with workers in the first three months post-placement.</td>
<td>Monthly range of 28 – 63%(^{120})</td>
<td>No</td>
</tr>
<tr>
<td>d. 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.</td>
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<td></td>
<td></td>
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<tr>
<td>(IEP citation I.B.10.)</td>
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</table>

Performance for the period January 1 through June 30, 2012:

Between January and June 2012, monthly performance on this measure ranged between 28 and 63 percent (see Figure 8 below) for twice monthly visitation. For example, in June 2012, there were 40 households of children with a goal of reunification applicable to this measure. Of the 40 households, 21 (53%) received two worker visits. While this performance continues to fall substantially short of the Exit Standard requirement, there was improvement over the previous monitoring period.

\(^{119}\) This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

\(^{120}\) Currently, data are not precise enough to assess instances where there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency. Thus, performance may be better than reported as the Exit Standard is satisfied when there is documentation that parents are unavailable or non-cooperative with the Agency.
Figure 8:
Percentage of Households with Twice Monthly Visits between Workers and Parents with Goal of Reunification
July 2011 – June 2012

Source: CFSA Administrative Data, FACES.NET CMT267
Visits between Parents and Children

In order to facilitate reunification and maintain family connections, children in out-of-home care are to visit weekly with their parents.

<table>
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<tbody>
<tr>
<td>19. Visits between Parents and Children: 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. (IEP citation I.B.11.)</td>
<td>85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.</td>
<td>Monthly range of 68 – 74% 121</td>
<td>No</td>
</tr>
</tbody>
</table>

Performance for the period January 1 through June 30, 2012:

Between January and June 2012, monthly performance on this measure ranged between 68 and 74 percent (see Figure 9 below). For example, in June 2012, 461 children were applicable to this measure. Of the 461 children, 331 (72%) had weekly visits with the parent with whom reunification is sought. 122 Four-hundred and fifteen children (90%) had at least one visit with the parent with whom reunification is sought during the month of June. While this performance demonstrates continued improvement since the previous monitoring period, additional progress is needed to achieve compliance of weekly visits for 85 percent of children with a goal of reunification.

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121 Currently, data are not precise enough to assess instances where it is documented that a visit is not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it. Thus, performance may be better than reported.

122 Of the total children who may have been included in this measure, 19 were excluded due to suspended visits by court order and 43 were excluded due to “other suspended visits”, which includes when a parent or child is incarcerated or when a child is placed outside of DC, Maryland, Virginia or placed in a residential treatment facility greater than 100 miles away.
Performance on Strategy Plan:
CFSA has employed the following strategies to increase performance on visitation:

- By May 1, 2012, supervisors will monitor visitation each week to ensure that visitation requirements, to include both frequency and completion of safety assessments, are met. Each month workers and supervisors will report to their administrator and deputy director a list of clients\textsuperscript{123} who did not receive required visits for prior month and will identify barriers and strategies to prevent future occurrences (2012 Strategy Plan, p.5).

Beginning April 20, 2012, CFSA initiated weekly meetings between social workers, supervisors and program managers to review visitation reports and develop strategies to address visitation issues. In addition, CFSA conducted a review of visitation practices during its June 4, 2012 management meeting which included CFSA and private agency managers. Managers of high performing units shared strategies that are working within their units to increase visitation, including routine supervision, maintaining a calendar and posting visitation appointments, sending reminders about visits, scheduling visits early in the week to allow time to make up any missed appointments, using team

\textsuperscript{123} For purposes of this strategy, the word “client” refers to the person or persons who direct services staff are required to visit or required to facilitate visitation in Outcomes 4, 5, 6, 10, 11 and 20(b), including children in care, children served in home, parents where the goal is reunification and siblings.
members to help cover visitation appointments and thinking creatively about locations to hold visits when the CFSA office is not the ideal location. Several FACES.NET reports were clarified or modified in order to more accurately track performance on visitation standards, including reports for weekly visits during the first four weeks of placement. The monthly “missed visits” report was completed in order to create a consistent reporting mechanism and effective July 9, 2012, the placement and matching policy was changed to clarify when a placement change occurs (e.g., short-term respite care is not a placement change) as this is what triggers the need for weekly visits in re-placement cases.

In August 2012, CFSA senior staff met to review the May and June 2012 visitation data and feedback from workers regarding barriers to completing visitation. The following were the most commonly identified barriers to visitation by workers with children and parents, visits between parents and their children and sibling visits:

- Data not entered or not entered timely in FACES.NET or data entry errors
- Issues with social worker time management or social worker missed visit
- Case transferred to worker at the end of the month
- Court ordered new or different visitation plan
- Child placed over 100 miles away
- Child or parent unavailable
- Child or parent refused visit

Some strategies CFSA identified to address these barriers include:

- Encourage staff to attend refresher FACES.NET training and remind them when visits must be recorded to be captured in monthly reports.
- Use weekly supervision to assist workers with improving time management and plan visits earlier in the month in order to ensure they occur and are documented timely in FACES.NET.
- Have alternate social worker within units who can make visits for assigned social worker if there is an emergency.
- Ensure that children who are placed over 100 miles away are properly documented in FACES.NET so they are excluded from calculations in future reports.
- Utilize visitation templates or other means to better plan for visits.
- Have staff work with placement provider to better plan visits to ensure they occur in the home.
- Continue to engage parents and youth to encourage visits.
• **CFSA will adapt, as appropriate, the visitation assessment tools used by New Jersey, Wisconsin or a jurisdiction identified by Casey Family Programs to determine the nature of the barriers preventing timely visitation with parents, between children and parents, and among siblings (2012 Strategy Plan, p. 5).**

CFSA engaged in discussion with New Jersey’s Department of Children and Families (DCF), which is similarly struggling to achieve goals pertaining to visitation, regarding specific strategies DCF has been using to increase visitation between parents and children, sibling visits and social worker and parent visits. New Jersey’s visitation model, which utilizes contracts with private providers to support parent’s visits with children as well as a visitation assessment tool, was reviewed by CFSA program administrators in order to develop an assessment tool for CFSA. Program managers used this assessment tool to review 95 cases by June 30, 2012 with the goal of better understanding the District’s performance barriers around visitation and determining additional strategies to improve performance. The results of this review were not shared with the Monitor. The Monitor intends to provide further information on this strategy in the next monitoring report.

• **By June 30, 2012, CFSA will develop specific strategies to address identified barriers to visitation with parents, between children and parents, and among siblings. (2012 Strategy Plan, p. 5).**

Following the June 4, 2012 management meeting, CFSA program administrators developed an action plan which included many of the strategies listed above including the strategy that supervisors complete an online visitation assessment survey that was developed based upon the NJ tool. Additional strategies and next steps included in the action plan which are not listed above include:

- Increased accountability of workers regarding documentation in FACES.NET.
- Increase visitation through use of community partnerships.
- Reinforce internal visitation practice model as outlined in the Procedural Operational Manual (POM).
- Periodic referrals to diligent search when worker is unable to locate parent.
- Assess the basis of child’s refusal to participate in visit.
B. GOAL: PERMANENCY

1. Relative Resources

CFSA has placed a high priority on the early identification and support of relative caregivers to promote placement stability and help children and youth maintain important connections to family members. CFSA is required to investigate relative resources in all cases requiring removal of children from their own homes. It is CFSA’s practice, and an IEP requirement, to identify family members who may be able to join in the Family Team Meeting (FTM) planning process in order to provide information and support to children, youth and parents and also be considered as placement options.

CFSA has previously been unable to provide the Monitor with data on IEP requirements related to: 1) offering and facilitating FTMs before a child is removed from the home and 2) identifying, locating and inviting relatives to FTMs after a child is removed. During this monitoring period, CFSA reportedly reconciled two data systems (FACES.NET and FTM Referral Tracking system) to provide data for January through June 2012 for both of these IEP requirements. This monitoring period is the first time that CFSA has provided data regarding the use of FTMs. The Monitor has not verified this data. Beginning July 2012, CFSA will provide this data on at least a quarterly basis with additional, sufficient back up data to enable verification by the Monitor.

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January – June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Relative Resources: CFSA shall identify and investigate relative resources by taking necessary steps to offer and facilitate pre-removal Family Team Meetings (FTM) in all cases requiring removal of children from their homes. (IEP citation I.B.7.a.)</td>
<td>CFSA will take necessary steps to offer and facilitate pre-removal FTMs in 70% of applicable cases requiring child removal from home.</td>
<td>Between Jan-June 2012, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 83% of applicable cases.</td>
<td>Yes, pending verification</td>
</tr>
</tbody>
</table>

124 This is the first time CFSA has provided this data; it has not been verified by the Monitor.
125 Ibid.
**Performance for the period January 1 through June 30, 2012:**

Between January and June 2012, CFSA reports that 40 families were considered to be at risk of having their children removed.²²⁶ Twenty-five families participated in a FTM. One family relocated out of the District and seven families refused to participate despite reported reasonable efforts by CFSA to engage them.²²⁷ Thus, out of 40 families, CFSA made attempts to offer or facilitate a FTM for 33 families (83%). For seven families (18%),²²⁸ the FTM unit did not receive a referral from a worker about the need for a FTM.

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January – June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Relative Resources: In cases where a child(ren) has been removed from his/her home, CFSA shall make reasonable efforts to identify, locate and invite known relatives to the FTM. (IEP citation I.B.7.b.)</td>
<td>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 FTM.</td>
<td>Of the children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM for 98% (253 of 259) of children removed.²²⁹</td>
<td>Yes, pending verification²³⁰</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**

Of the 259 children removed from their homes during this monitoring period, 217 had FTMs.²³¹ Of the 36 FTMs not held, 21 involved children whose families refused to participate and seven children returned home and their families were offered, but refused, an “at-risk” FTM. Thus, CFSA reportedly made reasonable efforts to identify, locate and invite known relatives to FTMs for 245 children (95% of children removed). In the case of eight children, a FTM could not proceed because of the lack of family or supports and six cases were not referred by the social worker to the FTM unit.²³²

²²⁶ According to CFSA Family Team Meeting Policy, “A family is at-risk of removal in instances where a clinical determination is made by a social worker that deems the child to be at risk of removal, or the CPS investigation results in an “Intensive” SDM risk score and the case is referred for In-Home services.” In the future, CFSA will provide the Monitor with this data by number of children as well as number of families. CFSA will also provide documentation of the reasonable efforts made in each case where a family refused a FTM.

²²⁷ CFSA reports that reasonable efforts of workers to hold a FTM requires that three attempts are made to engage families in the FTM process and in cases where no FTM was held, the supervisor and the program manager reviews cases to determine if reasonable efforts were in fact made.

²²⁸ Total is greater than 100% due to rounding.

²²⁹ This is the first time CFSA has provided this data. Monitor has not verified.

³³⁰ Ibid.

³³¹ In the future, CFSA will provide the Monitor with this data by number of families as well as number of children.

³³² CFSA will provide documentation of efforts to identify, locate and invite family members to these FTMs for verification in next monitoring period.

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**Performance on Strategy Plan:**
CFSA reports working with supervisors to ensure that referrals are sent to the FTM unit in a timely manner. Further, two training sessions about FTMs, including the referral process, were scheduled for November.

As part of the strategy plan, CFSA recognized the need to improve practices related to FTMs as a means to keep children safely in their home, find appropriate placements and/or create safe, effective case plans with family involvement. CFSA has identified the following strategies:

- **Beginning in June 1, 2012, the FTM unit will make a referral to the diligent search unit at the same time a referral is received from the CPS with the goal of identifying parents, grandparents, and other relatives (as applicable).** Contact information on relatives located by the diligent search unit will be shared with the FTM unit and CPS investigator, and the ongoing worker, where applicable (2012 Strategy Plan, p.4).

  For the month of June 2012, CFSA reports that 49 families were referred for a FTM and 178 relatives were identified. CFSA will provide the Monitor with documentation of efforts made by the diligent search unit to identify relatives starting in July 2012. The Monitor will verify this data in the next monitoring period.

- **By June 20, 2012, and each month thereafter, CFSA will track the families who require a pre-removal FTM.** CFSA will track families where a pre-removal FTM was offered or held and will document information on who was invited and who attended the FTM (2012 Strategy Plan, p.4).

  CFSA has a system to track families referred for a FTM and who was invited to these meetings. Data were provided starting in July 2012 that will be verified by the Monitor in the next monitoring period.

- **By July 15, 2012, CFSA will develop a standard operating procedure that expands the current eligibility criteria for pre-removal FTMs.** The new criteria will include:
  a. Social worker clinical judgment
  b. Families receiving intensive risk scores that have been recommended for an open case
  c. Community papered investigations
  d. Failure to thrive investigations
  e. Positive toxicology investigations
  f. Mothers who are 21 years or younger with two or more children who are participants in a report to the CPS hotline

The Monitor has reviewed and approved a draft of the new standard operating procedure. At this time, the Monitor is unable to determine when this procedure went into effect.

- By October 1, 2012, CFSA will assess the capacity to provide removal and pre-removal FTM’
s for all eligible families and expand coordinator and facilitator capacity, if needed (2012 Strategy Plan, p.4).

Although this strategy is not due until October, CFSA has assessed the number of pre-
removal FTM referrals received from January through June 2012 and the expected number of
pre-removal FTM referrals the FTM unit would receive under the new, expanded criteria.
According to their estimate, the FTM unit received a monthly average of 33 pre-removal/at-
risk referrals. Under the expanded criteria, CFSA estimates a monthly average of 49
additional referrals, for a total of 82 FTM referrals per month for at-risk/pre-removal cases.
The FTM unit increased from six to 10 staff earlier this year and CFSA reports that this staff
increase should be sufficient for the estimated number of referrals. The Monitor will review
staffing capacity in the next monitoring period.

2. Placement of Children

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 well-being. Figure 10 below
shows the number of children in out-of-home placement in the District of Columbia from 2005
to June 30, 2012. The number of children in care as of June 30, 2012 represents a decrease of 36
percent since 2005.

![Figure 10: Number of Children in Out-of-Home Placement by Year CY2005 – June 30, 2012](image)

Source: CFSA Administrative Data, FACES.NET report PLC155
Note: 2005 through 2011 data are point in time data taken on the last day of the calendar year.
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 June 30, 2012, there were 1,657 children between the ages of birth and 21 in out-of-home placement. The majority of the children are African American (92%) and either under the age of six (23%) or over the age of 18 (24%).

Table 5:
Demographics of Children in Out-of-Home Placement
As of June 30, 2012

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>821</td>
<td>50%</td>
</tr>
<tr>
<td>Female</td>
<td>836</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,657</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>3</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1,530</td>
<td>92%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>2</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>87</td>
<td>5%</td>
</tr>
<tr>
<td>White</td>
<td>35</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,657</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year or less</td>
<td>83</td>
<td>5%</td>
</tr>
<tr>
<td>2-5 years</td>
<td>297</td>
<td>18%</td>
</tr>
<tr>
<td>6-8 years</td>
<td>193</td>
<td>12%</td>
</tr>
<tr>
<td>9-11 years</td>
<td>167</td>
<td>10%</td>
</tr>
<tr>
<td>12-14 years</td>
<td>201</td>
<td>12%</td>
</tr>
<tr>
<td>15-17 years</td>
<td>316</td>
<td>19%</td>
</tr>
<tr>
<td>18-21 years</td>
<td>400</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,657</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.net report PLC156
**Figure 11: Race of Children in Out-of-Home Placement**

*As of June 30, 2012*

*N=1,657*

- White, 2%
- Asian, <1%
- Black or African American, 92%
- Native Hawaiian or Other Pacific Islander, <1%
- Unknown, 5%

Source: CFSA Administrative Data, FACES.net report PLC156

**Placement of Children in Most Family-Like Setting**

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Placement of Children in Most Family-Like Setting: Children in out-of-home care shall be placed in the least restrictive, most family-like setting appropriate to his or her needs. (IEP citation I.B.8.a.)</td>
<td>90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs.</td>
<td>In March 2012, an estimate of 97% of children were either in a family-based setting or the most appropriate setting based on his/her needs.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**

As of June 30, 2012, of the 1,657 children in out-of-home care, 1,341 (81%) children were placed in family-based settings, including 17 percent of children in kinship homes. The performance on this requirement remained steady between January and June with between 80 and 81 percent of children per month placed in family-based settings.

Figure 12 below displays the placement types for children in out-of-home care as of June 30, 2012.
The FACES.NET data presented above on type of placement setting only indicate the specific category of placement type and does not indicate if the placement setting is the least restrictive, most family-like setting appropriate to the child’s needs. Therefore, between March and October 2012, CFSA’s Quality Assurance unit conducted a review of a statistically significant sample of children and youth who were placed in non-family-based settings to determine whether the placement was least restrictive based upon the child’s needs. To determine a sample for this review, CFSA used data as of December 31, 2011 to determine the universe of children and youth in non-family-based placement settings. As of December 31, 2011, there were 352 children in more restrictive, non-family-based settings, including correctional settings, diagnostic and emergency care, independent living programs, group settings for medically fragile children/youth, Psychiatric Residential Treatment Facilities (PRTFs), specialized group homes, teen parent programs, traditional group homes and transitional living services programs. From this universe, CFSA reviewed a sample of 92 children which provides for 95 percent confidence in the results with a ± 8.6 percent margin of error. Although the sample was drawn on December 31, 2011, CFSA analyzed the factual considerations and circumstances of the placement at the time of the review of the case, sometime between March and June 2012.

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133 Placements including abscondance and “not in legal placement” were not included in universe to determine sampling or margin of error.
134 The Monitor expressed concerns with CFSA regarding the methodology and sampling method used for this review. The Monitor has asked that in the future when CFSA is planning case record reviews which will be
The review found that of the 92 children and youth reviewed, 77 (84%) were in the most family-like setting appropriate to meet his or her needs and 15 (16%) children or youth were determined to be in a more restrictive or less family-like setting than necessary. As reviewers were asked to make a determination regarding the appropriateness of the placement at the time of the review (around March 2012, as opposed to December 31, 2011 when the sample was drawn), in order to provide an estimate of how many children and youth total were in the least restrictive, most family-like setting appropriate to his or her needs, the findings of this review were used to provide an estimate of all children and youth in out-of-home placement in March 2012. As of March 31, 2012, similar to data from December 31, 2011, 80 percent of children in placement were in family-based settings. As stated above, the case record review found that 84 percent of children and youth not in family-based settings were placed in the least restrictive, most family-like setting appropriate to his or her needs. Taken together, these data estimate that 97 percent of children met the requirement of the Exit Standard, exceeding the performance required for this Exit Standard.

**Performance on Strategy Plan:**
CFSA has employed the following strategy to increase performance toward the placement of children in the most family-like setting:

- **Beginning June 2012, the Annie E. Casey Foundation will conduct a review of CFSA’s use of congregate care placements with the goal of “right-sizing” the use of congregate care and will provide technical assistance to CFSA staff to continue the process (2012 Strategy Plan, p. 6).**

CFSA engaged the Annie E. Casey Foundation Child Welfare Strategy Group (CWSG) to conduct a review of children in congregate care placements to determine the appropriateness of children’s placements in congregate care settings with the goal of accomplishing the following outcomes: 1) fewer children in congregate care; 2) more children and youth placed with families; 3) more children and youth placed in or close to the District of Columbia; 4) shorter lengths of stay for children and youth in congregate care; and 5) better quality congregate care placements when congregate care is recommended as the least restrictive environment. The review methodology employed has been used in Maryland, Virginia, New York City, Maine and Connecticut and has been found to be effective in increasing placements in family-based settings and reducing an overreliance on congregate care.

The reviews began in mid-June 2012 and are ongoing. Reviews are based upon placement type beginning with a cohort of 35 youth placed in therapeutic group homes located outside of the District, followed by nine youth placed in specialized group homes providing data for LaShawn monitoring purposes, the Monitor should be involved in the development of the review methodology, including sample selection.
located in the District and, lastly, 40 youth placed in traditional group homes located in the District. More information on this strategy will be included in the next monitoring report.

*Placement of Children in Emergency, Short-term or Shelter Facilities*

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.

<table>
<thead>
<tr>
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<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Placement of Children in Most Family-like Setting: No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. (IEP citation B.8.b.)</td>
<td>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.</td>
<td>Between January - June 2012, there were 41 of 67 children and youth placements over 30 days in emergency, short-term or shelter facility that did not meet an agreed upon placement exception.</td>
<td>No</td>
</tr>
</tbody>
</table>

*Performance for the period January 1 through June 30, 2012:*

Exclusion criteria for this Exit Standard were agreed upon in July 2011 and were used to assess the data below. Between January and June 2012, there were 67 placements of children and youth within an emergency, short term or shelter facility or foster home for more than 30 days. These placements were in two facilities that CFSA uses for short-term, emergency placements: St. Ann’s Infant and Maternity Home and Quadri-Technology.

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135 These placement exceptions include: 1) to allow a child to remain in the placement pending an imminent return home, defined as not to exceed an additional 10 days; 2) to allow a child to remain in the placement pending a relative’s license completion, not to exceed an additional 30 days and with evidence of expedited work to complete the licensure process; 3) to allow a child to be placed with a sibling already in a foster home that is expanding its licensed capacity to accommodate another child, not to exceed an additional 30 days and with evidence of expedited work to complete licensure expansion; 4) to allow a sibling group of more than 3 children to stay together to reduce the trauma of separation while the Agency takes diligent steps to find a family setting that can keep children together; 5) to allow an identified foster parent additional time to complete training to address the child’s medical, behavioral and/or cognitive needs, not to exceed an additional 30 days and 6) where the Court has ordered that the child remain in an emergency setting.

136 Quadri-Technology is identified in their contract with CFSA as a 16 bed provider of diagnostic assessment delivering short term care, 45 days or less, to children and youth. Although outside this monitoring period, CFSA has recently terminated its contract with Quadri-Technology effective October 1, 2012.
Fifty-four (81%) of the 67 placements were at St. Ann’s and the remaining 13 (19%) were at Quadri-Technology.

Overall, 26 (39%) of the 67 children and youth placements over 30 days were in compliance with agreed upon exceptions to the IEP performance standard. None of the placements at Quadri-Technology for over 30 days were in compliance with an agreed upon placement exception. The majority of the 26 placements at St. Ann’s that were compliant met either the placement exception related to allowing a child or youth to remain in the placement pending a relative’s license completion or to allow a sibling group of more than three children to remain together in order to reduce the trauma of separation while the Agency took diligent steps to find a family setting to keep children together. In the data provided to the Monitor, CFSA noted that for 15 of the 41 child placements that did not meet a placement exception, these placements involved a sibling group of two or three children. As mentioned in the previous monitoring report, the Monitor encourages CFSA to continue to explore additional family-based placement options which can accommodate sibling groups.

This performance does not meet the Exit Standard requirement.

**Placement of Young Children**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>16. Placement of Young Children: 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. (IEP citation I.B.9.a.)</td>
<td>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.</td>
<td>Between January - June 2012, 1 of 7 placements of children applicable to this standard did not meet an agreed upon placement exception.</td>
<td>Partially</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**

Exclusion criteria for this Exit Standard were agreed upon in July 2011 and were used to assess the data below. These placement exceptions include: 1) medically fragile needs where there is evidence in the child’s record and documentation from the child’s physician that the child’s needs can only be met in a hospital or skilled nursing facility or another highly specialized treatment facility; 2) developmentally delayed or specialized cognitive needs where there is evidence that the child’s condition places the child in danger to himself or others and that insuring the child’s safety or the safety of others requires placement in a congregate treatment program which can meet the child’s needs or 3) Court order where the Court has ordered that the child remain in the group care setting.
excluded children in emergency, short-term or shelter facilities. The seven placements reviewed were within the following congregate care settings:

- HSC Pediatric Center
- San Marcos Treatment Center
- University Behavioral Health
- Devereux
- Iliff Nursing and Rehabilitation Center
- Psychiatric Institute of Washington

Overall, six (86%) of the seven placements met one of the placement exceptions due to the child being medically fragile or developmentally delayed which caused the child to need a hospital, skilled nursing facility, highly specialized treatment facility or other congregate treatment program. The Monitor determined this Exit Standard partially achieved.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>17. Placement of Young Children: 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. (IEP citation I.B.9.b.)</td>
<td>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 other type of care.</td>
<td>Between January - June 2012, the 1 child placement applicable to this measure met an agreed upon placement exception.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**
The exclusion criteria for this measure were agreed upon in July 2011 and are the same exclusion criteria as referenced above for children under the age of 12 in congregate care settings for more than 30 days. Between January and June 2012, there was one child under the age of six placed in a group care, non-foster home setting applicable to this measure. This placement was at Iliff Nursing and Rehabilitation Center. Review of this placement determined that this placement met the medically fragile placement exception.
3. **Appropriate Permanency Goals**

The IEP requires that children 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 which focus specifically on older youth in foster care and those children and youth with Another Planned Permanent Living Arrangement (APPLA) goals.

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<tbody>
<tr>
<td>21. <strong>Appropriate Permanency Goals</strong>: Children shall not be given a goal of APPLA without convening a 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. (IEP citation I.B.12.b.)</td>
<td>Beginning July 1, 2010, children shall not be given a goal of APPLA without convening a 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.</td>
<td>There were 18 youth whose goal changed to APPLA between January – June 2012. Eleven of the 18 (61%) had LYFE conferences. In all cases, CFSA opposed the goal change ordered by the court.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Performance for the period January 1 through June 30, 2012:*

CFSA reported that there were 18 new youth assigned an APPLA goal between January and June 2012.\(^{138}\) For 11 youth, a LYFE conference was held. For all 18 youth, CFSA did not agree with the goal change.

CFSA is committed to using APPLA as a goal for youth in very rare circumstances as evidenced by the reduction in the overall number of children and youth with APPLA goals in the last six months. On June 30, 2012, 346 youth had a goal of APPLA, a decline of 60 youth since the last monitoring period. Eighty-eight percent of the children and youth with APPLA goals were between the ages of 18 and 20 (see Figure 13). These youth will transition out of foster care within the next two years and many within the next year, as 37 percent were 20 years old on June 30, 2012. These data underscore the urgency of efforts to improve services and supports to older youth transitioning from foster care without achieving legal permanency.

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\(^{138}\) One youth was actually assigned the goal of APPLA in May 2011, but the goal was not entered into FACES until this monitoring period and is, therefore, accounted for within this cohort.
As of June 30, 2012, 67 percent of children and youth with APPLA goals were between the ages of 14 and 17 when these goals were assigned (see Figure 14). Twelve percent of youth with APPLA goals were assigned these goals between the ages of 3 and 13.

*Cumulative percentage exceeds 100% due to rounding

Source: CFSA Administrative Data, FACES.NET report PLC010
Over half of youth (51%) who had an APPLA goal on June 30, 2012 entered custody between birth and age 12 (see Figure 15).

![Figure 15: Age at Entry for Youth with APPLA Goal as of June 30, 2012](image)

Source: CFSA Administrative Data, FACES.NET report PLC010
*Cumulative percentage exceeds 100% due to rounding

The objective of this IEP Exit Standard is to ensure that there is sufficient oversight to make certain that all permanency options are fully pursued before assignment of an APPLA goal. By policy, youth can only be assigned an APPLA goal in a rare occurrence after permanency options have been explored and excluded and if the youth has participated in a Family Team Meeting (FTM) or Listening to Youth and Families as Experts (LYFE) meeting and the CFSA Director has approved the goal change. A youth can also be assigned an APPLA goal if there is a court order directing the permanency goal of APPLA, although CFSA has been working with the Court to emphasize the importance of pursuing other permanence options and ensuring that they check to see if CFSA policy was adhered to before considering an APPLA goal. The Agency has and will continue to educate staff, private providers and the Court on the Agency’s policy of seeking the Agency Director or Designee’s approval prior to the request of an APPLA goal assignment.

**Performance on Strategy Plan:**
As part of the Agency’s strategy plan:

- CFSA will continue to engage the Family Court Judges on CFSA’s policy regarding the use of APPLA at meetings with the Family Court presiding judge or other appropriate venues (2012 Strategy Plan, p. 7).
CFSA reports that the Director met with the Family Court Judges on March 20, 2012 and July 10, 2012 where the policy regarding assignment of APPLA goals was discussed.

➢ **Supervisors and attorneys will review court reports prior to submission to the court to ensure that they are not recommending the goal of APPLA unless a LYFE conference has been held and the director has approved the goal (2012 Strategy Plan, p. 7).**

CFSA reports that Agency policy regarding assigning a goal of APPLA was discussed at every special corrective action review with both CFSA and private agency staff. CFSA also reports that FTM staff disseminates a written document outlining agency requirements regarding APPLA approval at each LYFE meeting and the agency ombudsman provides ongoing consultation to staff, supervisor and attorneys on the agency’s policy regarding APPLA approval.

### Implementation and Exit Plan

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<td>22. <strong>Appropriate Permanency Goals:</strong> Youth ages 18 and older will have a plan to prepare them for adulthood that is developed with their consultation and includes, as appropriate, connections to housing, health insurance, education, 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. (IEP citation I.B.12.c.)</td>
<td>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.</td>
<td>Between January and June 2012, 61% of youth ages 18 and older had a timely YTP. Monitor Case Record Review found that of 76 youth ages 20.5 or 21, 73 (96%) had a timely YTP.</td>
<td>No</td>
</tr>
</tbody>
</table>
Performance for the period January 1 through June 30, 2012:

CFSA reports that of the 448 youth ages 18-20 under CFSA care, 276 (61%) participated in a Youth Transition Plan (YTP) between January and June 2012. This performance does not meet the IEP standard that 90 percent of youth ages 18 and older have a plan to prepare them for adulthood developed with their consultation.

The IEP further requires that an individualized transition plan be created no later than 180 days prior to the date on which the youth will turn 21 years old (or the date on which the youth will emancipate) that includes 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. Previously, CFSA has not been able to provide reliable data on all components of this IEP Exit Standard. Therefore, in a joint endeavor with CFSA and the District of Columbia’s Citizen’s Review Panel, the Monitor conducted a case record review in the summer 2012 to determine the rate of YTP completion and evaluate the quality of YTP meetings, resulting plans and subsequent implementation for youth aged 20.5 or about to turn 21. Detailed findings and recommendations from this review are included in Appendix C to this report. Simultaneously, the new CFSA Director launched an intensive internal review of practice with older youth and directed a strategic planning process to improve all aspects of youth transition planning. Based on this internal review of the quality of case planning for youth preparing to transition to adulthood, CFSA has begun to implement activities focused on achieving youth benchmarks in multiple domains including education, housing, life skills, financial management and physical and mental health, among others. The independent findings and recommendations from the Monitor’s case record review (summarized below) are similar to the findings and subsequent action steps taken by CFSA based on their internal assessments.

The case record review examined the case files and most recent YTP plans of all youth aged 20.5 to 21 years old between January 1 and March 31, 2012, for a total of 76 cases. While policy and practice expectations are that youth should be engaged in transition planning since at least the age of 18, this Review focused exclusively on youth at or near their 21st birthday who were

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139 CFSA reports that of the 172 who did not have a YTP, 17 youth were in abscondence for some or all of the monitoring period; 8 had significant cognitive limitations (e.g., mental retardation); 1 had achieved legal guardianship in January 2012; and 2 had their cases closed during the monitoring period.

140 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.

141 Demographic analysis showed that 51 percent of the population reviewed was 20.5 years-old and in CFSA care on March 31, 2012, while the remaining 49 percent was 21 years-old and recently emancipated. CFSA was the most recent agency with case management responsibility over 37 percent of these 76 youth, with the Office of Youth Empowerment (OYE) managing 93 percent of these CFSA cases. Of the 63 percent of cases managed by a private agency, Foundations for Home and Community had case management responsibility over 54 percent.
just about to leave or recently left CFSA custody and examined their most recent YTP and accompanying activities over a 15 month time period (between January 1, 2011 and March 31, 2012). Monitor staff worked jointly with CFSA to develop a structured data collection instrument and test the instrument before a full review was conducted. The Monitor employed a quality assurance approach to ensure inter-rater reliability among the case review staff, including representatives of the Citizen’s Review Committee, CSSP and CFSA.

A summary of findings follows:

1. The vast majority of youth are participating in the YTP process. However, the YTP process and resulting plans and plan implementation are often not sufficiently targeted to youth’s individual needs.

As the youth included in this Review were at least 20.5 years-old on March 31, 2012, the entire universe should have been engaged in the final phases of transition planning, including multiple YTP meetings during the period under review. Of the 76 youth whose case files were reviewed, 96 percent (73) participated in a YTP meeting between January 1, 2011 and March 31, 2012. For the three youth who did not participate in a YTP meeting during the Review period, there was no documentation of good faith efforts to engage the youth and hold a YTP meeting that met the criteria defined by the Monitor and CFSA prior to the review.

142 The Review Team used a structured data collection instrument produced using Survey Monkey, an online software tool used for creating surveys and questionnaires. This instrument was designed in collaboration with Troy Blanchard, Ph.D. of Louisiana State University. Drafts of the instrument were reviewed by CFSA staff. Each team member had access to FACES.NET, CFSA’s information and data management system, and a hard copy of the most recent case file, including the YTP. The review was conducted from June 11-15, 2012 in CFSA offices. Data collected through the Review were coded into a format that allowed for statistical analysis using the Statistical Package for the Social Sciences (SPSS) computer program.

143 Each reviewer participated in a training facilitated by the Monitor. The training included: reviewing the tool, learning to navigate FACES.NET and reviewing a case with a partner. During the four day review, Monitor staff checked data collection instruments for completeness and internal consistency prior to data analysis. Monitor staff reviewed the first and second cases scored by each review team member and additional cases were reviewed as needed based on reviewer performance; this secondary review was conducted on 39 percent of all cases (30 of 76).

144 The majority of cases reviewed involved youth who received case management services from CFSA’s Office of Youth Empowerment (OYE) or the private agency Foundations for Home and Community.

145 Of the 73 youth, one did not participate in a YTP meeting at least 180 days prior to the date of their emancipation, as required by the IEP Exit Standard. This youth’s file lacked documented good faith efforts by the provider agency with case management responsibility to convene such a meeting.

146 Although reviewers did not find documented food faith efforts that met the standards agreed upon by the Monitor and CFSA prior to the Review, documentation did show that CFSA or the private agency connected each of the three youth to appropriate resources, including support for completing a GED and earning a computer technology certificate, referral to a Collaborative, dissemination of information about OYE, enrollment in a teen parenting program and coordination for transition from CFSA to DDS case management, as applicable. Transition planning for one of the youth was complicated by incarceration and abscondence.
In many cases, youth received significant support from caring social workers during their final months in custody. However, some YTPs did not accurately or fully represent the youth’s voice. For example, a youth’s interest in college was not addressed as part of the YTP process. Further, insufficient documentation in the case record also made it difficult to fully assess youth’s needs and evaluate YTP meetings, plans and implementation.

2. Many of the needs of youth were inadequately addressed in the YTP plans and documented implementation work. The plans and follow-up work were impeded by the YTP team’s limited engagement with and inclusion of the youth’s informal supports as well as limited creativity in crafting individualized plans.

Review findings reveal a very vulnerable population of older youth. Particular concerns include: high rates of domestic violence, major mental health issues and cognitive impairments and a lack of appropriate supports and services for each of these matters; poor support in finishing high school and/or to remain and succeed in college; unrealistic housing plans; weak engagement/inclusion of the youth’s life connections (e.g. family, friends, boyfriend/girlfriend) in the YTP process; and insufficient documentation of and support/services for pregnant/parenting youth, particularly fathers. YTP plans did not consistently focus on many of these needs and in some instances overlooked the needs related, for example, to identifying and supporting lifelong connections. More frequently the focus of the YTP was on needs and responsibilities to find a job and housing.

3. Quantitative data indicate that some efforts were made to appropriately connect the majority of youth to some or all of the options/services identified in their YTP; however, qualitative data presents a less encouraging picture. YTP task implementation is weak, largely due to unclear plans, insufficient support for youth, lack of adaptation to or consideration of the youth’s capabilities and poor teaming with related city agencies and community partners.

While a transitional plan was developed with the youth’s consultation in 96 percent of cases, these plans largely did not connect youth to the specific supports required by the IEP and that youth need in order to lead safe, self-sufficient, healthy and productive adult lives.

The Monitor met with both CFSA and the Citizen’s Review Panel about the findings and recommendations from the YTP case record review. The Citizen Review Panel endorses these findings and recommendations and CFSA concurs with the findings and reports that the findings mirror much of what was discovered through their internal assessments. For a full discussion of the findings and accompanying recommendations, see Appendix C.
**Performance on Strategy Plan:**

CFSA is committed to improving its performance on this Exit Standard and has made supporting older youth in CFSA care a priority. Building off of the strategy plan and CFSA’s internal assessments, CFSA is working on the following:

- **Based on the findings and recommendations of the review and in conjunction with CFSA’s overall review of services provided to older youth, by July 31, 2012, CFSA will (a) identify the principal systemic areas in need of development/improvement; (b) specify action steps with target dates to address the areas in need of improvement/development; or (c) identify the process and timelines by which new or additional services and supports for youth in transition will be obtained (2012 Strategy Plan, p. 7).**

CFSA has brought heightened focus to youth imminently transitioning out of CFSA care. On May 17, 2012, a JumpStart Fair occurred to provide older youth with a “one-stop” environment to find the resources they need to support their transition from foster care. The District of Columbia Mayor, Vincent Gray, and the CFSA Director opened this event, which was supported by Casey Family Programs, a national foundation. In addition, CFSA established a “21 JumpStart” review process to support the final transition planning for youth leaving CFSA care between August and December 2012. This review process is a complement to existing YTP processes and also provides insight into larger system needs and barriers to successful transition for youth.

OYE staff is developing plans to support the needs of teen parents in foster care. As a part of a four-state Teen Parent Peer Learning Network, CFSA is developing data collection and analysis tools to understand this population and develop specific strategies to address their unique needs. OYE in collaboration with current and new community partners will develop a curriculum for teen parents that focuses on bonding with children, building self-esteem and alleviating stress. The plan is for the training to be offered to teen parents living both in contracted teen parent programs as well as in foster homes.

CFSA intends to replace the current static, ten domain YTP format with Foster Club of America’s Youth Transition toolkit, a youth-driven living document. This tool will be accessible to youth even after they transition from CFSA care.147 Further, CFSA reports that efforts will be made to improve engagement with older youth and their lifelong connections and that social workers and independent living specialists will schedule transition meetings at times convenient to youth and their lifelong connections. Consultation from the Foster Club on the Youth Transition Toolkit is planned before the end of 2012.

CFSA reports using Rapid Housing resources to support youth with their housing, such as paying rent to foster parents willing to allow youth to continue to live in their home or supporting youth in college in off campus housing. CFSA also reports beginning work to

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147 Information regarding this toolkit can be found at: [http://www.fosterclub.com/transition/article/transition-toolkit](http://www.fosterclub.com/transition/article/transition-toolkit)
improve partnerships with transitional housing programs in the community that can offer a stable place for youth leaving CFSA care who are not eligible for Rapid Housing Assistance.

Increasing high school graduation rates and college entry and graduation is also a priority for all older youth in CFSA care. To support college bound youth, CFSA developed new partnerships with college mentoring programs (Washingtonians for Children and DC College Success). For youth not proceeding to college, CFSA is partnering with organizations that provide industry recognized vocational licenses/certifications. CFSA will use new subsidized employment funds to provide paid internships immediately after completing a program.

Finally, CFSA is exploring avenues to build financial literacy skills and adequate savings for youth transitioning out of care. In the fall of 2012, CFSA will offer a comprehensive financial literacy program using the EverFi online curriculum (available through a partnership with the Office of the Deputy Mayor for Education and Bank on DC). This program will be mandatory for all youth in care beginning at age 15. CFSA plans to review Independent Living Program (ILP) stipends and allowances and explore creating an Individual Development Account (matched savings program) for older youth so that youth have the opportunity to build savings before they leave CFSA care.

- By June 30, 2012, CFSA Independent Living Specialists will provide training for private agency social workers and supervisors on integrating the Ansell Casey Life Skills Assessment into the goals set for youth (2012 Strategy Plan, p. 7).

In January and March 2012, CFSA provided training on the Ansell Casey model. However, CFSA reports that the National Resource Center for Youth Development significantly changed the model so future trainings are on hold until CFSA considers how best to incorporate this effort into the overall work to support older youth.

There is considerable positive energy and focus on the older youth population reflecting the commitment of CFSA leadership to improve outcomes for transitioning youth, the majority of whom have grown up in CFSA custody. Many of these youth remain very vulnerable and have substantial needs requiring not only efforts to engage them earlier in meaningful planning but additional access to needed services and supports of housing, job success and to deal with issues of mental health, substance use and domestic violence.
4. **Reduction of Multiple Placements for Children in Care**

The Exit Standard on placement stability has different compliance percentages based on the length of time children are in care, recognizing the different placement trajectories for children and youth who have been in care for shorter to longer periods of time. The overall goal, however, is to minimize placement moves for all children to the greatest extent possible recognizing the importance of placement stability to a child’s well-being.

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| 23. **Reduction of Multiple Placements for Children in Care:**  
  (IEP citation I.B.13.) | a. 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. | Monthly range of 79 – 82% |                         |
|                                          | b. 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. | Monthly range of 53 – 62% | Partially²⁴⁸          |
|                                          | c. 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. | Monthly range of 77 – 79% |                         |

**Performance for the period January 1 through June 30, 2012:**

- **Children in care for eight days to one year**
  
  Between January and June 2012, a monthly range of 79 to 82 percent of children in foster care for eight days to one year had two or fewer placements (see Figure 16). For example, as of June 30, 2012, there were 457 children served in foster care during the previous 12 months who were in care at least eight days and less than 12 months. Of these 457 children, 370

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²⁴⁸ CFSA met one of the sub-parts of this Exit Standard which required children in care 25 months or longer to have two or fewer placements during the previous 12 months, but did not meet the other two sub-parts for cohorts of children in care less than 12 months and children in care 12 to 24 months.
(81%) had two or fewer placements. CFSA’s performance continues to be close to meeting this sub-part of the Exit Standard requirement but falls short.

**Figure 16:**
*Multiple Placements for Children in Foster Care at Least 8 Days and Less Than 12 Months*  
January – June 2012

![Bar chart showing monthly percentages of children with two or fewer placements between January 2012 and June 2012.](image-url)

Source: CFSA Administrative Data, FACES.NET CMT267

- **Children in care between 12 and 24 months**
  Between January and June 2012, a monthly range of 53 to 62 percent of children in foster care for 12 to 24 months had two or fewer placements (see Figure 17). For example, as of June 30, 2012, there were 395 children served in foster care during the previous 12 months who were in care for at least 12 months, but less than 24 months. Of these 395 children, 209 (53%) had two or fewer placements. Placement stability for children in care between 12 and 24 months has been decreasing over this monitoring period and performance does not meet this sub-part of the Exit Standard requirement.
**Children in care over two years**

For this group of children, the measure is purposely focused on the child or youth’s placement experiences in the past 12 months, since many of the children who have long foster care histories have had multiple placements in the past. The analysis is focused on whether these children and youth have achieved stability in the most recent 12 month period. Between January and June 2012, a monthly range of 77 to 79 percent of children in care over two years had two or fewer placements within the past year (see Figure18). For example, as of June 30, 2012, there were 1,293 children served in foster care during the previous 12 months who were in care for at least 24 months. Of these 1,293 children, 1,021 (79%) had two or fewer placements during the previous 12 months. This performance meets this sub-part of the Exit Standard requirement.
5. **Timely Approval of Foster Parents**

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 and Virginia are responsible for homes and facilities in those states.

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<tr>
<td>24. Timely Approval of Foster/Adoptive Parents: 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. (IEP citation I.B.14.)</td>
<td>70% of homes licensed beginning November 1, 2010, will have been approved, and interested parties will have been notified within 150 days.</td>
<td>51% of applicable foster parents surveyed received full licensure within 150 days or less of beginning training.</td>
<td>No</td>
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Overall, CFSA met one of the three sub-parts of the reduction of multiple placements Exit Standard and came close to meeting the other two sub-parts. This Exit Standard is partially achieved.
Performance for the period January 1 through June 30, 2012:
CSSP collected performance data for this Exit Standard through a survey of resource parents who had a foster child placed with them between January and May 2012. In order to ensure more recent practice was being assessed, CSSP analyzed data specific to this Exit Standard for those foster parents who had been licensed for three years or less. The survey, although not of a statistically significant cohort, found that of the 59 applicable foster parents, 30 (51%) received full licensure 150 days or less after beginning training. See Appendix D for more information regarding the findings of this survey.

During this monitoring period, CFSA developed a FACES.NET report to routinely collect data on this Exit Standard for all foster parents who are licensed each month. This reporting began in July 2012 and will be used to provide data for the next monitoring period.

Performance on Strategy Plan:
CFSA has employed the following strategies to increase performance on timely approval of foster parents:

- **By June 30, 2012, the Family Licensing Division will update its protocols to include a guide for tracking and monitoring the approval of foster, adoptive, and kinship licenses within the 150 day time frame (2012 Strategy Plan, p. 5).**

CFSA reports that the Family Licensing Division has reviewed its protocol and developed a revised process with implementation planned for December 31, 2012, pending approval by CFSA’s Principal Deputy Director and the Chief of Staff. This protocol will be integrated with the work of the Kinship Licensing Unit, which has the responsibility for kinship licensing. Additionally, CFSA reports that its Contract Monitoring Division has conducted an onsite visit to each private agency to ensure each agency has an active and effective system for tracking and monitoring their licensure process.

Through the collaborative work of its Child Information Systems Administration (CISA) and Family Licensing Division, CFSA has developed a new FACES.NET report to document and track timely licensure of foster homes. This report is accessible to both CFSA and private agency staff.

CFSA implemented several additional strategies to improve compliance with timely licensure including: clarifying language within family-based contracts; meeting with providers to clarify expectations; and adding timely licensure to the performance evaluation process used by the Contracts Monitoring Division.
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<tr>
<td><strong>58. Licensing Regulations:</strong> CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities. (IEP citation I.D.33.)</td>
<td>CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities. Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis.</td>
<td>As of June 2012, 30 of 34 FTE positions for Contracts Monitoring were filled. 27 of 30 FTE positions were filled for Family Licensing Division.</td>
<td>Yes</td>
</tr>
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**Performance for the period of January 1 through June 30, 2012:**
As of June 30, 2012, 30 of 34 FTE positions for contracts monitoring were filled and 27 of 30 FTE positions were filled for Family Licensing Division. Based on conversations with CFSA, the Monitor believes these positions constitute adequate resources to enforce regulations for original and renewal licensing of foster homes, group home and independent living facilities.

6. **Timely Adoption and Permanency**

There are a number of IEP outcomes that track processes to move children and youth in the District of Columbia to permanency in a timely manner. These include:

1. Placing children and youth in approved adoptive homes within nine months of their goal becoming adoption.
2. Making reasonable efforts to finalize adoptions within 12 months of placement in the approved adoptive home.
3. Achieving permanency within established timeframes through adoption, guardianship and reunification.
Approved Adoptive Placement

The IEP requires that children with a goal of adoption be placed in an approved adoptive placement within nine months of their goal becoming adoption.\(^{149}\) There are two Exit Standards to measure this outcome, one for children and youth whose goal changed July 1, 2010 or thereafter and the other for children whose goal changed to adoption prior to July 1, 2010.

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<tr>
<td>28. Timely Adoption: Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (\text{IEP citation I.B.16.a.ii.)})</td>
<td>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.</td>
<td>As of June 2012, of the original cohort, 30% have been placed in a pre-adoptive home or adopted. An additional 9% of children found permanency through guardianship or reunification.(^{150})</td>
<td>Yes</td>
</tr>
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Performance for the period January 1 through June 30, 2012:

As previously reported, 16 percent of children were in an approved adoptive placement by December 31, 2010 and an additional 11 percent of children by June 30, 2011.\(^{151}\) Although the initial timeframes in this Exit Standard are no longer relevant, the Monitor is continuing to track this cohort of children to determine when they achieve placement in a pre-adoptive home and permanency. Last monitoring period, CFSA reported that 224 children and youth who had a goal of adoption on July 1, 2010 were not in an approved adoptive placement by July 1, 2010. CFSA noted in May 2012 that one of the 224 children had actually been in a pre-adoptive placement prior to July 1, 2010, but this fact was not reflected in the previous data analyses. Therefore, the accurate universe is 223 children and youth. As of June 30, 2012, of those 223

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\(^{149}\) Pursuant to 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.

\(^{150}\) As of June 30, 2012, the original cohort of children was determined to be 223, a new denominator. Of the original 223, 65 children have been adopted or placed in pre-adoptive homes and 79 children with the goal of adoption are still awaiting placement in a pre-adoptive home. Of the original cohort of 223 children, 56 had their goal changed from adoption to another goal. 23 exited care due to emancipation (2), guardianship (11), reunification (8), or no end of care reason determined (2).

\(^{151}\) This calculation was based on a cohort of 202 children, due to continued data clean up and data entry errors, the cohort of children has changed over time. In the May 2011 report, CFSA stated the cohort was 202; in the November 2011 report, CFSA stated the cohort was 215 children; in the May 2012 report, CFSA stated the cohort was 224.
children and youth, 56 had their goal changed from adoption to another goal,\textsuperscript{152} 54 exited from foster care, and 34 were moved into a pre-adoptive home. Seventy-nine children have yet to be placed in a pre-adoptive home (see Table 6 below). Further, as of June 30, 2012, two youth had emancipated out of CFSA custody without achieving legal permanence, eight reunified, 11 achieved legal guardianship and two youth exited care with no end of care reason able to be determined.

\begin{table}[h]
\centering
\caption{Timeline from Goal Change to Adoptive Placement for Children and Youth with a Goal Change to Adoption Prior to July 1, 2010 \hfill \textit{N = 223}}
\begin{tabular}{|l|c|c|}
\hline
\textbf{Status as of June 30, 2012} & \textbf{Total as of June 30, 2012} & \\
 & \textbf{Count} & \textbf{Percent} \\
\hline
Total Children With Adoption Goal & 223 & 100\% \\
Children Moved Into a Pre-Adoptive Home & 34 & 15\% \\
Children Whose Goal Has Changed & 56 & 25\% \\
\quad APPLA & 27 & \\
\quad Guardianship & 25 & \\
\quad Reunification & 4 & \\
Children WhoExited From Care & 54 & 24\% \\
\quad Adoption & 31 & \\
\quad Guardianship & 11 & \\
\quad Reunification & 8 & \\
\quad Emancipation & 2 & \\
\quad No end of case reason determined & 2 & \\
Children Still Awaiting Pre-Adoptive Home & 79 & 35\% \\
\hline
\end{tabular}
\end{table}

\textsuperscript{152} Of the 56 youth, 27 had their goal changed to APPLA, 25 to guardianship and 4 to emancipation.
27. **Timely Adoption**: Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. 

(IEP citation I.B.16.a.ii.) For children whose permanency goal changed to adoption July 1, 2010 or thereafter, 80% will be placed in an adoptive placement by the end of the ninth month from when their goal changed to adoption.

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
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<th>January – June 2012 Performance</th>
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</tr>
</thead>
<tbody>
<tr>
<td>For children whose permanency goal changed to adoption July 1, 2010 or thereafter, 80% will be placed in an adoptive placement by the end of the ninth month from when their goal changed to adoption.</td>
<td>71%</td>
<td>No</td>
<td></td>
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</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**

This Exit Standard requires that 80 percent of the children and youth whose goal changed to adoption July 1, 2010 or thereafter be placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption. This Exit Standard was re-designated as an Outcome to be Maintained during the monitoring period January through June 2011. During the last monitoring period (July 1-December 31, 2011), performance dropped to 76 percent of children achieving placement in an adoptive home by the end of the ninth month from when their goal changed to adoption. Performance has dropped again during this monitoring period to 71 percent of children achieving placement in an adoptive home by the end of the ninth month from their goal change. Specifically, as of June 30, 2012, 171 children had a goal change to adoption. Eighty-three children had that goal for more than nine months. Of those 83, 43 (52%) were placed in a pre-adoptive home within nine months of the goal change, 12 children or youth were placed in an adoptive home more than nine months from their goal change and 28 have not yet been placed. Of the 88 youth who had the adoption goal change for less than nine months, 53 (60%) children were placed in an approved adoptive placement. Thus, 96 children, or 71 percent, were placed in an approved adoptive home by the end of the ninth month. This is the second consecutive monitoring period where performance dropped. Due to the small number of children involved in reducing CFSA’s performance, the Monitor is not currently recommending re-designating this Exit Standard despite the drop in performance.

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153 After continued discussions with CFSA, the Monitor agreed to a different methodology than previously used to calculate performance for this Exit Standard. Performance on this Exit Standard as reported in the May 21, 2012 report was 56 percent but was re-calculated to 76 percent (71 of 94 children) (see p. 43 of *LaShawn A. v. Gray* Progress Report for the Period July 1-December 21, 2011). There remain legitimate questions about the fairest way to measure CFSA performance on this Exit Standard. The Monitor will be proposing a new calculation method prior to next monitoring report.

154 The Monitor assess performance by adding the 53 children (who were placed in an approved adoptive home before the ninth month of the goal change) to the 83 children who should have been placed in an adoptive home as their adoptive goal change occurred more than nine months ago. The denominator is therefore 136 children.
## Implementation and Exit Plan Requirement

<table>
<thead>
<tr>
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<th>Exit Standard</th>
<th>January – June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>32. Timely Adoption:</strong> Timely permanency through reunification, adoption or legal guardianship. (IEP citation I.B.16.c.)</td>
<td>i. Of all children who entered foster care for the first time in FY2011 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, 2012.</td>
<td>As of June 30, 2012, 37% of children in this cohort achieved permanency.</td>
<td>Performance is due September 30, 2012</td>
</tr>
<tr>
<td></td>
<td>ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2011, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2012.</td>
<td>As of June 30, 2012, 19% of children in this cohort achieved permanency.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iii. Of all children who are in foster care for 25 months or longer on September 30, 2011, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2012, whichever is earlier.</td>
<td>As of June 30, 2012, 14% of children in this cohort achieved permanency.</td>
<td></td>
</tr>
</tbody>
</table>

### Performance for the period January 1 through June 30, 2012:

The IEP requires CFSA to achieve an agreed upon number and percentage of permanency exits through adoption, guardianship or reunification. This Exit Standard has three sub-parts that must be met before compliance can be reached for the entire Exit Standard, with different compliance percentages for entry cohorts of children based on their length of stay in foster care. The IEP Exit Standards are measured by permanency achievement as of September 30, 2011, and annually thereafter so performance on this Exit Standard will be due September 30, 2012.
The first part of the Exit Standard requires that of all children who entered foster care for the first time in FY2011 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, 2012. Of the 380 children and youth who entered foster care in FY 2011, 37 percent exited to permanency through reunification and guardianship by June 30, 2012; this requirement is due by September 2012 and will include another three months of activity.

The second part of the Exit Standard requires that of all children who are in foster care for more than 12 but less than 25 months on September 30, 2011, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2012. Of the 342 children and youth who were in care more than 12 months and less than 25 months on September 30, 2011, 66 (19%) achieved permanency by June 30, 2012. Although this requirement is not yet due, based on data to date, it is unlikely that CFSA will meet this Exit Standard within the next three months.

The third and last part of the Exit Standard requires that of all children who are in foster care for 25 months or longer on September 30, 2011, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2012, whichever is earlier. For the 1,044 children and youth who had been in care 25 or more months on September 30, 2011, 147 (14%) achieved permanency by June 30, 2012. Although this requirement is not yet due, based on data to date, it is unlikely that CFSA will meet this Exit Standard.

Similar to performance in previous years, these data reflect that CFSA performs better in achieving permanency, mostly through reunification, for children in care for one year or less. However, permanency outcomes for children in care more than 12 months continue to be problematic.

Performance on Strategy Plan:
Overall, and aligned with the strategic pillar that foster care is a temporary shelter, CFSA is now developing and implementing strategies to ensure that permanency planning occurs from the first day a child enters foster care. The following discussion, however, focuses on performance on the strategies previously identified in CFSA’s 2012 Strategy Plan to improve permanency. These strategies specifically focus on improving practice for children with the goal of adoption or guardianship.

• Beginning May 1, 2012, CFSA will use a checklist, developed by modifying the tool used jointly with CSSP, to review cases where the child is in a pre-adoptive home to verify that timely efforts are being made toward achieving the goal of adoption (2012 Strategy Plan, p. 9).
CFSA’s Out of Home and Permanency Administration (OHPA) team audited all completed adoption cases from this and the previous monitoring periods to look at whether reasonable efforts to finalize adoptions within 12 months of placement were made.\textsuperscript{155}

- **CFSA will continue to conduct staffings for children in a pre-adoptive home and children with a goal of guardianship to identify and address barriers to permanency within 60 days of goal change and every three months until permanency is achieved.** Ongoing monitoring will be conducted every 60 days by the social worker with the support of the permanency specialist (2012 Strategy Plan, p. 9).

From January through June 2012, CFSA used a variety of staffing formats to identify and address barriers to permanency for children and youth, including “barrier” staffings,\textsuperscript{156} SWAT team meetings\textsuperscript{157} and special corrective action plans meetings. During this monitoring period, the OHPA unit met with staff from Foundations for Home and Community to review and discuss 65 children with the goal of adoption for more than 12 months.

- **Beginning April 1, 2012, recruiters will meet with private agency and CFSA staff to assess recruitment barriers and to identify strategies for each case where the goal has been adoption for six months or longer and a pre-adoptive home has not been identified.** Reviews will occur quarterly thereafter (2012 Strategy Plan, p. 9).

CFSA reports that between January and June 2012, the recruitment unit conducted staffing and aided in developing and implementing strategies to support adoption for 176 children. Activities included placing children in pre-adoptive homes, filing petitions to adopt, matching children with homes, receiving letters of intent to adopt children and changing goals from adoption to more appropriate goals such as guardianship and reunification.\textsuperscript{158}

\textsuperscript{155} The Monitor conducted a secondary review of the 17 cases in which CFSA determined reasonable efforts had been made during this monitoring period. The Monitor does not find sufficient evidence on 5 of those cases, and as indicated in Table 2 of this report, finds performance to be at 85% pending further detail from CFSA.

\textsuperscript{156} Barrier staffings are a team approach to address barriers to permanency through case consultation. There were 17 staffings held during this time period to discuss children with a goal of adoption or guardianship.

\textsuperscript{157} The SWAT team approach involved internal administrators and private agency staff and specifically focused on children who have not achieved adoption.

\textsuperscript{158} CFSA reports that 22 children were placed in pre-adoptive homes; 13 had a goal change to guardianship; 2 children had a goal change to reunification; 11 children received letters of intent to adopt; 12 children had petitions filed; 20 children were matched with homes and are pending placement or the homes are in the licensing process.
7. **Case Planning**

The IEP requires CFSA to work with families (1) to develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect the family’s and child(ren)’s needs and are updated as family circumstances or needs change and (2) to deliver services reflected in the current case plan. Every effort is to be made to locate family members and 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.

<table>
<thead>
<tr>
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<th>Exit Standard</th>
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<tbody>
<tr>
<td>33. <strong>Case Planning Process:</strong></td>
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<tr>
<td>d. CFSA, with the family, shall</td>
<td>80% of cases</td>
<td>54% (28 of 52) of cases</td>
<td>No</td>
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<td>develop timely, comprehensive and</td>
<td>reviewed through</td>
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<td>appropriate case plans in</td>
<td>the Quality</td>
<td>the Case Planning</td>
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<td>compliance with District law</td>
<td>Service</td>
<td>Process and Pathway</td>
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<td>requirements and permanency</td>
<td>Reviews (QSR)</td>
<td>to Safe Case Closure</td>
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<td>timeframes, which reflect family</td>
<td>will be rated</td>
<td>QSR indicators</td>
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<td>and children’s needs, are updated</td>
<td>as acceptable</td>
<td>159</td>
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<td>as family circumstances or needs</td>
<td>on both</td>
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<td>change, and CFSA shall deliver</td>
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<td>services reflected in the current</td>
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<td>case plan.</td>
<td>Process and</td>
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<td>e. Every reasonable effort shall be</td>
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<td>made to locate family members and</td>
<td>Safe Case</td>
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<td>to develop case plans in partnership</td>
<td>Closure QSR</td>
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<td>with youth and families, the</td>
<td>indicators</td>
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<td>families’ informal support</td>
<td>54% (28 of 52)</td>
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<td>networks, and other formal</td>
<td>of cases</td>
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<td>resources working with or needed</td>
<td>acceptable on</td>
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<td>by the youth and/or family.</td>
<td>both indicators</td>
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<tr>
<td>f. Case plans shall identify specific</td>
<td>80% of cases</td>
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<tr>
<td>services, supports and timetables</td>
<td>reviewed through</td>
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<td>for providing services needed by</td>
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<td>children and families to achieve</td>
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<td>identified goals.</td>
<td>Reviews (QSR)</td>
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<td>Closure QSR</td>
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<td>indicators</td>
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<td>(IEP citation I.B.17.)</td>
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159 The IEP requires the Monitor to determine performance based on the QSR case planning and pathway to safe case closure indicators for which 80 percent of cases will be rated acceptable on both indicators. For the period under review, 73 percent of the cases were determined to be acceptable on the case planning indicator, 56 percent were determined to be acceptable on the safe case closure indicator and 54 percent were acceptable on both indicators.
Performance for the period January 1 through June 30, 2012:
The Monitor measures performance on this requirement through the Quality Service Review (QSR). The following Figures 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 19:
QSR Case Planning Process Indicator Parameters\textsuperscript{160} to Consider and Description of Acceptable/Unacceptable Performance

\begin{itemize}
  \item **Case Planning Process (CPP)**
  \begin{itemize}
    \item **Parameters Reviewers Consider:**
    \begin{itemize}
      \item Does the CPP strategically focus the paths and priorities of intervention necessary to achieve specific outcomes for the child/family?
      \item Is the CPP actually driving practice decisions and activities on the case?
      \item Does the CPP outline measurable objectives and steps to meet the requirements to achieve the permanency goal in a realistic timeframe?
      \item Are parents/caregivers (and child if appropriate) involved in creating the plan?
      \item Are all providers and family members working towards the same outcomes?
      \item Is the plan modified and strategies and services adjusted in response to progress made, changing needs and circumstances and additional knowledge gained?
    \end{itemize}
    \item **Description of Acceptable/Unacceptable Performance:**
    \begin{itemize}
      \item (Minimally) 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.
      \item 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.
    \end{itemize}
  \end{itemize}
\end{itemize}

Figure 20:
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:

(Minimally) 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.

From January to June 2012, 52 cases were reviewed using the QSR methodology. As Figure 21 indicates, just over half of the cases (54%; 28 of 52) were rated as acceptable on both the Case Planning Process and Pathway to Safe Case Closure indicators. In some cases, reviewers rated practice as described by one indicator as acceptable, while their assessment was that practice in the other area was unacceptable and needed refinement or improvement. Specifically, 73 percent of cases (38 of 52) were rated acceptable on the Case Planning Process indicator and 56 percent of cases (29 of 52) were rated acceptable on the Pathway to Safe Case Closure indicator; 54 percent were rated acceptable on both indicators. This level of performance does not meet the Exit Standard for an acceptable case planning process.
Performance on Strategy Plan:

CFSA has employed the following strategies to modify the current QSR protocol and to increase performance on the case planning process:

- **Beginning March 2012, CFSA will collaborate with CSSP and a consultant to modify the QSR protocol, as needed, to be consistent with CFSA’s practice model (2012 Strategy Plan, p. 9).**

In March 2012 representatives from CFSA, the District’s Department of Mental Health, CSSP and consultants with Human Systems and Outcomes, Inc. began work to create a qualitative review protocol that could be applied to cases of children and families involved with either the child protection or children’s mental health system or both systems. Service providers and other stakeholders provided reactions to and input on proposed contents of a protocol which led to the creation of a draft shared protocol. After piloting the protocol and soliciting additional input, a shared protocol is expected to be finalized by November 2012. The QSR protocol is one aspect of a holistic effort to improve practices. Recruiting and orienting or training staff on practice expectations, provide coaching and mentoring to meet expectations and stressing accountability to those expectations will positively impact performance on the QSR Case Planning Process indicator and other key components of the CFSA Practice Model which are embedded in the QSR protocol.
In March 2012, managers reviewed the requirements of the QSR during the monthly management team meeting. Beginning April 2012 and every month thereafter, managers will report on QSR findings and actions taken within their respective program area in response to the findings from prior QSRs. The manager will discuss the impact of changes made to address QSR findings, including evaluation of the impact of actions taken in response to the findings. The manager will highlight challenges in practice that may help to inform the development and/or modification to policy and training (2012 Strategy Plan, p. 9).

At the request of Director Donald, CFSA’s Office of Policy, Planning and Program Support (OPPPS) is facilitating an assessment of all existing Quality Assurance processes to include the actions described above and others related to the use of QSR results. The assessment team is comprised of representatives from across CFSA, private providers, CSSP and a consultant from Casey Family Programs. A report with recommendations for streamlining or modifying quality assurance processes will be provided to the Director for consideration in the fall.
C. **GOAL: CHILD WELL-BEING**

1. **Sibling Placements and Visits**

_Sibling Placement_

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 connections and supports for children.

<table>
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<tbody>
<tr>
<td>36. Sibling Placement and Visits: 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. (IEP citation I.C.20.a.)</td>
<td>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.</td>
<td>Monthly range of 67 – 68%</td>
<td>No</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**

Between January and June 2012, performance on this measure remained consistent, ranging from 67 to 68 percent monthly (see Figure 22). For example, as of June 30, 2012, there were 862 children applicable to this measure. Of the 862 children, 578 (67%) were placed with one or more sibling regardless of the child’s time of entry into custody. This performance continues to fall short of meeting the required performance level of 80 percent of children placed with their siblings.
Performance on Strategy Plan:
CFSA has employed the following strategy to increase performance on sibling placement:

- By the summer of 2012, CFSA will seek a provider(s) with expertise in placing siblings together with a goal of contracting with a provider(s) with such expertise by October 1, 2012 (2012 Strategy Plan, p. 6).

CFSA has been exploring approaches and seeking providers with expertise in placing siblings together. Recently, CFSA issued a family-based provider scope of work which includes specific criteria related to sibling placement which states, “CFSA seeks innovative approaches to accommodating the placement of siblings together within family based homes.” Updates on potential contracts for this scope of work will be provided in future monitoring reports.
Sibling Visitation

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>37. Sibling Placement and Visits: 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). (IEP citation I.C.20.b.)</td>
<td>80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.</td>
<td>June 2012 performance: 80% with at least monthly visits 72% with at least twice monthly visits</td>
<td>Partially</td>
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</table>

Performance for the period January 1 through June 30, 2012:
The Monitor has expressed concerns in previous monitoring reports regarding data which indicate a high number of suspended sibling visits. CFSA placed an increased focus on this area and during this monitoring period, the number of suspended sibling visits has decreased from 181 (34%) out of 535 applicable children in January 2012 to 68 (12%) suspended sibling visits out of 548 applicable children in June 2012.

Due to the continued high level of suspended sibling visits January through May 2012, the Monitor is reporting only on sibling visitation performance for the month of June 2012 when suspended sibling visits substantially decreased. In June 2012, there were 463 children applicable to this measure. Of the 463 children, 372 (80%) had at least one visit during the month with at least one of their siblings and 333 (72%) had at least twice monthly visitation with at least one sibling.

Performance on Strategy Plan:
CFSA has employed the following strategies to increase performance on sibling visitation:


CFSA Program Managers have reviewed various sibling visitation models in order to determine their potential application to CFSA practice. Additionally, as stated in the Visitation section of this report, during this monitoring period CFSA has engaged in several activities to identify barriers to sibling visitation and has developed strategies to overcome...
such barriers. With CFSA’s increased attention on this area of practice, the Monitor anticipates seeing an improved performance in the future.

- **CFSA will examine the current use of suspended visits with siblings and develop policy by August 1, 2012, with the criteria for when the suspension of visits between siblings is appropriate/necessary (2012 Strategy Plan, p. 5).**

On June 12, 2012, CFSA issued a revised visitation policy which modified the visitation policy issued on April 12, 2011. The June 2012 policy added the language indicated in bold to the following statement within Procedure A: *Visitation General Requirements* of the policy, “A visit between the child (under the Court’s jurisdiction) and their parent or guardian, custodian, or sibling shall only be limited, suspended, or prohibited through court order.” (emphasis added)\(^\text{161}\) Additionally, the new policy requires social workers to receive approval from his or her supervisor and program manager prior to presenting a recommendation to modify visitation to the court through the assigned assistant attorney general (AAG).

Furthermore, the June 2012 policy included procedures on what actions are required when visitation has been limited, suspended or prohibited. Procedure E: *Visitation Between Children in Out-of-Home Care and Their Families* of the revised policy states in paragraph 4:

4. In instances where visitation is limited, suspended, or prohibited, the Agency shall demonstrate the following:
   a. The social worker, along with his or her supervisor, with approval of the program manager, and/or the child’s therapist determine visitation to be clinically inappropriate (i.e., visitation is not in the child’s best interest). This clinical determination shall be documented in FACES by the approving program manager.
   b. Visitation is limited, suspended or prohibited via a Court Order.
   c. A treatment plan is put in place 14 calendar days from the time visitation is limited, suspended, or prohibited. The treatment plan shall address the factors that resulted in the visit being limited, suspended, or prohibited, and the steps being taken to resolve these factors.
   d. At a minimum, the assigned social worker and the family team shall review the treatment plan and the decision to prohibit, suspend, or terminate visitation every 90 days during the completion or update of the case plan.\(^\text{162}\)

In addition to the policy revision, CFSA managers have been reviewing the use of suspended sibling visits and informing staff of the requirements for suspending visits. As indicated above in the performance data for this monitoring period, the focus in this area has resulted in a significant decrease in suspended sibling visits.

2. **Assessments for Children Experiencing a Placement Disruption**

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 to determine their service and re-placement needs with a follow-up action plan developed no later than within 30 days of re-placement.

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>38. Assessments for Children Experiencing a Placement Disruption: 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/s supports that are required to prevent future placement disruptions. (IEP citation I.C.21.)</td>
<td>90% of children experiencing a placement disruption will have a comprehensive assessment and an action plan to promote stability developed.</td>
<td>Unable to Assess</td>
<td>Unable to determine</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**

CFSA does not have data related to this Exit Standard for the period under review. FACES.NET was recently modified to allow collection of data on placement disruptions and the occurrence of a placement disruption staffing, however, a case record review will be necessary to determine if a comprehensive assessment occurred after the placement disruption. CFSA and the Monitor plan to work jointly to conduct this review during the next monitoring period.

**Performance on Strategy Plan:**

CFSA has employed the following strategies to increase performance on the assessment of children experiencing a placement disruption:
• **By April 30, 2012, CFSA will develop and implement a placement assessment tool that will capture key placement information (e.g., the reason for any prior placement changes and pertinent medical and mental health information). The tool will be completed by the social worker and Placement Services Administration (PSA) staff and will be used by PSA to assess the best possible new placement for the child (2012 Strategy Plan, p. 7).**

CFSA reports that a placement assessment tool was developed after consultation with Casey Family Programs and incorporates questions that reflect some elements of the Child and Adolescent Needs and Strengths Assessment (CANS). Implementation of this assessment tool is reported to have begun in June 2012 but it is unclear what the protocol for implementation has been and whether any training has occurred with workers on the use of this tool. Most states which use the CANS assessment require extensive pre-training and validation as part of implementation. The Monitor does not believe this has occurred. Further, CFSA reported that they are considering additional refinement of the tool in September and October 2012.

• **Within 30 days following a placement disruption, a team meeting, led by the social worker, will be convened to address the child’s current needs and circumstances and action steps to prevent future disruptions, if needed, will be developed and documented in FACES.NET (2012 Strategy Plan, p. 7).**

CFSA only recently finalized the definition of a placement disruption as “an unplanned move necessary to protect the safety and wellbeing of the foster child.” The Monitor has had difficulty in getting full information and understanding of CFSA’s plans in this area. The Monitor was informed that CFSA plans to reorganize the functions within the Placement Unit by assigning placement specialists to each child in foster care for the life of his/her case. This placement specialist is expected to be responsible for working with the social worker and other team members when there is a placement disruption. This process has not yet been implemented. Further information will be provided in the next monitoring report.
3. **Health and Dental Care**

*Health Screening Prior to Placement*

The IEP requires children in foster care to have a health screening prior to an initial placement, re-entry into care or a change in 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.

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
</table>
| 39. *Health and Dental Care:* Children in foster care shall have a health screening prior to placement. *(IEP citation I.C.22.a.)* | 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. | Initial and re-entries: monthly range of 86 – 100%  
Replacements: monthly range of 74 – 81% | No |

**Performance for the period January 1 through June 30, 2012:**
Between January and June 2012, performance related to health screening prior to placement for children who initially entered or re-entered foster care ranged between 86 and 100 percent monthly (see Figure 23 below). For example, in June 2012, there were 33 children who were initially placed or re-entered foster care. Of the 33 children, 30 (91%) children received a health screening prior to being placed.

Performance related to health screening for children prior to a placement change ranged between 74 and 81 percent monthly from January through June 2012 (see Figure 24 below). For example, there were 154 children who experienced a placement change in June 2012 and 122 (79%) received a health screening prior to the change in placement.

This performance falls short of the IEP requirement.
Figure 23:  
Percentage of Children who Received a Health Screening Prior to Placement (Initial and Re-Entries)  
January – June 2012

Figure 24:  
Percentage of Children who Received a Health Screening Prior to Re-Placements (for Children with Multiple Placements)  
January – June 2012
**Full Medical Evaluation within 30 and 60 Days of Placement**

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. <em>Health and Dental Care:</em> Children in foster care shall receive a full medical evaluation within 30 days of placement. <em>(IEP citation I.C.22.b.i.)</em></td>
<td>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.</td>
<td>Within 30 days: monthly range of 54 – 80%  Within 60 days: monthly range of 76 – 94%</td>
<td>No</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**

From January through June 2012, a monthly range of 54 to 80 percent of children in foster care received a full medical evaluation within 30 days of placement and an additional eight to 28 percent of children per month received a full medical evaluation within 60 days of placement, for a total of between 76 and 94 percent of children monthly receiving a full medical evaluation within 60 days of placement in foster care (see Figure 25). For example, in June 2012, there were 47 children applicable to this measure. Of the 47 children, 31 (66%) had a medical evaluation within 30 days of placement and an additional 13 (28%) had a medical evaluation within 60 days of placement. This performance falls short of the IEP requirement.

**Figure 25:**

*Percentage of Children who Received a Full Medical Evaluation Within 30 and 60 Days of Placement January – June 2012*

Source: CFSA Administrative Data, FACES.NET report HTH005
Full Dental Evaluation within 30, 60 and 90 Days of Placement

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
</table>
| 41. *Health and Dental Care*: Children in foster care shall receive a full dental evaluation within 30 days of placement. *(IEP citation I.C.22.b.ii.)* | 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 range of 36 – 54%  
Within 60 days: monthly range of 58 – 67%  
Within 90 days: monthly range of 60 – 69% | Partially |

*Performance for the period January 1 through June 30, 2012:*

From January to June 2012, between 36 and 54 percent of children per month received a full dental evaluation within 30 days of placement (see Figure 26 below). An additional seven to 24 percent of children per month received a full dental within 60 days and an additional zero to nine percent of children per month received a full dental within 90 days, for a total of between 58 and 67 percent of children per month receiving a full dental within 60 days and between 60 and 69 percent of children per month receiving a full dental within 90 days. For example, in June 2012, this measure applied to 39 children. Of the 39 children, 21 (54%) had a dental evaluation within 30 days of placement, an additional five (13%) had a dental evaluation within 60 days of placement and one additional child (3%) had a dental evaluation within 90 days of placement. The remaining 12 children did not receive a full dental evaluation within 90 days of placement.

CFSA’s performance meets the required levels for the sub-parts related to dental evaluations within 30 and 60 days of placement, however, falls short of meeting the 85 percent requirement for children to have a full dental evaluation within 90 days of placement.
**Timely Access to Health Care Services**

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. Due to strong performance on this measure in a previous monitoring period, this Exit Standard was re-designated as an Outcome to be Maintained. Performance this monitoring period measured through the Quality Service Review (QSR) remained at 98 percent.
Medicaid Coverage

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>43. Health and Dental Care: 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. (IEP citation I.C.22.d.)</td>
<td>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.</td>
<td>Receipt of Medicaid Number within 5 days of placement: 53%</td>
<td>No</td>
</tr>
</tbody>
</table>

Performance for the period January 1 through June 30, 2012:

This is the first monitoring period in which the Monitor has reported performance for this Exit Standard. CSSP collected data during a telephone survey of 129 resource parents who had a child placed in their home anytime between January and May 2012. Of 122 applicable resource parents surveyed, 65 (53%) resource parents were provided the Medicaid number for the subject child within five days of that child’s placement. Twenty-four (20%) resource parents indicated they never received the Medicaid number. Of those who received the Medicaid number at any point while the child was placed in their care, 61 (62%) indicated they received the Medicaid number from the social worker and 22 (22%) received it in the Placement Passport Packet. Of the 12 resource parents who responded “other” in how they received the Medicaid number, many indicated they received the number from either the previous resource parent or the biological parent.

Receipt of the child’s Medicaid card was less frequent. Thirty-five (29%) of the 121 applicable resource parents indicated they received the Medicaid card within 45 days of the child’s placement as required by the IEP and 82 (68%) of 121 resource parents never received the Medicaid card. Of those who received a Medicaid card for the subject child during some time period within the child’s placement, 20 (50%) received it from the social worker, 12 (30%) received it from other resources, including previous resource parent or biological parent, and eight (20%) received the card in the Placement Passport Packet.

163 The survey included a statistically significant sample with a margin of error of ± 7.6% with 95 percent confidence in the results.
164 Seven resource parents were excluded because they could not recall.
165 Eight resource parents were excluded because they could not recall.
This performance does not meet the level required by the IEP. The Monitor will work with CFSA to identify a methodology to collect data and report performance in the future.

See Appendix D for a full report of the findings from the resource parent survey.

**Performance on Strategy Plan:**
CFSA has employed the following strategy to increase performance on the receipt of Medicaid number and cards by foster parents:

- By May 1, 2012, CFSA will issue a written protocol for the receipt and delivery of the Medicaid number and card to foster parents. The Passport form will be revised to include the Medicaid number. The social worker will deliver the Passport and acknowledgment form to the foster parents. After the Agency receives the Medicaid card, the social worker will deliver it to the foster parent during a subsequent visit. The foster parent will be asked to sign an acknowledgement of receipt of the Medicaid card. The written acknowledgement forms will be centrally maintained by the Business Services Administration (2012 Strategy Plan, p. 7,8).

CFSA has revised the Placement Passport Packet form to include a section for the child’s Medicaid number. On April 28, 2012, CFSA sent staff a protocol detailing the process for receipt and centralization of children and youth’s Medicaid numbers and cards. CFSA reports that on July 11, 2012, the Business Services Administration (BSA) met with program administrators, program managers and supervisors to discuss implementation of this protocol. On July 27, 2012, an email was sent to all staff reminding them of the Medicaid number and Medicaid card delivery protocol. After review of protocol implementation over the past several months, CFSA reports that the portion of the protocol requiring that signed Placement Passport Packet receipts be submitted to BSA is not being consistently implemented. CFSA is reviewing the current process and resource allocation associated with this function.

Information on receipt of Medicaid cards from resource parents suggests that the problem may require additional thinking about effective strategies for improvement in this area.
D. RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY

1. Caseloads and Supervisory Responsibilities

Exit Standards pertaining to caseloads and supervisory responsibilities are currently designated as Outcomes to be Maintained. Given the critical importance of caseload size and recent concerns with the increase in size of investigator caseloads and in the number of unassigned cases, this section provides additional information on worker and supervisory caseloads.

Investigative Caseloads

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January through June 2012 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>46. Caseloads:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations. (IEP citation I.D.25.a.)</td>
<td>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.</td>
<td>Monthly range of 56 – 71% met the caseload requirements. Monthly range of 7 to 18 investigators had a caseload of 15 or more.</td>
</tr>
</tbody>
</table>

Performance for the period July 1 through December 31, 2011:
The Monitor has determined that an error was made in the previous monitoring report (issued May 21, 2012 for the monitoring period July 1 through December 31, 2011) related to caseloads for workers conducting investigations. The Monitor informed the parties of this error and of the correct data in a memo dated July 13, 2012. The correct data are included below.

Between July and December 2011, 69 to 94 percent of investigative workers met the required caseload standard of not exceeding 12 investigations per month. Additionally, during this same time period, a monthly range of zero to six investigators had a caseload of more than 15 investigations each month. The corrected monthly performance is provided in Appendix E.
Performance for the period January 1 through June 30, 2012:
The number of investigative workers with caseloads exceeding the IEP caseload standards has continued to increase during this monitoring period. Between January and June 2012, 56 to 71 percent of investigative workers met the required caseload standard by not exceeding 12 investigations per month (see Table 7 and Figure 27 below). Additionally, during this same time period, a monthly range of seven to 18 investigators had a caseload exceeding 15 investigations each month, which is prohibited by the IEP. Table 7 below illustrates the caseloads of investigative workers by month.

Table 7:
Investigative Social Workers Exceeding Caseload Limits
January – June 2012

<table>
<thead>
<tr>
<th>Month</th>
<th>Workers Carrying no more than 12 Investigations: Met Exit Standard</th>
<th>Workers Carrying 13-15 Investigations</th>
<th>Workers Carrying 16-18 Investigations</th>
<th>Workers Carrying More Than 19 Investigations</th>
<th>Total Workers Carrying More Than 12 Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2012 (N=63)</td>
<td>43 (68%)</td>
<td>13 (21%)</td>
<td>4 (6%)</td>
<td>3 (5%)</td>
<td>20 (32%)</td>
</tr>
<tr>
<td>February 2012 (N=66)</td>
<td>37 (56%)</td>
<td>12 (18%)</td>
<td>11 (17%)</td>
<td>6 (9%)</td>
<td>29 (44%)</td>
</tr>
<tr>
<td>March 2012 (N=64)</td>
<td>37 (58%)</td>
<td>20 (31%)</td>
<td>5 (8%)</td>
<td>2 (3%)</td>
<td>27 (42%)</td>
</tr>
<tr>
<td>April 2012 (N=62)</td>
<td>39 (63%)</td>
<td>13 (21%)</td>
<td>8 (13%)</td>
<td>2 (3%)</td>
<td>23 (37%)</td>
</tr>
<tr>
<td>May 2012 (N=67)</td>
<td>38 (57%)</td>
<td>11 (16%)</td>
<td>11 (16%)</td>
<td>7 (10%)</td>
<td>29 (43%)</td>
</tr>
<tr>
<td>June 2012 (N=66)</td>
<td>47 (71%)</td>
<td>7 (11%)</td>
<td>10 (15%)</td>
<td>2 (3%)</td>
<td>19 (29%)</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.net INV068 January-June 2012
*Percentages may not total 100% due to rounding
CFSA attributes the spike in investigative worker caseloads to the influx of 456 educational neglect referrals received from schools throughout the District of Columbia during late May through July 2012. This increase of educational neglect referrals at the end of the school year was linked to intensified efforts by the Mayor and District of Columbia Public Schools to reduce truancy among children and youth. Caseloads for investigative workers have been higher than the required standard since August 2011, well before this influx, but the caseload issues were exacerbated by the high volume of referrals in May through June 2012.

**Family Assessment Caseloads**

Caseloads for workers within the Differential Response (DR) unit who conduct Family Assessments (FA) ranged from seven to 18 during the months of January to June 2012. In addition, the supervisor for the FA unit carried cases in the months of January, May and June. Under DR, FA workers are assigned to assess child and family circumstances for certain categories of allegations to the Hotline. Table 8 displays the caseloads of the five FA workers during the period under review. For the months of March and April, three of the five FA workers had caseloads of more than 15 families.

**Table 8: Family Assessment (FA) Social Workers Caseloads**

**January – June 2012**

<table>
<thead>
<tr>
<th>N=5 Workers</th>
<th>Workers Carrying No More than 12 FA Cases</th>
<th>Workers Carrying 13-15 FA Cases</th>
<th>Workers Carrying Over 15 FA Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>January 2012</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>February 2012</td>
<td>1 (20%)</td>
<td>4 (80%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>March 2012</td>
<td>0 (0%)</td>
<td>2 (40%)</td>
<td>3 (60%)</td>
</tr>
<tr>
<td>April 2012</td>
<td>1 (20%)</td>
<td>1 (20%)</td>
<td>3 (60%)</td>
</tr>
<tr>
<td>May 2012</td>
<td>2 (40%)</td>
<td>1 (20%)</td>
<td>2 (40%)</td>
</tr>
<tr>
<td>June 2012</td>
<td>3 (60%)</td>
<td>2 (40%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.net INV068 for January-June 2012

*N does not include supervisor of the FA unit who carried cases in January, May and June.
In-home and Placement Caseloads

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>46. Caseloads: b. &amp; c. 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. (IEP citation I.D.25.b.&amp;c.)</td>
<td>90% of social workers will have caseloads that meet the above caseload requirements. No individual social worker shall have a caseload greater than 18 cases.</td>
<td>Monthly range of 96 – 99% met the caseload requirements. Monthly range of zero to 2 social workers had a caseload of 18 or more.</td>
</tr>
</tbody>
</table>

Performance for the period January 1 through June 30, 2012:
CFSA continued to meet required caseload standards for in-home and placement cases. Between January and June 2012, 96 to 99 percent of social workers had caseloads of no more than 15 families per worker (see Figure 27). Additionally, a monthly range of between zero and two social workers carried more than 18 cases during the period under review (see Table 9).

Figure 27:
Percentage of Placement/In-Home Workers and Investigative Workers who Meet Exit Standard Requirements for Caseloads
January-June 2012
Placement/In-Home Social Workers: N=224-237
Investigators: N=62-67

Source: CFSA Administrative Data, FACES.net INV068 for January-June 2012
Table 9:  
Number of Social Workers with more than 18 Placement/In-Home Cases  
January-June 2012

<table>
<thead>
<tr>
<th>Month</th>
<th>Workers carrying no more than 15 Cases: Met Exit Standard</th>
<th>Workers carrying 15-18 cases (no more than 18 cases)</th>
<th>Workers carrying over 18 cases</th>
<th>Total Workers Carrying More than 15 Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2012</td>
<td>234 (98%)</td>
<td>6 (3%)</td>
<td>0 (0%)</td>
<td>6 (3%)</td>
</tr>
<tr>
<td>(N=240)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>February 2012</td>
<td>228 (97%)</td>
<td>6 (3%)</td>
<td>0 (0%)</td>
<td>6 (3%)</td>
</tr>
<tr>
<td>(N=234)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 2012</td>
<td>221 (99%)</td>
<td>2 (&lt;1%)</td>
<td>1 (&lt;1%)</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>(N=224)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 2012</td>
<td>221 (97%)</td>
<td>6 (3%)</td>
<td>0 (0%)</td>
<td>6 (3%)</td>
</tr>
<tr>
<td>(N=227)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 2012</td>
<td>220 (96%)</td>
<td>7 (3%)</td>
<td>2 (1%)</td>
<td>9 (4%)</td>
</tr>
<tr>
<td>(N=229)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 2012</td>
<td>219 (96%)</td>
<td>7 (3%)</td>
<td>2 (1%)</td>
<td>9 (4%)</td>
</tr>
<tr>
<td>(N=228)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.net CMT328 January-June 2012
*Total percentage may exceed 100 due to rounding
Workers Conducting Home Studies

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>46. Caseloads: d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.</td>
<td>90% of investigators and social workers will have caseloads that meet the above caseload requirements. No individual worker conducting home studies shall have a caseload greater than 35 cases.</td>
<td>100% of workers conducting home studies met the required performance and no individual worker had a caseload greater than 35.</td>
</tr>
</tbody>
</table>

Performance for the period January 1 through June 30, 2012:
CFSA continued to maintain required performance on caseloads for workers conducting home studies. Between January and June 2012, 100 percent of social workers had caseloads which did not exceed 30 home studies per worker. Worker’s caseloads ranged between four and 12 home studies monthly during the period under review.

Unassigned Cases

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>46. Caseloads: 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.</td>
<td>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.</td>
<td>Monthly range of 20 – 62 (1 – 3% of total open cases) cases unassigned to a social worker for more than five business days</td>
</tr>
</tbody>
</table>

Performance for the period January 1 through June 30, 2012:
The number of cases unassigned to a social worker for more than five business days ranged from 20 to 62 cases each month.¹⁶⁶ CFSA reports that many of these cases were closed investigations awaiting transfer to an in-home or permanency worker. Specific monthly performance is detailed below in Table 10.

¹⁶⁶ During the period under review, in addition to the cases cited above, a monthly range of between 67 and 82 in-home or placement cases were assigned to investigative social workers. CFSA reports that these cases were incorrectly categorized and are not assigned to investigative workers but were closed investigations that are in the transfer process to an in-home or permanency unit. Due to the manner in which the data are presented, the Monitor is unable to determine if these cases have been unassigned to a social worker for more than five days, however, review of some of these cases during the visitation case record review confirm that these cases are unassigned for longer than five days.
Table 10: Cases Unassigned to a Social Worker for More Than Five Days
January – June 2012

<table>
<thead>
<tr>
<th>Month</th>
<th>Cases Assigned in Five Days or Less</th>
<th>Cases Unassigned for More Than Five Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2012</td>
<td>2314 (99%)</td>
<td>20 (&gt;1%)</td>
</tr>
<tr>
<td>(N=2334)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>February 2012</td>
<td>2302 (99%)</td>
<td>30 (1%)</td>
</tr>
<tr>
<td>(N=2332)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 2012</td>
<td>2289 (99%)</td>
<td>23 (1%)</td>
</tr>
<tr>
<td>(N=2312)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 2012</td>
<td>2268 (97%)</td>
<td>62 (3%)</td>
</tr>
<tr>
<td>(N=2330)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 2012</td>
<td>2274 (98%)</td>
<td>45 (2%)</td>
</tr>
<tr>
<td>(N=2319)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 2012</td>
<td>2238 (98%)</td>
<td>35 (2%)</td>
</tr>
<tr>
<td>(N=2273)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.net CMT328 for January-June 2012

The Monitor noted an increase in unassigned cases to a social worker during the month of April 2012 as well as an increase in the length of time many of these cases remained unassigned, in some instances over 30 days. The Monitor is particularly concerned with the number of closed investigations that are not promptly assigned to an ongoing worker. The result is children and families not receiving supervision, visitation and support during a critical time in a case. CFSA reports that they are working to streamline the case transfer process. The Monitor has engaged in conversations with CFSA regarding this concern and will continue to closely monitor this sub-part of the Exit Standard.
Supervisory Responsibilities

Supervisor to Social Worker Ratios

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>47. Supervisory Responsibilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aids or family support workers, or five caseworkers.</td>
<td>90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker.</td>
<td>Monthly range of 96 – 99% of supervisors met the required standard.</td>
</tr>
<tr>
<td>b. No supervisor shall be responsible for the ongoing case management of any case.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Supervisors shall be responsible for no more than five social workers and a case aide or family support worker.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IEP citation I.D.26. a&amp;b.i.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Performance for the period January 1 through June 30, 2012:
There were between 67 and 77 supervisors employed at CFSA and the private agencies between January and June 2012. Between 96 and 99 percent of supervisors each month met the standard of supervising no more than five social workers and a case aide or family support worker (see Figure 28).
Supervisors Carrying Cases

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>48. Supervisory Responsibilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Supervisors who are responsible for</td>
<td>95% of cases</td>
<td>Monthly range of 93 – 96% cases</td>
</tr>
<tr>
<td>supervising social workers who carry</td>
<td>are assigned</td>
<td>assigned to social workers</td>
</tr>
<tr>
<td>caseloads shall be responsible for no</td>
<td>to social</td>
<td></td>
</tr>
<tr>
<td>more than six workers, including case</td>
<td>workers.</td>
<td></td>
</tr>
<tr>
<td>aids or family support workers, or five</td>
<td></td>
<td></td>
</tr>
<tr>
<td>caseworkers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. No supervisor shall be responsible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for the ongoing case management of any</td>
<td></td>
<td></td>
</tr>
<tr>
<td>case.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Cases shall be assigned to social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>workers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IEP citation I.D.26. a&amp;b.ii.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.net CMT328 for January-June 2012
Performance for the period January 1 through June 30, 2012:
Between January and June 2012, the percentage of cases assigned to social workers ranged between 93 to 96 percent (see Figure 29); between three to five percent of cases were assigned to supervisors and managers during this period. This continues to meet the Exit Standard requirement that 95 percent of cases be assigned to social workers.

Figure 29:
Cases Assigned to Social Workers
January – June 2012
N=2273 to 2334 cases depending on the month

Source: CFSA Administrative Data, FACES.net CMT328 for January-June 2012

CFSA met the performance required for this sub-part of the Exit Standard during four of the six months under review. The Monitor is however concerned about the number of cases investigative worker supervisors are carrying while cases are being transferred to the appropriate ongoing unit.
2. **Staff 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.

**Pre-Service Training for New Social Workers and Supervisors**

Due to previous strong performance, outcomes pertaining to pre-service training for new social workers (IEP citation I.D.27.a.) and pre-service training for new supervisors (IEP citation I.D.27.b.) have been re-designated as Outcomes to be Maintained. Performance during this monitoring period demonstrates that CFSA continues to meet these Exit Standard requirements.\(^{167}\)

**In-Service Training for Previously Hired Social Workers, Supervisors and Administrators**

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>51. Training for Previously Hired Social Workers, Supervisors and Administrators: Previously hired direct service staff(^{168}) 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. (IEP citation I.D.28.a.)</td>
<td>80% of CFSA and private agency direct service staff shall receive the required annual in-service training.</td>
<td>95%</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**

In order to report performance data for this measure, the Monitor conducted a secondary analysis of FACES.NET data on in-service training hours completed by direct service staff. Of the 293 previously hired direct service staff employed for the entire period of July 1, 2011 to June 30, 2012, 278 (95%) completed the mandatory 30 hours of annual in-service training within this timeframe.\(^{169}\) This is the first time CFSA has met and exceeded the required level of performance for this Exit Standard.

\(^{167}\) See Table 2 of this report for performance data.

\(^{168}\) Twelve of the 30 hours required for the nurse care managers may be met with continuing education requirements of the licensing board.

\(^{169}\) Seventy-five direct service workers’ positions were made “inactive” before June 30, 2012 and thus were not included in the universe of 293 as training requirements are considered from July through June annually. Of these
Performance for the period January 1 through June 30, 2012:
In order to report performance data for this measure, the Monitor conducted a secondary analysis of FACES.NET data on in-service training hours completed by supervisors and administrators. Of the 98 previously hired supervisors and administrators employed for the entire time period, 92 (94%) completed the mandatory 24 hours of in-service training between July 1, 2011 and June 30, 2012. This is the first time CFSA has met and exceeded the required level of performance for this Exit Standard.

3. Training for Foster and Adoptive Parents

Pre-Service Training for Foster Parents

Performance for the period January 1 through June 30, 2012:
In order to report performance data for this measure, the Monitor conducted a secondary analysis of FACES.NET data on pre-service training hours completed by foster parents licensed between January 1, 2012 and June 30, 2012. Of the 151 foster parents applicable to this measure, 139

75 workers, four had completed the required 30 hours of annual in-service training prior to becoming inactive employees.

170 Seventeen supervisor or administrator positions were made “inactive” before June 30, 2012 and thus were not included in the universe of 98. Of these 17 workers, two had completed the required 24 hours of annual in-service training prior to becoming inactive employees.
(92%) completed the mandatory 15 hours of pre-service training prior to receiving licensure.\textsuperscript{171} This performance is slightly below the Exit Standard requirement.

\textit{In-Service Training for Foster Parents}

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>54. Training for Foster Parents: CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years. (IEP citation I.D.29.b.)</td>
<td>95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.</td>
<td>81%</td>
<td>No</td>
</tr>
</tbody>
</table>

\textbf{Performance for the period January 1 through June 30, 2012:}

The Monitor has not previously reported performance on this Exit Standard due to data not being available and, more recently, due to concerns about the validity of data available in FACES.NET. These concerns were described in the last monitoring report and in a memo to CFSA. In a response memo, CFSA outlined plans to ensure the accuracy of foster parent in-service training data in the future. CFSA reports that they continue to monitor foster parent in-service data on a monthly basis for noted discrepancies and meets with private providers to ensure clarity on suitable training, data entry processes and external training approvals.

CFSA made efforts to remedy some of the concerns in the data provided during this monitoring period and while the data had substantially fewer errors, the data available within FACES.NET continued to include some information which caused the Monitor to question its overall validity, including: unrealistic training hours per day; counting the same training multiple times; unclear course titles; and significant variances in the quality and relevance of course content, both between agencies and among foster parents. For 13 foster parents (5\% of 264), there was a lapse between the previous license and renewed license of over three months; for five of these 13, the lapse between licenses spanned at least a year.

To report on this measure, the Monitor defined basic foster parent in-service training data standards\textsuperscript{172} and applied those standards to a review of a statistically significant\textsuperscript{173} sample of

\textsuperscript{171} The Monitor found several instances where the prospective foster parent completed their pre-service training hours over a year before being licensed. CFSA reports that the pre-service training curriculums utilized by both CFSA and private providers provide trainings which are recognized as valid for up to five years after training completion.

\textsuperscript{172} The following standards were applied to the Monitor’s review of foster parent in-service training data: 1) Duplicate training data entries were only counted once; 2) If a foster parent’s record states that they completed over 10 hours of training in one day, the Monitor considered the training in the order that it was listed and counted full training that summed to 10 hours or less; 3) In extreme cases, training was not considered valid (e.g. picnics,
foster parents whose licenses were renewed between January 1 through June 30, 2012. Of the 264 foster parents reviewed, 213 (81%) completed the required hours of in-service training. This performance does not meet the Exit Standard requirement.

**Performance on Strategy Plan:**
CFSA has employed the following strategies to increase performance toward training completion:

- **Beginning in March 2012, CFSA direct service staff will be required to sign an acknowledgement letter that sets forth the in-service training requirement as a term of employment. In addition, all new direct service CFSA employees will sign such an acknowledgement form at the beginning of their employment. CFSA will formally notify private agencies twice yearly, in November and April, that all direct service employees are required to complete annual training requirements. CFSA has included completion of training as an aspect of monitoring for each contract agencies’ performance (2012 Strategy Plan, p. 10).**

In May 2012, CFSA’s Human Resource Administration sent a notice to all supervisors and staff regarding the training requirements and the need to complete a training requirement acknowledgement form. Similarly, in April, private agency staff were sent a notification reminder of the training requirements, availability of training and training management reports. Additionally, in April, CFSA issued an Administrative Issuance regarding the required training hours.

- **By April 30, 2012, CFSA will revise, as needed, the training policy for social workers to clarify training requirements to include specific procedures for providing training to after-hour staff (2012 Strategy Plan, p. 10).**

CFSA’s *Pre-Service and In-Service Social Work Training* draft policy, which was last revised on June 4, 2012, includes a procedure for providing in-service training to CPS after-hours staff. This procedure states that to meet the needs of after-hours staff, the Child Welfare Training Academy (CWTA) will offer online training, quarterly weekend and quarterly evening training and external training that has been previously approved by CWTA. The Monitor provided comments on the draft policy and CFSA reports that most of these comments were addressed and the policy was revised accordingly.

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movies, holiday parties, sports games, etc). Many other training workshops had questionable titles, but were considered acceptable.

173 The sample (265 of 560) is statistically significant at a 95 percent confidence interval with a margin of error of ± 5 percent.

174 Foster parents with a one-year license are expected to complete 15 hours of in-service training; foster parents with a two-year license are expected to complete 30 hours of in-service training during the licensure period.
• CFSA and private providers have access to FACES.NET reports, TRN031 and TRN033, to track worker training. The reports provide a breakdown on the number of training hours completed by each employee and the name/topic of the training completed. CFSA will circulate quarterly to all administrators, program managers, supervisors, and private providers a reminder of the training requirement and availability of the reports through FACES.NET (2012 Strategy Plan, p. 10).

CFSA reports that CWTA reviews FACES.NET management reports quarterly to monitor training and to ensure that participants are making progress toward compliance with pre- and in-service training requirements, that training data is entered correctly and that make-up training is completed. CWTA uses these management reports to develop status reports regarding staff progress toward meeting training requirements. These status reports are submitted to CFSA and private provider managers. Additionally, CFSA reports that CWTA circulates quarterly reports to supervisors, program managers and administrators to ensure timeliness in meeting required training hours.

• Unless otherwise specified in the Strategy Plan, within three months of a new programmatic policy, relevant staff will be introduced to the policy and its requirements through training, staff meetings or supervision (2012 Strategy Plan, p. 10).

CFSA’s Pre-Service and In-Service Social Work Training draft policy, which was last revised on June 4, 2012 and was provided to the Monitor for comment on August 28, 2012, includes a procedure for training social workers on new policies. The Monitor provided feedback on the policy to CFSA on September 13, 2012 and stated that the Monitor recommended providing greater specificity in the policy that over the course of any year workers will be required to attend scheduled training(s) on new policies or policy changes. The procedure, as drafted, does not provide a timeframe by which staff will be introduced to new policies. As previously stated, this policy is still in draft form and has not yet been finalized.
4. **Special Corrective Action**

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January - June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>55. Special Corrective Action:</td>
<td></td>
<td></td>
<td>Partially</td>
</tr>
<tr>
<td>a. CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the following categories:</td>
<td>For 90% of children identified in corrective action categories, required reviews will occur and corrective action plans will be developed and implemented as appropriate.</td>
<td>a. CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable reviews.</td>
<td></td>
</tr>
<tr>
<td>ix. 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;</td>
<td></td>
<td>b. 46% of children in the cohort received a review and had a corrective action plan developed. Plans were developed for all children in the following categories: children with goal of adoption for more than one year and not placed in adoptive home; children with permanency goal of reunification for more than 18 months; and children under 14 with permanency goal of APPLA. 175</td>
<td></td>
</tr>
<tr>
<td>x. 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;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xi. 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;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xii. Children with a permanency goal of reunification for more than 18 months;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xiii. Children placed in emergency facilities for more than 90 days;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xiv. Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xv. Children under 14 with a permanency goal of APPLA; and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xvi. Children in facilities more than 100 miles from the District of Columbia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>(IEP citation I.D.30.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2012:**

CFSA has continued to collect data and produce monthly reports on the number of children who fall within special corrective action categories (see Table 11). In March 2012, the FACES.NET report which captures data for this Exit Standard was modified as it was determined that the logic

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On March 14, 2012, CFSA identified a cohort of 701 unique children who met the category for one or more special corrective action categories. There were 173 children within a permanency category and 148 children within the unlicensed home category who had reviews conducted and plans developed. Fourteen children and youth fell into both of these categories and therefore were only counted once for purposes of assessing compliance.
was incorrectly reporting the number of children who had reached their fourth or greater placement in the last 12 months.\textsuperscript{176, 177}

\begin{table}
\caption{Number of Children in Special Corrective Action Categories by Month}
\begin{center}
\begin{tabular}{|l|c|c|c|c|c|c|}
\hline
\textbf{Special Corrective Action Category} & \textbf{Jan 2012} & \textbf{Feb 2012} & \textbf{March 2012} & \textbf{April 2012} & \textbf{May 2012} & \textbf{June 2012} \\
\hline
CFSA Children with 4 or More Placements with a Placement Change in the Last 12 Months and the Placement is not a Permanent Placement\textsuperscript{178} & 138 & 133 & 472 & 469 & 469 & 465 \\
\hline
Children in Care who Returned Home twice and Still have the Goal of Reunification & 2 & 2 & 2 & 2 & 2 & 2 \\
\hline
Children with the Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home & 105 & 99 & 93 & 98 & 106 & 103 \\
\hline
Children under 14 with a Goal of APPLA & 2 & 2 & 2 & 2 & 2 & 2 \\
\hline
Children Placed in Emergency Facilities Over 90 Days & 1 & 1 & 0 & 0 & 0 & 3 \\
\hline
Children Placed in Foster Homes without Valid Permits/Licenses or Foster Homes that Exceed their Licensed Capacity & 104 & 120 & 148 & 103 & 91 & 74 \\
\hline
Children with the Goal of Reunification for More than 18 Months & 79 & 71 & 69 & 74 & 75 & 63 \\
\hline
Children in Residential Treatment More than 100 Miles from DC & 34 & 33 & 30 & 26 & 29 & 28 \\
\hline
\end{tabular}
\end{center}
\end{table}

Source: CFSA Administrative Data, FACES.NET report COR013

* Individual children may be included and counted in more than one category.

As discussed in more detail below, during this monitoring period, CFSA staff reviewed cases of children within specific corrective action categories and developed special corrective action or permanency action plans.

\textsuperscript{176} The previous logic was only counting the fourth placement in the previous 12 months and was not reporting the fifth, sixth or greater placement which may have occurred in the previous 12 months.

\textsuperscript{177} CFSA does not believe that performance has substantially worsened in this area, but instead that the data was not being accurately captured prior to March 2012.

\textsuperscript{178} In March 2012, logic was modified for the FACES.NET report reporting performance for this measure.
Performance on Strategy Plan:
CFSA has employed the following strategies to increase performance to reduce the number of children requiring special corrective action:

- CFSA will initiate a “SWAT team” approach to comprehensively review children and youth who fall into one or more of the Special Corrective Action categories. By April 15, 2012, CFSA will complete a data analysis of the children and youth in the corrective action categories. Based on the data analysis, CFSA will prioritize the order of the reviews based on the following: 1) children in multiple corrective action categories; 2) length of time that a child has been in a corrective action category; 3) children and youth who fall into categories 2 and 4 (related to permanency). By June 1, 2012, the SWAT team will develop specific action plans for each child in a corrective action category, which will be incorporated into the case plans, as appropriate (2012 Strategy Plan, p. 8).

CFSA utilized a “SWAT team” approach to review and develop plans for children and youth within specific special corrective action categories. The SWAT team consisted of staff from Operations, OPPPS, OAG, Director of Agency Performance and CISA. CSSP staff attended several of these reviews. CFSA identified every child and youth within a special corrective action category by a point in time data pull on March 14, 2012. There were 701 unique children who met the criteria for one or more corrective action category. Of these 701 unique children, there were 586 children who met the criteria for one category, 101 children who met the criteria for two categories and 14 children who met the criteria for three categories. One-hundred and seventy-three of these children fell within a permanency category and were reviewed and had a plan developed using the “SWAT team” approach.

Permanency Categories:
This data identified the following information for children within a permanency special corrective action category: 99 children with a goal of adoption for more than 12 months who were not in an approved adoptive home, 64 of whom were in this category for over a year; 72 children with a goal of reunification for more than 18 months; and two children under the age of 14 with a goal of APPLA.

Reviews for children within these special corrective action permanency categories were held between April 25 and July 31, 2012 and special corrective action plans (or permanency action plans) were developed for each of these children to include specific action steps for the child’s team in order to move permanency efforts forward. Through these reviews, the SWAT team recommended goals changes of adoption or guardianship with the current foster care provider for 14 children or youth, including the two children under the age of 14 with APPLA goals.
Unlicensed Foster Homes Category:
CFSA reports that “SWAT team” meetings were not held and special corrective action plans were not specifically developed to remediate the 162 children in the March 14, 2012 cohort of children placed in unlicensed foster homes.\(^{179}\) However, each agency with unlicensed homes was required to identify and address any barriers that prevented licensure and to develop plans to correct these barriers. Plans to remediate licensure compliance were submitted to the Director of Agency Performance, Principal Deputy Director and Agency Director on April 20, 2012. CFSA reports that one barrier identified by several agencies included the transfer of homes from two agencies with which CFSA no longer contracts to other providers and the delay or lack of pertinent information provided to these agencies. Additionally, CFSA’s Foster Care Resources Administration has taken steps to ensure that unlicensed homes are brought into compliance including ensuring CFSA and private agencies have sufficient tracking and oversight of the re-licensure process to prevent licenses from lapsing. The number of children in this corrective action category has declined from 174 in July 2011 to 74 by June 2012.

Children with Four or More Placements Category:
CFSA chose not to individually review the children who were within the special corrective action category of four or more placements with a placement change in the last 12 months and the placement is not a permanency placement, but to instead take a systematic approach to implement new processes to reduce children within this category.\(^{180}\) These processes include: clearly defining placement change with program administrators, private providers and placement unit staff to ensure respite is not considered a placement change; revising the placement policy to denote circumstances that are not considered a placement change, such as respite, trial home visits and visits with relatives; and implementation of the placement disruption definition and placement disruption assessment tool. While CFSA reports that there was a 22 percent reduction from children identified in the March 14 cohort in this category, the Monitor is hesitant to entirely attribute this reduction to the above stated new processes as the latter process did not begin until June 2012 and is currently being reassessed by CFSA. The Monitor would like to see additional emphasis on strategies to individually address the high number of children within this category in the future.

Residential Treatment more than 100 Miles from DC Category:
CFSA did not conduct “SWAT team” reviews and develop special corrective action plans specifically to address children in residential treatment 100 or more miles outside of the District. However, for the 31 children who are within the March 14, 2012 cohort of children in this category, CFSA reports that three of the children were reviewed through the

\(^{179}\) Of these 162 children, 14 were also within a permanency category and had a special corrective action plan developed specific to their permanency need.

\(^{180}\) There were 461 children who were included in this category. Of the 461 children, 77 were also within a permanency category and have a special corrective action plan specific to their permanency need.
congregate care review process. As indicated in the Placement of Children section of this report, in June 2012, Casey Family Programs, in collaboration with CFSA, began conducting reviews of children and youth placed in congregate care, including therapeutic, specialized and traditional group homes both within and outside of the District of Columbia. The purpose of these reviews is to determine whether the child or youth is ready to transition from congregate care and what steps need to be taken in order for the child or youth to transition. The Monitor will provide further information on these reviews within the next monitoring report.

**Ongoing Monitoring of March 14, 2012 Cohort:**
For each child for whom a special corrective action plan was developed, documentation of the plan is available in FACES.NET and CFSA reports that the results of special corrective action reviews are tracked monthly to monitor progress and assess outcomes. As detailed in Table 12 below, of the March 14, 2012 cohort of children, as of June 30, 2012, CFSA reports reducing the number of children with a goal of adoption for more than one year by 20 percent, reducing the number of children with a goal of reunification for 18 months by 29 percent and reducing the number of children in unlicensed foster homes by 81 percent.

**Table 12: Results of Corrective Action Review Process in Specific Corrective Action Categories as of June 30, 2012**

<table>
<thead>
<tr>
<th>Special Corrective Action Category</th>
<th>Number of Children as of March 14, 2012</th>
<th>Number of Children from March 14, 2012 Cohort who Remained in the Category as of June 30, 2012</th>
<th>Percentage Reduction of Cohort by June 30, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home</td>
<td>99</td>
<td>79</td>
<td>20%</td>
</tr>
<tr>
<td>Children under 14 with a Goal of APPLA</td>
<td>2</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Children with Goal of Reunification for More than 18 Months</td>
<td>72</td>
<td>51</td>
<td>29%</td>
</tr>
<tr>
<td>Children Placed in Foster Homes without Valid Permits/Licenses or Foster Homes that Exceed their Licensed Capacity</td>
<td>162</td>
<td>30</td>
<td>81%</td>
</tr>
</tbody>
</table>

Source: CFSA manual data

181 Of 31 children, nine were also within a permanency category and have a special corrective action plan specific to that need.
By July 1, 2012, the lessons learned from the SWAT team approach will be reported during an Agency Program’s All Staff meetings and modifications to existing policies will be completed as needed to define the process of conducting reviews of children who fall into corrective action categories (2012 Strategy Plan, p. 8).

CFSA reports that the lessons learned from the special corrective action reviews were shared on June 14, 2012 during a meeting with CFSA program managers and private providers. Additionally, during a CFSA and private provider management team meeting on August 6, 2012, the results of the special corrective action reviews, barriers and best practices were discussed. Some of the systemic barriers identified through the review process included: children receiving a different case manager for every year they were in foster care; siblings receiving case management from different agencies often resulting in lack of effective teaming between agencies and inconsistent permanency goals; lack of concurrent planning; and inconsistent use of diligent search and case mining.

5. **Reviewing Child Fatalities**

The City-wide Child Fatality Committee is charged with reviewing the circumstances surrounding the deaths of children who are residents or wards of the District of Columbia. The review includes information regarding the services and interventions the child received prior to their death in order to determine systemic, legal or policy and practice deficits and to make recommendations for improvement.

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January- June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
</table>
| **64. Reviewing Child Fatalities**: 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. (IEP citation II.A.4.) | Ongoing Compliance | Internal Committee: Compliant  
City-wide Committee: Non-Compliant | Partially |
Performance for the period January 1 through June 30, 2012:
Throughout this monitoring period, the Internal CFSA Child Fatality Committee and City-wide Child Fatality Committee continued to meet monthly to review child deaths. The 2009 Annual Report was published in May 2012 and CFSA reports that the 2010 and 2011 annual reports are currently being drafted. As detailed below, CFSA has been working with the Chief Medical Examiner to remediate the issues which cause the continued non-compliance with the MFO and IEP requirements.

Performance on Strategy Plan:
CFSA has employed the following strategies to increase compliance toward the child fatality review requirements:

- By April 30, 2012, the Director of CFSA and the Chief Medical Examiner will develop strategies to achieve compliance with the Exit Standard associated with the City-wide Child Fatality Committee (2012 Strategy Plan, p. 11).

On March 15, 2012, CFSA’s Director and Chief of Staff met with the Chief Medical Examiner and her general counsel to develop strategies to address issuance of annual reports, mechanisms to track committee recommendations and responses and committee vacancies. These strategies are listed below:

- As stated above, the 2010 and 2011 annual reports are currently in draft form and the Office of the Chief Medical Examiner (OCME) reports they should be completed by the end of 2012.
- Regarding the mechanism to track committee recommendations, CFSA reports that the OCME will send the final recommendations from the City-wide Child Fatality Recommendations Subcommittee to the applicable deputy mayors. The deputy mayors are expected to disseminate the recommendations to relevant agencies and coordinate a response for submission to the City-wide Child Fatality Committee.
- In response to the numerous vacancies on the Committee, CFSA facilitated a discussion between OCME and the Office of the Boards and Commissions to clarify membership and vacancies (community and government). Subsequently, the Committee has three new community members from wards 5, 7 and 8 and the Office of the Boards and Commissions are continuing to recruit members to represent wards 1, 2 and 3. Additionally, CFSA is working with the Executive Office of the Mayor to revise a Mayoral Order to include a representative from the Mayor’s Committee on Child Abuse and Neglect (MCCAN) as an appointed member on the City-wide Child Fatality Committee.
6. **Performance-Based Contracting**

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January – June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>56. <em>Performance-Based Contracting</em>: 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. <em>(IEP citation I.D.31.)</em></td>
<td>Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis.</td>
<td>Infrastructure for performance-based contracting in place. CFSA is using data on performance of providers to make decisions about placements and future contracts.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Performance between January 1 and June 30, 2012, including performance on strategy plan:** CFSA has continued its work to implement an approach to effective performance-based contracting. CFSA’s strategy plan, in part, focused on the development of the internal infrastructure for monitoring private provider performance and using a range of quality improvement techniques to focus the conversation between CFSA and providers on performance outcomes. 182 CFSA reports making referrals of children and youth first to the highest performing agencies and when rightsizing the number of beds needed for the out-of-home foster care population, CFSA made decisions about which contracts to renew based on performance.

CFSA’s Foster Care Resources Administration staff is responsible for contract monitoring and performance management for all Healthy Family/Thriving Community Collaboratives and its Council, home study contractors and all family-based private agencies and congregate care providers. Currently, CFSA contracts with family-based providers and congregate care providers, as well as numerous other providers responsible for home studies and community-based services. The Contracts Monitoring staff is allocated 34 FTEs; during this monitoring period, 30 positions were filled and there were four vacancies. The Contracts Monitoring staff has implemented a standardized monitoring system which includes monthly data analysis, quarterly site visits to the family-based and congregate care providers, review of child and employee records, safety checks (announced and unannounced visits as needed) and the development and implementation of Program Improvement Plans (PIP) when deficiencies are identified.

Further, CFSA produces performance scorecards for both family-based and congregate care providers which track agency performance on selected requirements and provide a snapshot of a provider’s performance over a 12 month period related to safety, permanency and well-being. Human Care Agreements (CFSA’s form of contracts with private providers) for both family-based and congregate care providers incorporate performance standards and outcomes in the areas of safety, placement stability and well-being of the children they serve. Financial incentives and disincentives are attached to scorecard performance by family-based providers, but are currently under review as CFSA reports that taking money away from providers ultimately impedes those providers’ ability to provide comprehensive services to children and families. Recently, CFSA, in collaboration with providers, decided to weigh more heavily various indicators on the scorecard that focused on safety, permanency and well-being for those in family-based care as opposed to more administrative requirements, such as timely court reports. 183 Through this weighting and assessment, the agencies producing good outcomes for children and families will be more readily recognized and children and youth entering out-of-home placement will be referred first to the highest performing agencies.

As the number of children and youth in foster care has declined, CFSA needed to decide on the number of beds to contract for in FY2013. CFSA made decisions about renewing contracts based on the performance of agencies, utilization rates and types of services needed. As a result, for FY 2013 CFSA cut back from 13 family-based providers with 24 contracts to 11 providers with 20 contracts and from 24 congregate care providers with 34 contracts to 16 providers with 18 contracts. 184 The Monitor is satisfied that CFSA now has the infrastructure for performance-based contracting and is making decisions based on performance.

CFSA’s Strategy Plan also included: Beginning March 2012, CFSA is working with Casey Family Programs to revise performance scorecards, contract language and service delivery expectations to reflect an outcomes-based contracting process (2012 Strategy Plan, p.10). CFSA further reports receiving continued technical assistance from Casey Family Programs on improving performance-based contracting. CFSA reports working with Casey Family Programs to revise contracts so that the scope of work incorporates performance expectations for improving outcomes for children and youth, with an immediate focus on contracts for teen parent congregate care and diagnostic assessment and crisis stabilization programs. CFSA and Casey Family Programs also met for a full planning day session to discuss performance-based contracting.

183 The focus is on safety and well-being, less so on permanency for those in congregate care.
184 CFSA reports that during August and September 2012, 109 children and youth and 30 foster parents transitioned to new agencies. The Monitor has been in communication with CFSA about concerns regarding individual cases and will track the transition of these children and foster parents.
7. **Interstate Compact for the Placement of Children**

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January – June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>57. Interstate Compact for the Placement of Children (ICPC):</strong> CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care. (IEP citation I.D.32.)</td>
<td>Elimination of the backlog of cases without ICPC compliance.</td>
<td>Number of children placed without ICPC approval: Monthly range 89-116 for foster homes. Monthly range is 47-82 for kinship homes.</td>
<td>No</td>
</tr>
</tbody>
</table>

**Performance between January 1 and June 30, 2012:**
The District of Columbia is in a unique position because on any given day over half of children and youth in foster care are placed in foster homes with relatives or non-relatives located in Maryland. CFSA is required by the IEP to maintain responsibility for managing and complying with the Interstate Compact for the Placement of Children (ICPC) for children in its care.

As noted in Table 13, CFSA reports that the number of children placed in Maryland foster homes without ICPC approval ranged from 89 to 116 children per month between January and June 2012 and from 47 to 82 children per month for those placed in kinship homes with temporary licensure. During those same months, the total number of children placed in Maryland ranged from 1,000 to 1,061 per month and included a number of youth over the age of 18 for whom ICPC approval was not needed. CFSA reports that during this monitoring period between 20 and 30 children were also placed in Virginia under ICPC approvals. This is the first monitoring period for which data were provided that included the number of children in kinship homes with a temporary license awaiting ICPC approval.

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185 Previously, CFSA had not provided data on kinship placements that were part of the ICPC backlog. This monitoring report includes kinship homes with child(ren) awaiting ICPC approval. Thus, performance on this measure cannot be compared to past monitoring periods.
CFSA does not meet IEP performance expectations for this monitoring period. CFSA reports that it continues to work with Maryland on finalizing a border agreement but no recent timeframes for completion have been provided.

Further, CFSA reports increased and focused work with private providers to reduce the ICPC backlog. On September 26, 2012, CFSA sent correspondence to providers about three action steps for improving the ICPC backlog: 1) CFSA will share with providers a monthly list of children placed in Maryland without ICPC approval, 2) CFSA will be scheduling individual meetings with private agency leadership to discuss performance and strategies to remedy the backlog, and 3) CFSA will continue to provide to Maryland a list of providers who have unapproved ICPC placements. CFSA reported to the Monitor that as of October 15, 2012, improvement strategies appear to be working; the ICPC backlog was reduced to 48 children placed in foster homes and 18 children placed with kin.

8. Data and Technology

CFSA leadership, Child Information Systems Administration (CISA) staff and the Monitor agree that there is a need to use data more effectively to better understand progress over time as well as to identify the areas where progress is most needed. CFSA’s Strategy Plan states: By May 1,

| Table 13: Interstate Compact for Placement of Children (ICPC) Backlog with Maryland January- June 2012 |
|-------------------------------------------------|-------|-------|-------|-------|-------|-------|
| Children with ICPC Approval                    | Jan 648 | Feb 644 | Mar 648 | April 668 | May 688 | June 676 |
| Cases Pending ICPC Approval                    | 76     | 94     | 85     | 84     | 79     | 71     |
| Children Placed With NO ICPC Needed (Above the Age of 18) | 125 | 120 | 117 | 120 | 124 | 113 |
| Temporary Kinship (needing ICPC approval)      | 82     | 79     | 59     | 47     | 51     | 51     |
| Maryland Foster Care placements (needing ICPC approval) | 116 | 111 | 101 | 95 | 119 | 89 |
| Total number of CFSA children placed in Maryland | 1047 | 1048 | 1010 | 1014 | 1061 | 1000 |

Source: CFSA manual data
2012, CFSA will share with the Monitor its plan for measuring performance or monitoring the Exit Standards where data or performance level is not routinely available (2012 Strategy Plan, p. 11). CFSA provided the Monitor with a draft data plan on May 1, 2012 and the Monitor and CFSA came to an agreement on how to collect data and monitor performance for specific Exit Standards where data were not routinely available. In some areas, new reports will be developed using data from FACES.NET and other free-standing databases. Other Exit Standards will require qualitative review or additional case record reviews, to be conducted jointly by Monitor and CFSA staff.

Although data methodologies have now been identified for nearly all IEP Exit Standards, representing a significant improvement over last reporting period, there continue to be difficulties receiving quality data in a timely manner. The Monitor recommends that CFSA review several existing management reports to ensure the logic behind the information is accurate and that they contain data adequate to track performance over time. In this monitoring period, as a result of analyses to validate the data provided by CFSA, the Monitor has become increasingly concerned about the quality of data in many areas, including: FACES.NET data on unassigned cases, FACES.NET reports on over placements, contact information for resource parents and FACES.NET reports on worker visits with children and families. For example, in the resource parent survey, reviewers attempted to contact 376 resource parents. Of the 376 resource parents, 90 (24%) resource parents had incorrect or missing contact information (see Appendix D for a breakdown by agency). Further, the Monitor has significant concerns about the current methodology used to assess initiation of investigations, as discussed in the Investigations section of this report.

Finally, during the visitation case record review, several instances of data entry errors were noted which resulted in FACES.NET counting visits as having occurred when in fact they did not. For example, reviewers found that a worker may categorize a visit as “completed” when the worker attempted a visit but was unsuccessful in seeing the child. There were also instances where a worker included a child as a participant in a visit, however, there was no evidence in the summary of the visit that the child was present. This appeared to be of particular concern with family structures that included more than five children.

The Monitor and CFSA met in September 2012 to discuss ways to improve data that are inconsistent, inaccurate or appear to be measuring information not relevant to the IEP. The Monitor recommends that CFSA have periodic internal FACES.NET audits to ensure the accuracy of data produced.
9. **Federal Revenue**

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>January – June 2012 Performance</th>
<th>Exit Standard Achieved</th>
</tr>
</thead>
</table>
| 60. **Federal Revenue Maximization:** CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development.  
  (IEP citation I.D.35.) | Evidence of consistent and appropriate claiming of all appropriate and available federal revenue. | Nearly completed all work necessary for maximizing Title IV-E revenue; work continues on Medicaid claiming | Partially |

As a result of lengthy negotiations with the federal government and providing extensive documentation, CFSA received approval for a new rate methodology and for a Title IV-E State Plan Amendment on foster care eligibility which will result in increased Title IV-E reimbursement. The Monitor is satisfied that appropriate efforts have been and continue to be made to maximize Title IV-E revenue and that as a result of these efforts CFSA is now positioned to appropriately claim additional federal Title IV-E revenue going forward. CFSA’s efforts to work with the District’s Medicaid agency to maximize opportunities for revenue from Medicaid continue, but have yet to reach resolution, therefore the Monitor considers this Exit Standard to be partially achieved.

**Title IV-E**

Specific accomplishments during this monitoring period to maintain or increase federal revenue through Title IV-E include:

- **Approval of rate setting methodology to more fully claim Title IV-E funding for private agency expenditures.**

  CFSA’s previous Title IV-E reimbursement was based on an 11 year old methodology, which did not allow CFSA full reimbursement for Title IV-E expenditures, especially expenditures by private agencies on behalf of children in CFSA custody.

  A new rate setting methodology for children placed in congregate care in the form of revised *Standard Operating Procedures for Reporting and Allocating Expenditures of Congregate Care Providers* (SOP) was submitted to the Department of Health and Human Services Administration for Children and Families (ACF) in July 2011, and later updated and resubmitted in December 2011. On April 13, 2012, CFSA received written federal approval for the new rate setting methodology.
CFSA is now negotiating to more fully cover the cost of services for children and youth served through family-based providers. CFSA leadership reports that they intend to submit a proposed rate setting methodology for family-based providers in November 2012, now that the SOP for congregate care providers has been approved by ACF.

- **Approved Title IV-E State Plan Amendment: Foster Care Candidacy**

CFSA submitted a State Plan amendment to the ACF to allow Title IV-E claiming to help cover the administrative costs for those children and youth at imminent risk of entering foster care. On April 10, 2012, CFSA received written approval from ACF that they would approve the state plan amendment based on CFSA’s modifications. CFSA can now submit a prior quarter adjustment claim retroactive to November 2, 2011 and quarterly claims ongoing.

- **Passed Title IV-E Secondary Review**

Title IV-E claims submitted for children and youth for the first and second quarters of FY2012 were the subject of a federal review in the summer of 2012. CFSA reports that the federal government verbally conveyed that CFSA passed this critical Title IV-E review.

- **Approval of Public Assistance Cost Allocation Plan**

With assistance from a consultant, CFSA submitted a revised Public Assistance Cost Allocation Plan (CAP) to the Department of Health and Human Services Division of Cost Allocation on March 31, 2011. After over a year of responding to comments and clarification requests from the involved federal agencies (ACF and the Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS)), CFSA received approval of the CAP on July 18, 2012.

Table 14 presents the actual or proposed Title IV-E federal resources used to support services to children and families involved with CFSA. It is important to note, as discussed more fully later in this section, that Title IV-E revenue primarily supports children in foster care and that in the period of 2009-2012, CFSA’s foster care population declined.

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186 In the next report, the Monitor will present information on CFSA’s Title IV-E penetration rates for foster care and adoption cases.
Table 14:  
Actual and Proposed Gross Title IV-E Federal Funds Operating Budget  
FY2009 – 2013

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Title IV-E Federal Resources (in millions)</th>
<th>Overall Budget (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2009 (actual)</td>
<td>$49.7</td>
<td>$289.1</td>
</tr>
<tr>
<td>FY2010 (actual)</td>
<td>$58.1</td>
<td>$278.1</td>
</tr>
<tr>
<td>FY2011 (actual)</td>
<td>$52.4</td>
<td>$250.1</td>
</tr>
<tr>
<td>FY2012 (approved)</td>
<td>$60.2</td>
<td>$265.3</td>
</tr>
<tr>
<td>FY2013 (proposed)</td>
<td>$53.9</td>
<td>$257.1</td>
</tr>
</tbody>
</table>

Source: CFSA FY2013 Proposed Budget and Financial Plan and District’s Financial System (SOAR)

**Medicaid claiming**

CFSA continues efforts to increase federal Medicaid claiming. As noted in previous monitoring reports, the District made a decision in 2009 to halt CFSA’s federal Medicaid claiming for Targeted Case Management (TCM) for social workers until an infrastructure could be strengthened and institutionalized to ensure an accurate billing methodology coupled with a well-functioning internal quality assurance process to verify the accuracy and consistency of documentation of the billing process. Medicaid claiming was to resume by July 2010, however, Medicaid claiming has resumed in only a very limited way for the direct activities of the Healthy Horizons Assessment Center (HHAC).

- **Claiming federal Medicaid funds for the Targeted Case Management Nurse Care Management Program**

  Federal claiming for the costs of the Nurse Care Manager Program is contingent upon CMS approval of the District’s Medicaid Targeted Case Management State Plan Amendment (SPA). CFSA, in collaboration with the District’s Department of Health Care Finance (DHCF), continues to be in negotiations with CMS. Without SPA approval, CFSA is not able to claim a projected $1,101,740 in federal funds for FY2013. CFSA reports being closer to receiving SPA approval.
Partnering with the Administrative Services Organization (ASO) to conduct quality assurance for potential Medicaid claims for the Healthy Horizons Assessment Center (HHAC)

CFSA bills Medicaid for the direct service costs of the HHAC Nurse Practitioners who provide pre-placement screenings and health assessments and have been doing so since December 2009. As previously reported, Medicaid claims for the services totaled approximately $323,000 for FY2011. For FY2012, CFSA reports $396,000 in Medicaid claims were paid to CFSA for HHAC pre-placement screenings. CSFA worked closely with the ASO to finalize the regulatory framework for the Clinic and develop documentation guidelines.

Re-establishing the Medicaid Rehabilitation Option

Before resuming Medicaid Rehabilitation claiming, CMS and the District have determined that issues regarding Medicaid funded TCM must first be resolved.

Re-establishing Medicaid Targeted Case Management for Social Workers

Before resuming claiming for social workers under Targeted Case Management (TCM), CMS and the District have determined that issues regarding Medicaid funded TCM for nurses must first be resolved.

While the District’s foster care population steadily declined, the total federal resources available to meet the needs of children and youth in the District of Columbia have largely remained stable over the past five years, in part due to the District pursuing federal funding options as highlighted above. Even with recent, significant accomplishments related to increasing Title IV-E claiming in allowable areas (i.e., for older youth and for guardianship subsidies), CFSA projects that there will be fewer Title IV-E funds available to support children and families in FY2013 than in previous years. A portion of this decline is due to the reduction of children in foster care, as federal funding is primarily based on those costs. The decline also reflects federal rules which tie Title IV-E eligibility to income levels of the families from which children have been removed. These income levels have not been adjusted by the federal government since 1997, thus, the percentage of children whose costs are eligible for Title IV-E reimbursement have been falling across all states in the nation. These declines in allowable Title IV-E revenue in the District have not been replaced with anticipated revenue increases through allowable Medicaid claiming, primarily possible through Medicaid Targeted Case Management and Rehabilitation Services options. The Monitor continues to believe that additional progress around Medicaid financing options is needed.
**Performance on Strategy Plan:**

CFSA reports the following strategies are employed to maximize federal revenue:

- *The District will maximize Title IV-E claiming for guardianship and foster care for youth ages 18-21 years, by reviewing and updating key data elements each quarter, e.g., education, employment and vocation (2012 Strategy Plan, p. 10).*

  CFSA reports beginning to claim Title IV-E for 18, 19 and 20 year olds who meet Title IV-E eligibility criteria under Fostering Connections as well as for guardianship subsidies for relative and kin caregivers. CFSA reports that for FY2012, Title IV-E revenue claimed for the maintenance costs of 18 to 20 year olds is $2,000,000.

- *CFSA will continue to receive and review quarterly expenditure reports from private providers and will provide technical assistance as needed to maximize claiming (2012 Strategy Plan, p. 10).*

  CFSA reports that the expenditure reporting templates for private providers were revised to include increased detail and itemization for improved monitoring and reconciliation and for strengthening documentation that supports the Title IV-E claiming.

- *By July 30, 2012, CFSA and DHCF will begin an assessment of the viability of expanding targeted case management services to social workers with goal of completing the assessment and having recommendations by September 30, 2012 (2012 Strategy Plan, p. 7).*

  This strategy is not yet due.
LaShawn A. v. Gray Progress Report
for the Period January 1 – June 30, 2012

APPENDICES

A. Glossary of Acronyms Used in Monitoring Report

B. CFSA Organizational Chart

C. Transitional Planning for Youth Exiting Foster Care in the District of Columbia: Findings and Recommendations

D. Resource Parent Survey Findings

E. Investigative Caseworkers Exceeding Caseload Limits, July – December 2011 Corrected Data
APPENDIX A
Glossary of Acronyms Used in Monitoring Report

AAG: Assistant Attorney General
ACEDS: Automated Client Eligibility Determination System
ACF: Administration for Children and Families
ADHD: Attention Deficit Hyperactivity Disorder
APPLA: Another Planned Permanent Living Arrangement
ASFA: Adoption and Safe Families Act
ASO: Administrative Services Organization
BSW: Bachelor of Social Work
CANS: Child and Adolescent Needs and Strengths Assessment
CAP: Public Assistance Cost Allocation Plan
CASA: Court Appointed Special Advocate
CFSA: Children and Family Services Agency
CASA: Child Information Systems Administration
CMPIA: Contracts Management and Performance Improvement Administration
CMS: Centers for Medicare and Medicaid Services
CPS: Child Protective Services
CSR: Community Services Review
CSSP: Center for the Study of Social Policy
CWSG: Annie E. Casey Foundation Child Welfare Strategy Group
CWTA: Child Welfare Training Academy
DHS: Department of Human Services
DHCM: Department of Health Care Finance
DMH: Department of Mental Health
DR: Differential Response
DDS: Department on Disability Services
DV: Domestic Violence
ETV: Education and Training Voucher
FA: Family Assessment
FACES.NET: CFSA’s automated child welfare information system
FSW: Family Support Worker
FTE: Full Time Employment
FTM: Family Team Meeting
GAL: Guardian ad litem
GED: General Education Development
HFTC: Healthy Families/Thriving Communities
HHAC: Healthy Horizons Assessment Center
ICPC: Interstate Compact for the Placement of Children
IEP: Implementation and Exit Plan
I & R: Information and Referral
IL: Independent Living
ILP: Independent Living Plan
ITILP: Individual Transitional Independent Living Plan
IQ: Intelligence Quotient
LYFE: Listening to Youth and Families as Experts
MCCAN: Mayor’s Committee on Child Abuse and Neglect
MFO: Modified Final Order
MSW: Master of Social Work
NOS: Not Otherwise Specified
OAG: Office of the Attorney General
OCME: Office of the Chief Medical Examiner
OHAP: Out of Home and Permanency Administration
OPPPS: Office of Policy, Planning and Program Support
OYE: Office of Youth Empowerment
PCBS: Partnership for Community Based Services
PIP: Program Improvement Plan
POM: Procedural Operational Model
PRTF: Psychiatric Residential Treatment Facilities
PSA: Placement Services Administration
PTSD: Post-Traumatic Stress Disorder
QA: Quality Assurance
QSR: Quality Service Review
RSA: Rehabilitation Services Administration
SOP: Standard Operating Procedure
SPA: State Plan Amendment
SPSS: Statistical Package for the Social Sciences
SSI: Supplemental Security Income
STARS: Student Tracking and Reporting System
TANF: Temporary Assistance for Needy Families
TCM: Targeted Case Management
USDA: United States Department of Agriculture
YTP: Youth Transition Plan
APPENDIX C

Transitional Planning for Youth Exiting Foster Care in the District of Columbia: Findings and Recommendations

November 21, 2012

Introduction

The Center for the Study of Social Policy (CSSP) is the Federal Monitor of the class action lawsuit LaShawn A. v. Gray, responsible to the Honorable Thomas F. Hogan of the United States District Court for the District of Columbia. As Monitor, CSSP is required to independently assess the District of Columbia’s performance on the outcomes and Exit Standards of the Modified Final Order (MFO) and its most recent update, the LaShawn Implementation and Exit Plan (IEP).2

Among other outcomes, the LaShawn IEP requires that youth ages 18 and older are prepared for adulthood upon emancipation from care.

IEP reference I.B.12.c., requires that:

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.3

This report, an appendix to the full Monitoring Report, provides information to verify CFSA performance on this Exit Standard.4 To determine the rate of Youth Transition Plan (YTP) completion and evaluate the quality of YTP meetings, resulting plan and subsequent implementation, CSSP conducted a case record review of electronic and paper case files for the entire universe of youth in CFSA care who were 20.5 years old or who turned 21 years old

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1 January 27, 1994, Modified Final Order (“MFO”) (Dkt. No. 222 (order adopting MFO); Dkt. No. 222-2 (MFO))
2 December 17, 2010, Implementation and Exit Plan (“IEP”) (Dkt. No. 1073)
4 As described in the previous Monitoring Report, the District of Columbia’s Child and Family Services Agency (CFSA) provided data stating that between July 1 and December 31, 2011, 92 percent of applicable youth participated in a YTP meeting. A number of youth were excluded due to being medically fragile, incarcerated or in abscondence during the period under review. The Monitor was not able to verify these exclusions in all cases.
between January 1 and March 31, 2012. While CFSA’s policy and practice expectations are that youth should be engaged in transition planning since at least age 18, this Review focused exclusively on youth at or near their 21st birthday who were just about to leave or recently left CFSA custody and examined their most recent YTP and accompanying activities over a 15 month time period (between January 1, 2011 and March 31, 2012). The Review also assessed whether good faith efforts were made by workers to engage those youth who did not have a YTP meeting in this timeframe. The case record review was designed to assess performance on ten YTP domains or areas of need for youth transitioning out of care: housing; financial literacy; life connections; crisis management; educational/ vocational; employment; health; emotional/ psychological; pregnant/ parenting; and other.

As described in the full Monitoring Report, CFSA has made supporting older youth in CFSA care a priority and is committed to improving its performance on this Exit Standard. Building off of the strategy plan and internal assessments, CFSA has already reexamined the YTP process and documents, enhanced their ability to link youth with key community-based providers who can support youth with jobs, housing, education and identified new ways to support youth with having the necessary resources and skills for adulthood (such as financial literacy and savings).

The Monitor met with both CFSA and the Citizen’s Review Panel about the findings and recommendations from the YTP case record review. The Citizen Review Panel endorses these findings and recommendations. CFSA concurs with the findings and reports that these mirror much of what was found through their own internal assessment and that action has already begun in most of the recommended areas.

**Methodology**

In collaboration with CFSA, Monitor staff developed a structured data collection instrument, trained Review Team members, conducted quality assurance to ensure inter-rater reliability and accuracy and analyzed the data for themes and key findings. Also participating in this Review under the supervision of the Monitor were representatives of the District of Columbia’s Citizen Review Panel. Review activities were accomplished as follows:

1. **Sample Plan**

   The universe for this Review was every youth who was 20.5 or 21 years-old between January 1 and March 31, 2012 and who was in or recently emancipated from CFSA care, for a total of 76 applicable youth. The case records and plans, where applicable, were reviewed for all 76 youth.

2. **Data Collection**

   The Review was conducted using a structured data collection instrument developed by Monitor staff in collaboration with CFSA. The data collection instrument was produced using Survey Monkey, an online software tool for creating surveys and questionnaires, and in partnership with Troy Blanchard, Ph.D. of Louisiana State University.
After piloting the instrument on April 23 and 24, 2012 and making appropriate revisions, the Review was completed June 11 - 15, 2012. Data collected during the pilot was transferred to the final instrument to enable comprehensive data analysis. In both April and June, data collection took place at CFSA.

There were a total of 14 reviewers, including Monitor staff and consultants, CFSA Office of Youth Empowerment (OYE) staff, CFSA private provider contract monitoring staff and representatives of the District of Columbia Citizens Review Panel. All reviewers were trained and supervised by CSSP staff. Each reviewer had access to FACES.NET, CFSA’s information and data management system, and paper case files, including the most recent YTP.

3. **Reviewer Training**

Prior to participation in this Review, all reviewers were trained on FACES.NET. During both the pilot and final Review, Monitor staff trained reviewers on the protocol. Training included thorough review of the structured data collection instrument and the criteria for answering each review question.

4. **Quality Assurance**

During and immediately following the April and June review periods, Monitor staff reviewed each data collection instrument for completeness. In addition, to ensure accuracy and consistency across reviewers, Monitor staff conducted a full second review of the first two cases scored by each individual reviewer. Subsequent quality assurance (QA) was conducted by Monitor staff on all cases with no YTP plan and other cases as needed based on reviewer performance; this full secondary review was conducted on a total of 39 percent of cases (30 of 76).

5. **Data Analysis**

The data collection instruments were coded into a format that allowed statistical analysis using the Statistical Package for the Social Sciences (SPSS) computer program. Review Team narrative comments were also captured and reviewed to gain a greater understanding of each case as well as to identify patterns and themes across cases.

6. **Limitations of the Case Record Review**

The case record review relied exclusively on information documented in FACES.NET and paper case files. The Review Team found instances of incomplete or potentially inaccurate documentation. Thus, there may have been efforts to assist youth in planning for their emancipation and connecting with adult services and supports that were not documented and therefore were not credited in the review. Additionally, in an effort to collect and analyze the most recent data, the Review Team examined the latest YTP completed. In several cases, the

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5 The District of Columbia Citizens Review Panel is a federally mandated external oversight committee of citizens who evaluate services provided to children at risk for abuse or neglect or currently under the jurisdiction of CFSA and receiving services from the District of Columbia government and its partners and contracted providers. Information retrieved from: http://www.dc-crp.org/index.html.
youth emancipated from care shortly after this YTP meeting, making documentation of follow-up efforts limited and perhaps not fully representative of the YTP team’s support of the youth through their transition planning process. Lastly, case record reviews in general have inherent limitations in assessing the comprehensiveness and quality of implementation.

**Demographics**

1. **Gender of Youth**

As depicted in Figure 1, of the 76 youth whose cases were reviewed, 38 percent (29) were male and 62 percent (47) were female.

Figure 1

<table>
<thead>
<tr>
<th>Gender Distribution of Youth Age 20.5 and 21 who were in Care or Exited care between January 1, 2012 and March 31, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 76</td>
</tr>
<tr>
<td>Males (38%): 29</td>
</tr>
<tr>
<td>Females (62%): 47</td>
</tr>
</tbody>
</table>

Source: CSSP Case Record Review, June 2012
2. **Race/Ethnicity of Youth**

Ninety-five percent (72 of 76) of the youth were identified as Black or African-American, four percent (3 of 76) were identified as White and one youth was not categorized by race (see Figure 2). Figure 3 shows that 93 percent of youth were identified as Not Hispanic, while the remaining seven percent (5 youth) were identified as Hispanic.

![Race of Sample Population](Source: CSSP Case Record Review, June 2012)

![Ethnicity of Sample Population](Source: CSSP Case Record Review, June 2012)

3. **Age of Youth and Permanency Goal**

The age of youth was calculated as of March 31, 2012. Fifty-one percent were 20.5 years old and in CFSA care as of March 31, 2012. The remaining 49 percent were 21 year-olds who had emancipated from care by March 31, 2012, as illustrated in Figure 4. The vast majority of these youth had a permanency goal of Another Planned Permanent Living Arrangement (APPLA), as shown by Figure 5.

![Age of Sample as of March 31, 2012](Source: CSSP Case Record Review, June 2012)
Figure 5

Permanency Goal as of March 31, 2012 or date youth emancipated
N = 76

Source: CSSP Case Record Review, June 2012

4. **Case Management Responsibility**

The Review identified the provider agency with case management responsibility during the 15 month review period (January 1, 2011 - March 31, 2012). If more than one agency was responsible, the most recent responsible agency was recorded. As illustrated by Figure 6, CFSA, through a division within their Office of Youth Empowerment (OYE), Adoptions or In Home and Reunification Services units was responsible for case management for 37 percent of the youth, while private agencies managed the remaining 63 percent of youths’ cases. Figure 7 illustrates case management responsibility by agency in greater detail. The majority of CFSA cases were managed by OYE (93%) and the majority of private agency cases were managed by Foundations for Home and Community (54%).

Figure 6

Agency with Case Management Responsibility
(January 1, 2011- March 31, 2012)
N = 76

Source: CSSP Case Record Review, June 2012
5. **Current Placement Type**

The placement type of youth on March 30, 2012 is shown in Figure 8. Nearly half of the youth had emancipated from care by this date. The remaining half were in numerous placement types, with the most common being represented by nine (12%) youth who were placed with a therapeutic foster family.
Figure 8

Placement Type (as of March 30, 2012)

- N/A: Youth has emancipated from care - 48%
- Abscondence - 3%
- Correctional Facility - 2%
- Independent Living Main Facilities Program - 5%
- Independent Living Residential Units - 7%
- Kinship Foster Care - 3%
- Not in Legal Placement-Awaiting Other Placement - 1%
- Specialized Group Home - 1%
- Teen Parents Program - 5%
- Therapeutic FC Teen Parent - 4%
- Therapeutic Foster Family - 12%
- Transitional Living Services Program - 3%
- Traditional Group Home - 1%
- Traditional Foster Family - 5%
- Traditional Foster Family - 1%

Source: CSSP Case Record Review, June 2012

N = 75 because one youth was adopted in January 2012.
6. **Most Recent Removal Length**

Figure 9 shows the length of time between each youth’s most recent removal date and either their date of emancipation or March 31, 2012, if the youth remained in CFSA care as of that date. The Review considered youths’ most recent removal date, which may or may not have been their first experience with placement in foster care. The length of the most recent removal period ranged from under one year to 20 years, with the majority of youth (71% or 54 of 76) in care between three and nine years and 25 percent of youth (19 of 76) in care for 10 years or more.

![Figure 9: Most recent length of time in CFSA care](image)

Source: CSSP Case Record Review, June 2012

7. **Time from YTP to actual or anticipated emancipation**

The length of time from the YTP meeting reviewed to the youth’s actual or anticipated date of emancipation is depicted in Figure 10. Seventy-five percent (56 of 73) of the YTP meetings reviewed occurred within six months of the youth’s actual or anticipated emancipation from CFSA care.

![Figure 10: Time from Most Recent YTP (January 1, 2011- March 31, 2012) to Emancipation](image)

Source: CSSP Case Record Review, June 2012
CFSA Policy for Transition Planning

CFSA has articulated the expectations of workers in preparing adolescents ages 15 and older for independent adulthood in Administrative Issuance CFSA-10-15, dated December 30, 2010, and the Practice Operational Manual for OYE, dated June 2011. According to these documents, the transition planning process is comprised of two phases.

Phase I begins within 30 days of a youth’s 15th birthday and includes:
- enrollment of the youth in OYE,
- annual administration of the Ansell-Casey Life Skill Assessment,
- initial development and subsequent update every 180 days of an Individual Transitional Independent Living Plan (ITILP) by the youth and their social worker
- and the opportunity for every youth to develop a Permanency Pact with a lifelong connection committed to supporting their transition and maintaining a strong relationship with the youth.

Phase II begins at age 17 is supposed to include:
- a mandatory Pre-Conference Orientation that introduces youth to the YTP process,
- YTP meetings scheduled for 30 days prior to the youth’s 18th birthday and when the youth is 18.5, 19, 19.5, 20, 20.25, 20.5 and 20.75 years-old
- and more frequent YTP meetings as necessary, especially after the youth’s 20th birthday.
- Note that when the youth is 20.75 years old, staff from the Office of the CFSA Director and a representative of the OYE management team are expected to participate in YTP meetings.

According to OYE, the youth transition process is to be co-facilitated by the youth’s assigned social worker and OYE Independent Living (IL) Specialists. The process is designed to be youth-driven and emphasize teaming and open dialogue with stakeholders invested in a positive future for the youth, including service providers and family, friends, community members, and other lifelong connections. In addition to serving as a forum for youth and stakeholders to discuss needs, responsibilities, strengths and concerns related to the youth’s transition process, YTP meetings promote preparedness for independent adulthood by focusing on ten domains: housing, financial literacy, life connections, crisis management, educational/vocational, employment, health, emotional/psychological, pregnant/parenting and other.7

While these policies articulate the expectation of workers and the intention of the YTP process, CSSP’s case record review found that implementation in accordance with the policy and practice expectations has been mixed and many youth emancipate from CFSA custody unprepared to live independently.

7 Although not referenced in the OYE Practice Operational Manual or the CFSA Administrative Issuance on transition planning for youth, the LaShawn IEP recognizes that some youth may be unwilling or unable to participate in a transition planning process. In these cases, compliance with the Exit Standard (IEP reference I.B.12.c.) is achieved if “CFSA makes and documents good faith efforts to develop a transition plan, but the youth refuses to participate in transition planning.”
Findings

Overall and not surprisingly, youth aging out of CFSA care have significant needs related to:

- identifying and nurturing relationships with lifelong connections;
- securing and maintaining housing;
- addressing and improving their mental health; and
- completing their education and pursuing avenues for financial security (being employed, building skills so that they can be employed, having savings, etc.).

The YTP process directs case workers to lead a team to support youth in these and other areas necessary to prepare youth for their transition from care. The following findings indicate that despite youth participating in the YTP process, many youth leave CFSA very vulnerable in part because of weak YTP plans and mixed implementation of these plans.

A. The vast majority of youth are participating in the YTP process. However, the YTP process and resulting plans and plan implementation are often not sufficiently targeted to youth’s individual needs.

➢ The majority of youth are participating in YTP meetings.

As the youth included in this Review were at least 20.5 years-old on March 31, 2012, the entire universe should have been engaged in the final phases of transition planning, including YTP meetings during the Review Period (January 1, 2011 - March 31, 2012). Documented evidence of good faith efforts is required by the IEP in cases where youth are unwilling to participate in YTP meetings. Of the 76 youth in the review, 96 percent (73) participated in a YTP meeting between January 1, 2011 and March 31, 2012.8

For the three youth who did not participate in a YTP meeting during the Review Period, there was no documentation of good faith efforts by CFSA or the private agency with case management responsibility based on the criteria used for this Review. However, documentation did show that CFSA or the private agency connected each of the three youth to appropriate resources, including support for completing a GED and earning a computer technology certificate, referral to a Collaborative, dissemination of information about OYE, enrollment in a Teen Parenting Program and coordination for transition from CFSA to DDS case management, as applicable. Transition planning for one of the youth was complicated by incarceration and abscondence.

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8 Of the 73 youth, one did not participate in a YTP meeting at least 180 days prior to the date of their emancipation, as required by the IEP Exit Standard. This youth’s file lacked documented good faith efforts by the provider agency with case management responsibility to convene such a meeting.
In many cases, youth received significant support from caring social workers during their final months in custody.

Documentation showed that some social workers had built significant relationships with youth and were working hard to connect them to meaningful services. For example, reviewers noted:

- “Worker made overall diligent efforts related to development, implementation and general monitoring of the YTP domains for this youth” (Survey 22).
- “The team working with the youth was very supportive and engaging in their attempts to keep this youth focused and on track with implementing the goals/tasks of his YTP. Numerous YTP meetings were held, as well as follow-up monitoring/case management meetings where the status of all the major domains were consistently addressed. As a result many needs in several domains had reduced at the point of emancipation” (Survey 60).
- “[Social Worker (SW)] and SW intern really support(ed) youth and work(ed) with her to resolve specific needs... [The Case Note from the youth’s 21st birthday] indicates that the youth expressed feeling nervous about turning 21 to SW. SW discussed these feelings with the youth. Youth was able to identify both positives and fears about turning 21. At the end of the conversation, youth indicated that she felt nervous but prepared. On youth’s 21st birthday, SW took her out to lunch to celebrate” (Survey 69).

In many cases, the YTP did not accurately or fully represent the youth’s voice.

Reviewers found that even when youth attended the YTP, they were frequently not engaged in the process and their input was often not considered or used to direct the meeting and plan. Accordingly, the youth’s interests and goals were often misrepresented and the resulting plan and accompanying referrals were inappropriate and not productive. Some examples include:

- Youth “expressed an interest in college” that was not “addressed with the school, his educational advocate or his team” (Survey 8).
- “Court report filed immediately after the YTP (purpose of court report was to describe YTP) indicates that ‘as of this writing, [youth] reported he is no longer interested in attending college at this time and is currently working again with an Army recruiter.’ The YTP focused exclusively on college and domestic employment and did not mention the military” (Survey 65).
- Youth was inappropriately referred to a vocational program in which he had not expressed interest (Survey 45).

Insufficient documentation in the case record made it difficult to fully assess youths’ needs and evaluate YTP meetings, plans and implementation.

Documentation issues range from insufficient documentation in the YTP itself or the case record to errors, such as a YTP being found “in a different youth’s file” (Survey 17). At least eight cases presented major YTP documentation issues, including missing signature pages (at least four cases) and at least three cases where the YTP was absent from the youth’s file and could not be
located by CFSA staff. In these instances, the reviewer assessed the plan using Contact Notes in FACES.NET. Furthermore, weak documentation extends beyond YTPs to overall Contact Notes and other sources. For example, reviewers noted:

- “Very little information is noted in the contacts on this youth and when notes are completed the format which was used does not provide much information” (Survey 20)
- “There was very little documented in the record and FACES on this youth related to YTP and transitional planning... [Further,] the only YTP included in the record does not adequately address the youth’s needs, several categories are blank and others don’t address critical as well as structured goals/tasks that will successfully move this case forward. The youth emancipates [soon] and the record is not clear of the status on any of the domains” (Survey 16)
- “Part of the latest YTP (crisis management and emotional/psychological) were blank, though youth had needs on both areas” (Survey 47)

B. **Many of the needs of youth were inadequately addressed in the YTP plans and documented implementation work.** The plans and follow-up work were impeded by the YTP team’s limited engagement with and inclusion of the youth’s informal supports as well as limited creativity in crafting individualized plans.

➤ *There is insufficient work done to identify and work with lifelong connections of youth in the YTP process.*

All youth, and especially those exiting foster care, need lifelong connections to support them as they transition to adulthood. None of the youth reviewed had achieved legal permanency (through adoption, guardianship or reunification) at the time of the most recent YTP. Of the 73 youth with YTP plans, 62 (85%) required support in developing lifelong connections. Therefore, reviewers expected YTP plans would examine and support youth in finding and developing lifelong connections and that these connections would be included in the YTP process.

As illustrated by Figure 11, few lifelong connections attended YTP meetings. Social workers, who attended 95 percent of meetings (69 of 73), and the youth’s Guardian ad litem (GAL), who attended 74 percent of meetings (54 of 73), were the most common participants in YTP meetings. Foster parents/caregivers attended 23 percent (17 of 73) of YTP meetings. A biological mother attended three meetings; a biological/legal father was present in one meeting. Extended family attended 12 percent (9 of 73) of YTP meetings, family friends attended two YTP meetings and another life connection attended three YTP meetings.

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9 One youth was subsequently adopted.
10 Meeting attendees identified as “other” in the subsequent graph include: Assistant Attorney General, Community Services Worker, DDS worker, Family Support Worker, Educational Lawyer, Collaborative Supervisor, IL Facility Manager, Unable to determine due to missing signature page, CASA supervisor, investigator for GAL, Lifelong connection’s lawyer and therapist
The lack of life connections present at meetings seemed in part to be due to weak outreach and engagement efforts by the YTP team and may also be due to the lack of deliberate efforts to structure the YTP to be accessible to a youth’s friends, family and informal supports. Qualitative data suggests that many youth receive some support from involved family, friends and other life connections. In fact, reviewers mentioned life connections as a source of strength for over 25 youth. *Although these individuals may be connected to the youth, they are largely not connected to the transition planning process.* Some youth indicated that they planned to live with relatives or other supports following emancipation but would have benefitted from efforts to engage these connections in the transition planning process to stabilize that connection and to ensure that resources to support the success and stability of the anticipated housing and relationships were in place. Examples follow:

- “Several life connections are mentioned in the plan and in the contact notes however, there is no documentation that these individuals were engaged to be part of the planning process or to assess/maximize support for the youth post-emancipation” (Survey 22).
- “Stepfather is listed as a support, but not attending YTPs, even by phone. Grandmother and principal of daycare program also listed as lifelong connections and haven’t attended any previous YTP meeting. Grandmother is supposed to be a housing option” (Survey 26).
- “She appeared to have a relationship with the grandmother, who agreed for her to live with her after termination, however, there is no documentation of efforts to engage her in the transitional planning process” (Survey 42).
- “There is documentation regarding the youth's desire to have her case closed and potentially move with her father as a housing resource. There is limited documentation exploring the potential of early case closure so that the youth can return to living with her father. Additionally, there is no documentation regarding whether her father was invited to participate in the youth's planning process.” (Survey 50).
- “None of youth’s life connections were present at any of the YTP meetings” (Survey 76).
- Several ‘life connections’ were mentioned but never appeared to be involved in youth’s plans and implementation” (Survey 49).

The most frequent parties responsible for YTP tasks (besides the youth) were professionals. As demonstrated by Figure 12, social workers were the most common party, having responsibility over at least one task in 89 percent (65 of 73) of youths’ YTPs. GALs and private providers were responsible for tasks identified in 51 percent (37 of 73) and 33 percent (24 of 73) of YTPs, respectively. As noted in the “other” category, Probation Officers, a youth’s CASA worker and an educational attorney or advocate were responsible for tasks in two, six and three YTPs, respectively. Extended family and lifelong connections were identified as responsible parties in fourteen percent (10) and twelve percent (9) of YTPs, respectively. Biological parents were rarely responsible for YTP tasks, with three biological mothers but no biological fathers identified as responsible parties.\(^\text{11}\)

\(^{11}\) Responsible parties identified as “other” in the below graph include: DDS, HSCSN, previous foster parent, Community Service Worker, Synergist Tutoring services, RSA, CASA worker, individual whose relationship to the youth was not specified on the sign-in sheet, unable to determine because physical YTP was missing and reviewer used contact notes to assess the case, probation officer, Youth Developer, Community Support Worker and Family Support Worker.
YTP plans de-emphasized needs related to identifying and supporting connections, focusing more frequently on needs and responsibilities to find a job and housing.

- “The support team doesn’t seem to put much emphasis on or encourage youth to pursue life connections. The ‘task’ for this objective is simply ‘continue communication’ and the responsible party is the youth” (Survey 9).
- “Didn’t see active efforts about discussions on forming permanent life long connections. Youth has experienced many losses throughout time in care and many placements, has been diagnosed in the past as depressed and now appears to be stand-offish with last two foster families” (Survey 11).
- “The youth’s mother raised concerns regarding support if/when the youth reunified. Are there services that can be put in place through the collaborative that can assist the youth and mother if he plans to return to her home? It is unknown based on the file if this was previously explored” (Survey 13).
- A youth who wants more contact with her twin sister, but case file notes demonstrate a lack of support for increasing contact (Survey 54).
- A youth wants a relationship with her father and siblings, but this desire is not reflected in the YTP (Survey 2).
- “The youth and her brother are in need of support to rebuild their relationship” (Survey 35).
Even after YTP planning efforts, many youth had fragile or unstable housing plans.

Reviewers cited numerous examples of tentative or unrealistic housing plans or insufficient support to secure/maintain stable housing. As mentioned previously, several youth stated their intentions to reside with their biological family, yet these relatives were not invited to or did not attend YTP meetings. Finally, for some youth, the only viable plan was for them to go a shelter upon emancipation. At least three youth were almost certain to spend time homeless post emancipation. In two additional cases, youth were directed to explore a shelter as a housing option. Examples follow:

- “She will enter a shelter before returning to a family member's home, concern with regards to safety” (Survey 32).
- “When the youth terminated from care, he was homeless but planning to stay with an aunt until the homeless shelter notified him of his acceptance” (Survey 67).
- “Team should give more focus to housing plan and help her to devise more options that could possibly be a reality. The plan to move in with her boyfriend is a concern due to the DV incident” (Survey 27).
- Youth “has no apparent solidified plans for housing, post emancipation” (Survey 44).
- “The youth was previously placed with her biological mother [temporarily]. It is uncertain why the placement ended with her mother. Was it due to financial reasons? As a result, does her mother still serve as a placement provider for her when she transitions from care? Her secondary plan, residing independently, is not a viable option at this time since she is not yet employed. There is a need to develop more realistic housing options for the youth when she transitions from care” (Survey 39).
- “The contact note for the YTP reviewed states this under the housing domain, ‘[Youth] will maintain his current foster home until he ages out of care on July 23, 2012. [Youth’s] post transition plan for housing include obtaining his own apartment or sharing an apartment or renting a room. The team also discussed [Covenant House] as a last resort in the event he is not able to achieve other options for housing. [Youth] is currently working but is having difficulty managing his money and the team is very concerned with [youth]'s ability to manage rent, living expenses, and other expenses on his own” (Survey 9).

Youth with significant mental health needs were often not connected to or willing to access recommended services.

At least 84 percent of youth (61 of 73) had significant mental health needs that should have been addressed in the YTP. Most prevalent was the need to link youth to therapeutic services (62%, 38 of 61 youth). Other needs related to medication management, hospitalizations for emergency psychiatric episodes, grief counseling, support as a result of domestic violence or sexual exploitation, bulimia, anxiety, and other mental health diagnoses. Case files documented worker efforts to support youth and encourage them to comply with services and plans, but the documentation reveals insufficient efforts to listen to and work with youth who were resistant to services or to consider creative means to redefine the service or mental health plan according to terms agreeable to both the youth and agency. In other instances, there was no documentation to connect youth to any mental health supports. Examples follow:
- “Youth was shot in December 2010 multiple times. There is a lot of information about medical follow-up but no information in the file about emotional/ psychological follow-up” (Survey 25).
- In the case of a youth with a “history of hospitalizations, residential treatment and self-reporting of feeling depressed and internal blame,” the reviewer commented that “although the youth is declining services at this time, it would be helpful to direct him to resources where he can access services, if he reconsiders at a later date” (Survey 19).
- “Missing from the plan was the teams understanding of the youth’s underlining mental health needs and substance abuse” (Survey 5).
- “He has declined therapeutic services; however, are there supports that exist that can incorporate his interest (e.g. athletics) and treatment? Is he able to have his mental health concern addressed with services available in DC Jail?” (Survey 10).
- Youth has “serious mental health needs which are clearly causing disruption in her placement and also negatively affecting her ability to keep a job or remain in community college—maybe it would be helpful for [youth] to speak with a medication expert or explore alternatives to medication beyond traditional therapy. She enjoyed the arena stage program she attended, maybe a therapeutic setting based on these skills would help” (Survey 23).
- “The team has made documented attempts to connect the youth to services which could assist with addressing the needs of the youth emotionally (e.g. therapeutic services, domestic violence services, substance abuse treatment), however, it appears that the youth is hesitant to participate due to her past experiences with some of these services. Are there additional means to connect to the youth that are considered less traditional that can be explored (e.g. art therapy)? Can the youth’s experiences and reluctance with services be explored further?” (Survey 12)
- “There are documented attempts for the team to connect the youth to the appropriate services with the youth declining all services. An understanding of the youth's hesitations for services, could allow for the team to better address the needs of the youth” (Survey 50).
- “The plan was superficial and not thoughtful. It did not identify the supports, services and interventions the youth needed to meet her needs and goals in most areas. For example, plan says goal is to reconnect to therapy by meeting regularly with therapist, but youth has consistently refused therapy and medication for her bi-polar disorder. She lacked motivation but no one appeared to try hard to motivate her” (Survey 57).
- “Youth has been diagnosed as Emotionally Disturbed and with Post Traumatic Stress Disorder. [She] has a history of Mood Disorder and suicidal ideation and has been hospitalized at PIW in the past. She is not currently taking any medications. Youth has a history of being disruptive and disrespectful in school and at home. [She] refuses to participate in mental health services although CFSA has referred her in the past” (Survey 24).
- Regarding a youth with a tendency to abscond, the reviewer states, “whenever he did return to placement, there was little effort made to truly understand why he was running away and what could be done to help him stay” (Survey 61).
Youth are struggling to finish high school and/or remain and succeed in college.

Educational attainment for youth ranged from completion of eighth grade to junior year of college. As illustrated by Figure 13, 41 percent of youth (29 of 71) received a high school diploma. An additional five youth (7%) completed a GED. Eight youth (11%) are currently enrolled in high school and two (3%) were enrolled in GED programs. Eighteen (25%) youth were enrolled in college and 18 (25%) were participating in vocational training programs. Financial issues further complicate college and/or secondary school enrollment and completion. Several youth appeared confused by requirements for accessing ETV funds while in care and how to support their education upon emancipation. Examples of youth with specific educational needs follow:

- “Youth was failing out of college and lost ETV funding… she is confused about what educational support monies she qualifies for” (Survey 76)
- “Youth is in his junior year in college at West Virginia University, he was unable to take classes Sept of 2012 due to not being eligible for financial aid [although] youth plans to return to school the summer of 2012” (Survey 20).
- “Poor grades resulted in academic probation. May need some assistance. May need some classroom accommodations to help ensure successful academic year in 2012” (Survey 24)
- “Struggles academically, was on academic probation at school and will need to get connected to supports on campus since FACES contact notes indicate she was offered support from CFSA and she declined” (Survey 31)
- “She may need some academic assistance per the previous documented need for special education services” (Survey 32)

Figure 13

![Education Completed Chart](source: CSSP Case Record Review, June 2012)

12 Five reviewers did not complete this question due to either the survey skip pattern or reviewer error.
Youth need meaningful vocational training opportunities that lead to jobs.

Although many youth become enrolled in vocational certificate programs, which may or may not be related to their career interests, these youth are not subsequently linked with appropriate jobs upon completion of the programs. One reviewer described a youth who “has been in six vocational training programs in a period of 15 months. It is uncertain if she has successfully completed all of these programs and if the programs are all congruent with her interests in the medical field” (Survey 39).

Domestic or sexual violence was identified in 22 percent of the YTP cases reviewed (16 of 73).

A very substantial percentage of these youth experienced domestic or sexual violence and need support and resources that they largely are not receiving. In several cases, the youth’s safety is compromised. Examples follow:

- A youth reported being the victim of sexual abuse. “There is never any indication of anything to address these allegations however, people continuously comment on his sexualized behavior and indicate it as a reason why he sometimes is kicked out of foster homes” (Survey 61).
- “She was in an abusive relationship with her boyfriend (which was not addressed as a need in her YTP)” (Survey 73).
- The youth expressed “concern that DV provider is operating under an old understanding of DV being a cycle of violence vs. power and control (per her assessment)” (Survey 2).
- “Safety plan should be developed for after [youth] ages out of care. [Youth] refused to file a Civil Protection Order around DV case, but should be informed of how to file should she need to after she is emancipated from CFSA” (Survey 7).
- “No documented efforts regarding follow-up with services as it relates to youth’s sexual assault. i.e. Rape Crisis Center” (Survey 21).

In some cases, youth required help negotiating safe relationships with the father of their children:

- “Case Notes reference past incidents of domestic violence with boyfriend or son’s father, but no further discussion or follow up found” (Survey 38).
- “Ongoing concerns about domestic violence and how providers handle the domestic violence. A safety plan was created with youth to keep father out of her apartment. In July she ‘violated safety order by allowing [father of children] to care for them while at the Laundromat with CASA worker.’” (Survey 26).
Youth exiting CFSA custody have high rates of pregnancy and many are already parents.

The birth rates for the teens reviewed were significantly higher than national teen and young adult birth rates. The 2012 Kids Count Data Book\(^\text{13}\) reports that roughly 4% of 15 to 19 year-olds nationwide gave birth in 2009. According to a November 2011 National Vital Statistics Report,\(^\text{14}\) roughly 10% of 20 to 24 year-olds gave birth in 2009. In contrast, 25% of the males in the Review universe and nearly half of the females (47%) were found to be parents or expectant parents. The proportion of expectant/ current fathers is likely higher and not sufficiently documented by workers, as several males were identified as fathers by reviewers based on a single line of a case note in a voluminous file. The number of pregnant and parenting teens in this population has huge implications for CFS planning and service delivery.

YTP plans had inaccurate and incomplete information regarding youth’s pregnant/parenting status.

In several YTPs reviewed, the pregnant/parenting domain is blank despite other documentation in the record indicating that the youth has or is expecting a child. For example, one YTP contains “no mention of parenting in any of the YTPs even though the case notes indicate that he is a father and very involved” (Survey 45); in another case, “information regarding the youth’s parenting skills and supportive services to assist the youth with her child after she transitions from care is limited in the contact notes, court reports, and Youth Transition Plan (e.g. TANF, health insurance). Pregnant and Parenting Youth section of YTP is blank” (Survey 56).

Other identified needs that have implications for YTP case planning include:

- **Criminal courts/probation/community services involvement** was applicable to at least 19 percent of youth and was cited as an impediment to successful youth transitional planning. Nineteen percent of youth (14 of 73) had documented needs related to criminal justice involvement, including 32 percent of males (9 of 28) and 11 percent of females (5 of 45). Thirteen of the youth found to have this need were 21 years old, while one youth was under 21 years old as of March 31, 2012.\(^\text{15}\) Incarceration was noted as an “obstacle” (Survey 10 and Survey 55) and an “impediment” (Survey 13) to successful youth transition planning.

- **The Review found a worrisome degree of sexual exploitation among females in the universe.** Reviewer comments noted human trafficking, prostitution or stripping in nine percent of the females in the universe (4 of 47).


\(^{14}\) *Births: Final Data for 2009*, a National Vital Statistics Report, can be accessed: [http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf)

\(^{15}\) Note that the age of the youth at the time of the Review is not necessarily reflective of their age during the criminal court/probation/community services proceedings.
C. For all domains, quantitative data indicate that some efforts were made to appropriately connect the majority of youth to some or all of the options identified in their YTP; however qualitative data presents a less encouraging picture. YTP task implementation is weak, largely due to unclear plans, insufficient support for youth, lack of adaptation to or consideration of the youth’s capabilities and poor teaming with related city agencies and community partners.

Attachment A presents the quantitative data about the needs of youth preparing to exit foster care as determined by case documentation and their needs by domain that were identified in the YTP plan. While most of the youths’ needs were identified in the YTP plan, not all needs, including critical needs, were identified and addressed as part of the YTP process. Further, in many instances, there was little evidence in the record of connecting youth or coaching youth to access services and supports identified in the YTP. Multiple reviewer comments indicate that youth were not connected to adult services or otherwise prepared for adulthood.

Some qualitative data follows:

- While “the youth has been encouraged to get support from Sasha Bruce and RSA, there is no indication that any worker has followed through to ensure successful service is occurring” (Survey 9).
- “Lack of documentation regarding follow up with RSA” (Survey 21)
- This youth has unresolved needs in nearly every domain, for example: “Employment- youth was able to maintain employment but was underemployed, making approximately $400 per month, needed full time employment, which was not being addressed other than monthly notation in record of where she was employed; Vocational- youth needed a vocational assessment and although worker referred to OYE, there was no indication that youth followed through, which could have assisted with employment; Health- vision appointment remained outstanding during the entire review period; Pregnant/Parenting Youth- Record and YTP notes youth was to attend parenting class, however, there is no documentation that a referral was made” (Survey 22).
- “The record does not document efforts in numerous critical areas related to preparing this youth for emancipation” (Survey 34).

➤ YTP tasks were too broadly defined and lacked a specific timeline for implementation.

Reviewers repeatedly highlighted the “need for a more clear and concise YTP” (Survey 58) in which tasks are “more specific” (Survey 11) and “broken down to a step by step process” (Survey 15). Further, timeframes for completing tasks were often simply listed as “ongoing,” rather than delineating discrete tasks with specific timelines. The YTP made it difficult for both youth and their supporters to assess and track progress.
Implementation was weakest for the pregnant and parenting youth domain, for which there were no documented efforts to connect more than a third (35%) of applicable youth to options identified in their YTP.

By gender, there were no documented efforts to connect 29 percent of current or expectant mothers and 50 percent of current or expectant fathers to needed services and supports related to their pregnancy or their roles as young parents. Documented plan implementation was also particularly weak for the domains of life connections and financial literacy, each of which had no documented efforts to connect youth to relevant options in 27 percent of applicable cases.

Youth are assigned responsibility for the majority of YTP tasks, irrespective of their cognitive abilities and emotional state.

Low Intelligence Quotients (IQ), learning disabilities and mental health disorders were common among the youth whose cases were reviewed. The youth’s intellectual and emotional capacity to implement tasks was frequently not considered and necessary support was often not provided, leading to YTP plans that could not feasibly be implemented. Limited follow up by social workers and other YTP team members and minimal focus on including life connections in the YTP process exacerbated the lack of support for youth engaging in the transition planning process, especially those with cognitive or emotional limitations. Reviewers commented:

- It was “unclear how appropriate the goals set for youth were, given that he was functioning at a 3rd grade reading level” (Survey 45).
- “Youth is diagnosed with borderline intellectual functioning. This diagnosis and need for potential accommodations and support are not demonstrated in documentation. The YTP reviewed listed the youth as having primary responsibility for completing each task” (Survey 56).
- “Youth’s last psycho-educational testing (October 2010) determine a full scale IQ of 65 and 2009 Psychiatric evaluation determine Axis I diagnosis of Mood Disorder NOS, PTSD, Dissociative Disorder NOS and Psychotic Disorder NOS. It is unclear from documentation how these needs were considered when assigning tasks or if accommodations were considered to assist youth in this area” (Survey 9).
- “It appears as though the worker thought the youth could do these things on her own however due to questions about her intellectual functioning this was probably a poor assumption” (Survey 54).

Lack of teaming, especially between child welfare workers and other systems, prevented youth from being fully connected to appropriate adult services and resources that can support them beyond their emancipation from CFSA care.

Of the 37 youth referred to a Collaborative, 18 had not been assigned a Collaborative worker, six were assigned a Collaborative worker but there was no evidence of active involvement and 13 were assigned a Collaborative worker who seemed to be involved with the youth. Reviewer comments about insufficient teaming include:
There was a serious lack of teaming in this case: the youth is low functioning and yet there is no indication that her therapist was involved in the planning or provided insight to the worker about best ways to help the youth achieve independence. There is also no evidence that the worker attempted to engage the [foster mother] more and determine how she could help the youth and how she would be able to work with the youth post emancipation” (Survey 54).

There was little teaming among workers throughout this process especially when it came to [youth’s] involvement in criminal court” (Survey 61).

There is room for additional teaming between the CASA, SW, biofeedback therapist, and [foster mother]” (Survey 23).

Several Reviewer comments indicate inadequate teaming with or insufficient social worker follow up after a referral to RSA or other adult services. For example: “youth has quite serious and extensive mental health diagnoses, which is also evident because she has an RSA worker. That being said, there is no record in the case notes about correspondence between the social worker and the RSA worker. The RSA worker also was not at the YTP” (Survey 72).

Overall, despite cases which highlight the personal resilience and strength of many of these youth, numerous youth appear to leave CFSA custody ill prepared for adulthood. Many reviewer comments echoed these statements: “this youth emancipated still very dependent and vulnerable” (Survey 52); “it appears she was emancipated… without a plan for housing, no mental health services, unaddressed transportation needs, no substance abuse assessment and uncertain life connection” (Survey 73). In several cases, workers noted that youth were depressed about turning 21 years old or were extremely anxious about their lives after CFSA care.

Recommendations

CFSA has made the need for improvements to transition planning and services for older youth in care a strategic priority. While this review focused specifically on the transition planning process for those youth at or near the age of emancipation, the Monitor and CFSA leadership share the view that a comprehensive approach to ensuring that teens in foster care are prepared for success as adults and as young parents themselves needs to start well before their 20th birthday and must be designed to build over time and in developmentally appropriate ways the skills and protective capacities that young adults need to succeed. This review of the 76 older youth who recently emancipated from CFSA custody only underscores the importance of starting early to purposefully engage youth in preparing for their futures and helping them successfully navigate the often tricky path to adulthood.

The recommendations which follow are not designed to address the complete scope of activities and timelines for preparing youth for adulthood but are more specifically focused on the YTP process and the often urgent needs of young adults about to transition from care. The Monitor has presented these findings to CFSA. CFSA reports already working on many of the recommendations identified below as described in the full Monitoring Report.
1. **The Youth Transition Planning process needs to be modified in ways to promote the youth’s engagement in and ownership of the planning and to ensure that conscious, deliberate and intensive steps are always taken to identify and engage a youth’s lifelong connections in the YTP process.** Specific modifications might include:

   - Planning for any YTP meeting needs to start well before the meeting and needs to include time and attention to prepare the youth and to take steps to make sure that the youth identifies and is helped to reach out to his or her team. The team needs to extend beyond helping professionals and must include those family, friends and supporters who the youth thinks and/or desires to rely on as he or she transitions from care. The youth needs to be encouraged and helped to surround themselves with the persons they believe can form their safety net as they transition from care and beyond. Youth may need significant help in navigating relationships so that extended family and friends are comfortable with and willing to participate.

   - YTP meetings should be scheduled at times and places that work for both the youth and their connections. CFSA should explore subsidizing transportation for family and informal supports to promote their participation. YTP meetings should be convened in family and child-friendly locations so life connections and youth with small children can still actively engage in the YTP meeting. Timing (including scheduling meetings on weekends and in the evening) should be flexible enough to encourage the participation of the youth’s team, not just the professionals.

   - A youth’s incarceration is not an acceptable barrier to transitional planning. If a youth is incarcerated, the team should consider other options such as seeking permission to convene at the jail, sending one team member to meet with the youth individually or meeting with the youth by phone.

   - CFSA should build quality assurance mechanisms (surveys, guided interviews, QSR protocol questions) to understand if the youth’s voice is heard in the YTP meetings and whether the meetings result in plans that are relevant to a youth’s life goals.

2. **Additional housing options for emancipating youth are urgently needed to ensure that youth are not immediately homeless or become homeless after their first unstable housing plan breaks down.**

   It was clear to reviewers that even for those youth who had an identified housing option at emancipation, the fragility and in some cases infeasibility of the arrangement for the long term left the youth very vulnerable. Much more creative thinking needs to be directed to the exploration of housing options for youth, immediately after transition and for at minimum up to 24 months post-transition. Recommendations include:

   - Reassessing the process and use of Rapid Housing funds. While these funds have been a help for some youth, they are not readily available to all youth who need them.
- Non-traditional housing options need further exploration and development—for youth attending college who may need housing during the summer and during school breaks, for youth who do not meet the eligibility requirements for rapid housing and for those youth who will need some form of supported housing post-transition. For youth whose foster parents are willing to provide transitional housing, vouchers or some other means to provide youth with subsidies to pay rent to previous caregivers should be considered.

- Stable and safe housing for parenting youth is a particularly critical need and options should be developed that combine access to stable housing with access to parenting and child care supports that these very young and vulnerable parents will need to keep their children safe and be successful.

3. **For youth to become economically stable adults, there must be an intensive focus on supporting young people to enroll in school, stay in school and graduate.**

   The steps to educational success need to begin with the first contact with CFSA—making sure that young people are enrolled in school, have school stability, are supported to remain on grade and graduate.

- By the time youth are 20 and 21, it is often difficult to remediate prior educational gaps, but older youth still need individualized and intensive education support to enable them to finish high school and participate in educational opportunities (tutoring, summer enrichment programs) to prepare for college or jobs.

- For youth enrolled in college, CFSA needs to develop formalized supports (including, coaching, mentoring and tutoring) to help them succeed in college and graduate. This could be in the form of site-based coaches/mentors who are available to youth post-transition, specialized support groups on college campuses or through approaches that involve telephone and other kinds of distance support for youth’s learning and adjustment to college.

- Administrative snafus and other bureaucratic barriers to timely payments of tuition and ETV funds for youth in college need to be eliminated.

- CFSA needs to secure resources to make sure that every older teen has a personal computer, an essential ingredient for success in the modern world. If CFSA cannot directly purchase these, a community effort to raise charitable funds for a computer for every foster youth should be launched.

- For youth not pursuing college, employment and vocational counselors need to be visible members of the youth’s transition team, supporting youth to identify their interests and helping to individualize opportunities that match their needs. OYE and other workers need to help youth identify their employment goals and skills and enlist qualified help as part of the youth’s team to support the youth’s development of job search and interview skills.
CFSA needs to track youths’ interest in and completion of vocational certificate programs and the results of youths’ participation in them. CFSA must also track the efforts by these programs and the YTP team to help youth secure stable jobs related to the certificate programs and/or their vocational interests.

The YTP needs to address the ability of the youth to secure needed transportation to connect to educational and/or employment opportunities. Youth need to be supported to learn to drive, obtain a driver’s licenses and save for an automobile.

4. **Transitioning youth need a financial safety net and this can best be accomplished by providing opportunities for youth to begin saving while they are in foster care. Foster parents and providers need to be encouraged to help youth open savings accounts, set savings goals and begin to save.**

   - CFSA should explore the feasibility of supporting the creation of Individual Development Accounts for older youth, where their saving would be matched by other funds, allowing youth to save funds for a security deposit, unreimbursed education expenses, an automobile or a rainy day.

5. **Given the high level of youth who have needs related to domestic violence and concerns about personal safety, a specific focus on developing appropriate and accessible domestic violence services for young adults is warranted.**

   - CFSA in concert with other District agencies should work with community-based providers to increase awareness of and strategies to prevent domestic violence with young adults. We also recommend that workers receive updated training on domestic violence which ensures that strategies incorporate best practices in the field for working with adolescents exposed to violence. The training should also incorporate more recent theories of the causes of DV that are frequently related to issues of “power and control” and not exclusively on a “cycle of violence.”

   - Foster parents, congregate care providers, mentors and workers need to be trained and expected to talk with youth about safe sex and positive intimate relationships. Safe, structured opportunities need to be provided for youth to share their questions and concerns about these issues.

6. **Given the high number of pregnant and parenting youth involved with CFSA, the current work to develop and implement comprehensive strategies to support the youth and their children needs to be accelerated.**

   - A key aspect of this is collecting accurate information on the number of affected youth, both mothers and fathers.

   - Ensuring that young women receive all needed prenatal care and are provided with the skills and supports to safely care for a newborn is a given. Additional focus is
also needed on supporting young men especially in understanding child development and developing productive co-parenting relationships as well as understanding child support obligations.

- Young men and women who become parents need to be supported to remain in and complete their education.

7. **CFSA should partner with DMH to identify and develop access to alternative mental health supports for adolescents. The youth in the Review had high levels of mental health need**, frequently reflecting unresolved issues related to trauma and family violence. While records indicate significant effort to connect youth to traditional therapeutic services (i.e. individual counseling), these were often not used by the youth. Connections for post-emancipation mental health services, including alternative therapeutic modes, need to be made before the youth emancipates so that relationships and continuity of care can be preserved.

8. **Finally, the review identified some areas of improvement in the format and use of the Youth Transition Plan itself.** Specifically:

- CFSA should explore alternative youth transition planning documents/ formats that lend themselves to plans that are more discrete and concrete, allowing youth and other responsible parties to be absolutely clear about tasks, timeframes and responsibilities. The format of the plan itself should be accessible to youth as a living document.

- The Youth Transition Plan should be integrated with the child’s case plan. Progress in meeting the goals, tasks and timelines of the plan should be closely monitored. FACES.NET Contact Notes should document the evaluation of progress made and the quality of services and supports received by the youth in accordance with the YTP.

- Workers should be supported to help youth create plans that are developmentally appropriate and that sequence tasks and accomplishments. This is especially important for youth with special needs (low IQ, learning disabilities, mental health issues, etc.).

- The plans should ensure that responsibility for completing tasks is appropriately assigned to multiple parties, not solely the youth. All members of the youth’s transition team should be encouraged to review and sign off on the plan.

- For all domains, but particularly with respect to housing, medical care and financial security, the plan should always identify a back-up plan and resource.

- Helping youth to understand their medical and mental health needs, advocate for themselves with health care providers, developing options for coping with stress and seeking help to deal with crises need to be incorporated into the YTP process.
The Review assessed whether the transition planning process appropriately identified and met the needs of the 73 youth who participated in a YTP meeting between January 1, 2011 and March 31, 2012. In an effort to prepare youth for productive, healthy adulthood, YTPs are organized according to ten domains: housing, financial literacy, life connections, crisis management, educational/vocational, employment, health, emotional/psychological, pregnant/parenting and other. The following chart provides specific findings and data for each domain.

### Domain 1. **HOUSING:**
100% of youth had housing needs.

The most common housing need was the development of a post-emancipation housing plan with multiple options, which was applicable to 90 percent of youth. Sixty-eight percent of youth needed help maintaining their current housing.

#### Table 1

<table>
<thead>
<tr>
<th>Housing Needs</th>
<th>N</th>
<th>% of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain current housing</td>
<td>50</td>
<td>68%</td>
</tr>
<tr>
<td>Housing plan post emancipation with multiple options</td>
<td>66</td>
<td>90%</td>
</tr>
<tr>
<td>Rapid Housing Funds if employed</td>
<td>38</td>
<td>52%</td>
</tr>
<tr>
<td>Understand the different forms of housing</td>
<td>42</td>
<td>58%</td>
</tr>
<tr>
<td>Understanding the cost of housing</td>
<td>39</td>
<td>53%</td>
</tr>
</tbody>
</table>

**Source:** CSSP Case Record Review, June 2012

#### Does the YTP address the youth’s documented needs?

<table>
<thead>
<tr>
<th>N = 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>36% Yes, all needs addressed</td>
</tr>
<tr>
<td>62% Yes, some needs addressed</td>
</tr>
<tr>
<td>1% No documented efforts</td>
</tr>
<tr>
<td>1% Unable to determine if the YTP addressed housing needs</td>
</tr>
</tbody>
</table>

**Source:** CSSP Case Record Review, June 2012
Domain 2. **FINANCIAL LITERACY:**

97% of youth (71 of 73) had financial literacy needs.

84 percent of youth needed to understand budgeting, the most prevalent need within this domain. Other significant financial literacy needs include a credit report check and a plan to contribute funds to a bank account.

<table>
<thead>
<tr>
<th>Financial Literacy Needs</th>
<th>N = 73</th>
<th>% of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand budgeting</td>
<td>61</td>
<td>84%</td>
</tr>
<tr>
<td>Need to establish bank account</td>
<td>31</td>
<td>42%</td>
</tr>
<tr>
<td>Plan to contribute funds to accounts</td>
<td>49</td>
<td>67%</td>
</tr>
<tr>
<td>Check credit report</td>
<td>50</td>
<td>68%</td>
</tr>
<tr>
<td>Assess escrow account accrual during placement</td>
<td>5</td>
<td>7%</td>
</tr>
<tr>
<td>Assess for SSI eligibility</td>
<td>21</td>
<td>29%</td>
</tr>
<tr>
<td>Unable to determine if youth had financial literacy needs</td>
<td>2</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Source: CSSP Case Record Review, June 2012*

Figure 15

**Does the YTP address the youth's documented financial literacy needs?**

N = 73

- Yes, all needs addressed
- Yes, some needs addressed
- No documented efforts
- Unable to determine if the YTP addressed financial literacy needs
- Unable to determine if youth had financial literacy needs

*Source: CSSP Case Record Review, June 2012*
Domain 3. **LIFE CONNECTIONS:**

85% (62 of 73) of youth were found to have life connections needs.

None of the youth had achieved legal permanency (adoption, guardianship or reunification) by the date of the YTP reviewed. Supportive life connections (who were not professionals) were frequently absent from YTP meetings and were not routinely assigned responsibility for tasks defined in the YTP plan, making this domain of considerable concern. Inviting life connections into the planning process and assessing support needed to improve or develop life connections were the most common needs of this domain.

Table 3

<table>
<thead>
<tr>
<th>Life Connections Needs</th>
<th>N = 73</th>
<th>% of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify lifelong connections</td>
<td>30</td>
<td>41%</td>
</tr>
<tr>
<td>Assess support needed to improve or develop connections</td>
<td>48</td>
<td>66%</td>
</tr>
<tr>
<td>Invite lifelong connections into planning process</td>
<td>50</td>
<td>68%</td>
</tr>
<tr>
<td>Discuss permanency goal</td>
<td>22</td>
<td>30%</td>
</tr>
<tr>
<td>Youth without life connection needs</td>
<td>9</td>
<td>12%</td>
</tr>
<tr>
<td>Unable to determine if youth had life connections needs</td>
<td>2</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: CSSP Case Record Review, June 2012

![Figure 16](image.png)

Does the YTP address the youth's documented life connections needs?

N = 73

- Yes, all needs addressed
- Yes, some needs addressed
- No documented efforts
- Youth without life connections needs
- Unable to determine if youth had life connections needs

Source: CSSP Case Record Review, June 2012

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16 One youth subsequently achieved adoption.
Domain 4. **CRISIS MANAGEMENT:**
89% of youth (65 of 73) were found to have crisis management needs.

75 percent of youth transitioning from CFSA care needed to have an awareness of community and government resources and services, 58 percent of youth needed to be referred to a Collaborative, 56 percent of youth needed to receive post-transition materials pertaining to resources and services and 53 percent needed to be assisted in developing a plan for who they will contact in a crisis.

Table 4

<table>
<thead>
<tr>
<th>Crisis Management Needs</th>
<th>N = 73</th>
<th>% of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete collaborative referral</td>
<td>42</td>
<td>58%</td>
</tr>
<tr>
<td>Develop plan for who youth will contact in crisis situation</td>
<td>39</td>
<td>53%</td>
</tr>
<tr>
<td>Assess youth safety in placement community</td>
<td>25</td>
<td>34%</td>
</tr>
<tr>
<td>Ensure youth is aware of community and government resources and services</td>
<td>55</td>
<td>75%</td>
</tr>
<tr>
<td>Ensure youth received post transitioning materials pertaining to resources and services</td>
<td>41</td>
<td>56%</td>
</tr>
<tr>
<td>Youth has immediate needs related to domestic violence</td>
<td>7</td>
<td>10%</td>
</tr>
<tr>
<td>Develop critical thinking/problem solving skills in times of crisis</td>
<td>23</td>
<td>32%</td>
</tr>
<tr>
<td>Youth without crisis management needs</td>
<td>5</td>
<td>7%</td>
</tr>
<tr>
<td>Unable to determine if youth had crisis management needs</td>
<td>3</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: CSSP Case Record Review, June 2012

Figure 17

**Does the YTP address the youth's documented crisis management needs?**

- Yes, all needs addressed
- Yes, some needs addressed
- No documented efforts
- Unable to determine if YTP addressed crisis management needs
- Youth without crisis management needs
- Unable to determine if youth had crisis management needs

Source: CSSP Case Record Review, June 2012
Domain 5. **EDUCATIONAL/ VOCATIONAL**: Ninety-six percent (69 of 73) of youth had educational/vocational needs.

Obtaining financial resources for college/ vocational school was the most common need of this domain. Additional areas of high need include that youth engage with an OYE educational/ vocational specialist to assist with enrollment in educational/ vocational programs; apply to and attend college/ a vocational program; and has awareness of OYE educational/ vocational resources.

Table 5

<table>
<thead>
<tr>
<th>Educational/ Vocational Needs</th>
<th>N = 73</th>
<th>% of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth needs to be/supported to be on track to graduate from high school or obtain GED</td>
<td>23</td>
<td>32%</td>
</tr>
<tr>
<td>Youth is aware of resources offered by OYE pertaining to educational/vocational</td>
<td>27</td>
<td>37%</td>
</tr>
<tr>
<td>Youth with a disability or an IEP is connected with applicable services</td>
<td>20</td>
<td>27%</td>
</tr>
<tr>
<td>Participate in College Prep</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>Vocational assessment</td>
<td>23</td>
<td>32%</td>
</tr>
<tr>
<td>Engage with OYE Ed/Voc specialist to assist with enrollment in educational/vocational programs</td>
<td>36</td>
<td>49%</td>
</tr>
<tr>
<td>Apply to and attend college/vocational program</td>
<td>33</td>
<td>45%</td>
</tr>
<tr>
<td>Obtain financial resources for college/vocational school (may include ETV funds)</td>
<td>40</td>
<td>55%</td>
</tr>
<tr>
<td>Support in succeeding in college</td>
<td>22</td>
<td>30%</td>
</tr>
<tr>
<td>Youth without educational/ vocational needs</td>
<td>4</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: CSSP Case Record Review, June 2012

Figure 18

**Does the YTP address the youth's documented educational/ vocational needs?**

N = 73

- Yes, all needs addressed
- Yes, some needs addressed
- No documented efforts
- Unable to determine if YTP addressed educational/ vocational needs
- Youth without educational/ vocational needs

Source: CSSP Case Record Review, June 2012
Domain 6. **EMPLOYMENT**: Ninety-three percent of youth (68 of 73) were found to have employment needs.

Full- or part-time employment was the most common need in this domain, applicable to 82 percent of youth.

Table 6

<table>
<thead>
<tr>
<th>Employment Needs</th>
<th>N = 73</th>
<th>% of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time or part-time employment</td>
<td>60</td>
<td>82%</td>
</tr>
<tr>
<td>Meet with Vocational Specialist concerning employment</td>
<td>31</td>
<td>42%</td>
</tr>
<tr>
<td>Update resume</td>
<td>26</td>
<td>36%</td>
</tr>
<tr>
<td>Internship/apprenticeship</td>
<td>16</td>
<td>22%</td>
</tr>
<tr>
<td>Youth without employment needs</td>
<td>5</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: CSSP Case Record Review, June 2012

Figure 18

** Does the YTP address the youth's documented employment needs? **

N = 73

- Yes, all needs addressed: 33%
- Yes, some needs addressed: 49%
- No documented efforts: 10%
- Unable to determine if YTP addressed employment needs: 7%
- Youth without employment needs: 1%

Source: CSSP Case Record Review, June 2012
Domain 7. **HEALTH**: Ninety percent of youth (66 of 73) had health needs.

Dental care is the most common health need, applicable to 62 percent of youth. Other common health needs included: vision, ensuring awareness of health insurance options and how to go about obtaining health insurance, general physical and support to schedule or attend doctor’s appointments. Qualitative data highlights youths’ need to be supported to schedule and attend doctor’s appointments and access substance abuse treatment.

Table 7

<table>
<thead>
<tr>
<th>Health Needs</th>
<th>N</th>
<th>% of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>37</td>
<td>51%</td>
</tr>
<tr>
<td>Dental</td>
<td>45</td>
<td>62%</td>
</tr>
<tr>
<td>Physical</td>
<td>35</td>
<td>48%</td>
</tr>
<tr>
<td>Ob-gyn</td>
<td>19</td>
<td>26%</td>
</tr>
<tr>
<td>Support to schedule or attend appointments</td>
<td>32</td>
<td>44%</td>
</tr>
<tr>
<td>Assess ongoing or outstanding medical needs</td>
<td>19</td>
<td>26%</td>
</tr>
<tr>
<td>Awareness of health insurance options and how to obtain insurance post transitioning from care</td>
<td>37</td>
<td>51%</td>
</tr>
<tr>
<td>Support in applying for SSI</td>
<td>11</td>
<td>15%</td>
</tr>
<tr>
<td>Safe sex information/resources</td>
<td>27</td>
<td>37%</td>
</tr>
<tr>
<td>Substance abuse assessment</td>
<td>13</td>
<td>18%</td>
</tr>
<tr>
<td>Substance abuse treatment</td>
<td>6</td>
<td>8%</td>
</tr>
<tr>
<td>Youth without health needs</td>
<td>6</td>
<td>8%</td>
</tr>
<tr>
<td>Unable to determine if youth had health needs</td>
<td>6</td>
<td>8%</td>
</tr>
<tr>
<td>Unable to determine if youth had health needs</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: CSSP Case Record Review, June 2012

Figure 19

**Does the YTP address the youth's documented health needs?**

- Yes, all needs addressed: 65%
- Yes, some needs addressed: 21%
- No documented efforts: 8%
- Unable to determine if YTP addressed health needs: 4%
- Youth without health needs: 1%
- Unable to determine if youth had health needs: 1%

Source: CSSP Case Record Review, June 2012
Domain 8. EMOTIONAL/PSYCHOLOGICAL: Eighty-four percent of youth (61 of 73) had documented emotional/psychological needs.

The most common emotional/psychological need was around therapeutic services.

Table 8

<table>
<thead>
<tr>
<th>Emotional/ Psychological Needs</th>
<th>N = 73</th>
<th>% of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link to/assess need for therapeutic services (anger management, therapy, etc.)</td>
<td>38</td>
<td>52%</td>
</tr>
<tr>
<td>Assess coping skills</td>
<td>34</td>
<td>47%</td>
</tr>
<tr>
<td>Ensure youth is aware that they can request therapeutic services as needed</td>
<td>28</td>
<td>38%</td>
</tr>
<tr>
<td>Discuss and encourage youth to be compliant with medication</td>
<td>13</td>
<td>18%</td>
</tr>
<tr>
<td>Youth has ongoing needs related to domestic violence</td>
<td>11</td>
<td>15%</td>
</tr>
<tr>
<td>Youth without emotional/psychological needs</td>
<td>11</td>
<td>15%</td>
</tr>
<tr>
<td>Unable to determine if youth had emotional/psychological needs</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: CSSP Case Record Review, June 2012

Figure 20

Does the YTP address the youth's documented emotional/psychological needs?

- Yes, all needs addressed
- Yes, some needs addressed
- No documented efforts
- Unable to determine if YTP addressed emotional/psychological needs
- Youth without emotional/psychological needs
- Unable to determine if youth had emotional/psychological needs

Source: CSSP Case Record Review, June 2012
Domain 9. PREGNANT/PARENTING: 25% of the males 47% of females were found to be parents or expectant parents.

As previously noted, this Review found a high rate of pregnant and parenting youth preparing to emancipate from CFSA care. Twenty-five percent of the males in the Review universe and nearly half of the females (47%) were found to be parents or expectant parents. The most commonly identified pregnant/parenting need overall was for parenting classes; however, pregnant/parenting needs differed markedly by gender, as demonstrated by Table 10.

Table 9

<table>
<thead>
<tr>
<th>Pregnant/ Parenting Needs</th>
<th>N = 73</th>
<th>% of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess extent to which young parent is meeting the child’s basic needs</td>
<td>16</td>
<td>22%</td>
</tr>
<tr>
<td>Parenting classes</td>
<td>17</td>
<td>23%</td>
</tr>
<tr>
<td>Support other parent’s active involvement in child’s life</td>
<td>10</td>
<td>14%</td>
</tr>
<tr>
<td>Child support</td>
<td>12</td>
<td>16%</td>
</tr>
<tr>
<td>Attending prenatal appointments</td>
<td>5</td>
<td>7%</td>
</tr>
<tr>
<td>Awareness of how to practice safe sex</td>
<td>9</td>
<td>12%</td>
</tr>
<tr>
<td>Daycare</td>
<td>12</td>
<td>16%</td>
</tr>
<tr>
<td>Apply for health insurance for child</td>
<td>13</td>
<td>18%</td>
</tr>
<tr>
<td>Parent scheduling appropriate medical appointments for child(ren)</td>
<td>7</td>
<td>10%</td>
</tr>
<tr>
<td>Youth without pregnant/parenting needs</td>
<td>44</td>
<td>60%</td>
</tr>
<tr>
<td>Unable to determine if youth had pregnant/parenting needs</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: CSSP Case Record Review, June 2012

Figure 21

Does the YTP address the youth's documented pregnant/parenting needs?

N = 73

- Yes, all needs addressed
- Yes, some needs addressed
- No documented efforts
- Unable to determine if YTP addressed pregnant/parenting needs
- Youth without pregnant/parenting need
- Unable to determine if youth had pregnant/parenting needs

Source: CSSP Case Record Review, June 2012
### Table 10

<table>
<thead>
<tr>
<th>Pregnant and Parenting Needs of Youth Known to be Pregnant or Parenting, by Gender</th>
<th>Males: % of 7</th>
<th>Females: % of 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess extent to which young parent is meeting the child’s basic needs</td>
<td>71%</td>
<td>52%</td>
</tr>
<tr>
<td>Parenting classes</td>
<td>71%</td>
<td>57%</td>
</tr>
<tr>
<td>Support other parent’s active involvement in child’s life</td>
<td>71%</td>
<td>24%</td>
</tr>
<tr>
<td>Child support</td>
<td>86%</td>
<td>29%</td>
</tr>
<tr>
<td>Attending prenatal appointments</td>
<td>14%</td>
<td>19%</td>
</tr>
<tr>
<td>Awareness of how to practice safe sex</td>
<td>14%</td>
<td>38%</td>
</tr>
<tr>
<td>Daycare</td>
<td>0%</td>
<td>57%</td>
</tr>
<tr>
<td>Apply for health insurance for child</td>
<td>14%</td>
<td>57%</td>
</tr>
<tr>
<td>Parent scheduling appropriate medical appointments for children</td>
<td>0%</td>
<td>33%</td>
</tr>
</tbody>
</table>

*Source: CSSP Case Record Review, June 2012*

#### Figure 22

**Among males with documented pregnant/parenting needs, does the youth's YTP address their needs?**

<table>
<thead>
<tr>
<th>N = 7</th>
<th>Yes, some needs addressed</th>
<th>No documented efforts</th>
<th>Unable to determine</th>
</tr>
</thead>
<tbody>
<tr>
<td>43%</td>
<td>14%</td>
<td>43%</td>
<td></td>
</tr>
</tbody>
</table>

*Source: CSSP Case Record Review, June 2012*

Note: Among males with documented pregnant/parenting needs, **none** of the YTPs were found to address all of the youth’s domain needs.

#### Figure 23

**Among females with documented pregnant/parenting needs, does the youth’s YTP address their needs?**

<table>
<thead>
<tr>
<th>N = 21</th>
<th>Yes, all needs addressed</th>
<th>Yes, some needs addressed</th>
<th>No documented efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>28%</td>
<td>43%</td>
<td></td>
</tr>
</tbody>
</table>

*Source: CSSP Case Record Review, June 2012*
Domain 10. OTHER (e.g. needs related to obtaining identification or learning to drive): 59 percent of youth (43 of 73) have an “other” need.

In an effort to individualize the YTP process, the “other” domain provides an opportunity for the youth’s transition team to discuss any needs of the youth that do not fit into the nine aforementioned domains. The most common needs in this domain were involvement with criminal courts/probations/community services and connection to the Rehabilitation Services Administration (RSA), each found to be applicable to 19 percent of youth. Additional areas of significant need include administration of the Ansell Casey, receipt of the transitional care package, assistance obtaining personal documents or a driver’s license and successful referral to other city Departments, notably the Department of Mental Health.

Table 11

<table>
<thead>
<tr>
<th>Other needs</th>
<th>N = 73</th>
<th>% of 73</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving School</td>
<td>6</td>
<td>8%</td>
</tr>
<tr>
<td>Driver’s Test</td>
<td>10</td>
<td>14%</td>
</tr>
<tr>
<td>Personal documents (ID, passport, social security card, birth certificate)</td>
<td>11</td>
<td>15%</td>
</tr>
<tr>
<td>Involvement with criminal courts/probations/community services</td>
<td>14</td>
<td>19%</td>
</tr>
<tr>
<td>Ansell Casey</td>
<td>13</td>
<td>18%</td>
</tr>
<tr>
<td>Transitional Care Package</td>
<td>12</td>
<td>16%</td>
</tr>
<tr>
<td>Citizenship Issue</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Connection to Rehabilitation Services Administration</td>
<td>14</td>
<td>19%</td>
</tr>
<tr>
<td>Connection to Department of Disability Services</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Connection to Department of Mental Health Services</td>
<td>10</td>
<td>14%</td>
</tr>
<tr>
<td>Connection to Mentor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source: CSSP Case Record Review, June 2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth without other needs</td>
<td>23</td>
<td>32%</td>
</tr>
<tr>
<td>Unable to determine if youth had other needs</td>
<td>6</td>
<td>8%</td>
</tr>
</tbody>
</table>

Figure 24

Does the YTP plan address the youth's documented "other" needs?

N = 73

- Yes, all needs addressed
- Yes, some needs addressed
- No documented efforts
- Not applicable
- Unable to determine if YTP addressed other needs
- Youth without other needs

Source: CSSP Case Record Review, June 2012
APPENDIX D

Resource Parent Survey Findings Report

I. INTRODUCTION AND SUMMARY OF FINDINGS

A. Purpose

This report describes the findings of a telephone survey of resource parents (non-relative and relative foster parents)\(^{17}\) conducted during July and August 2012. Resource parents provide care for children who are removed from their homes due to child abuse and/or neglect and are essential partners in meeting the needs of the District’s children. Resource parents are expected to provide temporary safe haven for children and to support their healthy physical, social and emotional development. They are also critically important to efforts to achieve permanency, stability and ongoing family and community connections for children and youth. To gather data necessary for specific IEP Exit Standards and to learn more about the current experiences of the resource parents, (both those recruited, trained and supported by CFSA and those recruited, trained and supported by private providers under CFSA contract), CSSP conducted a structured telephone interview with resource parents. The survey was intended to collect data to assess and validate performance on select IEP Exit Standards, including:

- Timely approval of foster/adoptive parents (IEP citation I.B.14. & II.B.9.)
- Provision of medical and dental care services to children in foster care (IEP citation I.C.22.)
- Social worker visits with children in out-of-home care (IEP citation I.A.5.)

In addition to the items bulleted above, the survey asked resource parents to describe their experience as a resource parent in caring for a specific child who was placed in their home during the review period on the following topics: training and licensure process; health information and support received; social worker visitation and support received; and knowledge of case planning and court appearances.

CFSA provided the Monitor with a list of 587 new child placements or child replacements in a resource home that lasted for a minimum of 14 days and that occurred between January 1 and May 31, 2012. The 587 child placements were with 376 unique resource parents. Of the 376

\(^{17}\) For purposes of the survey and corresponding report, the term “foster” or “resource” parent includes non-relative and relative (kinship) foster care providers.
resource parents, more than a third (129) resource parents participated in the survey.\textsuperscript{18,19} A full description of the methodology and sampling process is included in Attachment A.

B. Summary of Findings

Key findings from the survey are listed and explained below:

- Licensed resource parents who began fostering within the last three years reported positive experiences with the training curriculum, however they also reported lengthy timelines for receiving full licensure.
- Health information about the child placed in their care is not being provided to resource parents in a timely manner as is required by the IEP.
- Resource parents report regular home visits by case workers to children and youth placed in foster homes.
- Resource parents report little knowledge or involvement in the case planning process for the subject child or youth in their care but indicated that when they are involved, the process is helpful to understanding the child’s needs.
- Resource parents generally reported feeling supported by social workers.
- CFSA records of current contact information for resource parents is not up to date. Incorrect or missing phone numbers were provided by CFSA for 24 percent of the 376 unique resource parents who had a child placed with them between January and May 2012. Additionally, the date of placement for at least two percent of the children included in the data provided by CFSA was incorrect.

\textbf{Resource parent licensure}

The IEP requires that the licensure process of resource parents be timely and efficient, setting a standard that 70 percent be completed within 150 days of a prospective resource parent beginning training. Based on the survey data, this Exit Standard has not yet been achieved.

- Fifty-one percent of resource parents licensed within the past three years indicated it took 150 days or less from the time they started training to receive full licensure.\textsuperscript{20}
- Kinship resource parents were more likely to begin the home study process before or during the training compared to non-kinship resource parents, more than half of whom began the home study process after completing the pre-service training courses.

\textsuperscript{18} Through conducting the review, surveyors determined that eight resource parents were incorrectly included in the universe because the subject child had been placed in their home prior to January 1, 2012. Additionally, surveyors determined that the information provided by CFSA consisted of incorrect or missing contact information for 90 resource parents.

\textsuperscript{19} Resource parents interviewed provide a statistically significant sample with 95 percent confidence within a \pm 7.6 margin of error. As some questions were not applicable in all cases and were skipped, the universe for each of the questions is not equal to 129, therefore, the margin of error may not be the same for each question.

\textsuperscript{20} N=59: Eleven were excluded because the resource parent was not fully licensed and it had been less than 150 days since they began training or they could not recall.
• Resource parents licensed in the last three years indicated a high degree of satisfaction with the pre-service training they received as part of the licensure process. Ninety-seven percent of respondents rated the pre-service training as “great, it fully prepared me” or “good, it mostly prepared me.”

**Health and medical information and support given to resource parents**

In order for resource parents to adequately care for children in their homes, they need to be provided accurate information in a timely manner about children’s health care needs and they need to be supported in their efforts to meet those needs. The IEP has a range of requirements about the provision of health care information, including the provision of Medicaid numbers and Medicaid cards to resource parents. According to CFSA’s policy, all resource parents are expected to receive an initial Placement Passport Packet at the time of a child’s placement in their care and a completed Placement Packet at an intake meeting held within three days of placement, providing them with as much information as is available about the child.

• Just over two-thirds (68%) of the resource parents surveyed reported receiving a Placement Packet for the subject child.\(^2\) Of those who received the Packet, the vast majority (81%) found the health information in the Placement Packet to be at least somewhat helpful. But most of the resource parents (59%) who received the Placement Packet indicated that there was additional information they wanted to see included, such as mental health history and previous behavior patterns, which was not included and may not have been initially known.

• Slightly more than half (53%) of the surveyed resource parents received the subject child’s Medicaid number within five days of the child’s placement as is required by the IEP.\(^2\)

• Less than a third of resource parents (29%) received the Medicaid card for the subject child within 45 days of the child’s placement as is required by the IEP.\(^2\)

• Slightly less than half of resource parents (43%) reported concerns regarding the medical needs of the subject child. Of those, the majority of parents (89%) indicated that their concerns were being or had been addressed with the help of the social worker or other staff.

**Social worker visitation patterns**

In order to promote well-being, safety and permanency outcomes for children and youth in foster care, social workers make regular visits to children placed in out-of-home care. The IEP identifies both the required frequency of visits and specific responsibilities for social workers during home visits including assessing safety through interviewing children outside

\(^2\) N=125: Four resource parents could not recall and were excluded.

\(^2\) N=122: Seven resource parents could not recall and were excluded.

\(^2\) N=122: Seven resource parents could not recall and were excluded.
the caretaker’s presence and working to stabilize the home through providing services to the child and to the resource parent.

- Based on survey responses, social workers are visiting children placed in foster homes at least monthly (95%). Additionally in 80 percent of interviews, resource parents indicated that social workers interviewed the subject child outside their presence at least monthly.
- Slightly more than half (61%) of resource parents surveyed indicated that the social worker had a conversation with them during the child’s first month of placement regarding the resource parent’s needs in caring for the subject child.

**Resource parent knowledge of court appearances and case planning**

Resource parent involvement in the permanency and case planning process for children in their care is important to achieving permanency, promoting child well-being outcomes and for placement stability.

- The majority (70%) of resource parents reported receiving regular notification of court appearances but did not report consistently attending court hearings.
- Just under two-thirds (64%) of resource parents reported being invited to a case planning meeting and just over half (53%) of those invited did attend a case planning meeting regarding the subject child. Those resource parents who did attend case planning meetings reported feeling their input was considered and that the meeting was helpful to understanding the child’s needs.

**Support to resource parents**

- Eighty-four percent of resource parents surveyed indicated the subject child’s social worker was available most of the time, if not always, when they had questions and 73 percent characterized their overall experience as a resource parent for the subject child as either “excellent” or “good.”

More specific findings and related conclusions are included in Section III of this report.

---

24 N=126: Three were excluded because the child was not placed in the resource parent’s home for long enough to determine.
25 Non-verbal children were excluded from this calculation.
26 N=118: Eleven were excluded because the resource parent could not recall.
27 N=94: Thirty-five were excluded because the resource parent reported that a case planning meeting had not occurred during the period under review.
II. DESCRIPTIVES OF REVIEW SAMPLE

A. Resource Parents

Resource Home Categorization

Figure 1 below shows the descriptive composition of the 129 resource parents interviewed based upon data provided by CFSA.

Figure 1: Placement Category as Classified by CFSA
N=129

Eighteen percent (23) of resource parents were identified by CFSA as kinship resources although an additional eight percent (11) of parents self-identified as kinship providers (see Figure 2). Of these 11 resource parents who self-identified as a kinship provider but were not categorized by CFSA as a kinship provider, four were paternal grandparents, two were maternal grandparents, three were maternal aunts or uncles, one was a sibling and one was a maternal great aunt. CFSA had these placements categorized in one of the following ways: traditional foster placement (5), therapeutic foster placement (4) or pre-adoptive placement (2). Eighty-two percent of the resource parents who self-identified as kinship were first-time resource parents who became a resource parent to care for the subject child.
All 129 resource parents surveyed were licensed, either with a temporary license (19/15%) or one or two year license (110/85%). Of the 19 resource parents who indicated they had a temporary license, all were identified by CFSA as kinship placement providers.

**Length of Time as Resource Parent and Initiation Process**
Fifty-four percent of resource parents surveyed indicated they had been a resource parent for less than three years (see Figure 3).²⁸

²⁸ For purposes of this survey and report, resource parents who had been licensed for less than three years were classified as “new resource parents.”
The majority of new resource parents (73%) contacted CFSA to initiate the licensing process. The remaining resource parents reported being contacted by CFSA (17%) or by other individuals (10%) including the child’s biological parent(s), other relative(s) or an attorney to engage their interest in caring for the child in placement.

**Geographic Distribution of Resource Parents**
Thirty-eight percent (49) of resource parents surveyed lived in the District of Columbia and the remaining 62 percent (80) lived in Maryland (see Figure 4). The highest concentration of resource parents lived within the Southeast quadrant of D.C. (19) and the Northeast quadrant of D.C. (18).

![Figure 4: Location of Resource Parent Homes](source: Data from CSSP Resource Parent Survey, July-August 2012)

**B. Child Demographics**
The subject children in this survey were newly placed or experienced a placement change to a different foster home setting between January 1 and May 31, 2012. All of the children resided with this resource parent surveyed for at least 14 days.

**Race**
The majority of subject children (102/79%) were African American; the remaining 27 children were Hispanic (10%), Caucasian/non-Hispanic (2%) or unknown/other (9%).

**Age at Time of Placement**
The subject children ranged from newborn to 20 years old with the three most represented age groups being newborns (12), eight years old (11) and 18 years old (11) (see Figure 5). Information regarding age at time of placement is shown in Figure 5.
Figure 5: Age of Subject Child at Time of Placement
N=129

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 yrs old</td>
<td>21%</td>
</tr>
<tr>
<td>4-9 yrs old</td>
<td>28%</td>
</tr>
<tr>
<td>10-16 yrs old</td>
<td>26%</td>
</tr>
<tr>
<td>16-20 yrs old</td>
<td>25%</td>
</tr>
</tbody>
</table>

Source: Data from CSSP Resource Parent Survey, July-August 2012

**Permanency Planning Goal**
The permanency planning goal for the 129 subject children is shown in Table 1 below. The majority of the subject children (80) had a goal of reunification at the time of placement in the resource parent’s home.

**Table 1: Permanency Goals of Subject Children**
N=129

<table>
<thead>
<tr>
<th>Permanency Goal</th>
<th>Number of Children</th>
<th>Percentage of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>12</td>
<td>9%</td>
</tr>
<tr>
<td>APPLA</td>
<td>14</td>
<td>11%</td>
</tr>
<tr>
<td>Guardianship</td>
<td>13</td>
<td>10%</td>
</tr>
<tr>
<td>Legal Custody</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Reunification</td>
<td>80</td>
<td>62%</td>
</tr>
<tr>
<td>Non-court ordered/no goal</td>
<td>9</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: FACES.NET data, July-August 2012
III. ANALYSIS OF SURVEY FINDINGS

A. Pre-Service Training and Licensure Process
This survey was designed to assess CFSA’s progress related to the timely approval and licensure of resource parents as is required by the IEP. In order to meet these Exit Standards, CFSA must complete the approval processes within 150 days of a prospective resource parent beginning training and provide opportunities for perspective resource parents to begin training within 30 days of inquiry.

Timeliness of Training and Licensure Process
Seventy (54%) resource parents in the sample were licensed (either temporary license or one or two year license) within the last three years and were asked specific questions regarding the timing and format of the licensing and pre-service training process. Figure 6 illustrates the length of time resource parents reported between initial contact with CFSA and beginning the resource parent training. As indicated below, over two-thirds of these resource parents were able to begin training within six weeks of initial contact.

Figure 6: Length of Time between Contact and Beginning Training

![Figure 6: Length of Time between Contact and Beginning Training](image)

Source: Data from CSSP Resource Parent Survey, July-August 2012

Table 2 shows the length of time resource parents reported between beginning resource parent training and receiving full licensure. Half of the resource parents (51%) reported the length of time between beginning training and completing the licensure process took 150 days or less. This does not meet the IEP Exit Standard of 70 percent.

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29 One resource parent could not recall and was excluded.
Table 2: Length of Time from Beginning Training to Licensure

<table>
<thead>
<tr>
<th></th>
<th>150 Days or less</th>
<th>More than 150 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of Training to</td>
<td>30 (51%)</td>
<td>29 (49%)</td>
</tr>
<tr>
<td>Licensure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Data from CSSP Resource Parent Survey, July-August 2012

Kinship vs. Non-Kinship Experiences with Timeliness of Licensure

Of the 70 resource parents who had been fostering for less than three years, 41 percent identified themselves as a kinship placement. Overall patterns for length of time kinship resource parents waited to begin training did not vary significantly from non-kinship resources. Figure 7 highlights the difference in the length of the licensure process for kinship and non-kinship resource parents. Of note, kinship parents were less likely to achieve full licensure in 150 days or less as compared to non-kinship parents. This may be influenced by kinship parents having the child placed under a temporary license prior to achieving full licensure.

Figure 7: Length of Time from Start of Training to Full Licensure*

<table>
<thead>
<tr>
<th></th>
<th>Less than 150 days</th>
<th>Over 150 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Kinship (N=41)</td>
<td>55%</td>
<td>42%</td>
</tr>
<tr>
<td>Kinship (N=29)</td>
<td>45%</td>
<td>58%</td>
</tr>
</tbody>
</table>

Source: Data from CSSP Resource Parent Survey, July-August 2012

*Percentages may not equal 100% due to rounding

---

30Three were excluded because they did not recall and eight were excluded because the resource parent had not received full licensure but 150 days had not yet passed since they began the training.

31Three were excluded because they did not recall and eight were excluded because the resource parent had not received full licensure but 150 days had not yet passed since they began the training. Ten of those excluded were kinship parents and one was a non-kinship parent.
Home Study Process
When a home study process was initiated varied significantly between kinship and non-kinship resource parents (see Figure 8). Forty-six percent of kinship resource parents began the home study process before starting training compared with only 15 percent of non-kinship resource parents.

Figure 8: Initiation of Home Study Process*

![Figure 8: Initiation of Home Study Process*](source)

Source: Data from CSSP Resource Parent Survey, July-August 2012
*Less than one percent of resource parents could not recall

Resource Parent Views of Licensing Process
Resource parents were asked to rate the licensing process in one of the following ways (see Figure 9):

- Thorough and efficient
- Thorough and time consuming
- Difficult to navigate and figure out
- Other, as described
Of the 15 resource parents who rated the licensure process as “other”, ten described the training as time consuming or difficult in some way. Below are some examples of survey responses to this question:

- *It could have been done in a more expeditious manner. The person who conducted the training was very efficient, but after that everything slowed down to a halt--home inspection, fire inspection, etc.*

- *There were many parts, it was disorganized by the person managing the process. It was thorough, but the person was not managing it properly, misplaced paperwork/forgot to ask for paperwork.*

- *Complications between Maryland and DC make the process take longer. There should be some type of coordination between the monitoring agency in Maryland and CFSA; it seems that the right hand does not know what the left hand is doing at time.*

Some resource parents who felt that the licensure process was time consuming offered the following suggestions on how to improve the process:

- *Creating a comprehensive guide outlining all of the steps for the licensing process at the beginning.*

- *Starting the home study immediately.*

- *More support with the fire and lead inspection.*

- *Increasing coordination with Maryland.*

- *Sharing information between government agencies, in particular, when a potential resource parent works for department in the DC Government it would make the process more efficient if any necessary clearances could be shared and therefore eliminate extra paperwork.*
Resource Parent Feedback on Pre-Service Training

Of the 70 new resource parents, 57 reported receiving pre-service training from CFSA and the remaining 13 received pre-service training from a private contract agency. Overall, these resource parents reported a positive assessment of the quality of the pre-service training: 84 percent of new resource parents rated the training as “great, it fully prepared me” or “good, it mostly prepared me”. Figure 10 below shows the distribution of resource parent ratings between the four provided choices: “great, it fully prepared me”, “good, it mostly prepared me”, “adequate” or “poor, it was not worth the time.”

![Figure 10: Views of Pre-Service Training](image)

Resource parents were also asked to provide suggestions for additional trainings and highlight those training sessions they found effective. One request that was repeated by several resource parents was that CFSA provide all resource parents with an up-to-date guide of services that are available in the community that has sections based on both age and types of services. Many resource parents commented that they did not always know what services were available to them pertaining to serving children with mental health and behavioral issues and suggested that providing a guide of services at the beginning would help them navigate the system for the children in their care. Below is a list of some training and training methodologies resource parents felt were effective in preparing them for their role:

- **Emergency Preparedness Training**
- **Working with Children with AIDS**
- **LGBTQ Children Training**
- **Language Teenagers Use**
• *ADHD Youth*

• *Sympathy vs. Empathy*

• *Online Trainings: ability to choose specific and applicable topics and convenience with schedule*

• *Role Playing during all the trainings*

• *Opportunities to hear from experienced resource parents*

Below are some suggestions for improvement in training or training topics offered by resource parents:

• *Increasing coordination between resource parents and biological parents with an emphasis on training to supervise visitation*

• *Coping with children’s behaviors when they return upset from visits*

• *Differences between therapeutic and traditional services*

• *More information regarding mental health, including ADHD and reactive attachment disorder*

• *Provide child care during training; it is difficult to attend training after work when there is no child care*

**B. Provision of Medical and Dental Care Services**

The IEP includes specific requirements to provide medical information to resource parents in a timely manner. Additionally, CFSA policy requires social workers to provide resource parents with a Placement Passport Packet, which includes critical medical information regarding the child placed with them. Resource parents were also asked specifically about the timeliness of receiving a Medicaid number and Medicaid card for the subject child, in order to assess requirements in the IEP that CFSA provide timely documentation of Medicaid coverage to resource parents.

The depth and breadth of information resource parents received regarding the child placed with them varied widely. For example, less than two-thirds (63%) of resource parents reported being given information regarding the medical history of the subject child. A common theme noted by surveyors was the higher frequency with which kinship parents reported receiving medical information directly from the biological parent.

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32 IEP citation I.C.22 requires that 90% of children’s caregivers shall be provided with documentation of Medicaid coverage within five days of placement and Medicaid cards within 45 days of placement.

33 N=127: two resource parents were excluded because the question was not applicable to them.
Receipt of Medicaid Number

Just over half (53%) of resource parents reported that they received a Medicaid number for the subject child within five days of placement, as is required by the IEP. Eleven percent received the Medicaid number within five to 10 days and an additional 16 percent received the Medicaid number ten days post-placement. However, 20 percent of resource parents reported they never received a Medicaid number for the children in their care (see Figure 11).

Figure 11: Receipt of Medicaid Number

Of those who received the Medicaid number at any point while the child was placed in their care, 62 percent indicated they received the number from the social worker and 22 percent received it in the Placement Passport Packet. Of the 12 resource parents who responded “other” in how they received the Medicaid number, many indicated they received the number from either the previous resource parent or the biological parent. Additionally, self-identified kinship resource parents35 were slightly more likely to receive the Medicaid number within five days of the child’s placement (59%) compared to non-kinship resource parents36 (51%). Similar to self-identified kinship placements, 59 percent of therapeutic resource parents37 received the Medicaid number within five days.

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34 Seven resource parents could not recall and were excluded.
35 Two resource parents could not recall and were excluded, N=32.
36 Five resource parents could not recall and were excluded, N=90.
37 Two resource parents could not recall and were excluded, N=39.
Receipt of Medicaid Card
The IEP requires that resource parents receive a child’s Medicaid card within 45 days of a child’s placement. Less than a third (29%) of resource parents surveyed received the Medicaid card within 45 days of placement and 67 percent reported having not yet received the card at the time of the survey (see Figure 12).

Figure 12: Receipt of Medicaid Card
N=12238

Source: Data from CSSP Resource Parent Survey, July-August 2012

Of those who received a Medicaid card for the subject child, half received it from the social worker, 20 percent received the card in the Placement Passport Packet and the other 30 percent received it from other resources, including previous resource parents and biological parents.

38Seven resource parents could not recall and were excluded.
**Placement Passport Packet**

Slightly more than two-thirds (68%) of resource parents indicated they received a Placement Passport Packet for the subject child (see Figure 13). Ninety-four percent of resource parents who received this packet received it from the social worker.

![Figure 13: Receipt of Placement Passport Packet](image)

Source: Data from CSSP Resource Parent Survey, July-August 2012

Of the 85 resource parents who received the Placement Packet, over three-quarters (81%) found the Packet, at a minimum, “somewhat helpful” (see Figure 14).

![Figure 14: Ratings of Helpfulness of Placement Passport Packet](image)

Source: Data from CSSP Resource Parent Survey, July-August 2012

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39 Four resource parents could not recall and were excluded.
Over half (59%) of resource parents who received the Packet indicated they would like to see additional information included in the Packet including:

- **Primary care doctor and the process for renewing or refilling medication.**
- **More information on psychological status and any evaluations that have been done; more reason about why the child was placed in care.**
- **More information on the history of the child and behavioral issues. The child was on probation in criminal court because of something with a younger cousin (possibly sexual) in Maryland and this information was not shared prior to placement.**
- **How many homes the child had been in during her time in foster care.**
- **Release forms from the hospital, the vaccines she had been given, information about the birth (was it normal etc).**
- **Doctors they've seen so the resource parent can do follow-up with those same doctors. Include the Medicaid number at a minimum in the packet and a copy of the card.**

**Resource Parents Concerns regarding Mental and Physical Health of Subject Child**

Fifty-five (43%) resource parents reported having a concern regarding the subject child’s mental or physical health needs. Of the resource parents who had a concern, 38 provided more detail about their concern. Slightly over half (53%) of comments pertained to mental health needs of the children; an additional five percent mentioned developmental delays and 11 percent had concerns related to a lack of knowledge about the child’s medication and medication management. Examples given by resource parents of mental health and medical concerns are included below:

- **His mental and emotional state was concerning.**
- **They didn't mention that the child has seizures.**
- **Doctor said that she is borderline diabetic, so resource parent has been monitoring what the child eats. Resource parent is also concerned by some of the child's behaviors and would like to get her re-evaluated because she doesn't agree with the prior screening results. Resource parent was told that she would have to wait until prior screening expires.**
- **When she was first placed she had a white tongue and the social worker told her to have it checked out because it could be a sign of AIDS; but meanwhile the child had been in CFSA care for a month and hadn’t received a physical.**
- **Physically in good health however concerned about mental health needs and aggressive behavior; feels he needs higher level of care.**
- **Child takes medication but resource parent does not know what he takes medications for.**
- **Child needs neuropsychiatric evaluation. He has other stuff going on that has not been diagnosed. Resource parent is a medical professional and can tell there is more going on and she has provided this information to the social worker and private agency. She has**
been requesting an evaluation and the court ordered it - paperwork was just submitted last week. Awaiting date and time.

Nurse Involvement
Six of the 129 resource parents indicated that a nurse visited the child in their home. Two situations which might have benefited from nurse involvement but did not have it are described below:

- According to the kinship resource parent, the child was removed due to the mother’s inability to manage and treat the child’s severe asthma. This resource parent was given no assistance in providing care for this child. She found an asthma clinic and all other resources on her own.

- One resource parent indicated that only after a teenage boy was placed in her care did she find out he needed extensive surgery and would need 24 hour supervision for the next six to eight weeks. The resource parent was able to arrange for her grown daughter to care for the child since she herself worked during the day. Additionally, when the child was discharged from the hospital, there was a delay in filling the prescription because the resource parent did not have access to the Medicaid number or card. When the resource parent became concerned that the child had been out of school for a few weeks and raised this with the social worker, she was told not to worry because the child was awaiting placement at an out-of-state residential treatment facility, which the resource parent had also not been told.

C. Social Worker Visitation
The IEP requires that CFSA social workers make regular monthly visits to children in out-of-home placements to assess for safety, including monthly visits to the child in their placement and interviewing the child outside the presence of the caretaker. Additionally, the IEP outlines requirements for social workers to ask resource parents about their needs in caring for the child during the first month of placement.

Ninety-five percent of resource parents indicated that the social worker visited the child a minimum of once a month on average during the subject child’s placement. Almost four-fifths (79%) reported twice monthly visits (see Figure 15).

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40It was difficult to gather separate information related to the visitation pattern during the first month compared to subsequent months, therefore this report only addresses the frequency of visitation related to the Exit Standard for IEP citation I.A.5.a and not I.A.6.a. Additionally, while the survey asked about others involved in the child’s case who visited the home, the question was not asked on a monthly basis and therefore cannot be used to validate whether another worker was regularly making a second visit to the child. Resource parents were also unsure of visitation patterns that occurred outside the home and therefore may have under-reported the frequency of social worker visitation.

41 IEP citation I.A.6.d.
Figure 15: Frequency of Social Worker Visitation

N=126

Source: Data from CSSP Resource Parent Survey, July-August 2012

This survey data on monthly visits by social workers provides further validation of FACES.NET data which indicates that 1,512 (96%) of 1,583 children placed in out-of-home care during the month of May 2012 were visited at least monthly, which is consistent with the findings of this survey.

Social Worker Communication with the Resource Parent

Over half (61%) of resource parents\(^43\) reported the social worker had a conversation with them during the subject child’s first month of placement about their needs as a resource parent (see Figure 16). This performance falls short of meeting the IEP required level of 90 percent. Self-identified kinship parents were more likely to report this conversation occurred (68%) compared to non-kinship resource parents (59%).

\(^{42}\) Three children were not in placement with the resource parent long enough to determine this information and were removed from the calculation,

\(^{43}\) N=118: Three kinship resource parents and eight non-kinship resource parents could not recall and were excluded.
Resource Parent Satisfaction with Social Worker Visitation Patterns
Resource parents were asked if they were satisfied that the social worker’s visits were frequent and long enough. The majority (85%) indicated that they were satisfied (see Figure 17).

Figure 17: Resource Parent Satisfaction with Social Worker Visitation Patterns
N=129

D. Court Appearances and Case Planning
Court appearances and case planning meetings provide opportunities for resource parents to team with others working with the child, learn more about the child’s needs and act as a support to the child. In particular for older youth in foster care, participating in case planning meetings allows the resource parent to help the child plan for the future and may fortify a life-long connection.

44 Eleven resource parents could not recall and were removed from the calculation.
**Court Appearances and Attorney Involvement**

Resource parents reported regularly receiving letters from CFSA regarding upcoming court appearances. Seventy percent of applicable resource parents were officially invited to attend a court hearing between January 1 and May 31, 2012, typically through receipt of a letter; ninety-one percent of those who were invited were invited over a week in advance.

Kinship resource parents were more likely to attend a court hearing (84%) compared to non-kinship resource parents (20%). A common theme from resource parents who were invited and did not attend was that the social worker told them it was not necessary.

Eighty-six (67%) resource parents also indicated that the child’s attorney visited the child in the home during the period under review. Many resource parents reported positive feelings regarding the child’s attorney and his/her responsiveness to the child.

**Case Planning**

Case plans include services, supports and goals for children and their families. These plans are central to a child’s ability to reach his/her goals. Resource parents are a critical support to children in out-of-home placement and hold valuable information regarding how the child is coping on a day-to-day basis. When asked if the subject child had a case plan, just over half (53%) of resource parents could affirmatively answer “yes” (see Figure 18). Surveyors frequently noted that many resource parents did not know what a “case plan” was or how it pertained to the child. Of those resource parents who were aware of the case plan, 69 percent found out about the plan from the social worker, 22 percent found out about the plan when they attended a meeting and nine percent found out from either a biological parent, the child or former foster parent.

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45 N=100: twenty-three resource parents reported that no court hearings occurred during the time period in question and six could not recall.
Figure 18: Knowledge of Case Plans
N=129

Source: Data from CSSP Resource Parent Survey, July-August 2012

Kinship vs. Non-Kinship Resource Parent Knowledge of Case Plan
Tables 5 and 6 illustrate that kinship resource parents were not only more likely to know about the subject child’s case plan but were also more involved in the case planning process.

Table 5: Knowledge of Case Plan

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship Parents</td>
<td>23 (68%)</td>
<td>4 (12%)</td>
<td>7 (21%)</td>
</tr>
<tr>
<td>(N=34)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Kinship Parents</td>
<td>45 (47%)</td>
<td>18 (19%)</td>
<td>32 (34%)</td>
</tr>
<tr>
<td>(N=95)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Data from CSSP Resource Parent Survey, July-August 2012
*Percentages may not equal 100% due to rounding.

Table 6: Involvement in Case Planning Process

<table>
<thead>
<tr>
<th></th>
<th>Invited to Case Planning Meeting</th>
<th>Not Invited to Case Planning Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship Parents</td>
<td>22 (81%)</td>
<td>5 (19%)</td>
</tr>
<tr>
<td>(N=27\textsuperscript{46})</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Kinship Parents</td>
<td>38 (57%)</td>
<td>29 (43%)</td>
</tr>
<tr>
<td>(N=67\textsuperscript{47})</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Data from CSSP Resource Parent Survey, July-August 2012

\textsuperscript{46}Seven cases were excluded because the resource parent reported that no meeting was held during the period under review.

\textsuperscript{47}Twenty-eight were excluded because the resource parent reported that no meeting was held during the period under review.
Resource Parent Input in Case Planning

Figures 19 and 20 identify resource parent responses about their experiences attending case planning meetings. As shown below, 92 percent of resource parents who attended a case planning meeting felt their input was considered and 83 percent found the meetings to be helpful or somewhat helpful in understanding the child’s needs.

**Figure 19: Resource Parent’s Input Considered during Case Planning Meetings**

*N=50*

Source: Data from CSSP Resource Parent Survey, July-August 2012

**Figure 20: Resource Parent Views on Usefulness of Case Planning Meeting in Understand Child’s Needs**

*N=50*

Source: Data from CSSP Resource Parent Survey, July-August 2012
E. Support to Resource Parents
In order to provide the highest quality support to the children and youth in their care, it is essential that resource parents feel supported by social workers. This survey asked resource parents to report on their feelings of support through the availability and responsiveness of social workers to their needs.

Availability of Social Workers
Resource parents were asked to characterize and provide comments regarding their overall experience as a resource parent for the subject child. When asked if they felt the social worker was available when they had questions, over half (63%) indicated “always” (see Figure 21).

![Figure 21: Resource Parent Responses about the Availability of Social Workers](source: Data from CSSP Resource Parent Survey, July-August 2012)

Responsiveness of Social Workers
Resource parents were also asked if they felt the social worker was responsive when they asked for help caring for the subject child. The majority of resource parents (72%) indicated “yes,” that social workers were responsive to their needs in caring for the subject child (see Figure 22). Kinship and non-kinship resource parents had similar answers about social worker responsiveness.
Overall Experience as a Resource Parent

When asked to characterize their overall experience caring for the subject child, 42 percent of resource parents rated the experience as “excellent”. An additional 31 percent rated it “good”. Kinship parents rated the experience as excellent more often than non-kinship parents, 56 percent and 37 percent respectively (see Table 7).

Table 7: Rating of Overall Experience

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Poor</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Resource Parents (N=129)</td>
<td>54 (42%)</td>
<td>40 (31%)</td>
<td>5 (4%)</td>
<td>30 (23%)</td>
</tr>
<tr>
<td>Kinship Parents (N=34)</td>
<td>19 (56%)</td>
<td>8 (24%)</td>
<td>0 (0%)</td>
<td>7 (21%)</td>
</tr>
<tr>
<td>Non-Kinship Parents (N=95)</td>
<td>35 (37%)</td>
<td>32 (34%)</td>
<td>5 (5%)</td>
<td>23 (24%)</td>
</tr>
</tbody>
</table>

Source: Data from CSSP Resource Parent Survey, July-August 2012
*Total percentage may equal greater than 100% due to rounding

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48 Seven resource parents did not ask for help and were excluded from the calculation.
49 Other included these comments “very challenging because child has a lot of issues,” “no negative experiences as far as the child was concerned; very negative experiences regarding visits, the social worker and the therapist,” “tiring/confusing/up and down,” “challenging,” “horrible with the social worker and thank goodness for the placement worker,” “it's good but there is a lot going on and it is hard to keep up with all the meetings and appointments.”
Several “other” responses are included below:

- Hard experience but it has been worth it because the child really needs the help.
- Very good relationship with the child.
- Interesting—experience caring for this child has been easier because of prior experiences as a foster parent

One resource parent who rated the experience as poor commented:

- The social worker was not helpful and didn't get along with the child; she didn't help with crisis intervention services and wanted to put him in a group home. The resource parent really wanted counseling for him and would send emails once a week if not more and she never got help for them. Overall she really didn't feel supported in her needs caring for him.

As is evident from the “other” responses provided by resource parents, there are some serious challenges that resource parents face in caring for children. Yet most resource parents had positive things to say about their experience and the support they receive from CFSA and private agency social workers. In order to continue to improve the support resource parents receive from CFSA, resource parents provided additional comments and suggestions, including:

- Providing a guidebook of all services available to resource parents and foster youth at the very beginning would be helpful. Dividing the guide by age and service need would make it easier for resource parents to navigate the system and advocate for services for the youth in their care.
- Would like to see increased visitation between children and their parents and children and their siblings.
- Would like to see less social worker turnover; has had some kids who have had 5 social workers in one year.
- There is a resource parent liaison who is excellent to work with. Sometimes she doesn't need to communicate with her to get clarification on things but needs to use her to get assistance in getting ahold of people.
- Undertone from all of the services is that the social worker is the most important person but the training says that everyone should be teaming together and working together. Maybe the social worker is overwhelmed, but the social worker should be leading in coordinating the team. Need to improve communication at all levels and not have it be such a hierarchy.
- Feels agency does the best they can do considering the circumstances. Communication can be an issue and is critical to ensure that everyone is "on the same page." Therefore it is important that information is put in the data system as quickly as possible.
- The relationship between the biological parent and resource parent is very important to the development and health of the child.
- It is important for the children to be able to continue receiving the services they were receiving prior to being placed in foster care.
- When you are a new resource parent it is extremely difficult and so without social worker support, it is impossible for things to go well.
Attachment A to Appendix D:
Methodology Section

The survey was conducted through telephone surveys between July 9 through August 3, 2012. The Survey Team consisted of CSSP staff and a consultant hired by the Monitor. The total pool of surveyors was eight.

The CSSP Lead Surveyors designed a sampling plan, developed a structured data collection instrument, trained the Survey Team, employed a quality assurance approach to ensure inter-rater reliability and conducted data analysis.

A. Sample Plan and Implementation
CFSA provided the Monitor with a list of 587 new child placements or child replacements in a resource home that lasted for a minimum of 14 days and that occurred between January 1 and May 31, 2012. The 587 child placements or replacements consisted of 376 unique resource parents. For resource parents who had more than one child newly placed in their home during the selected time period, one child was randomly selected as the subject child for the survey. All of the 376 unique resource parents were included in the sample in order to increase the likelihood of completing 205 surveys, which would have provided a statistically valid sample with a ± 5 percent margin of error with a 95 percent confidence in its results.

Of the 376 resource parents, eight were incorrectly included in the universe because the subject child had been placed with the resource parent prior to January 1, 2012. These eight resource parents had 12 children placed with them who were incorrectly included in the universe, dropping the universe from 587 placements to 575. The total number of surveys completed represented 129 unique placements, slightly increasing the statistical margin of error to ± 7.6 percent.

B. Data Collection
The Survey Team used a structured data collection instrument produced by Survey Monkey, an online software tool used to create surveys and questionnaires. The instrument was designed in collaboration with Troy Blanchard, Ph.D. of Louisiana State University. CSSP staff pilot tested the instrument and made adjustments as necessary prior to commencing the survey. Surveyors called all 376 resource parents. Through these calls, surveyors found that within the information provided to the Monitor, 90 resource parents had incorrect or missing contact information (see Attachment B for a breakdown by agency). Contact was attempted at least three times for all

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50 551 children accounted for the 587 placements. 32 children experienced two placements and two children experienced three placements between January 1 and May 21, 2012.
51 As some questions were not applicable in all cases and were skipped, the universe for each of the questions is not equal to 129. Therefore, the margin of error may not be the same for each question.
resource parents who were not interviewed. Of the 266 correct phone numbers, the Survey Team had a 45 percent response rate.

C. Reviewer Training
The Survey Team participated in a training that included reviewing the purpose of the survey, reviewing the tool, learning to navigate the tool using Survey Monkey and observing Lead Surveyor staff conducting a survey.

D. Quality Control and Assurance
During the survey period, Lead Surveyors checked data collection instruments for consistency and completeness prior to the data analysis.

E. Data Analysis
The data collection instruments were coded into a format that allowed statistical analysis using the Statistical Package for the Social Sciences (SPSS) computer program. Survey Team also solicited open-ended comments from resource parents in order to capture qualitative elements of each case reviewed.

F. Limitations
In addition to the limitations discussed above regarding data collection, the Survey Team asked the resource parent to recall information to the best of their ability and allowed responses to include “Don’t remember” or “Don’t recall/not certain”.
### Attachment B to Appendix D:
Breakdown of Calls to Resource Parents by Agency and Result

<table>
<thead>
<tr>
<th>Agency</th>
<th>Total RP in Sample</th>
<th>Non-working numbers</th>
<th>Completed</th>
<th>Three Attempts Made with no Success</th>
<th>Resource Parent Chose not to Participate</th>
<th>Incorrectly Included in Universe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Child Care</td>
<td>8</td>
<td>3 (38%)</td>
<td>1 (13%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Boys Town</td>
<td>7</td>
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<td>3 (43%)</td>
<td>4 (57%)</td>
<td>1 (14%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>CFSA</td>
<td>153</td>
<td>28 (18%)</td>
<td>62 (40%)</td>
<td>54 (35%)</td>
<td>6 (4%)</td>
<td>3 (2%)</td>
</tr>
<tr>
<td>Family Matters</td>
<td>14</td>
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<td>5 (36%)</td>
<td>4 (29%)</td>
<td>1 (7%)</td>
<td>2 (14%)</td>
</tr>
<tr>
<td>Foundations</td>
<td>71</td>
<td>17 (24%)</td>
<td>16 (23%)</td>
<td>36 (51%)</td>
<td>0 (0%)</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>Helping Children Grow</td>
<td>4</td>
<td>2 (50%)</td>
<td>2 (50%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Kids Peace</td>
<td>10</td>
<td>3 (30%)</td>
<td>2 (20%)</td>
<td>4 (40%)</td>
<td>1 (10%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Latin American Youth Center</td>
<td>2</td>
<td>2 (100%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Lutheran Social Services</td>
<td>10</td>
<td>2 (20%)</td>
<td>2 (20%)</td>
<td>5 (50%)</td>
<td>0 (0%)</td>
<td>1 (10%)</td>
</tr>
<tr>
<td>Martin Pollack Project</td>
<td>10</td>
<td>2 (20%)</td>
<td>5 (50%)</td>
<td>3 (30%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>NCCF</td>
<td>22</td>
<td>4 (18%)</td>
<td>12 (55%)</td>
<td>6 (27%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Pressley Ridge</td>
<td>5</td>
<td>2 (40%)</td>
<td>0 (0%)</td>
<td>3 (60%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Progressive Life</td>
<td>13</td>
<td>4 (31%)</td>
<td>7 (54%)</td>
<td>2 (15%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>PSI</td>
<td>21</td>
<td>5 (24%)</td>
<td>5 (24%)</td>
<td>11 (52%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Seraaj</td>
<td>26</td>
<td>11 (42%)</td>
<td>7 (27%)</td>
<td>8 (31%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>376</strong></td>
<td><strong>90 (24%)</strong></td>
<td><strong>129 (34%)</strong></td>
<td><strong>140 (37%)</strong></td>
<td><strong>9 (2%)</strong></td>
<td><strong>8 (2%)</strong></td>
</tr>
</tbody>
</table>
### APPENDIX E
Investigative Caseworkers Exceeding Caseload Limits
July – December 2011 Corrected Data*

<table>
<thead>
<tr>
<th>Month</th>
<th>Workers Carrying no more than 12 Investigations: Met Exit Standard</th>
<th>Workers Carrying 13-15 Investigations</th>
<th>Workers Carrying 16+ Investigations</th>
<th>Total Workers Carrying More Than 12 Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2011 (N=63)</td>
<td>59 (94%)</td>
<td>4 (7%)</td>
<td>0 (0%)</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>August 2011 (N=60)</td>
<td>51 (85%)</td>
<td>8 (13%)</td>
<td>1 (2%)</td>
<td>9 (15%)</td>
</tr>
<tr>
<td>September 2011 (N=64)</td>
<td>45 (70%)</td>
<td>13 (20%)</td>
<td>6 (10%)</td>
<td>19 (30%)</td>
</tr>
<tr>
<td>October 2011 (N=61)</td>
<td>44 (72%)</td>
<td>12 (20%)</td>
<td>5 (8%)</td>
<td>17 (28%)</td>
</tr>
<tr>
<td>November 2011 (N=62)</td>
<td>43 (69%)</td>
<td>11 (13%)</td>
<td>6 (10%)</td>
<td>17 (23%)</td>
</tr>
<tr>
<td>December 2011 (N=62)</td>
<td>51 (82%)</td>
<td>9 (15%)</td>
<td>2 (3%)</td>
<td>11 (18%)</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.net INV068 July-December 2011

*Percentages may not total 100% due to rounding