LaShawn A. v. Gray Progress Report
for the Period July 1 – December 31, 2011

May 21, 2012
LaShawn A. v. Gray
Progress Report for the Period July 1 through December 31, 2011

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I. INTRODUCTION

This report on performance of the District of Columbia’s child welfare system for the period of July 1 – December 31, 2011 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\(^1\) (MFO) and its most recent update, the LaShawn Implementation and Exit Plan (IEP).\(^2\)

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 District presented the 2012 Strategy Plan to the Court on March 30, 2012, to guide its efforts to improve outcomes and performance levels on Exit Standards not yet achieved.

The Monitor’s last full report on LaShawn implementation was released on November 21, 2011 and provided updates on the implementation of the 2010-2011 Strategy Plan through September 30, 2011. With few exceptions, this report is based on data and performance from July through December 2011, as verified by the Monitor, to determine progress in meeting the IEP Exit Standards.

\(^{1}\) 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)
A. **Methodology**

The primary source of information for this monitoring report is information provided by the Children and Family Services Agency (CFSA) and verified by the Monitor. CFSA provides the Monitor with extensive aggregate and back-up data as well as access to staff and FACES.NET\(^3\) to enable the Monitor to verify performance. As noted in the section below and in the body of the report, there remain many outcomes and Exit Standards which the Monitor is currently unable to assess. The reasons for this are varied and identified in each instance.

For this monitoring report, the Monitor was involved in the following activities:

- **Placement Exceptions Case Record Review**

  The IEP contains specific standards that limit the use of emergency, short-term, shelter or foster homes as well as congregate care placements for young children. Through the IEP, the parties agreed to specific exceptions to these placement restrictions. This case review assessed the extent to which children exceeding these placement restrictions met these agreed upon exceptions.

  The Monitor, supported by CFSA staff, reviewed all children and youth who remained in an emergency, short-term or shelter facility for more than 30 days and all children under the age of 12 who were placed in a congregate care setting for more than 30 days, including those children under the age of six who were placed in congregate care settings\(^4\) during the review period to determine if these placements met the agreed upon placement exceptions.

- **Multiple Placements Case Record Review**

  The IEP sets an Exit Standard for the reduction of multiple placements for children in foster care. The Monitor and CFSA conducted a review of a statistically valid sample of children and youth to validate CFSA’s FACES.NET aggregate data on children’s placement history.

- **Training Validation**

  The Monitor conducted an independent data validation of pre- and in-service training data for CFSA and private agency staff, as well as foster parents and adoptive parents for the time period under review.

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\(^3\) FACES.NET is the Child and Family Services Agency’s automated child welfare information system.

\(^4\) Congregate care includes group care, non-foster home settings.
Caseload Validation

The Monitor conducted an independent data validation of case worker caseloads for the period between July and December 2011.

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 periodically attended numerous CFSA meetings including Child Stat, CPS Grand Rounds and CFSA Internal Child Fatality Review Committee, as well as the City-wide Child Fatality Review Committee. The Monitor attended CFSA monthly meetings on revenue maximization and met frequently with senior leadership and managers throughout the Agency. The Monitor also participates in the City’s Child Welfare Leadership Team which met quarterly during the period under review.

B. Report Structure

This monitoring report assesses the District of Columbia child welfare system’s performance toward the IEP Exit Standards during the time period of July 1 through December 31, 2011 as defined in the December 17, 2010 Court Order. Section II provides a summary of the District’s progress during the period under review 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 between July and December 2011 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.
II. SUMMARY OF PERFORMANCE

A. Leadership

During the previous monitoring period, Dr. Roque Gerald resigned as Director of CFSA and in June 2011, Debra Porchia-Usher was named as Interim Director. On December 8, 2011, the District of Columbia Mayor Vincent Gray announced his appointment of Brenda Donald as Director of the Child and Family Service Agency (CFSA). Ms. Donald became Acting Director of CFSA on January 3, 2012 and a public hearing regarding her appointment was held by the Council’s Committee on Human Services on March 16, 2012. The Council approved Ms. Donald’s appointment as Director on April 17, 2012. Prior to making this appointment, the Deputy Mayor consulted with both the Monitor and counsel for Plaintiffs.

Ms. Donald brings considerable experience and skill to the job of CFSA Director, having previously worked with the DC Agenda, a nonprofit civic engagement organization that was instrumental in the development of the citywide Healthy Families/Thriving Communities Collaboratives; having served as Dr. Olivia Golden's Chief of Staff at CFSA from 2001 to 2004 and then as CFSA Director from 2004 to 2005; and having acted as Deputy Mayor for Children, Youth and Elders from 2005 to 2006 under Mayor Anthony Williams. After leaving District government, Ms. Donald served as Secretary of Maryland’s Department of Human Resources and, most recently, was a Vice President at the Annie E. Casey Foundation. Ms. Donald has committed and is already demonstrating her willingness to work closely with CSSP as Monitor and collaboratively with Plaintiffs counsel to identify and solve problems, and track and demonstrate success in meeting the outcomes and requirements of the LaShawn decree.

B. Key Strategies for 2012

The development of the 2012 LaShawn Strategy Plan (Strategy Plan) was a collaborative process. After Ms. Donald became CFSA Acting Director, the District, counsel for Plaintiffs and the Monitor requested and received court approval for a postponed timeline that allowed Ms. Donald to assemble a leadership team, assess Agency strengths and weaknesses and launch a broad-based and inclusive strategic planning process. District officials, counsel for Plaintiffs and the Monitor convened on February 24, 2012, to identify the areas to be addressed in the Strategy Plan. Several rounds of comments by the Monitor and counsel for Plaintiffs were considered by CFSA and largely incorporated into the final Strategy Plan, which was submitted to the Court prior to a March 30, 2012 Status Hearing.

In the Monitor’s assessment, the Strategy Plan delineates reasonable strategies, actions and timelines to achieve the outcomes and Exit Standards of the LaShawn IEP.
The *LaShawn* Strategy Plan was developed in the context of and as a complement to CFSA’s overall, broad-based strategic plan. The Agency’s strategic planning process was instigated by Ms. Donald and sought input from Agency staff at all levels, private providers, community partners, advocates and the Monitor and yielded a comprehensive, Agency-wide strategic framework that reaches beyond the scope of the court order. The CFSA strategic framework is based on four pillars: Front Door, Temporary Safe Haven, Well-being and Exits to Positive Permanency. First, in *narrowing the front door*, CFSA will utilize Differential Response, among other strategies and services, to support and stabilize families, removing children only when necessary for their safety. The second pillar, *temporary safe haven*, emphasizes timely legal permanency 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. To *promote child well-being*, the third pillar, 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 a two-generation approach targeting teen parents and evidence-based treatments for trauma and other chronic mental and physical health conditions. The final pillar, *exits to positive permanency*, recognizes the services families and youth may require for stability post-legal permanency or emancipation. Although the Agency hopes that all children and youth efficiently exit care to a lifelong connection, this pillar also recognizes the need for older youth to develop the tools necessary to be self-supporting adults.

The CFSA 2012 *LaShawn* Strategy Plan, presented in the context of CFSA’s new comprehensive strategic framework, is included as an Appendix to this monitoring report. The Monitor will assess implementation of the 2012 Strategy Plan and provide updates in future reports.

C. **Progress**

- *Two LaShawn Exit Standards were achieved during the period under review, seven Exit Standards were partially achieved and the Exit Standards that were previously achieved have been maintained*. There remain 35 Exit Standards to be achieved or for which progress cannot currently be assessed.

During the July to December 2011 monitoring period, two Exit Standards were newly met. These Exit Standards are related to:

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5 Two Exit Standards designed as Outcomes to be Maintained have had declined performance over this monitoring period (IEP citation I.B.15.a. and I.B.16.a.i.), however, the Monitor feels that his decline was temporary and insubstantial. The Monitor will continue to monitor these Exit Standards and hopes to see improved performance.
• *Timely adoption*, which requires that by June 30, 2011, 45% of the children in pre-adventive homes as of July 1, 2010 will achieve permanence (IEP citation I.B.16.b.ii.).

• *Training for new social workers*, which requires that 90 percent of newly hired CFSA and private agency direct service staff receive 80 hours of pre-service training (IEP citation I.D.27.a.).

The Exit Standards partially⁶ met during this monitoring period include:

• *Worker visitation to children in out-of-home care*, which requires 95 percent of children visited monthly and 90 percent of children visited twice monthly (IEP citation I.A.5.a-c.). CFSA met the part of this Exit Standard that requires that 90 percent of children receive twice monthly visits by assigned workers.

• *Reduction of multiple placements for children in care*. 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.

• *Timely adoption*, the sub-part specifically requiring of all children who entered foster care for the first time in FY2010 and who remain in foster care for 8 days or longer, 45 percent will achieve permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2011. This Exit Standard is partially met as CFSA did not meet the other two sub-parts of this Exit Standard (IEP citation 1.b.16.c.).

• *Health and dental care*, which requires that children in foster care receive a full dental evaluation within 30, 60 or 90 days of placement (IEP citation 1.C.22.b.ii.). CFSA met the required percentages for children receiving full dental evaluations within 30 and 60 days of placement, but fell short of the sub-part which requires 85 percent of children to receive a full dental evaluation within 90 days of placement.

• *Special Corrective Action*, which requires that CFSA produce accurate monthly reports and conduct case reviews, as well as develop and implement appropriate child-specific corrective action plans for 90 percent of children identified in corrective action categories (IEP citation I.D.30.). CFSA produces a monthly report which delineates applicable cases identified during applicable case record review,

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⁶ 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 part of the Exit Standard requirement, but not all.
however, documentation regarding child-specific case reviews has not been provided to the Monitor.

- **Performance-based contracting**, which requires that CFSA utilize a performance-based contracting system (IEP citation I.D.31.). During this monitoring period, the infrastructure and beginning architecture for the requisite system was in place; however, financial incentives/disincentives were minimal.

- **Child fatality review**, which requires the City-wide Child Fatality Committee and an Internal CFSA Committee to conform with the requirements of the MFO (IEP citation II.A.4.). The Internal CFSA Committee is compliant; however, the City-wide Child Fatality Committee is non-compliant.

➢ *The number of children in foster care in the District has declined significantly since 2005.*

Since 2005, the number of children in foster care has declined by 33 percent, from 2,588 in 2005 to 1,744 as of December 31, 2011 (see Figure 1 below). This is a significant accomplishment and reflects ongoing work to develop community-based services and supports to safely keep children and families in their own homes and communities, as well as continual efforts to promote permanent and stable families for children and youth.

![Figure 1: Number of Children and Youth in Foster Care in the District of Columbia 2005 – 2011](source: CFSA data)
➢ **CFSA has increased the proportion of children and youth in family-based settings.**

An important principle of CFSA’s practice model is the placement of children and youth in the most family-like setting. Within the past year, CFSA has increased the percentage of children and youth placed in a family-based setting by 5 percent, from 75 percent as of December 31, 2010 to 80 percent as of December 31, 2011. As CFSA moves forward with its Strategic Plan, there will be additional focus on reducing unnecessary congregate care placements for children and youth.

➢ **CFSA has decreased the number and proportion of children and youth with APPLA (Another Planned Permanent Living Arrangement) goals**

CFSA has decreased the percentage of children and youth in foster care with APPLA goals from 553 (28% of population at that time) as of December 31, 2010 to 405 (23% of population at that time) as of December 31, 2011. As CFSA continues to employ strategies to reduce the assignment of APPLA goals, the Monitor anticipates this number will continue to decline.

Youth with APPLA goals are typically those children who have long stays in care and have not achieved legal permanency. CFSA is continuing its work to reduce this population by aggressively pursuing appropriate permanency options for children and older youth.

➢ **Children in foster care have timely access to health care services to meet their identified needs.**

This Exit Standard is measured by Quality Service Reviews (QSR) and requires that 80 percent of cases reviewed will be rated as acceptable under the QSR child status health and physical well-being indicator. During the period under review, 99 percent of cases were rated as acceptable. CFSA has consistently demonstrated strong performance on this measure, with 97 percent of cases reviewed from January 2010 to June 2011 rating acceptable.

➢ **New staff are receiving required pre-service training.**

CFSA met and exceeded the 90 percent performance required for pre-service training for direct service staff. During the previous monitoring period, 79 percent of direct service staff received the required 80 hours of pre-service training within 90 days of hire; during the current monitoring period, this percentage rose 15 percent to 94 percent. Pre-service training is a critical component in orienting, coaching and preparing new staff with the skills required to effectively carry-out the principles of the case practice model and the Agency. Through this current performance, CFSA has demonstrated their commitment to adequately preparing new staff to work with children and families within the child welfare system.
D. **Challenges and Concerns**

As discussed earlier in this section, CFSA’s leaders are anxious to move forward with work to demonstrate improved safety, permanency and well-being results for the District’s children and families who require the intervention of the child welfare system. The new Director and her leadership team are appropriately focused on the development and implementation of a Strategic Plan designed to yield a high quality and effective child welfare system in compliance with the requirements of the *LaShawn* Order. This monitoring report has identified several challenges to the immediate work ahead.

- **Using data to drive practice and outcome improvements continues to be a challenge.**

CFSA’s FACES.NET information system produces a considerable amount of data on the children and families served by CFSA as well as reports that measure compliance with the IEP. Notwithstanding the breadth of data collection, during this monitoring period the Monitor identified problems with respect to the accuracy of certain data. In general the Monitor has shared its concerns regarding discrete data problems and with the overall use of data to drive problem identification and resolution, as well as decision making throughout the Agency. Several examples were highlighted during this monitoring period:

- There were several instances in assembling data for the Monitor’s case record reviews and this monitoring report where the initial data provided by CFSA was incomplete or inaccurate. For example, it took several different attempts to identify a complete and accurate list of children in emergency congregate placements and children under age 12 in congregate settings.  

- CFSA has insufficient quantitative data to understand practices related to early identification and support of relative and kin caregivers. One of the Director’s strategic priorities is to promote the early identification, appropriate study and use of kin as caregivers for children and youth entering care. As discussed in earlier monitoring reports and reflected in the 2012 Strategy Plan, CFSA is committed to significant improvements in this area. However, to be successful, CFSA will need to begin collecting and tracking data to enable the assessment of progress over time in the identification of potential kin caregivers, their invitation and involvement in family team meetings, the milestones toward achievement of temporary licensure and the progress toward full licensure.

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7 See discussion in Section VI.B.2, Placement of Children of this report.
During the period under review, there were 21 Exit Standards for which the Monitor was unable to assess performance. There are a variety of contributing reasons including unavailability of data and inability of the Monitor to obtain timely, reliable data. CFSA has acknowledged the need to develop the capacity to report on all Exit Standards and has been working both internally and with the Monitor to ensure that the necessary information will be collected and reliably available for future monitoring periods. On May 1, 2012, CFSA presented the Monitor with a draft plan with proposals to resolve the IEP data/measurement issues. The Monitor is working with CFSA to reach agreement on the details of the data plan.

The District’s performance on several key visitation measures continues to be low.

Performance in meeting the Exit Standards related to visits between workers and parents; parents and their children and children who experience a new or changed placement is still inadequate. Specifically, the IEP requires:

- Monthly visits between parents and their assigned workers occur in 80 percent of cases (IEP citation I.B.10.a-b.), however, monthly performance between July and December 2011 ranged from 33 to 44 percent.
- Weekly visits between children in foster care and their parents in 85 percent of applicable cases (IEP citation I.B.11), however, monthly performance between July and December 2011 ranged from 52 to 69 percent.
- Weekly worker visits during the first month with children experiencing a new placement or placement change are to occur in 90 percent of applicable cases (IEP citation I.A.7a-d.), however, monthly performance between July and December 2011 ranged from 52 to 71 percent.

The quality of investigation practice has remained substantially lower than the IEP requires.

CFSA continues to do a good job tracking the timeliness of investigations – from first contact with the child/family to investigation decision and closure. However, the Monitor and CFSA’s internal quality improvement staff have continued to find that only slightly over half of the completed investigations fully meet the established standards, including making all required contacts for information gathering and assessment, for a quality investigation (IEP citation I.A.2.). CFSA’s internal review of 30 investigations closed between July and December 2011, with a secondary review by the Monitor, found that a little over half (16/53%) met the standard for acceptable quality. Improving the quality of investigations is a major focus of CFSA’s 2012 Strategy Plan.

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8 See discussion in Section IV.D.7. Data and Technology of this report.
Use of congregate care/shelters demonstrates need for aggressive recruitment efforts to develop placements for sibling groups.

During this period, the Monitor, with assistance from CFSA, reviewed the cases of young children placed in congregate care and children and youth placed in emergency and shelter-like settings for greater than 30 days. The full results of that review are included in the body of this report but one of the findings was the significant use of congregate settings for initial placements of children in sibling groups. Specifically, of the 36 child and youth placements at St. Ann’s Infant and Maternity Home reviewed, 34 (94%) consisted of children or youth placed with some or all of their siblings. In total, there were 10 sibling groups who remained over 30 days at St. Ann’s and six of these sibling groups consisted of four children each.

While in the short-term, CFSA may be appropriately deciding to place children in such settings to avoid separating the siblings, the extended placements of these children indicate an urgent need to recruit additional family placements for sibling groups of three or more children.

Practice issues with the training of foster and adoptive parents.

During this period, the Monitor attempted to validate CFSA’s data on the provision of training to new foster parents and required in-service training for foster parents seeking renewal of their licenses (IEP citation I.D.29.). The review revealed significant problems in the practices regarding training and licensure of foster parents including frequent and lengthy lapses between the previous license expiration date and the new license, including multiple lapses which lasted several years; data and reporting errors, including logging unrealistic training hours per day and counting the same training multiple times; and significant variances in course content, consistency in the approval of the training and the relevance of the courses presented to the foster parent. CFSA’s own review into this area found performance problems and CFSA has indicated that they will be moving forward immediately with a number of steps to identify and correct the noted deficiencies.

CFSA performance on achieving permanency outcomes for children who have been in care for 12 months or more is significantly below required performance standards.

Although CFSA has placed an increased emphasis on improving their permanency practice for children and youth in care, permanency outcomes for children and youth in care longer than 12 months continue to be poor (IEP citation I.B.16.c.). Timely permanency through reunification, adoption or legal guardianship is measured by looking at three cohorts of children in foster care: those in care for 12 months or less; those in
care for more than 12 but less than 25 months; and those in care for 25 months or longer. CFSA has met the permanency performance standard for children in care for 12 months or less, but performance remains far from the Exit Standard requirement for the other two cohorts of children and youth. Thirty-four percent of children who were in foster care for more than 12 months but less than 25 months on September 30, 2010 exited to a permanent home through reunification, kinship guardianship, adoption, or non-relative guardianship by September 30, 2011, as compared to the Exit Standard requirement of 45 percent. For children and youth who were in foster care for 25 months or longer on September 30, 2010, the Exit Standard requires that 40 percent would be discharged through reunification, adoption, or legal guardianship prior to September 30, 2011 or on their 21st birthday if that was earlier. However, only 18 percent of the children and youth in this cohort group achieved permanency during the period under review. CFSA has acknowledged the need to focus on improving permanency outcomes for “long-stayers” in foster care, many of whom are older youth.
### III. SUMMARY TABLES ON LASHAWN A. v. GRAY IMPLEMENTATION AND EXIT PLAN (IEP)

|------------------------------------------|---------------|-----------------------------|-------------------------------|-----------------------------|------------------------|---------------------|
| 1. Investigations: 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.) | 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.  
(IEP citation I.A.1.a.) | Monthly range 73-78%<sup>10</sup> | Monthly range 73 – 75%<sup>11</sup> | Monthly range 68 – 74%<sup>10</sup> | Unable to determine | ↔ |
| 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.) | 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.  
(IEP citation I.A.1.c.) | Unable to assess | Unable to assess<sup>12</sup> | Unable to determine | N/A |

<sup>9</sup> Within Table 1 and 2, the Monitor has re-numbered the outcomes and Exit Standards from their original numbering within the IEP in order to demonstrate the total number of performance requirements. As outcomes and Exit Standards are achieved and shifted to “Outcomes to be Maintained” (Table 2), they will maintain their new numeric designation within Table 2.

<sup>10</sup> Data do not include an account of applicable good faith efforts.

<sup>11</sup> Data do not include an account of applicable good faith efforts. Monitor’s case review of good faith efforts for a statistically valid sample of investigations during July 2011 found that in 19 percent of applicable cases all required and applicable good faith efforts were made.

<sup>12</sup> A FACES.NET report has been developed to provide data on this measure. The report began being utilized in January 2012 and data will be available for the next monitoring report.
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

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<tr>
<td>4. Acceptable Investigations</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.</td>
<td>53% of investigations of acceptable quality.</td>
<td>No</td>
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</table>

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.

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<tr>
<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.</td>
<td>53% of investigations of acceptable quality.</td>
<td>No</td>
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13 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.

14 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.

15 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.

16 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.

17 For period under review, 68 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.

18 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.
Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

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<tr>
<td>CFSA shall provide for or arrange for</td>
<td>QSR Implementation and Pathway to Safe Closure indicators.</td>
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<td>services through operational commitments from District of Columbia public agencies and/or contracts with private providers. Services shall include:</td>
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<tr>
<td>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;</td>
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<tr>
<td>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>
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<tr>
<td>c. Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and</td>
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<tr>
<td>d. Services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement.</td>
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(IEP citation I.A.3.)
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

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<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>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>Unable to determine</td>
<td>N/A</td>
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<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>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>Partially</td>
<td>↔</td>
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19 CFSA does not currently have information available to determine performance on this measure. CFSA anticipates having data available during the next monitoring period.

20 Although performance met the required level of 90 percent for twice-monthly visits, performance never reached the required level of 95 percent for monthly visits by a social worker.
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<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.). (IEP citation I.A.5.a-c.)</td>
<td></td>
<td>b. Monthly range of 89 – 94%</td>
<td></td>
<td></td>
<td>Unable to assess</td>
<td>Unable to determine</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>
<td></td>
<td>c. Monthly range of 92 – 96%</td>
<td></td>
<td>c. Monthly range of 93 – 94%</td>
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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&lt;sup&gt;21&lt;/sup&gt;</td>
<td>Unable to determine</td>
<td>N/A</td>
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<sup>21</sup> CFSA does not currently have information available to determine performance on this measure. CFSA anticipates having data available during the next monitoring period.
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

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<tr>
<td><strong>10. Visitation for Children Experiencing a New Placement or a Placement Change:</strong></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>No data available</td>
<td>May: 66%&lt;sup&gt;22&lt;/sup&gt;</td>
<td>June: 57%&lt;sup&gt;22&lt;/sup&gt;</td>
<td>a.- c. Monthly range of 52 – 71%&lt;sup&gt;22&lt;/sup&gt;</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>
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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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<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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<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</td>
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<sup>22</sup> Due to a substantial logic change for data reporting on this measure occurring in May 2011, January through April 2011 data on performance are not included.

<sup>23</sup> CFSA’s FACES.NET report on this measure does not currently include information on whether or not one of the visits during the first four weeks of placement includes a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency.
**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011**

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<tr>
<td>worker and the resource parent to assess assistance needed by the resource parent from the Agency. (IEP citation I.A.6.a-d.)</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>Unable to assess</td>
<td>Unable to assess</td>
<td>Unable to determine</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>11. <strong>Visitation for Children Experiencing a New Placement or a Placement Change</strong>: 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>CFSA will take necessary steps to offer and facilitate pre-removal FTM 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>Unable to determine</td>
<td>N/A</td>
</tr>
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24 CFSA does not currently have information available to determine performance on this measure. CFSA anticipates having data available during the next monitoring period.
|-----------------------------------------|--------------|------------------------------|-------------------------------|-----------------------------|-----------------------|---------------------|
| 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.) | 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. | Unable to assess | Unable to assess | Unable to determine | N/A | 
| 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.) | 90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs. | Monthly range of 74-75% of children in placement were in a foster home setting | Monthly range of 76-78% of children in placement were in a foster home setting | Monthly range 78 - 80% of children in placement were in a foster home setting | Unable to determine | -> |
| 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 I.B.8.b.) | 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. | Monthly range of 3-11 children | Monthly range of 6 – 15 children | 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 the agreed upon placement exceptions. | No | N/A |

25 A child-specific review is needed to assess appropriateness of placement in meeting child’s needs.
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<tr>
<td><strong>16. Placement of Young Children:</strong> 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 and December 2011, 2 of 9 placements of children applicable to this standard did not meet one of the agreed upon placement exceptions.</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>17. Placement of Young Children:</strong> 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 and 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>No</td>
<td>N/A</td>
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<tr>
<td>18. Visits between Parents and Workers:</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 of 33 – 44%</td>
<td>No</td>
<td>N/A</td>
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- 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.26

- 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. (IEP citation I.B.10.)

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26 This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

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<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>No data available</td>
<td>No data available</td>
<td>Monthly range of 52 – 69%</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>21. Appropriate Permanency Goals: 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>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</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 required by the Court over CFSA’s objection. Of the six where recommended</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.</td>
<td>No</td>
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<td>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>for approval, none of these were approved by the Director.</td>
<td>In the remaining 4 cases, a LYFE conference was held but the CFSA Director did not review the proposed goal change. CFSA staff did not object to the Court requiring the goal change.</td>
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27 There was one additional youth whose goal changed to APPLA between July and December 2010 at CFSA’s recommendation. For this youth, CFSA determined that a LYFE conference or Family Team meeting was not in his best interest as it would be detrimental to his mental health. LYFE conferences and FTMs are voluntary for the family and are not held when it is not in the best interest of the child or the family. Additionally, there were fifteen additional youth whose goal changed to APPLA between July and December 2010 by Court Order against the recommendation of CFSA. Seven of these 14 youth had a LYFE conference prior to the Court ordering the change in goal.
Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

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<tr>
<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</td>
<td>Unable to determine</td>
<td>N/A</td>
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28 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.
29 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 absconderence 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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<tr>
<td>23. Reduction of Multiple Placements for Children in Care: (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>Partially&lt;sup&gt;30&lt;/sup&gt;</td>
<td>N/A</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>
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<tr>
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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>
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<sup>30</sup> 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.
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

|------------------------------------------|---------------|-----------------------------|---------------------------------|-----------------------------|-----------------------|---------------------|
| 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.) | 70% of homes licensed beginning November 1, 2010, will have been approved, and interested parties will have been notified within 150 days. | 72% | No data available<sup>31</sup> | No data available<sup>32</sup> | Unable to determine | N/A |
| 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. | 16% of children placed by December 31, 2010 | An additional 11%<sup>33</sup> by June 30, 2011 | 44% of applicable children by December 31, 2011 | No |  

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<sup>31</sup> In the previous monitoring report, for January through June 2011 performance, the Monitor reported manual data provided by CFSA which indicated May 2011 performance of 92 percent and June 2011 performance of 100 percent. CFSA has subsequently determined that the data collected and provided for this measure are unreliable, therefore, the Monitor has removed it from this report.

<sup>32</sup> A FACES.NET report has been developed to provide data on this measure and data will be available for future monitoring reports.

<sup>33</sup> 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.
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<tr>
<td>30. 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.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>Not Yet Due</td>
<td>42%</td>
<td>64% by December 31, 2011</td>
<td>Yes</td>
<td>↑</td>
</tr>
<tr>
<td>32. Timely Adoption: 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 FY2010 and who remain in foster care for 8 days or longer, 45% will achieve permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2011.</td>
<td>Not Yet Due</td>
<td>Not Yet Due</td>
<td>47%</td>
<td>Partially</td>
<td>N/A</td>
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<td></td>
<td>ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2010, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2011.</td>
<td>Not Yet Due</td>
<td>Not Yet Due</td>
<td>34%</td>
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### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

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<td>iii.</td>
<td>Of all children who are in foster care for 25 months or longer on September 30, 2010, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2011, whichever is earlier.</td>
<td>Not Yet Due</td>
<td>Not Yet Due</td>
<td>18%</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.

b. Every reasonable effort shall be made to locate family members and to develop case plans in

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<tr>
<th>Requirement</th>
<th>Performance</th>
<th>Exit Standard Achieved</th>
<th>Direction of Change</th>
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<tbody>
<tr>
<td>80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.</td>
<td>CY2010: Case Planning Process - 64% Pathway to Safe Case Closure - 58%</td>
<td>65% of cases were acceptable based on QSR data January – June 2011 [34]</td>
<td>64% of cases were acceptable based on QSR data CY 2011 [35]</td>
</tr>
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[34] 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.

[35] 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.
|----------------------------------------|--------------|-----------------------------|--------------------------------|-----------------------------|-----------------------|---------------------|
| partnership with youth and families, the families’ informal support networks, and other formal resources working with or needed by the youth and/or family.  
(IEP citation I.B.17.) | 90% of families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who are in need of and agree to additional supports shall be referred to an appropriate Collaborative or community agency for follow-up. Low and moderate risk cases for which CFSA decides to open an ongoing CFSA case are excluded from this requirement. | As reported by CFSA, in December 2011, 33% of families for whom CFSA determined services were needed were referred to a Collaborative.  
36 | Monthly range of 26-59%36 | Unable to assess37 | No | N/A |

36 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.
37 See discussion in Section IV.A.2., Investigations, of this report.
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<tr>
<td><strong>36. Sibling Placement and Visits:</strong> 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>No data available</td>
<td>Monthly range of 63 - 64%</td>
<td>Monthly range of 64 – 67%</td>
<td>No</td>
<td>↔</td>
</tr>
<tr>
<td><strong>37. Sibling Placement and Visits:</strong> 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>No data available</td>
<td>Unable to assess</td>
<td>Unable to assess</td>
<td>No</td>
<td>N/A</td>
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38 Performance during this monitoring period ranged between 49 and 59 percent of children with at least one sibling visit each month and between 42 to 54 percent of children with at least twice monthly visits with some or all of their siblings. There may be additional children having sibling visits, however, the Monitor is unable to fully assess the entire universe of children applicable to this measure at this time. A monthly range of 29 to 41 percent of children are classified by CFSA as having “suspended visits” with their sibling(s). CFSA reports that some of these children are inappropriately classified and may in fact be receiving visits but not reflected in their data. In calculating the compliance percentage, the Monitor did not exclude suspended visits. CFSA is currently examining the cases where visits have been classified as suspended in order to determine if this status is being correctly utilized in accordance with policy.
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

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<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/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&lt;sup&gt;39&lt;/sup&gt;</td>
<td>Unable to assess&lt;sup&gt;39&lt;/sup&gt;</td>
<td>Unable to determine</td>
<td>N/A</td>
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<sup>39</sup> CFSA does not currently have information available to determine performance on this measure. CFSA reports that data will be available for July through December 2012 monitoring period.
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<tr>
<td>39. Health and Dental Care:</td>
<td>95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care.</td>
<td>Initial Placements and Re-entries: monthly range of 39-69%</td>
<td>Initial: monthly range of 91-100%</td>
<td>Initial: monthly range of 83-100%</td>
<td>No</td>
<td>↔</td>
</tr>
<tr>
<td>(IEP citation I.C.22.a.)</td>
<td>90% of children in foster care who experience a placement change shall have a replacement health screening.</td>
<td>Replacements: monthly range of 47-66%</td>
<td>Re-entry: monthly range of 80-100%</td>
<td>Re-entry: monthly range of 64-100%</td>
<td></td>
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</tr>
<tr>
<td>40. Health and Dental Care:</td>
<td>85% of children in foster care shall receive a full medical evaluation within 30 days of placement.</td>
<td>Within 30 days: monthly range of 22-52%</td>
<td>Within 30 days: 67%</td>
<td>Within 30 days: monthly range of 69-82%</td>
<td>No</td>
<td>↑</td>
</tr>
<tr>
<td>(IEP citation I.C.22.b.i.)</td>
<td>95% of children in foster care shall receive a full medical evaluation within 60 days of placement.</td>
<td>Within 60 days: monthly range of 32-66%</td>
<td>Within 60 days: 88%</td>
<td>Within 60 days: monthly range of 83-91%</td>
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</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 6-35%  
Within 60 days: monthly range of 12-41%  
Within 90 days: monthly range of 15-43% | Within 30 days: Apr.-June data: 57%  
Within 60 days: Apr.-June data: 78%  
Within 90 days: Apr.-June data: 82% | Partially | ↓ |
| 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.) | 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. | CFSA has not produced data on this requirement as of the date of this report. | Unable to assess | Unable to determine | N/A |

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40 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 that 85 percent of children receive a dental evaluation within 90 days of placement.

41 CFSA does not currently have information available to determine performance on this measure.
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<tr>
<td><strong>49. Training for New Social Workers and Supervisors:</strong> New direct service staff(^{42}) shall receive the required 80 hours of pre-service training through a combination of classroom, web-based and/or on-the-job training. (IEP citation I.D.27.a.)</td>
<td>90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training.</td>
<td>89%</td>
<td>79% of staff completed pre-service training within 90 days of hire.</td>
<td>94% of staff completed pre-service training within 90 days of hire.</td>
<td>Yes</td>
<td>↑</td>
</tr>
<tr>
<td><strong>51. Training for Previously Hired Social Workers, Supervisors and Administrators:</strong> Previously hired direct service staff(^{43}) 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>Unable to determine</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>52. Training for Previously Hired Social Workers, Supervisors and Administrators:</strong> 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>Unable to determine</td>
<td>N/A</td>
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\(^{42}\) Direct service staff includes social workers, nurse care managers and family supports workers who provide direct services to children, youth and families.

\(^{43}\) Twelve of the 30 hours required for the nurse care managers may be met with continuing education requirements of the licensing board.

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*LaShawn A. v. Gray*
Progress Report for the Period July 1 – December 31, 2011
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

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<tr>
<td><strong>53. Training for Foster Parents:</strong> 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>Unable to determine</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>54. Training for Foster Parents:</strong> 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>Not Assessed</td>
<td>Unable to assess</td>
<td>No data available</td>
<td>Unable to determine</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>55. Special Corrective Action:</strong></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 case reviews.</td>
<td>a. CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable case reviews.</td>
<td>a. CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable case reviews.</td>
<td>Partially&lt;sup&gt;44&lt;/sup&gt; ↔ N/A</td>
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<sup>44</sup> CFSA has not met the required performance level for both parts a. and b. of this Exit Standard.

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*LaShawn A. v. Gray*

Progress Report for the Period July 1 – December 31, 2011

May 21, 2012

Page 36
Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

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<td>and has not been placed in an adoptive home;</td>
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<tr>
<td>iii. All children who have been returned home and have reentered care more than twice and have a plan of return home at the time of the report;</td>
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<tr>
<td>iv. Children with a permanency goal of reunification for more than 18 months;</td>
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<td>v. Children placed in emergency facilities for more than 90 days;</td>
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<td>vi. Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license</td>
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<td>vii. Children under 14 with a permanency goal of APPLA; and</td>
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<tr>
<td>viii. Children in facilities more than 100 miles from the District of Columbia</td>
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<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>
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<tr>
<td>(IEP citation I.D.30.)</td>
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<tr>
<td>b. No documentation about the process and conduct of the required reviews.</td>
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<tr>
<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>
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<tr>
<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>
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<tr>
<td>56. Performance-Based Contracting: 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. (IEP citation I.D.31.)</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>Partially</td>
<td>↔</td>
</tr>
<tr>
<td>57. Interstate Compact for the Placement of Children (ICPC): 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>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>No</td>
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</table>
### Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2011

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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>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 filled during the period under review.</td>
<td>Unable to determine 45</td>
<td>N/A</td>
<td></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>No</td>
<td>N/A</td>
<td></td>
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</table>

45 As the Monitor has no data available to assess CFSA’s performance on pre- and in-service training requirements for initial and renewal licensing of foster homes (IEP citation I.D.29.a. &b.), the Monitor is unable to determine if current staffing is adequate to meet needed resources.
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<tr>
<td><strong>64. 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. (IEP citation II.A.4.)</td>
<td>Ongoing Compliance</td>
<td>Internal: Ongoing Compliance</td>
<td>City-wide: Committee meets, however, an annual report has not been produced in two years.</td>
<td>Internal: Ongoing Compliance</td>
<td>City-wide: Non-compliant</td>
<td>Partially</td>
</tr>
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</table>

46 Due to non-compliance, particularly in failing to issue an annual public report since 2008, the Monitor made the following recommendations: all committee vacancies should be filled; senior leadership from all relevant city agencies should attend each Committee meeting prepared to discuss the cases under review; at each meeting, Committee members should be given a full case report for each case under review; the number of Committee staff should be restored to the level required for all reviews to be done in a timely manner and for an annual report to be produced each year; the backlog in case reviews and in the production of annual reports should be addressed; a mechanism to track Committee recommendations, agencies responses and implementation should be instituted; there should be a review of the database used to record historical data to ensure it is designed, maintained and used effectively; and the Committee should be relocated to the Mayor’s Office or to the Office of the Inspector General.

47 The issues that the Monitor raised during the previous reporting period were not addressed during the current period under review. An annual report for 2009 is currently in draft form.
PERFORMANCE ON IEP EXIT OUTCOMES TO BE MAINTAINED BETWEEN JULY 1 AND DECEMBER 31, 2011

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>July through December Performance</th>
<th>Exit Standard Maintained</th>
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<td>2. Investigations: 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 85 – 90%</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Worker Visitation to Families with In-Home Services:</td>
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<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. (IEP Citation I. A.4.a-b.)</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 93 – 95%</td>
<td>Yes</td>
</tr>
<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.</td>
<td></td>
<td>b. Monthly range of 91 – 93%</td>
<td></td>
</tr>
<tr>
<td>20. Appropriate Permanency Goals: 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>97%</td>
<td>Yes</td>
</tr>
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</table>
Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2011

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<tr>
<td><strong>25. 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>88% (^{48})</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>26. 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</td>
<td>100% (^{49})</td>
<td>Yes</td>
</tr>
</tbody>
</table>

\(^{48}\) For the period under review, there were a total of 34 applicable children and youth who had a permanency goal of adoption and required legal action to free them for the adoption. Of the 34 children and youth, 30 (88%) had legal action to free them for adoption within 45 days. In the four cases where legal action was not timely, there was a one calendar day delay in filing. Note: for three of the 30 cases which were timely filed, the 45th day fell on the weekend and the legal action was filed on the next calendar day.

\(^{49}\) 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 next court date averaged between five and 12 months.
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<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>56%</td>
<td>No&lt;sup&gt;50&lt;/sup&gt;</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%</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<sup>50</sup> The Monitor will be closely monitoring this Exit Standard in the future to determine if this performance decline is temporary, prior to considering if it should be re-designated as an “Outcome to be Achieved”.

LaShawn A. v. Gray  
Progress Report for the Period July 1 – December 31, 2011
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<td><strong>31. Timely Adoption:</strong> 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.)</td>
<td>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.</td>
<td>Unable to assess(^{51})</td>
<td>Unable to determine without additional case review.</td>
</tr>
</tbody>
</table>
| **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 – 90 - 94%  
Monthly range of group homes – 96 - 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. | 99%  
CY 2011 QSR data | Yes |

\(^{51}\) Forty-one percent of children in pre-adoptive homes had their adoptions finalized within 12 months, however, for those children who were in a pre-adoptive home and did not have their adoptions finalized within 12 months, the standard requires a review of whether reasonable efforts were made to finalize the adoption within 12 months of placement in a pre-adoptive home. The determination requires a case record review, which was conducted by the Monitor during the last reporting period but was not repeated by CFSA this reporting period. During the previous monitoring period, the Monitor reviewed 21 cases in which a finalized adoption occurred outside of the 12 month requirement. The review found that reasonable efforts were made to finalize the adoption in 95 percent of the applicable cases reviewed.
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<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 June 30, 2011</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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<tr>
<td><strong>46. Caseloads:</strong></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. As of December 31, 2011, all (100%) investigative social workers had caseloads that met the IEP caseload standard.</td>
<td><strong>Yes</strong>52</td>
</tr>
<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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<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>
<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>
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<td>(IEP citation I.D.25.)</td>
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<td><strong>47. Supervisory Responsibilities:</strong></td>
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<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>As of December 31, 2011, there were 78 supervisors at CFSA and the private agencies. Of the 78 supervisors, 77 (99%) were responsible for supervising no more than five caseworkers.</td>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

52 Although performance indicate that as of December 31, 2011, one percent of cases were unassigned for greater than five days, the Monitor considers this Exit Standard to be maintained.
Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2011

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| b. No supervisor shall be responsible for the ongoing case management of any case.  
  i. Supervisors shall be responsible for no more than five social workers and a case aide or family support worker.  
   (IEP citation I.D.26. a&b.i.) | 95% of cases are assigned to social workers. | As of December 31, 2011, there were 69 cases assigned to supervisors or program managers or unassigned, therefore requiring ongoing case management to fall on the supervisor or program manager. These 69 (3% of the overall caseload) cases were assigned to 20 supervisors or program managers. | Yes |
| 48. Supervisory Responsibilities:  
  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.  
  b. No supervisor shall be responsible for the ongoing case management of any case.  
  ii. Cases shall be assigned to social workers.  
   (IEP citation I.D.26. a&b.ii.) | 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. | Unable to assess\(^5\) | Yes |

\(^5\) There were five supervisors hired between July 1, 2011 and December 31, 2011. A full eight months have not passed since the supervisors were hired, so at this time, the Monitor cannot assess whether or not performance meets the Exit Standard requirement.
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</table>
| 59. *Budget and Staffing Adequacy:* 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.  

   (IEP citation I.D.34.) | 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. | No change in the FY2012 budget | Yes |
| 61. *Entering Reports Into Computerized System:* 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.) | Ongoing Compliance | Ongoing Compliance | Yes |
| 62. *Maintaining 24 Hour Response System:* 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.) | Ongoing Compliance | Ongoing Compliance | Yes |
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<tr>
<td>63. <strong>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>65. <strong>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 settings.</td>
<td>Monthly range of 92 – 100%</td>
<td>Yes</td>
</tr>
<tr>
<td>66. <strong>Policies for General Assistance Payments</strong>: 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. <strong>Use of General Assistance Payments</strong>: 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>
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<tr>
<td><strong>68. Placement of Children in Most Family-Like Setting:</strong> No child shall stay overnight in the CFSA Intake Center or office building.</td>
<td>Ongoing Compliance</td>
<td>No child has been reported staying overnight at CFSA during this monitoring period.</td>
<td>Yes</td>
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<td>(IEP citation II.B.8.)</td>
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<tr>
<td><strong>69. Timely Approval of Foster/Adoptive Parents:</strong> CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry.</td>
<td>Ongoing Compliance</td>
<td>The Monitor verified that training was offered monthly, except for the month of December 2011.</td>
<td>Yes</td>
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<td>(IEP citation II.B.9.)</td>
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<tr>
<td><strong>70. Placement within 100 Miles of the District:</strong> 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.)</td>
<td>Ongoing Compliance for no more than 82 children.</td>
<td>Monthly range of 41 to 51 children and 23 to 26 exemptions.</td>
<td>Yes</td>
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<td>(IEP citation II.B.10.)</td>
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<tr>
<td><strong>71. Licensing and Placement Standards</strong></td>
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<tr>
<td>a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards.</td>
<td>Ongoing compliance for 95% of children.</td>
<td>Monthly range of foster homes – 90 - 94%</td>
<td>Yes</td>
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<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</td>
<td></td>
<td>Monthly range of group homes – 96 - 100%</td>
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<td></td>
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<td>Monthly range of children over placed in foster homes - 1 - 3%</td>
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</table>

54 During this monitoring period, when validating data on foster parent training, the Monitor identified numerous issues, including license lapsing and inadequate training completion and documentation. These problems have been shared with CFSA and are expected to be addressed in the next monitoring period. The Monitor will reassess foster parent licensing at that time.
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<td>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>Monthly range of children in group homes with a capacity in excess of eight children - 16 - 28%</td>
<td>Yes</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>
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<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>
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<tr>
<td>(IEP citation II.B.11.)</td>
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<tr>
<td>72. Case Planning Process: 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.</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></td>
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<tr>
<td>(IEP citation II.B.12.)</td>
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| **73. Appropriate Permanency Goals:** 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.) | Ongoing Compliance | Ongoing Compliance<sup>55</sup> | Yes |
| **74. Timely Adoption:** 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.) | 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. | 100% | Yes |

<sup>55</sup> There were two young children with goals of legal custody and one young child with an APPLA goal. The two children with goals of legal custody had these goals to support placement with their non-custodial parent. The young child with an APPLA goal had significant medical and developmental needs and the APPLA goal was ordered by the court.
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<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>100%</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 92 – 96%</td>
<td>Yes</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>
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<tr>
<td>80. <em>Training for Adoptive Parents</em>: Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process. <em>(IEP citation II.F.20.)</em></td>
<td>Ongoing compliance for 90% of adoptive parents.</td>
<td>Unable to assess(^56)</td>
<td>Unable to determine</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>Resource Development Plan completed June 30, 2011.</td>
<td></td>
</tr>
<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</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^{56}\) As reported for the Exit Standards related to training for foster parents, CFSA is unable to provide the Monitor with data on this measure. It was recently determined that data previously provided had significant inaccuracies. The Monitor will reassess during the next period whether this Outcome is maintained.
### Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2011

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>July through December Performance</th>
<th>Exit Standard Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. (IEP citation II.G.21.)</td>
<td>Ongoing Compliance</td>
<td>Unable to assess&lt;sup&gt;57&lt;/sup&gt;</td>
<td>Unable to determine&lt;sup&gt;58&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>57</sup> As stated earlier, CFSA is unable to provide the Monitor with timely, reliable data related to licensing of foster homes and foster parent training. Therefore, the Monitor is unable to determine performance on this measure at this time.

<sup>58</sup> The Monitor will be closely monitoring this Exit Standard in the future to determine if this performance is temporary or insubstantial prior to considering if it should be re-designated as an “Outcome to be Achieved.”
Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2011

<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>July through December Performance</th>
<th>Exit Standard Maintained</th>
</tr>
</thead>
<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</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>
<tr>
<td>85. Contracts to Require the Acceptance of Children Referred: 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>Implementation and Exit Plan Requirement</td>
<td>Exit Standard</td>
<td>July through December Performance</td>
<td>Exit Standard Maintained</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------------</td>
<td>-----------------------------------</td>
<td>-------------------------</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 92 to 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, 2011, included 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 ON *LASHAWN A.v. GRAY* IMPLEMENTATION AND EXIT PLAN (IEP) OUTCOMES⁵⁹

A. GOAL: CHILD SAFETY

1. Child Protective Services

The District of Columbia’s Child and Family Services Agency (CFSA) maintains a 24 hour a day, seven days per week hotline to accept reports of alleged abuse and neglect.

In September 2011, CFSA began the pilot Differential Response (DR) program. Under this pilot program, referrals to the Hotline that are 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. 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. The DR unit is comprised of specially selected and trained child protective services (CPS) workers who conduct a safety assessment to ensure that the DR assessment track is appropriate for the family. During the pilot phase of this program, staff allocated to this unit are limited and only approximately 20 cases are newly accepted per month. Consequently, eligible families who meet the criteria for family assessment are referred to the DR pilot based on the availability for new case assignment within the DR unit. DR staff use the Family Group Conferencing model to engage families and partner agencies in service provision identification and implementation. CFSA is currently evaluating the DR pilot program to determine recidivism rates, worker satisfaction, client satisfaction, timely provision of services and child safety.

The Tables and Figure below show the number of calls the hotline received between July and December 2011, the number of reports accepted for investigation and the number of reports each month that were accepted for family assessment through the DR pilot, and the handling of the reports. The volume of calls to the hotline has remained fairly consistent (approximately 1,000 calls per month), with seasonal lulls in volume in both July and August 2011.

⁵⁹ On several outcomes and/or Exit Standards, CFSA has maintained performance as required by the IEP. Performance on these outcomes and/or Exit Standards is noted in Table 2, Outcomes to be Maintained, and are not fully discussed within this section.
Table 3:  
Number of Calls to Child Abuse and Neglect Hotline  
July - December 2011

<table>
<thead>
<tr>
<th>Month</th>
<th>Total</th>
<th>Information and Referral (I&amp;R)</th>
<th>Child Protective Services (CPS)</th>
<th>Family Assessment Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>July-11</td>
<td>882</td>
<td>370</td>
<td>42%</td>
<td>512</td>
</tr>
<tr>
<td>Aug-11</td>
<td>921</td>
<td>345</td>
<td>37%</td>
<td>576</td>
</tr>
</tbody>
</table>
| Sept-11 | 1,070 | 357     | 33%   | 685     | 64%   | 28     | 3%  
| Oct-11  | 1,108 | 389     | 35%   | 691     | 62%   | 28     | 3%  
| Nov-11  | 1,068 | 363     | 34%   | 685     | 64%   | 20     | 2%   
| Dec-11  | 1,023 | 333     | 33%   | 673     | 66%   | 17     | 2%   |

Source: CFSA Administrative Data, FACES.NET report INT003

60 Of the 28 reports referred for Family Assessment in September 2011, one report was screened out and five reports were awaiting approval at the time the data was run.

61 Of the 28 reports referred for Family Assessment in October 2011, two reports were accepted and linked to an existing investigation and one report was screened out.

62 Of the 20 reports referred for Family Assessment in November 2011, two reports were subsequently screened out.
### Table 4:
Number of CPS Calls Accepted, Linked and Screened Out
July – December 2011

<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>July-11</td>
<td></td>
<td>512</td>
<td></td>
<td>437</td>
</tr>
<tr>
<td>Aug-11</td>
<td></td>
<td>576</td>
<td></td>
<td>495</td>
</tr>
<tr>
<td>Sept-11</td>
<td></td>
<td>685</td>
<td>563</td>
<td>82%</td>
</tr>
<tr>
<td>Oct-11</td>
<td></td>
<td>691</td>
<td>578</td>
<td>84%</td>
</tr>
<tr>
<td>Nov-11</td>
<td></td>
<td>685</td>
<td>564</td>
<td>82%</td>
</tr>
<tr>
<td>Dec-11</td>
<td></td>
<td>673</td>
<td>536</td>
<td>80%</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.NET report INT003
Percentages may not equal 100% due to rounding.

*Accepted for investigation.

**Linked to an existing investigation.

***Screened out as duplicative or otherwise not applicable.

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63 Of the 685 CPS reports in September 2011, one CPS report was awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.

64 Of the 691 CPS reports in October 2011, four CPS reports were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.

65 Of the 685 CPS reports in November 2011, three CPS reports were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.

66 Of the 673 CPS reports in December 2011, three CPS reports were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.
2. **Investigations**

*The IEP requires CFSA to initiate 95 percent of all investigations within 48 hours or to document good faith efforts to do so.* 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.  

Between July and December 2011, monthly performance on this measure ranged from 68 to 74 percent of all alleged victim children were 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. FACES.NET, CFSA’s data management system, currently documents “attempts to initiate” an investigation. Based on data from FACES.NET, between 19 and 22 percent of investigations per month had documented “attempts to initiate” the investigation but both CFSA and the Monitor are in agreement that “attempts to initiate” as currently captured do not fully satisfy the requirement.

For younger and non-verbal children, observation is acceptable.  

Based on the IEP, documented good faith efforts to see the alleged victim children within the first 48 hours shall satisfy this requirement if they include: 1) visiting the child’s home at different times of the day; 2) visiting the child’s school and/or day care in an attempt to locate the child if known; 3) contacting the reporter, if known, to elicit additional information about the child’s location; 4) reviewing the CFSA information system and other information systems (e.g. ACEDS, STARS) for additional information about the child and family; and 5) contacting the police for all allegations that a child(ren)’s safety or health is in immediate danger.
not necessarily include all required good faith efforts. Further validation is necessary to determine whether all required good faith efforts are taken; CFSA case workers were trained on the “good faith efforts” requirements and CFSA has begun to institutionalize supervisory review and data collection in this area.

Figure 3 reflects the percentage of investigations initiated within 48 hours.\(^{69}\)

**Figure 3:**

Percentage of Investigations Initiated within 48 Hours by Month
July - December 2011*

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-11</td>
<td>71%</td>
</tr>
<tr>
<td>Aug-11</td>
<td>71%</td>
</tr>
<tr>
<td>Sep-11</td>
<td>74%</td>
</tr>
<tr>
<td>Oct-11</td>
<td>69%</td>
</tr>
<tr>
<td>Nov-11</td>
<td>73%</td>
</tr>
<tr>
<td>Dec-11</td>
<td>68%</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.NET report INT001
* Data do not include an account of applicable “good faith efforts”.

The IEP requires CFSA to review comprehensively the case history and current circumstances of families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months. The IEP Exit Standard requires that this occur for 90% of applicable cases. As of December 31, 2011, there were 86 cases (147 children) subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months. Performance on this requirement cannot be assessed at this time as CFSA is not able to provide the Monitor with data on whether the applicable cases received the required comprehensive review. CFSA began utilizing a FACES.NET report in January 2012 to provide data on the

\(^{69}\) The 48 hour time period is consistent with local law (D.C. Code §§ 4-1301.04(a), (b) & (c)).
number of families that fall into this category and whether or not their cases have had a comprehensive review. CFSA reports that data on this Exit Standard will be available during the next monitoring period.

As previously reported, CFSA indicates that the required comprehensive reviews can take place within the context of one or more of the following already established meetings within the Child Protective Services Administration: (1) enhanced grand rounds; 70 (2) 18-day review; 71 or (3) case transfer staffing, however, the Monitor has no information at this time to confirm that these reviews are systematically occurring.

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

- use of CFSA’s screening tool in prioritizing response times for initiating investigations;
- 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);
- interviews with collateral contacts that are likely to provide information about the child’s safety and well-being;
- 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;
- 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 72;
- use of risk assessment protocol in making decisions resulting from an investigation; and
- initiation of services during the investigation to prevent unnecessary removal of children from their homes.

70 Representatives including Child Protective Services, In- and Out-of-Home care workers, supervisors, program managers, the Office of Clinical Practice, Office of the General Counsel and Quality Assurance review a random selection of three open investigations per month for the purpose of ensuring and assessing the quality of these investigations.

71 Supervisors and the Program Manager are involved in these weekly reviews to improve the timeliness and quality of investigations in the District of Columbia.

72 When a parent refuses to consent to such an evaluation, the investigative social worker and supervisor shall consult with the Assistant Attorney General to determine whether court intervention is necessary to ensure the health and safety of the child(ren).
**The Exit Standard requires that 80 percent of investigations be of acceptable quality.** The Monitor has been validating CFSA data through a secondary review of the Quality Assurance Division’s quarterly review of ten randomly selected investigations. The Monitor has not recently re-assessed the quality of investigative practice through a statistically significant case record review. Results of the QA unit’s review of 30 investigations closed between July and December 2011 and verified through a secondary review by the Monitor indicate that 53 percent (16 of the 30 investigations)\(^73\) reviewed were of good or acceptable quality. This performance is substantially below the required IEP Exit Standard. The Monitor will continue to conduct secondary reviews of CFSA’s QA reviews of investigations and also plans to conduct a statistically valid case record review in the near future. CFSA has included actions to improve investigation quality in its 2012 Strategy Plan.

**The IEP requires CFSA to refer 90 percent of families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who are in need of and agree to additional supports to an appropriate Healthy Families Thriving Communities Collaborative or community agency for follow-up.** In order to more systematically and objectively assess the risk to a child as part of a child abuse and neglect investigation, CFSA uses a Structured Decision Making\(^74\) (SDM) Initial Risk Assessment tool developed in consultation with the Children's Research Center (CRC).\(^74\) The use of SDM is a common practice in many state/local child protective systems, designed to promote greater consistency and accountability for decision-making on child maltreatment. It is the practice and policy of CFSA, consistent with recommendations from the CRC, to make decisions on next steps with a family based, in part, on the SDM risk rating as well as the safety assessment results, as opposed to solely relying on whether or not child abuse and neglect allegations are substantiated.

In December 2011, of the 583 investigations closed during the month, there were 336 families whose circumstances were deemed to be at low or moderate risk of harm to a child. Of these 336 families, only 96 met the SDM criteria for diversion: Safety Decision 2 or 3.\(^75\) Of the 96

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\(^73\) Of the 16 cases that were deemed to be of good or acceptable quality, there were some technical issues which the Monitor had concerns about, including documentation not specifying that the children were interviewed outside the presence of their caretaker or ACEDS and STARS searches not being conducted on the weekend. Although concerning, the Monitor did not determine that these technical issues deemed the entire investigation to be of unacceptable quality.

\(^74\) CRC was established to help federal, state, and local child welfare agencies reduce child abuse and neglect by developing case management systems and conducting research that improves service delivery to children and families. The CRC works with state and county agencies to implement Structured Decision Making\(^74\) (SDM) systems to provide workers with simple, objective, and reliable tools with which to make the best possible decisions for individual cases, and to provide managers with information for improved planning, evaluation, and resource allocation. For more information, see: [http://www.nccd-crc.org/crc/crc/e_index_main.html](http://www.nccd-crc.org/crc/crc/e_index_main.html).

\(^75\) Safety Decision 2 is defined as one or more signs of present danger were identified, however, the child(ren) is/are not in immediate danger of serious harm and/or the existence of protective capacities offset the threat of serious harm for the child(ren). Safety Decision 3 is defined as one or more signs of present danger were identified, which place the child(ren) in immediate danger of serious harm, and controlling and/or supplementing safety interventions
families, 26 families were referred to a Collaborative or other service provider; 27 families declined a referral; CFSA opened a case with nine families; five families had no service needs identified; and three families had pre-existing services in place. For the remaining 26 cases, the Monitor is unable to determine if the family was referred to a Collaborative or not. The Monitor has discussed the issues with the FACES.NET report logic with CFSA and CFSA is working to revise the logic so performance on this measure can be reported in the future. Consequently, the Monitor is unable to determine performance on this measure.

Additionally, as stated in the two previous monitoring reports, the Monitor continues to be concerned that CFSA, in partnership with the Collaboratives, does not systemically track and account for whether families involved in an investigation and referred to a Collaborative are effectively connected to the services and supports. While community-based services are voluntary and a family can decide not to engage with a Collaborative once the referral is made, the Monitor believes it is essential that all appropriate referrals are made and that outreach by a Collaborative worker to attempt to engage the family as part of the referral process is made in every case.

3. **Services to Families and Children to Promote Safety, Permanency and Well-Being**

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

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

The Exit Standard for this outcome requires CFSA to offer appropriate services in 80 percent of cases. The Monitor measures performance on this requirement through case scores from the Quality Service Review (QSR). The QSR is a case-based qualitative review process that requires

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76 A child or family’s safety plan addresses concerns of imminent danger to a child and how those concerns will be addressed. Though it may include a plan for safety, as needed, a child or family’s case plan is broader and often includes other goals which are to be related to safely closing the case. Both plans are expected to contain objectives, timelines and responsibilities identified by the family and other team members.
interviews with as many persons as possible who are familiar with the child and family whose case is under review, synthesizing the information provided and objectively rating the status of the child and status of the system in performing a range of functions or practices on behalf of the child and family. Reviewers provide feedback to social workers as well as a written summary of findings to expand/justify ratings. By agreement, the Monitor conducts some of the QSRs and verifies the data from 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 4:**

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

<table>
<thead>
<tr>
<th>QSR Implementation Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

➢ Parameters Reviewers Consider:

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

➢ Description of Acceptable/Unacceptable Performance:

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

Unacceptable Implementation shows a somewhat limited or inconsistent pattern of intervention implementation shows that most of the strategies, supports, and services set forth in the plans are being implemented but with minor problems in timeliness, competence, and/or consistency. Services of limited quality are being provided but at levels of intensity and continuity insufficient to meet some priority needs, manage key risks, and meet short-term intervention goals. Providers are receiving limited or inconsistent support and supervision in the performance of their roles. Minor-to-moderate implementation problems are occurring.
Figure 5:
QSR Pathway to Safe Case Closure Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance

Pathway to Safe Case Closure Indicator

➢ Parameters Reviewers Consider:

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

➢ Description of Acceptable/Unacceptable Performance:

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

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

During calendar year 2011, 67 cases were reviewed using the QSR methodology. As Figure 6 indicates, almost two-thirds of the cases reviewed (64%; 43 of 67) were rated as acceptable on both the Implementation and Pathway to Safe Case Closure indicators. Specifically, 87 percent of cases were rated acceptable on the Implementation indicator and 70 percent were rated acceptable on the Pathway to Safe Case Closure indicator but 67 percent 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.
4. **Visitation**

The visits of children with their caseworkers, with their parents and with their siblings can ensure children’s safety, maintain and strengthen family connections and increase children’s opportunities to achieve permanency. Social worker visits with children in out-of-home placement and with their families promote placement stability and increase the likelihood that reunification will occur. They also allow social workers to assess safety and progress, link children and families to needed services and make adjustments to case plans as indicated. Additionally, research shows that regular visitation to children in out-of-home care promotes retention of foster parents.

CFSA has maintained strong, consistent performance related to social workers visiting children while in cases with in-home supervision. However, performance regarding social worker visits to children experiencing a placement change, social worker visits with parents and visits between parents and children continues to be a challenge.
Social Worker Visitation to Families with In-Home Services

In the previous monitoring period, CFSA met the Exit Standard requirement for social worker visitation to families with in-home services. **This IEP Exit Standard requires that CFSA must ensure that 95 percent of families are visited monthly in their home by a CFSA or private agency social worker and 85 percent of families are visited a second time monthly by a CFSA or private agency social worker, family support worker or a Collaborative family support worker in their home, school or elsewhere.** During the months in this monitoring period, performance ranged between 93 to 95 percent of families with at least one visit by a social worker in-home and 91 to 93 percent of families with at least two visits with one visit by the social worker in-home (see Figure 7).

For example, in December 2011, there were 476 families applicable to this measure that were receiving in-home services and in which all the child(ren) were living in the home on the reporting date. Of the 476 families, 443 (93%) had at least one visit by the social worker in-home and 436 (92%) had at least two visits with one visit by the social worker in-home. In the Monitor’s assessment, CFSA continues to meet the requirements of this Exit Standard as performance did not deviate more than two percent from the required level for monthly visits.

**Figure 7:**
Worker Visits to Families with In-Home Services
July - December 2011

Source: CFSA Administrative Data, FACES.NET CMT166
The IEP also requires workers to assess and document the safety of each child at every visit and to interview each child separately at least monthly outside the presence of the caretaker. In order to meet the Exit Standard, there must be documentation of the above occurring in 90 percent of cases. No data are available to determine performance on this measure. In the draft data plan proposed by CFSA and shared with the Monitor on May 1, 2012, a case record review was proposed to determine performance on this measure. The Monitor is currently in discussion with CFSA regarding this proposal.

**Social Worker Visitation to Children in Out-of-Home Care**

In order to satisfy this IEP Exit Standard, CFSA must ensure that 95 percent of children in out-of-home care are visited monthly by a CFSA or private agency social worker and 90 percent of children are visited a second time monthly by a CFSA or private agency social worker, a family support worker or a nurse care manager. At least one of these visits must occur in the child’s home. Between July and December 2011, performance on this measure remained consistent with 93 to 94 percent of children visited once a month by a social worker within his or her placement and 89 to 92 percent of children visited a second time monthly (see Figure 8).

For example, in December 2011, there were 1,640 children applicable to this measure. Of the 1,640 children, 1,527 (93%) 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 1,494 (91%) children a second time during the month. CFSA is extremely close to meeting the entire Exit Standard requirement for this measure.
The IEP also requires workers to assess and document the safety of each child at every visit and to interview each child separately at least monthly outside the presence of the caretaker. In order to meet the Exit Standard, there must be documentation of the above occurring in 90 percent of cases. No data are available to determine performance on this measure. In the draft data plan proposed by CFSA and shared with the Monitor on May 1, 2012, a case record review was proposed to determine performance on this measure. The Monitor is currently in discussion with CFSA regarding this proposal.

Social Worker Visitation for Children Experiencing a New Placement or a Placement Change

For children newly placed in foster care or experiencing a placement change, the IEP requires weekly visitation during the first four weeks of the new placement or placement change. In order
to satisfy this IEP Exit Standard, CFSA must ensure that 90 percent of children newly in foster care or experiencing a placement change have two visits in the first four weeks by a CFSA or private agency social worker and an additional two visits in the first four weeks by a CFSA or private agency social worker, family support worker or nurse care manager. At least one of these visits during the first four weeks of a new placement or a placement change shall be in the child’s home and at least one of these 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.

Between July and December 2011, monthly performance on this measure ranged between 52 to 71 percent (see Figure 9). For example, during the month of December 2011, there were 132 individual child placements applicable to this measure. Of the 132 placements, 91 (69%) 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 falls short of meeting the Exit Standard requirement of 90 percent.

At this time, the Monitor is unable to assess if a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency occurred in applicable cases. The Monitor is working with CFSA to develop a data collection method for this part of the Exit Standard requirement.

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77 While the Monitor has not validated that these visits include one monthly visit in the child’s home, CFSA reports that the FACES.NET report logic for this measure only includes as compliant those cases where at least one visit occurred in the child’s home for the children who reached the first full four weeks of placement.
The IEP also requires workers to assess and document the safety of each child at every visit and to interview each child separately at least monthly outside the presence of the caretaker. In order to meet the Exit Standard, there must be documentation of the above occurring in 90 percent of cases. No data are available to determine performance on this measure. In the draft data plan proposed by CFSA and shared with the Monitor on May 1, 2012, a case record review was proposed to determine performance on this measure. The Monitor is currently in discussion with CFSA regarding this proposal.

**Visits between Parents and Workers**

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

Between July and December 2011, monthly performance on this measure ranged between 33 to 44 percent (see Figure 10 below). For example, in December 2011, there were 74 households for children with a goal of reunification applicable to this measure. Of the 74 households, 26 (35%) received twice monthly visitation. This performance falls substantially short of meeting the Exit Standard requirement and the Monitor remains concerned about the low performance on this measure.

**Figure 10:**
Percentage of Households with Twice Monthly Visits between Workers and Parents with Goal of Reunification July – December 2011

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. The IEP Exit Standard requires CFSA to ensure that 85 percent of children with the goal of reunification visit weekly with the parent with whom reunification is sought. In cases where visitation does not occur, the IEP also requires CFSA to demonstrate and document in the case record that visitation was not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.
Between July and December 2011, monthly performance on this measure ranged between 52 to 69 percent (see Figure 11 below). For example, in December 2011, 476 children were applicable to this measure. Of the 476 children, 317 (67%) had weekly visits with the parent with whom reunification is sought. Four hundred and one children (84%) had at least one visit with the parent with whom reunification is sought during the month of December. While this performance demonstrates improvement since the previous monitoring period, additional progress is needed to achieve compliance. The Monitor anticipates increased performance after implementation of specific strategies within the 2012 Strategy Plan designed to address this Exit Standard.

![Figure 11: Percentage of Children with Goal of Reunification Who Visit Weekly with the Parent with whom Reunification is Sought July – December 2011](image-url)

Source: CFSA Administrative Data, FACES.NET CMT012

78 Of the total children who may have been included in this measure, 33 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.
B. GOAL: PERMANENCY

1. Relative Resources

As discussed earlier in this report, in 2012 CFSA has placed a high priority on the early identification and support of relative and kin 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. **This Exit Standard requires that CFSA offer and facilitate Family Team Meetings (FTMs) prior to removal in 70 percent of applicable cases.** It is the practice of the Agency to use these FTMs to help identify family members who may be able to join in the planning process and potentially be utilized as placements for identified children and youth. **In accordance with the IEP, CFSA is to make reasonable efforts to identify, locate and invite known relatives to FTMs in 90 percent of cases where a child has been removed from his or her home.** CFSA does not currently have data available on these measures. On May 1, 2012, as part of its proposed data plan, CFSA proposed a data tracking method for both of these Exit Standards. CFSA anticipates having data available for the next monitoring report.

2. Placement of Children

*Placement of Children in Most Family-Like Setting*

**The IEP requires that 90 percent of children removed from their homes are to be placed in the least restrictive, most family-like setting appropriate to their needs.** As of December 31, 2011, of the 1,744 children in out-of-home care, 1,392 (80%) children were placed in family-based settings. The performance on this requirement remained steady between July and December with between 78 and 80 percent of children per month placed in family-based settings.

The data on the type of placement setting only indicate whether or not the placement is a family-based setting. CFSA has engaged the Annie E. Casey Foundation to conduct a review of congregate care placements to determine the appropriateness of children’s placements in congregate care settings with a focus on therapeutic placement. Additionally, CFSA is reviewing 85 children who are placed in non-family type settings to determine whether the placement was least restrictive based upon the child’s needs. This review should be completed by the end of May 2012. The Monitor will report on the findings from this review in an upcoming report.
Figure 12 displays the placement types for children in out-of-home care as of December 31, 2011.

![Figure 12: Placement Type for Children in Out-of-Home Care as of December 31, 2011 N=1,744]

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

Children do best when they are placed with families and experience few placement moves. The use of shelter and emergency placements increases placement instability and can be detrimental to a child’s well-being. The IEP requires that no child remain in an emergency, short-term or shelter facility or foster home for more than 30 days. The IEP also requires that based on individual review, this assessment will exclude, on a case-by-case basis, children placed in an emergency, short-term, or shelter facility or foster home for more than 30 days when moving them would not be in their best interest. In order to allow for best interest consideration on a case by case basis, the Monitor, in consultation with CFSA and Plaintiffs, reached agreement on appropriate exclusion criteria in July 2011. 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...
assistance from CFSA, reviewed all cases in which a child or youth remained in an emergency, short-term or shelter facility or foster home for more than 30 days. This review found that between July and December 2011, there were 51 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.80

Thirty-six (71%) of the 51 placements were at St. Ann’s and the remaining 15 (29%) were at Quadri Technology. CFSA appears to use St Ann’s primarily as a resource for emergency placement of sibling groups and Quadri for emergency placement of teenagers. Of the 36 St. Ann’s placements, 34 (94%) consisted of children or youth placed with some or all of their siblings. In total, there were 10 sibling groups who remained over 30 days at St. Ann’s and six of these sibling groups consisted of four children each. Upon leaving St. Ann’s, 32 of the 34 children who were placed with siblings were placed with some or all of their siblings in their next placement. Of the 36 children placed at St. Ann’s, upon leaving St. Ann’s, 13 (36%) were placed in kinship homes, 20 (56%) were placed in therapeutic or traditional foster homes, one was placed in residential treatment and one was placed in a psychiatric hospital.81 Additionally, of the 36 placements at St. Ann’s over 30 days, 22 (61%) of these placements were for children under the age of six.82 The 36 placements within St. Ann’s exceeded the 30 day requirement by a range of one to 332 days.83

Of the 15 placements of youth at Quadri Technology, upon leaving Quadri, six (40%) youth were placed in a group home, three (20%) youth were placed in a therapeutic foster home, one youth returned home and five (33%) youth went to an “other” placement, which includes jail, abscondence or hospitalization. The 15 placements of youth at Quadri exceeded the 30 day requirement by a range of 12 to 132 days.84

80 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 with responsibility for collecting assessment information necessary for making appropriate long-term care placement matches.
81 One child was still placed at St. Ann as of the date of the review.
82 An additional eight children under the age of six were placed at St. Ann’s during the period under review, however, these placements were for less than 30 days, therefore not included in this sample. All eight of these children were part of sibling groups placed at St. Ann’s.
83 There were two instances of children remaining at St. Ann’s for over 200 days. One child could not be placed until a dedicated aide was provided due to his medical and developmental issues. The second child was placed in a residential treatment facility. Each child’s record reflects that CFSA made attempts to have the children placed based upon their individual needs.
84 CFSA states that their contract with Quadri allows a youth to remain in placement there for 45 days, however, this review found that only one of the 15 placements within Quadri lasted for less than 45 days.
Overall, 24 (47%) of the 51 children and youth placements over 30 days did so in compliance with agreed upon exceptions to the IEP performance standard. Of the 15 Quadri Technology placements, only one met an agreed upon placement exception by virtue of a court order. The 23 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 that can keep children together.

Placement of Young Children

In accordance with the IEP, children under the age of 12 are not to be placed in congregate care settings for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a home-like setting and the setting has a program to meet the child’s specific needs. The IEP requires that based on individual review, the Monitor’s assessment will exclude, on a case-by-case basis, children under the age of 12 placed in congregate care settings for more than 30 days when moving them would not be in their best interest. Exclusion criteria for this Exit Standard were agreed upon in July 2011.  

For the period under review, the Monitor, with assistance from CFSA, reviewed all children applicable to this measure and found that between July and December 2011, there were nine placements of children between six and 11 years old in congregate care settings for more than 30 days. This review excluded children in emergency, short-term or shelter facilities. The nine placements reviewed were within the following congregate care settings:

- HSC Pediatric Center
- Renaissance Pediatric
- Youth Villages
- Child Help
- San Marcos
- University Behavioral Health
- Children’s Hospital Psychiatric Unit
- The Pines

85 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.
These nine placements exceeded the 30 day requirement by a range of two days to six years. Overall, seven (78%) of the nine 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. This performance does not meet the Exit Standard requirement.

The IEP also requires that no children under six years of age be placed in a group care non-foster home setting without appropriate justification that the child has exceptional needs that cannot be met in any other type of care. The IEP requires that based on individual review, this assessment will exclude, on a case-by-case basis, children placed in a group care non-foster home setting if the child has needs that cannot be met in any other type of care. 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.

For the period under review, the Monitor, with assistance from CFSA, reviewed all children applicable to this measure and found that between July and December 2011, there were 12 placements of children under the age of six in a group care, non-foster home setting applicable to this measure. These 12 placements were within the following group care, non-foster home settings:

- Shriner’s Hospital in Boston
- Children’s National Medical Center (CNMC)
- HSC Pediatric Center

Of the 12 placements, five (42%) placements were within HSC Pediatric Center, five (42%) placements were within Children’s Hospital and two placements were within Shriner’s Hospital. The length of these placements ranged from two days to over three years. The review found that of the 12 placements, 11 (92%) met one of the agreed upon placement exceptions due to the child being medically fragile or developmentally delayed which caused the child to need an extended placement at a hospital, skilled nursing facility, highly specialized treatment facility or other congregate treatment program. One placement did not meet the placement exception. This performance does not meet the Exit Standard requirement.

**Recommendations:**

Based upon this review, the Monitor makes the following additional findings and recommendations:

- The current management report does not capture all of the children and youth placed in congregate care. Specifically children and youth within hospital and residential treatment facilities are not included in the current report. CFSA and the Monitor have
discussed these concerns. CFSA is in the process of examining the logic used on this report.

- In reviewing case documentation for this review, it does not appear that CFSA has a consistent process for documenting their internal review and approval of extension of emergency placements beyond 30 days. The Monitor recommends that a consistent practice for review of placement exceptions be communicated to staff and documented within FACES.NET for each case. Once developed, this uniform process should be incorporated into the appropriate policy, training and supervision processes.

- CFSA is using St. Ann’s almost exclusively for sibling groups of two, three or four children awaiting kin placements. Each of these sibling groups included or exclusively consisted of children under the age of six. The Monitor strongly supports CFSA’s current work to examine their kin licensing process and procedures in order to determine if children and youth can be placed more swiftly within kin placements. Additionally, the Monitor recommends that CFSA immediately begin to recruit, train and support foster homes that are able to care for sibling groups of three or more.

- The review found several instances where there were long delays in the temporary approval of licensure of kin due to lead paint tests and criminal history background checks for members of the kin household. Although this may already be underway in the implementation of the 2012 LaShawn Strategy Plan, the Monitor recommends that CFSA evaluate the extent of these delays, how they impact the temporary licensing process for kin and take steps to alleviate these barriers in order to shorten the timeline for approving relative and kin caregivers for temporary kin licensure.

- Quadri Technology, although categorized as a diagnostic assessment center, did not appear to be conducting necessary assessments or providing appropriate supervision and services for the children and youth placed there. The Monitor recommends that CFSA examine the services provided to youth within this facility.

3. **Appropriate Permanency Goals**

The IEP requires that children are to have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. There are a number of Exit Standards associated with this outcome which focus specifically on older youth in foster care and those children and youth with Another Planned Permanent Living Arrangement (APPLA) goals.
Data indicate that improvements need to be made through a combination of strategies to prevent the assignment of APPLA goals for youth who enter custody under the age of 14 and to reduce the placement instability of children and youth with APPLA goals, especially within therapeutic foster homes and independent living programs.

**The IEP requires that 95% of children are to have permanency planning goals consistent with ASFA and District law and policy guidelines.** Due to CFSA’s previous strong performance on this measure, this Exit Standard has been re-categorized as an outcome to be maintained. Between July and December 2011, 92 and 94 percent of children per month were assigned permanency planning goals consistent with ASFA and District law and policy guidelines. As demonstrated in Figure 13 below, as of December 31, 2011, about one-third (30%) of children and youth had a goal of reunification, 24 percent had a goal of guardianship and almost one-quarter (23%) had a goal of APPLA.

**Figure 13:**
Permanency Goals for Children in Foster Care as of December 31, 2011

N = 1,744

Source: CFSA Administrative Data, FACES.NET report PLC010
On December 31, 2011, most of the children and youth (85%) with APPLA goals were between the ages of 18 and 20 (see Figure 14). These youth will likely age out of foster care within the next two years and many within the next year, as 38 percent were 20 years old on December 31, 2011. This data underscores the urgency of efforts to improve services and supports available to youth transitioning from foster care.

Figure 14:
Age of Youth with APPLA Goals as of December 31, 2011
N = 405

Source: CFSA Administrative Data, FACES.NET report PLC010
Most of the children and youth (71%) with APPLA goals on December 31, 2011 were between the ages of 14 and 17 when these goals were assigned (see Figure 15). Nine percent of youth with APPLA goals as of December 31, 2011 were assigned these goals between the ages of 12 and 13.

Figure 15:
Age at APPLA Assignment for Youth with APPLA Goal as of December 31, 2011
N=405

Source: CFSA Administrative Data, FACES.NET report PLC010
Over half of youth (62%) who had an APPLA goal on December 31, 2011 entered custody between the ages of three and 13, well before becoming teenagers (see Figure 16).

Figure 16:
Age at Entry for Youth with APPLA Goal as of December 31, 2011
N=405

Source: CFSA Administrative Data, FACES.NET report PLC010

This same report provides information that permits calculation of the length of time youth with APPLA goals have been in custody, as well as calculation of the length of time these youth have been in their current placement. The data identify a high degree of placement instability for these youth. Over half (50%) of youth with APPLA goals on December 31, 2011 were in foster homes, kinship homes or therapeutic foster homes. Seventy-nine percent of youth with APPLA goals have been in their current placement less than one year and of the youth with APPLA goals placed in therapeutic foster homes, 99 percent have been in their current placement less than one year. Data indicate that youth in kinship foster homes and traditional foster homes are more stable than youth in all of the other placement types. The pattern of placement instability for older youth with APPLA goals is troubling.

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

The objective of these standards is to both limit the number of youth with APPLA goals and ensure that there is sufficient oversight to make certain that all permanency options are fully explored and that assignment of an APPLA goal is appropriate. By policy, youth can only be assigned an APPLA goal if all 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.

CFSA reported that there were 19 youth assigned an APPLA goal between July and December 2011. Thirteen of the 19 had goal changes required by the Court over CFSA’s objection and two cases involved unaccompanied refugee minors. In the remaining four cases, a LYFE conference was held but the CFSA Director did not approve the goal change and CFSA did not object to the Court ordering the goal change. Agency Director approval was not granted for any of the 19 cases.

CFSA is committed to using APPLA as a goal for youth in very rare circumstances as evidenced by modest reductions in the overall number of children and youth with APPLA goals over the past year. 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 prior approval for the request of APPLA.

The third Exit Standard related to this outcome requires that 90 percent of youth aged 18 and older have a plan to prepare them for adulthood developed with their consultation.86 The IEP requires that an individualized transition plan is to be created no later than 180 days prior to the date on which the youth will turn 21 years old (or the date which the youth will emancipate) and is to include appropriate connections to specific options for housing, health insurance, and education and linkages to continuing adult support services agencies (e.g. Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income and Medicaid), work force supports, employment services and local opportunities for mentors.87

86 This requirement is also a requirement of the federal Fostering Connections Act, see H.R. 6893--110th Congress: Fostering Connections to Success and Increasing Adoptions Act of 2008. (2008).
87 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.
CFSA provided data stating that 92 percent of applicable youth participated in an YTP, however, information regarding whether if the plan includes appropriate connections to the options listed in this Exit Standard is not available. Additionally, this universe excludes 31 youth due to the youth’s disability, incarceration or abscondence, making 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. The Monitor, CFSA and the Citizen’s Review Panel will be participating in this review.

4. **Reduction of Multiple Placements of Children in Care**

During this monitoring period, the Monitor with CFSA staff conducted a case record review of a statistically valid sample of children and youth to validate CFSA’s aggregate reporting of placement moves. Overall, the review concluded that data as reported in FACES.NET report PLC234 are in the majority of instances, reliable. In 13 percent of the cases reviewed, there were discrepancies between the number of placements reported through the administrative data and what was found in the case record review; in about half of the discrepancies, there was under-reporting of placement moves and in the other half of discrepancies, the data over-reported placements of children and youth.

Performance on the standards for multiple placement based on the FACES.NET administrative data and findings of the case review are detailed below.

*The Exit Standard regarding reduction of multiple placements requires:*

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

The Exit Standard on placement moves 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. The findings below are from the FACES.NET administrative data.
Children in care for eight days to one year

Between July and December 2011, a monthly range of 78 to 81 percent of children in foster care for eight days to one year had two or fewer placements. For example, as of December 31, 2011, there were 441 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 441 children, 355 (81%) had two or fewer placements. Although close, this performance does not meet this sub-part of the Exit Standard requirement.

Figure 17:
Multiple Placements for Children in Foster Care at Least 8 Days and Less Than 12 Months
July – December 2011

Source: CFSA Administrative Data, FACES.NET CMT267
Children in care between 12 and 24 months

Between July and December 2011, a monthly range of 57 to 59 percent of children in foster care for 12 to 24 months had two or fewer placements. For example, as of December 31, 2011, there were 370 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 370 children, 212 (57%) had two or fewer placements. While also close, this performance also does not meet this sub-part of the Exit Standard requirement.

![Figure 18: Multiple Placements for Children in Foster Care at Least 12 Months but Less Than 24 Months July – December 2011](image)

Source: CFSA Administrative DATA, FACES.NET CMT267
Children in care over two years
Between July and December 2011, a monthly range of 75 to 83 percent of children in care over two years had two or fewer placements in the past year. For example, as of December 31, 2011, there were 1,125 children served in foster care during the previous 12 months who were in care for at least 24 months. Of these 1,125 children, 855 (76%) had two or fewer placements during the previous 12 months. 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 question being asked is whether these children and youth have achieved stability in the most recent 12 month period. This performance meets this sub-part of the Exit Standard requirement.

Figure 19:
Multiple Placements for Children in Foster Care at Least 24 Months (Placements for 12-Month Period) July – December 2011

As just discussed and shown in the Figures above, 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.
The purpose of the Monitor’s case record review was to validate the data provided in the FACES.NET report on placement changes. The Review Team, which consisted of Monitor staff, consultants hired by the Monitor and staff from CFSA, worked collaboratively to develop a structured data collection instrument and to design a sampling plan.\(^88\) Out of the 1,936 children who made up the universe of every child placed in out-of-home care by CFSA during the period under review and who had been in foster care for at least eight days, a random, statistically valid sample of 159 cases were selected.\(^89\) Monitor staff trained the Review Team and employed a quality assurance approach to ensure inter-rater reliability.\(^90\) Data collected through the Review were coded into a format that allowed statistical analysis using the Statistical Package for the Social Sciences (SPSS) computer program.\(^91\)

**Findings from the case record review:**

In 20 (13%) of the 159 sample cases, reviewers found a discrepancy between the number of placements reported by FACES.NET and the actual number of placements, as documented in the record and determined through the case record review. The discrepancy was due to under-counting, meaning there were more actual placements in the review timeframe than captured by the FACES.NET report, in 11 (7% overall; 55% of 20) sample cases. Examples of the types of additional placements not captured in the FACES.NET placement report include: not-in-legal placement\(^92\), correctional facility, group home, hospital and “other”. In nine (6% overall; 45% of 20) sample cases, the discrepancy was due to over-counting, meaning there were fewer actual placements within the review timeframe than reported by FACES.NET. Over-counting was often due to erroneous counting of respite care, visitation, acute hospitalization or instances where the provider ID of the caretaker changed but the caretaker and the physical placement did not.

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\(^88\) 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 placement episode summary for each child. The review was conducted from April 2 - 6, 2012 and data collection took place in a location within CFSA offices.

\(^89\) This sampling produced a ±7 percent margin of error with 95 percent confidence in its results.

\(^90\) Each reviewer participated in a training facilitated by the Monitor. The training included: reviewing the tool, learning to navigate FACES.NET and reviewing an example case. The results of the example case were discussed to ensure uniformity in decision making. During the four day review, Monitor staff checked data collection instruments for completeness and internal consistency prior to data entry and analysis. The first and second case review conducted by each reviewer received a full second review by Monitor staff to ensure consistency and inter-rater reliability among the reviewers. Subsequently and throughout the data collection period, Monitor staff conducted random additional reviews of cases for consistency and completeness.

\(^91\) Review Team comments were also captured and reviewed, both as part of the review instrument and during a debrief at the conclusion of the study, to gain a greater understanding of sample cases. Limitations include that the review only validated placements based upon the case record and relied exclusively on documentation in FACES.NET. There were instances in which case notes were not fully descriptive and the reviewer was unable to completely verify the child’s placement.

\(^92\) Not-in-legal placement includes children or youth placed in an unlicensed home.
discrepancy consisted of one additional or missing placement in 13 of the applicable cases, two placements for six cases and four placements in one case.

The age of children in the sample was calculated as of December 31, 2011. Of the 159 children in the sample, 22 (14%) were one day to three years old, 21 (13%) were four to six years old, 23 (14%) were seven to ten years old, 13 (8%) were 11 to 13 years old, 35 (22%) were 14 to 17 years old and 45 (28%) were 18 to 21 years old. This review found that, overall, placement discrepancies seem to become more common as children age. Of the 20 sample cases with a discrepancy between the actual number of placements and that reported by FACES.NET, one was a child between the ages of one day to three years old. Children aged four to six had zero discrepancies. There were three discrepancies found among children aged seven to ten, two for children aged 11 to 13, four for youth aged 14 to 16 and 10 discrepancies found in cases where the youth was 18 to 21 years old. In addition, there is a noteworthy shift in discrepancy type for adolescents as compared to children. For the age cohorts with children under age 13, placement discrepancies are exclusively due to over-counting, meaning applicable children had fewer actual placements than that reported by FACES.NET. In contrast, placement discrepancies for the oldest two cohorts were largely the result of under-counting, meaning applicable adolescents tended to have more actual placements than that reported by FACES.NET.

The review sample included 90 (57%) males and 69 (43%) females. Overall, males were found to have fewer placement changes than females. While 45 (50% of 90) sample males had only one placement and therefore did not move within the review timeframe, only 22 (32% of 69) sample females were found to have just one placement. An additional 29 (32% of 90) sample males and 21 (30% of 69) sample females had two placements. Sixteen (18% of 90) males and 26 (38% of 69) females had three or more placements within the review timeframe.

In 24 (15%) of the 159 cases, the child or youth absconded at some point during the period under review. Abscondences were often associated with discrepancies in placement data. In nine of the 20 discrepancy cases, there was at least one instance of abscondence during the timeframe reviewed. For all nine of these cases, the placement discrepancy was due to under-counting by FACES.NET.

Recommendations:

➢ CFSA should clearly define “respite” and utilize that service type within FACES.NET. CFSA has not used “respite” as a service type for over a year. This can result in workers

93 One child who was listed as male was noted in the case notes as identifying as transgender.
incorrectly listing a two to three day respite stay as a placement change within the child’s record. A child’s stay in respite is not considered a new placement if the child returns to the original placement. Respite care is an important tool in supporting placement stability and its use should be encouraged.

- CFSA should provide training to CFSA and private provider staff on the documentation required for abscondence, hospitalizations and the category of “not in legal placement”. This review found instances where children or youth were hospitalized for short periods of time for an acute illness. While many of these hospital stays did not meet the criteria for counting as a placement, proper documentation is important for case workers and their supervisors.

- CFSA should address unnecessary provider number changes. There were several instances where a foster home’s provider number changed when the foster parent’s license changed from temporary to permanent and due to the logic in the FACES.NET report, a new placement was counted for the child when a placement change did not in fact occur. The Monitor recommends that CFSA’s foster home licensing division examine this practice to determine a solution.

- The Review Team found several cases, particularly with older youth with an APPLA goal, where a child or youth would visit for extended periods of time with a relative or family friend and it was unclear how these placements should be categorized or counted. The placements may not happen at the specific direction of CFSA or the private agency, but there were notations in the record which indicated that the case worker knew where the child was and may have the child listed as in abscondence status as opposed to “not-in-legal placement”. Field staff needs clarity on how best to categorize and define these placement scenarios as these are in fact placement experiences for youth.

- Lastly, this case record review found many instances of thorough and extremely descriptive case notes. However, some case notes lacked the level of detail necessary to determine a child’s current placement or if a placement move occurred. The Monitor recommends that proper documentation continue to be a practice reviewed by supervisors with workers.
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 that state.

*The IEP requires CFSA to have in place a process for recruiting, studying and approving families, including relative caregivers, interested in becoming foster or adoptive parents that results in the necessary training, home studies and decisions on approval being completed within 150 days of beginning training.*

In order to meet the Exit Standard, **CFSA is to ensure 70 percent of homes licensed beginning November 1, 2010, have been approved and interested parties notified within 150 days of beginning training.**

CFSA is unable to provide data on this requirement for this monitoring period. Data on licensing status have been manually collected in the past. As of February 2012, the Foster Care Licensing Division program is under new leadership and CFSA program managers are currently working to review and verify the manual data that were collected within this program. A FACES.NET report has been created in order to accurately capture the timeliness of foster and adoptive placement within 150 days from the initiation of training of the resource parent. CFSA estimates being prepared for external validation on this measure during the July through December 2012 review period.

6. **Legal Action to Free Children**

When a child’s permanency goal is adoption, attorneys from the District of Columbia Office of the Attorney General (OAG), on behalf of CFSA, are required to initiate legal action to free children for adoption and to facilitate the Court’s timely hearing and resolution of legal action to terminate parental rights.\(^94\) There are two Exit Standards associated with this outcome. During the previous monitoring period, CFSA met the required performance levels for both Exit Standards and, consequently, these Exit Standards have been moved to maintenance status (see IEP citation I.B.15 a. and I.B.15.b. within Table 2 for performance during the period under review).

\(^94\) This Exit Standard is satisfied when other actions or circumstances have occurred to free a child for adoption, such as relinquishment, an adoption petition, the child is 18 years old or older or death of a child’s parents. See IEP at p.12.
7.  **Timely Adoption and Permanency**

There are a number of outcomes in the IEP that track timeliness and processes to move children and youth in the District of Columbia to permanency in a timely manner. These outcomes 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 the placement in the approved adoptive home.
3. Timely achieving permanency 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. There are two Exit Standards to measure this outcome, one for children and youth who whose goal changed July 1, 2010 or thereafter and the other for children whose goal changed to adoption prior to July 1, 2010.

The following Exit Standard was re-designated as an Outcome to be Maintained during the previous monitoring period. *This Exit Standard requires 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.* Of the 134 children and youth in foster care on December 31, 2011 whose permanency goal changed to adoption July 1, 2010 or thereafter, 48 children have had the goal for at least nine months. Of those 48 children and youth, 27 (56%) were placed in an approved adoptive home by the end of the ninth month. Two children or youth were placed in more than nine months and 19 have not yet been placed. Although performance met the standard in the previous monitoring period, performance dropped significantly this period. The Monitor hopes that this is a temporary decline and has decided not to recommend at this time that this Exit Standard be reclassified as an Outcome to be Achieved.

*The second Exit Standard requires that for children whose permanency goal changed to adoption prior to July 1, 2010 who were not in an approved adoptive placement on that date; 40 percent will be placed in an approved adoptive placement by December 31, 2010 and an additional 20 percent will be placed in an approved adoptive placement by June 30, 2011.* As 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. Although the timeframes of this Exit Standard are no longer relevant, the Monitor is continuing to track this

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95 Based on the IEP, the Monitor is to consider a placement an approved adoptive placement based on documentation of an intent to adopt or filing of an adoption petition or indication in the FACES.NET services line of an approved adoptive placement.
cohort of children to determine when they achieve placement in a pre-adoptive home and permanency. Of the original 224 children and youth who had a goal of adoption on July 1, 2010 who were not in an approved adoptive placement on that date, as of December 31, 2011, 53 children were still in care but had a goal change from adoption to another goal and 18 children had exited care with another goal (eight children through guardianship, six children through reunification, two children emancipated and two children through an unknown goal); and 86 (38%) children were still awaiting placement in a pre-adoptive home (see Table 5 below). Of the remaining 153 applicable children, as of December 31, 2011, 86 (56%) children were still awaiting a pre-adoptive home, 44 (29%) children were moved into a pre-adoptive home, and 23 (15%) children had been adopted.

Table 5:
Timeline from Goal Change to Adoptive Placement
For Children and Youth with a Goal Change to Adoption
on or after July 1, 2010
N = 153

<table>
<thead>
<tr>
<th>Status as of December 31, 2011</th>
<th>Total as of July 1, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Total Children With Adoption Goal</td>
<td>153</td>
</tr>
<tr>
<td>Children Moved Into a Pre-Adoptive Home</td>
<td>44</td>
</tr>
<tr>
<td>Children Who Exited From Care through Adoption by December 31, 2011</td>
<td>23</td>
</tr>
<tr>
<td>Children Still Awaiting Pre-Adoptive Home on December 31, 2011</td>
<td>86</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.NET report ADP076

Reasonable Efforts to Finalize Adoptions

The IEP requires that CFSA 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. This outcome has three Exit Standards to assess achievement. During the previous monitoring period, CFSA met the required performance level for two of these Exit Standards and these Exit Standards have been moved to maintenance status (see IEP citation I.B.16.b.i. and I.B.16.b.iii. within Table 2 for performance during the period under review). The remaining Exit Standard requires that by June 30, 2011, 45 percent of the children in pre-adoptive homes as of July 1, 2010 achieve permanency. There were 224 children in pre-
adoptive homes as of July 1, 2010. As of June 30, 2011, of the 224 children, 95 (42%) children had achieved permanency. An additional 48 were adopted and one exited to permanency through guardianship by December 31, 2011. Thus, as of December 31, 2011, 144 (64%) children who were in pre-adoptive homes on July 1, 2010 had exited to permanency. Although outside of the original timeframe, this performance meets the IEP performance requirement for this Exit Standard.

**Permanency Exits through Adoption, Guardianship and Reunification**

The IEP requires CFSA to achieve an agreed upon number and percentage of permanency exits through adoption, guardianship and 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. Based upon the data presented below, this Exit Standard has been partially met as one of the three sub-parts has achieved the required compliance.

**The first part of the Exit Standard requires that of all children who entered foster care for the first time in FY2010 and who remain in foster care for 8 days or longer, 45% will achieve permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2011.** Of the 686 children and youth who entered foster care in FY 2010, 47 percent exited to permanency through reunification and guardianship by September 30, 2011. CFSA exceeded the required IEP performance for this part of the Exit Standard.

**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, 2010, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2011.** Of the 352 children and youth who were in care more than 12 months and less than 25 months on September 30, 2010, 118 (34%) achieved permanency by September 30, 2011. CFSA did not meet the required IEP performance for this part of the Exit Standard.

**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, 2010, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2011, whichever is earlier.** For the 1,185 children and youth who had been in care 25 or more months on September 30, 2010, 208 (18%) achieved permanency by September 30, 2011. CFSA did not meet the required IEP performance for this part of the Exit Standard.
These data reflect that CFSA does an acceptable job 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.

8. **Case Planning**

Consistent with standards of good social work practice, 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, 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.

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

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.
Case Planning Process (CPP)

Parameters Reviewers Consider:

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

Description of Acceptable/Unacceptable Performance:

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

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

Figure 21:
QSR Pathway to Safe Case Closure Indicator Parameters
to Consider and Description of Acceptable/Unacceptable Performance

Pathway to Safe Case Closure

- **Parameters Reviewers Consider:**

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

- **Description of Acceptable/Unacceptable Performance:**

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

  **Unacceptable Pathway to Safe Case Closure** means few people involved in the case understand or agree with the case goal, including any plan alternatives. Marginal or inconsistent efforts are being made to achieve the permanency goal and to remove any barriers to permanency. Few steps that must be accomplished or requirements that must be met for safe case closure, timelines, and consequences for not meeting requirements have been defined and/or agreed upon by family members and providers. The case is not making sufficient progress towards closure. –OR– The team has established a fair plan but has not made progress on it.
During CY 2011, CFSA reviewed 67 cases using the QSR methodology. As Figure 22 indicates, over two-thirds of the cases (64%; 43 of 67) were rated as acceptable on both Case Planning Process and Pathway to Safe Case Closure. Specifically, 81 percent of cases were rated acceptable on the Case Planning Process indicator and 70 percent were rated acceptable on the Pathway to Safe Case Closure indicator but 64 percent were rated acceptable on both indicators. This level of performance does not meet the Exit Standard for an acceptable case planning process.

Figure 22:
Case Planning Process
CY2011
N=67

Source: CY2011 CFSA Quality Service Review data
C. **GOAL: CHILD WELL-BEING**

1. **Sibling Placements and Visits**

   By placing siblings together, CFSA is able to reduce some of the trauma in children’s lives when they must enter out-of-home care and promote and sustain important lifelong connection and supports for children. *The IEP requires CFSA to place together 80 percent of children who enter foster care with their siblings or within 30 days of their siblings with at least some of these siblings, unless there is documentation that such joint-placement is inappropriate.*

   Between July and December 2011, performance on this measure remained consistent, ranging from 64 to 67 percent monthly. For example, as of December 30, 2011, there were 890 children applicable to this measure. Of the 890 children, 584 (66%) were placed with one or more sibling regardless of child’s time of entry into custody. This performance falls short of meeting the required performance level of 80 percent of children placed with their siblings.

   **Figure 23:**
   **Children in Foster Care Placed with Siblings**
   **July – December 2011**

   ![Bar chart showing children in foster care placed with siblings from July to December 2011](image)

   Source: CFSA Administrative Data, FACES.NET report PLC003

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

As reported in the previous monitoring report, the Monitor has concerns regarding the data CFSA has provided on this measure. CFSA’s data reflected in the December 2011 FACES.NET report excludes 182 children from a universe of 737 applicable children due to “suspended visits.” In discussions with the Monitor, CFSA has acknowledged that suspended visits require a court order or significant clinical issues that prevent visits and that they share the Monitor’s concerns that current practice does not consistently conform to policy. By May 2012, CFSA plans to review the specific rationale used in cases where sibling visits have been suspended and plans to immediately begin the process of allowing sibling visits to occur if there is not a court order or significant clinical issues that would prevent visits. The 2012 LaShawn Strategy Plan includes additional strategies to address this Exit Standard.

2. **Assessments of Children Experiencing Placement Disruptions**

In order to assess and address the trauma to children experiencing placement disruptions, CFSA is required to ensure that children in its custody whose placements are disrupted are provided with a comprehensive and appropriate assessment and follow-up action plans to determine their service and re-placement needs no later than within 30 days of re-placement. Based on the IEP, a comprehensive assessment is a review, including as applicable the child, his/her family, kin, current and former caregiver and the GAL, to assess the child’s current medical, social, behavioral, educational and dental needs to determine the additional evaluations/services/supports that are required to prevent future placement disruptions. **The Exit Standard for this outcome requires that 90 percent of children experiencing a placement disruption have a comprehensive assessment as described above and an action plan to promote stability.**

CFSA has not provided the Monitor with data related to this measure and it is unclear if these assessments are routinely occurring. As soon as the Agency develops a process and a tracking mechanism, the Monitor will review the assessments for quality and to ensure they occur as required.

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97 Performance during this monitoring period ranged between 49 and 59 percent of children with at least one sibling visit each month and between 42 to 54 percent of children with at least twice monthly visits with some or all of their siblings. There may be additional children having sibling visits, however, the Monitor is unable to fully assess the entire universe of children applicable to this measure at this time. A monthly range of 29 to 41 percent of children are classified by CFSA as having “suspended visits” with their sibling(s). CFSA reports that some of these children are inappropriately classified and may in fact be receiving visits but not reflected in their data. In calculating the compliance percentage, the Monitor did not exclude suspended visits. CFSA is currently examining the cases where visits have been classified as suspended in order to determine if this status is being correctly utilized in accordance with policy.
3. **Health and Dental Care**

In December 2009, CFSA established the Healthy Horizons Assessment Center (HHAC) as a limited-service on-site medical screening clinic for children and youth who are entering, re-entering, exiting, or changing placements while in foster care. The HHAC provides pre-placement screenings, comprehensive medical evaluations for children entering and re-entering care and serves as a health information resource for children and youth, social workers, foster parents, birth parents and other caregivers. CFSA also uses a Nurse Care Manager model to ensure that children’s medical, dental and mental health needs are met for those enrolled in the Nurse Care Manager Program.

**Health Screening Prior to Placement**

Children in foster care are 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.

*The IEP Exit Standard requires CFSA to ensure 95 percent of children have a health screening prior to initial placement or re-entry and that 90 percent of children who experience a placement change have a replacement health screening.* Between July and December 2011, performance related to health screenings prior to placement for children who initially entered or re-entered foster care ranged between 64 and 100 percent monthly (see Figures below). For example, in December 2011, there were 34 children who initially entered foster care or re-entered foster care. All 34 (100%) children received a health screening prior to being placed.

Performance related to health screenings for children prior to a placement change ranged between 69 and 79 percent monthly from July through December 2011 (see Figures below). There were 97 children who experienced a placement change in December 2011 and 77 (79%) received a health screening prior to the change in placement.

Performance on this Exit Standard has been improving over time. In July 2010, 39 percent of children who initially entered or re-entered foster care received a health screening and 51 percent of children who were experiencing a placement change received a health screening. However, performance still falls short of the IEP requirement.
Figure 24:  
Percentage of Children who Received a Health Screening Prior to Placement (Initial and Re-Entries)  
July-December 2011

Source: CFSA Administrative Data, FACES.NET report HTH004
In order to meet the IEP Exit Standard for this outcome, CFSA must ensure that 85 percent of children in foster care receive a full medical evaluation within 30 days of placement and 95 percent of children in foster care receive a full medical evaluation within 60 days of placement. From July through December 2011, a monthly range of 69 to 87 percent of children in foster care received a full medical evaluation within 30 days of placement and an additional four to 17 percent of children per month received a full medical evaluation within 60 days of placement, for a total of between 83 and 93 percent of children monthly receiving a full medical evaluation within 60 days of placement in foster care (see Figure 26).

Performance on this Exit Standard has been improving over time. For example, in December 2011, there were 98 children applicable to this measure. Of the 98 children, 72 (73%) had a medical evaluation within 30 days of placement and an additional 10 (10%) had a medical evaluation within 60 days of placement. In July 2010, 22 percent of children had a full medical
evaluation within 30 days of placement and an additional 10 percent of children received a full medical evaluation within 60 days of placement. While performance is improving, it still falls short of the IEP requirement.

Figure 26: Percentage of Children who Received a Full Medical Evaluation Within 30 Days of Placement July-December 2011

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

In order to meet the IEP Exit Standard for this outcome, CFSA must ensure that 25 percent of children in foster care receive a full dental evaluation within 30 days of placement, 50 percent of children in foster care receive a full dental evaluation within 60 days of placement and 85 percent of children in foster care receive a full dental evaluation within 90 days of placement. During July and December 2011, between 49 and 64 percent of children per month received a full dental evaluation within 30 days of placement (see Figure 27 below). An additional five to 17 percent of children per month received a full dental evaluation within 60 days and an additional zero to 4 percent of children per month received a full dental evaluation within 90 days, for a total of between 64 and 69 percent of children per month receiving a full dental evaluation within 60 days and between 66 and 72 percent of children per month receiving a full dental evaluation within 90 days. For example, in December 2011, this measure applied to 87 children. Of the 87 children, 43 (49%) had a dental evaluation within 30 days of placement, an additional 14 (16%) had a dental evaluation within 60 days of placement and an additional four (5%) had a dental evaluation within 90 days of placement.

Performance on this Exit Standard has been improving over time. In July 2010, six percent of children had a dental evaluation within 30 days of placement, an additional six percent had a dental evaluation within 60 days of placement and an additional three percent had a dental evaluation within 90 days of placement for a total of 15 percent of children having a dental evaluation within 90 days of placement. While performance has substantially improved, it still falls short of meeting the full Exit Standard requirement of 85 percent of children receiving a dental examination 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.

The Monitor measures performance on this requirement through the Quality Service Review (QSR). *In order to meet the Exit Standard, CFSA must ensure 80 percent of cases reviewed through the QSR are rated as acceptable on the child status health/physical well-being indicator.*
The Figure below summarizes the parameters which reviewers are guided to consider in rating performance in the select areas as well as the descriptions of minimally acceptable performance and marginal performance/unacceptable as contained within the QSR protocol.

### Figure 28:
**QSR Health/Physical Well-Being Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance**

<table>
<thead>
<tr>
<th>Health/Physical Well-Being QSR Indicator</th>
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<tbody>
<tr>
<td>➢ <strong>Parameters Reviewers Consider:</strong></td>
</tr>
<tr>
<td>Is the child in good health? To what degree are the child’s basic physical needs being met? To what degree are the child’s health care/maintenance needs being met?</td>
</tr>
<tr>
<td>➢ <strong>Description of Acceptable/Unacceptable Performance:</strong></td>
</tr>
<tr>
<td><strong>Acceptable Health/Physical Well-being</strong> means the child’s physical needs are being minimally met on a daily basis. The child’s health status is good. Routine health and dental care are minimally received but not always on schedule. Reproductive health issues may not be fully addressed. Acute or general health care is generally adequate, but follow-ups or required treatments may be missed or delayed but are not life threatening. Height and weight are within normal ranges. If height and weight are not within age appropriate expectations, all medical recommendations are generally being followed to address concerns (i.e. diet and/or exercise).</td>
</tr>
<tr>
<td><strong>Unacceptable Health/Physical Well-being</strong> means the child’s physical needs for food, shelter, hygiene or clothing may not be consistently met. The child’s nutritional or physical health status is problematic. Routine health and dental care may not be adequately received. Reproductive health issues may not be addressed. Acute or chronic health care may be inadequate and/or follow-ups or required treatments may be missed or delayed but are not immediately life threatening. If height and weight are not within age appropriate expectations, medical recommendations are not being followed to address the concerns (i.e. diet and/or exercise).</td>
</tr>
</tbody>
</table>

During CY 2011, 67 cases were reviewed using the QSR methodology. As Figure 29 indicates, almost all (99%; 66 of 67) were rated as acceptable. As stated above, based upon performance in the previous monitoring period (January – June 2011), this Exit Standard was re-categorized as an Outcome to be Maintained, and this recent outstanding level of performance continues to exceed the Exit Standard for timely access to health care services.
Medicaid Coverage

_The Exit Standard associated with this outcome requires that 90 percent of children’s caregivers be provided with documentation of Medicaid coverage within 5 days of placement and with Medicaid cards within 45 days of placement._

CFSA did not have a tracking mechanism in place in order to collect data on this measure during this monitoring period. As of May 1, 2012, CFSA began to maintain a database to capture distribution of the Medicaid numbers and cards to foster parents. The Monitor is working with CFSA on developing a verification method for this in order to ensure future reporting on this Exit Standard.
D. RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY

1. 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 Direct Service Staff

The IEP Exit Standard requires that 90 percent of newly hired CFSA and private agency direct service staff receive 80 hours of pre-service training. The IEP defines direct service staff to include social workers, nurse care managers and family support workers who provide direct services to children, youth and families. The IEP does not specify the timeframe within which a new employee is expected to complete pre-service training, however, the Training Academy Guide to Tracking and Monitoring provide the expectation that staff complete pre-service training within three months of hire. Pre-service training is commonly understood as training prior to assuming a full caseload. Training is offered on a monthly basis, making it possible for an employee to complete 93 hours of training during Tier 1, lasting approximately four weeks. In order to analyze whether direct service staff were in fact completing pre-service training, the Monitor conducted a secondary analysis of FACES.NET data on staff hired between July 1, 2011 and October 1, 2011 who had completed 80 hours of pre-service training within 90 days of their hire.

Between July 1 and October 1, 2011, there were 33 newly hired direct service staff at CFSA and the private agencies. Of the 33 staff, 31 (94%) completed 80 hours of pre-service training within 90 days of hire. This performance meets the Exit Standard requirement.

Pre-Service Training for New Direct Service Supervisors

The IEP Exit Standard requires 90 percent of newly hired CFSA and private agency supervisors to complete 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility. Between July 1 and December 31, 2011, there were five newly hired supervisors at CFSA and the private agencies. A full eight months have not passed since the supervisors were hired, so at this time, the Monitor cannot assess whether or not performance meets the Exit Standard requirement. However, as of 98 CFSA’s Child Welfare Training Academy Guide to Tracking & Monitoring Training states, “within three months of hire all direct service staff shall complete pre-service training.” 99 Employees hired after October 1, 2011 would not have been employed for 90 days by December 31, 2011 and were excluded from the universe used in this measure.
December 31, 2011, two of the five supervisors hired completed pre-service training in less than eight months.

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

The IEP Exit Standard requires 80 percent of CFSA and private agency direct service staff to receive a minimum of five full training days (or 30 hours) of structured in-service training annually. The IEP also includes an Exit Standard that requires that 80 percent of CFSA and private agency supervisors and administrators who have casework responsibility receive a minimum of 24 hours of structured in-service training annually. Based on the IEP, CFSA is to measure these requirements on a twelve month period between July 1, 2011 and June 30, 2012; therefore the data for this timeframe are not yet due. The Monitor will report on this in the next monitoring report.

### 2. Training for Foster and Adoptive Parents

In addition to the staff training requirements, **CFSA is required to ensure that 95 percent of CFSA and contract agency foster parents receive a minimum of 15 hours of pre-service training.** Additionally, **the IEP also has an Exit Standard requiring that 95 percent of foster parents whose licenses are renewed must receive 30 hours of in-service training every two years.** While validating data provided by CFSA for these Exit Standards, the Monitor identified several concerning practices including frequent and lengthy lapses between the previous license expiration date and the new license, including multiple lapses which lasted several years; data and reporting errors, including logging unrealistic training hours per day and counting the same training multiple times; and significant variances in course content, consistency in the approval of the training and the relevance of the courses presented to the foster parent. In early March 2012, the Monitor sent a memorandum to CFSA outlining these concerns and requesting further information related to the Quality Assurance processes and procedures utilized by CFSA and the private agencies. The Monitor received a response from CFSA on April 27, 2012 which outlined the steps CFSA plans to take to address these concerns, including having CFSA training staff as the sole source of data entry for all approved external foster parent training. The Monitor will provide performance data on these Exit Standards in future reports.
3. **Special Corrective Action**

*Under the IEP, CFSA is required to produce accurate monthly reports, shared with the Monitor, which identify children in the following categories:*

- All cases in which a child has been placed in four or more different placements, with the fourth or additional placement occurring in the last 12 months and the placement is not a permanent placement;
- All cases in which a child has had a permanency goal of adoption for more than one year and has not been placed in an adoptive home;
- All children who have been returned home and have reentered care more than twice and have a plan of return home at the time of the report;
- Children with a permanency goal of reunification for more than 18 months;
- Children placed in emergency facilities for more than 90 days;
- Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license;
- Children under 14 with a permanency goal of APPLA; and
- Children in facilities more than 100 miles from the District of Columbia.

Table 6 provides the number of children/families in each of the above categories by month from January through December 2011. As the Table demonstrates, progress has been made in reducing the number of children in specific categories, including children with goal of reunification for more than 18 months, children with goal of adoption for more than 12 months who are not in an approved adoptive home and children in residential treatment more than 100 miles from the District of Columbia.

The monthly reports provided by CFSA in the past have not accounted for the number of children and youth who fall into multiple categories. CFSA was able to provide this data for the month of December 2011. As of December 31, 2011, there were two children who met the criteria for three categories, 44 children who met the criteria for two categories, and 404 children who met the criteria for one category, for a total of 450 unique children who met the criteria for one or more corrective action categories.
### Table 6:
**Number of Children in Special Corrective Action Categories by Month**
**January – December 2011**

<table>
<thead>
<tr>
<th>Special Corrective Action Category</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFSA Children with 4 or More Placements with a Placement Change in the Last 12 Months and the Placement is not a Permanent Placement</td>
<td>171</td>
<td>170</td>
<td>164</td>
<td>160</td>
<td>156</td>
<td>153</td>
<td>148</td>
<td>145</td>
<td>136</td>
<td>129</td>
<td>134</td>
<td>133</td>
</tr>
<tr>
<td>Children in Care who Returned Home twice and Still have Goal of Reunification</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Children with Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home</td>
<td>144</td>
<td>141</td>
<td>142</td>
<td>138</td>
<td>123</td>
<td>122</td>
<td>116</td>
<td>118</td>
<td>116</td>
<td>116</td>
<td>116</td>
<td>109</td>
</tr>
<tr>
<td>Children under 14 with a Goal of APPLA</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Children Placed in Emergency Facilities Over 90 Days</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Children Placed in Foster Homes without Valid Permits/Licenses or Foster Homes that Exceed their Licensed Capacity</td>
<td>142</td>
<td>152</td>
<td>159</td>
<td>154</td>
<td>161</td>
<td>167</td>
<td>174</td>
<td>118</td>
<td>131</td>
<td>122</td>
<td>111</td>
<td>133</td>
</tr>
<tr>
<td>Children with Goal of Reunification for More than 18 Months</td>
<td>131</td>
<td>128</td>
<td>118</td>
<td>121</td>
<td>118</td>
<td>107</td>
<td>97</td>
<td>90</td>
<td>89</td>
<td>97</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>Children in Residential Treatment More than 100 Miles from DC</td>
<td>51</td>
<td>46</td>
<td>44</td>
<td>40</td>
<td>40</td>
<td>31</td>
<td>27</td>
<td>26</td>
<td>27</td>
<td>31</td>
<td>38</td>
<td>35</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.NET report COR013

* Individual children may be included and counted in more than one category.
The IEP Exit Standard also requires CFSA to conduct required reviews and develop and implement corrective action plans, as appropriate, for 90 percent of children identified in corrective action categories. The Monitor has not received any information from the Agency regarding child-specific reviews for all children who fell into one or more corrective action category and how the results of the reviews are being used to address relevant concerns and track resolution for the time period of July through December 2011. CFSA has identified several specific strategies within the 2012 Strategy Plan to address this Exit Standard and results of those efforts will be shared in the next monitoring report.

4. **Reviewing Child Fatalities**

The IEP requires the District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, to 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.

As required by *LaShawn*, the City-wide Child Fatality Review Committee (CFRC) is minimally expected to review the deaths of all children and youth who have come to the attention of or have been served by CFSA in the four year period prior to their death.\(^{100}\) The Monitor has served as a member of both the City-wide CFRC and the CFSA Internal Child Fatality Review Committee since their inception.

The Monitor has consistently identified longstanding issues\(^{101}\) with the City-wide CFRC and as a result of these concerns, this Exit Standard was re-categorized as an Outcome to be Achieved after the last monitoring period (January – June 2011). CFSA has adopted a specific strategy within the 2012 Strategy Plan to address the concerns raised by the Monitor. Recently, CFSA staff met with key individuals responsible for supporting the City-wide Child Fatality Committee to develop strategies that addressed issuance of the Child Fatality Annual Report, mechanisms to track committee recommendations and response and committee vacancies. The Monitor will report on progress toward implementation of this strategy as well as progress towards IEP compliance on this measure in the next monitoring report.

\(^{100}\) This was an agreed to modification to the original requirement for a 10 year look back.

\(^{101}\) These issues include lack of participation by public and private agencies involved in cases being reviewed; city agencies often do not respond to and act on Committee recommendations; vacant positions both on the Committee and in staff supporting the Committee; cases from previous years not being reviewed; and the Committee has not released an annual report since 2008.
5. **Performance-Based Contracting**

During this monitoring period, CFSA continued its work toward the development of an approach to effective performance-based contracting. Work has been 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. Additional work remains to fully implement a comprehensive approach to performance-based contracting. CFSA has committed to pursuing that work in its 2012 LaShawn Strategy Plan and will be receiving external technical assistance to support a review of its current approach and practices and the development of a more robust plan of action.

CFSA’s Contracts Management and Performance Improvement Administration (CMPIA) 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 15 family-based providers and 23 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 4 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. CFSA’s monitoring with some providers emphasizes basic contract compliance such as reporting placement moves, reporting incidents that occur within their facilities or homes or submitting updated expense reports.

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 children they serve. Small financial incentives are attached to scorecard performance by the family-based providers, but are currently under review. CFSA recognizes a need to revisit the financial incentives built into the performance-based system and has developed a work group to revise the logic of the incentive system to ensure significant impact on the private agencies. CFSA anticipates recommendations from the workgroup will be finalized by May 31, 2012.

An enhanced performance-based monitoring methodology will provide CFSA with an ability to systematically shift resources and utilization to the highest quality and performing providers.
CFSA has identified performance-based contracting as a key area for strategy development and implementation in 2012. Beginning March 2012, CFSA began working with Casey Family Programs to revise performance scorecards, contract language and service delivery expectations to improve this area of practice. Further, CFSA is pursuing work supported by consultants from the Annie E. Casey Foundation to reduce congregate placements. Part of that workplan involved reviewing contract compliance and outcomes by provider.

6. Interstate Compact for the Placement of Children

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 7, CFSA reports that the backlog of children placed in Maryland without ICPC approval ranged from 111 to 144 children per month between July to December 2011. During those same months, the total number of children placed in Maryland ranged from 961 to 1,011 per month and included a number of youth over the age of 18 for whom ICPC approval was not needed.

<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with ICPC Approval</td>
<td>630</td>
<td>631</td>
<td>634</td>
<td>625</td>
<td>646</td>
<td>654</td>
</tr>
<tr>
<td>Cases Pending ICPC Approval</td>
<td>104</td>
<td>67</td>
<td>95</td>
<td>90</td>
<td>83</td>
<td>77</td>
</tr>
<tr>
<td>Children Placed With NO ICPC Needed (Above the Age of 18)</td>
<td>142</td>
<td>140</td>
<td>139</td>
<td>127</td>
<td>129</td>
<td>128</td>
</tr>
<tr>
<td>No ICPC Approval (Backlog)</td>
<td>135</td>
<td>144</td>
<td>125</td>
<td>119</td>
<td>118</td>
<td>111</td>
</tr>
<tr>
<td>Total number of CFSA children placed in Maryland</td>
<td>1011</td>
<td>982</td>
<td>993</td>
<td>961</td>
<td>976</td>
<td>970</td>
</tr>
</tbody>
</table>

While this does not meet IEP performance expectations, there has been recent progress to simplify and clarify the process of placing children in Maryland and the backlog has been slightly reduced.
7. **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 has prioritized data development for those areas where data on performance levels are not routinely available as a key area of strategy development and implementation in 2012.

As referenced in the introduction of this report, CFSA remained unable to provide timely, reliable data for 21 Exit Standards. These include:

- Documentation of initiation of investigations of alleged child abuse and neglect or good faith efforts after receipt of a hotline report (IEP citation I.A.1.a.);
- Comprehensive case review of families subject to a new investigation who have had four or more prior reports of maltreatment, with the most recent occurring within the last 12 months (IEP citation I.A.1.c.);
- Assessment of assistance needed by new foster parent by worker whenever a child experiences a new placement or placement change (IEP citation I.A.6.d.);
- The extent to which relative resources have been identified and engaged (IEP citation I.B.7.a. & I.B.7.b.);
- Placement of children in the most family-like setting appropriate (IEP citation I.B.8.a.);
- Youth Transition Plans to prepare youth ages 18 and older for adulthood (IEP citation I.B.12.c.);
- Community-based service referrals for low and moderate risk families (IEP citation I.C.19.);
- Sibling visits (IEP citation I.C.20.b.);
- Assessments for children experiencing a placement disruption (IEP citation I.C.21);
- Documentation of Medicaid coverage (IEP citation I.C.22.d.);
- Action plans related to special corrective action reviews (IEP citation I.D.30);
- Reasonable efforts toward timely adoption of children placed in an approved adoptive home (IEP citation I.B.16.b.iii.); and
- Exit Standards related to the recruitment, licensing and training of prospective foster and adoptive parents (IEP citation I.B.14., I.D.29.a., I.D.29.b., II.F.20., & II.G.22).
As part of the 2012 LaShawn Strategy Plan, on May 1, 2012, CFSA shared with the Monitor a proposed draft plan for measuring performance or monitoring a number of the Exit Standards listed above. CFSA has acknowledged the need to develop the capacity to report on all Exit Standards and has been working both internally and with the Monitor to ensure that the necessary information will be collected and reliably available for future monitoring periods. Additionally, 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. As discussed earlier in the report, the Monitor’s case record reviews conducted during this period related to the placement of children found discrepancies between the information contained in the aggregate, management report and the detail within contact notes.

The Monitor continues to experience discrepancies in reporting in such areas as the number of children and youth assigned APPLA goals and the numbers of children in congregate placements. For example, the Monitor received and reviewed several different reports which showed an inconsistent number of youth with newly established APPLA goals during this period. The first report identified 16 youth, the second noted 19 youth and the Monitor found a third report which included 25 youth. The Monitor believes that there appears to be a disconnect between program, CISA and QA staff in understanding and reviewing data in key outcomes areas in a way that builds an accurate, shared understanding.

8. Federal Revenue

During this monitoring period, CFSA has been working to improve its federal revenue claiming through Title IV-E, has been consistently tracking their efforts and has begun to make progress in resolving the issues that were key barriers.

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

- **CFSA is updating its rate setting methodology to more fully claim Title IV-E funding for private agency expenditures.**

  CFSA’s current agreed upon standardized Title IV-E reimbursement is based on an 11 year old methodology, which does not allow CFSA full reimbursement for Title IV-E expenditures, especially expenditures by private agencies on behalf of children in CFSA custody.

  This 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...
CFSA is also developing a proposal to more fully cover the cost of services for children and youth served through family-based providers. CFSA intends to submit a proposed rate setting methodology for family-based providers now that the SOP for congregate care providers has been approved by ACF.

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

CFSA submitted a State Plan amendment to 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.

The initial submission was not approved but was subsequently modified by CFSA to address ACF concerns about the lack of appropriate documentation from CFSA and the Family Court to indicate whether or not the child or youth would be placed in foster care absent prevention services in the family case plan and court order. On April 10, 2012, CFSA received written approval from ACF that they would approve the state plan amendment based on CFSA’s modifications. CFSA is now able to submit a prior quarter adjustment claim retroactive to November 2, 2011.

- **Preparation for Title IV-E Secondary Review**

Title IV-E claims submitted for children and youth for the first and second quarters of FY2012 will be the subject of this upcoming federal review. Failure to demonstrate compliance with Title IV-E guidelines on this review could result in financial penalties to the District. To prepare, CFSA has almost completed a comprehensive review of all of these claims and has rescinded claims without proper documentation.

- **CFSA is seeking approval on its 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. Over the past year, CFSA has been responding to comments and clarification request from the involved federal agencies (ACF and the Department of Health and Human Services Centers for Medicaid and Medicaid Services (CMS)). As of this report, the CAP has not been approved but CFSA staff believes that approval will be achieved in the near future.  

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102 On April 18, 2012, CFSA received written recommendation of approval of the CAP from CMS. CFSA received its most recent comments from the Department of Health and Human Services on April 19, 2012. CFSA has 30 days to reply, and will submit its response to the Department on or before May 18, 2012.
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, as of the date of this report, Medicaid claiming has resumed in only a very limited way for the Healthy Horizons Assessment Center (HHAC).

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) is currently in negotiations with CMS. Without SPA approval, CFSA is not able to claim a projected $1,101,740 in federal funds for FY2013. Steps to begin claiming federal funds under the Medicaid rehabilitation option or targeted case management for social workers are also on hold pending CMS approvals for Targeted Case Management.

CFSA and DHCF are now meeting monthly to develop a plan to more comprehensively address Medicaid reimbursement issues, including the implementation of CFSA’s Nurse Care Manager Program, CFSA’s partnership with the Administrative Services Organization (ASO) to conduct quality assurance on potential claims for the HHAC and the re-establishment of the Medicaid Rehabilitation option. Longer term goals for this workgroup include improving services for older youth with developmental disabilities; obtaining Medicaid reimbursement for the DMH wraparound program; and considering the role of Managed Care Organizations (MCO’s) in providing health care for children in foster care.

While the District has been aggressively pursuing federal funding options as highlighted above, the total federal resources available to meet the needs of children and youth in the District of Columbia have largely remained static or been in decline over the past five 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 the 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 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.
### Table 8:
### Actual and Proposed Gross Federal Funds
### Operating Budget
### FY2009 – 2013

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total 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>$59.3</td>
<td>$278.1</td>
</tr>
<tr>
<td>FY2011 (actual)</td>
<td>$49.7</td>
<td>$250.1</td>
</tr>
<tr>
<td>FY2012 (approved)</td>
<td>$61.4</td>
<td>$265.3</td>
</tr>
<tr>
<td>FY2013 (proposed)</td>
<td>$53.9</td>
<td>$257.2</td>
</tr>
</tbody>
</table>

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

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

  DHCF has submitted a Medicaid Targeted Case Management (TCM) State Plan amendment in order to claim Medicaid for the newly implemented TCM Nurse Care Management Program, but this has not been approved by the federal Centers for Medicare and Medicaid Services (CMS). The target group includes District of Columbia Medicaid enrolled children and youth between the ages of birth through 21 who have been removed from their homes and placed in foster care. CMS has questions and concerns about the proposed amendment’s methodology for children and youth placed outside of the District potentially restricting access to TCM and other Medicaid services.

- **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. Medicaid claims for the services totaled approximately $323,000 for FY2011. CSFA is working 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, CMS and the District have determined that issues regarding Medicaid funded TCM must first be resolved.

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. ¹⁰³ In the FY2013 proposed budget, CFSA plans to shift $4,535,496 and 54.5 FTEs from Title IV-E funds to local funds due to administrative claiming trends and a decrease in the overall population of children served. ¹⁰⁴ These declines in allowable Title IV-E revenue have not been replaced with anticipated revenue increases through allowable Medicaid claiming, primarily possible through Medicaid Targeted Case Management and Rehabilitation Services options.

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¹⁰³ CFSA has begun to claim Title IV-E for 18, 19 and 20 year olds who meet Title IV-E eligibility criteria under Foster Connections as well as for guardianship subsidies for relative and kin caregivers.

¹⁰⁴ FY2013 Proposed Budget and Financial Plan
ATTACHMENT:

2012 LASHAWN STRATEGY PLAN
ATTACHMENT:

2012 LASHAWN STRATEGY PLAN
Implementation and Exit Plan
Section IV:
2012 Strategy Plan

Introduction
Pursuant to the Implementation and Exit Plan entered December 17, 2010 (Exit Plan), the Child and Family Services Agency (CFSA), after consultation with the Court Monitor and Counsel for Plaintiffs, submits the following 2012 Strategy Plan (Plan). The strategies and action steps in the 2012 Plan relate to outcomes and exit standards in the Outcomes to be Achieved section (as modified) in the Exit Plan. The 2012 Plan is a means to achieve compliance with the exit standards. Absent a substantial or unjustifiable disparity, the Court will not find deviations to constitute noncompliance. Moreover, the 2012 Plan, including applicable due dates, can be modified with timely consultation with the Court Monitor. In the event that the District has not satisfied the exit standards remaining in the Exit Plan by December 31, 2012, the District, after consultation with the Monitor and Counsel for Plaintiffs, will review, modify as appropriate, and submit to the Court an updated Strategy Plan for 2013.

The 2012 Plan is presented in the context of CFSA’s overall strategic framework, which is comprised of four pillars.

Front Door
Children should have the opportunity to grow up with their families and should be removed only when necessary to keep them safe. CFSA will implement several strategies and services, including differential response, to stabilize and support families. It is a priority of this administration to reach out, locate, and utilize relatives as natural resources and support for children who come to CFSA’s attention. Family Team Meetings and an increased number of pre-removal FTMs will be used to quickly identify, locate, and engage relatives.

Temporary Safe Haven
Foster care should be a temporary safe haven, with permanency planning beginning the day a child enters care. CFSA will seek relative placements first, followed by the most appropriate and home-like setting to keep children connected to their schools and communities. CFSA will promote and preserve maternal and paternal relationships and sibling connections through frequent, quality visits. Permanence is best achieved through a legal relationship such as reunification, guardianship, or adoption.

Well-being
Every child is entitled to have a nurturing environment that supports growth and development as a healthy, self assured, and educated adult. CFSA is committed to working collaboratively with other systems to address education, mental health, and physical health care so children we serve receive the supports they need to thrive. CFSA will step up efforts to reduce teen pregnancies on our caseload and will use a two-generation approach to ensure good outcomes for our teen parents and their children. CFSA will employ evidence-based practices to address underlying issues of trauma and mental health as well as chronic diseases and other medical issues. Our goal is to support educational achievement for all children in care, from early childhood education through high school and college or vocational school.
Exits to Positive Permanency
Every child and youth should exit foster care to a well-supported family environment or lifelong connection as quickly as possible. CFSA staff will offer support to families after permanence to ensure that family connections are stable. Older youth should exit care with the education and skills necessary to help them become successful, self-supporting adults, with appropriate community-based aftercare services.

In addition, the Plan includes strategies related to organizational capacity. This format was chosen to demonstrate how the requirements and strategies identified herein fit within CFSA’s overall strategic planning and goals.¹

¹The description of the four pillars is not part of the 2012 Plan; rather, it is designed to provide context for the identified strategies.
<table>
<thead>
<tr>
<th>Strategic Framework (“Four Pillars”)</th>
<th>LaShawn Requirements</th>
<th>LaShawn Strategies</th>
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<tbody>
<tr>
<td><strong>Initiating Investigations</strong> [Exit Standard 1(a)]</td>
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<td>• <strong>Supervision</strong>: 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.</td>
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<td>• <strong>Staffing</strong>: 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.</td>
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<td>• <strong>Supports</strong>: 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.</td>
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<td>• <strong>Quality Assurance</strong>: Each month, ten percent of the 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.</td>
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<td><strong>Front Door</strong></td>
<td>Reviews of Repeat Reports [Exit Standard 1(c)]</td>
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<td>Quality Investigations [Exit Standard 2]</td>
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<td>• <strong>Training</strong>: CFSA will train CPS social workers, supervisors and hotline workers on both the updated investigations and hotline POMs. The training will highlight any changes to policy and practice as well as areas that need improvement based on the quality assurance reviews. The training will be completed by June 30, 2012.</td>
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<td>LaShawn Requirements</td>
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<td>Relative resources [Exit Standard 7]</td>
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- **Quality assurance**: CFSA will review the results of “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.

- **Identification of Relatives**: Beginning in April 2012, CPS will make a referral to the diligent search unit at the same time a referral is made for an FTM with the goal of identifying parents, grandparents, and other relatives. Contact information on relatives located by the diligent search unit will be shared with the CPS investigator, the FTM unit, and the ongoing worker, where applicable.

- **Data Collection**: By June 1, 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.

- **Quality Improvement**: By June 1, 2012, CFSA will develop a standard operating procedure that expands the current eligibility criteria for pre-removal FTMs.

- **Training**: By October 1, 2012, CFSA will train CPS and ongoing workers and supervisors on the requirements and standard operating procedures for pre-removal FTMs.

- **Resources**: By October 1, 2012, CFSA will assess the capacity to provide removal and pre-removal FTMS for all eligible families and expand coordinator and facilitator capacity, if needed.
### 2012 Strategy Plan

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| **Temporary Safe Haven** | Visitation [Exit Standards 4(c), 5(d), 6, 10, 11, and 20(b)] | • **Supervision**: 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\(^2\) who did not receive the required visits for that prior month and will identify barriers and strategies to prevent future occurrences.  
• **Sibling visitation**: By April 30, 2012, CFSA will explore sibling visitation models used by Georgia, Illinois, New Jersey, and California and their potential application to the District.  
• **Identification of Visitation Barriers**: 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.  
• **Address Visitation Barriers**: By June 30, 2012, CFSA will develop specific strategies to address identified barriers to visitation with parents, between children and parents, and among siblings.  
• **Suspended Sibling Visits**: 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. |

| **Timely Approval of Foster/Adoptive Parents** [Exit Standard 14] | | • **Policy**: 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.  
• **Contract modification**: By October 1, 2012, CFSA will modify its home study licensing contracts to include licensing outcomes that result in timely approval for licensing and relicensing of foster, adoptive, and kinship homes. |

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\(^2\) 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.
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| Placement of children in most family like setting and sibling placement [Exit Standards 8(a) & 20(a)] | **Congregate Care Review:** 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.  
**Placement with Siblings:** 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. |
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| Well-being                          | Appropriate Permanency Goals - Older Youth [Exit Standards 12(b & c)] | • **Quality Assurance:** By April 30, 2012, CFSA will work with the Citizens Review Panel and CSSP to review approximately 130 youth transition plans.  
  • **Service Improvements:** 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.  
  • **Coaching:** 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 Assessments into the goals set for youth.  
  • **Training and Supervision of APPLA goal:**  
    - 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 (e.g., a meeting on March 20, 2012 with all the Family Court Judges).  
    - 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. |
|                                    | Assessment for children experiencing a placement disruption [Exit Standard 21] | • **Initial Assessment and Documentation:** 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.  
  • **Comprehensive Assessment:** 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. |
<p>|                                    | Health and Dental Care [Exit Standard 22] | • <strong>Documentation:</strong> 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 acknowledgement 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... |</p>
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| Special Corrective Action [Exit Standard 30] | Medicaid card. The written acknowledgement forms will be centrally maintained by the Business Services Administration. | • **Targeted Implementation:** 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:
    - Children in multiple corrective action categories
    - Length of time that a child has been in a corrective action category
    - 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.  
  • **Practice Implementation:** By July 1, 2012, the lessons learned from the SWAT team approach will be reported during an Agency Program’s All Staff meeting 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. |
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| Timely adoption (Timely Permanence) [Exit Standard 16] | **Monitoring:** 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.  
**Monitoring:** 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.  
**Teaming Process:** 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. |
| Services to families and children to promote safety, permanency and well-being [Exit Standard 3] | **Data Collection:** Findings and recommendations from the 2011 Partnership for Community Based Services workgroup will be completed by March 30, 2012. The FY 2013 Healthy Families Thriving/Communities Collaborative contracts will include provisions designed to address the findings and recommendations from the 2011 Partnership for Community Based Services workgroup.  
**Assessment:** Beginning March 2012, CFSA will collaborate with CSSP and a consultant to modify the QSR protocol, as needed, to be consistent with the practice model.  
**Training:** 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 QSR reviews. 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.  
**Mental Health Services:** CFSA will review and modify as needed protocols for timely referral of children, youth and families to appropriate mental health services. By December 31, 2012, CFSA and the Department of Mental Health will assess the availability and adequacy of mental health services and provide written recommendations for development, as needed. |

**Case planning process [Exit Standard 17]**
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| Training for workers and supervisors [Exit Standards 27 & 28] | • Notice of Training Requirements:  
  • 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 the 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.  
  • Policy: By April 30, 2012, CFSA will revise, as needed, the training policy for social workers to clarify the training requirements to include specific procedures for providing training to after-hour staff.  
  • Monitoring: 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. | |
| Performance based contracting [Exit Standard 31] | • Evaluations: CFSA will complete quarterly and annual evaluations of private agency performance and provide technical assistance to help agencies meet the performance exit standards.  
  • Monitoring: 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. | |
| Federal Revenue Maximization [Exit Standard 35] | • Fostering Connections: 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.  
  • IV-E Rate-Setting Methodology: CFSA will continue to receive and review quarterly expenditure reports from private providers and will provide technical assistance as needed to maximize claiming.  
  • Targeted Case Management: On March 9, 2012, Department of Health Care Finance (DHCF) has submitted a State Plan Amendment for nurse care management services to CMS for review. 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. | |
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<td>Child Fatality Reviews [Exit Standard 4 – previously an outcome to be maintained]</td>
<td>City-wide Committee: 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.</td>
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| Related to multiple outcomes | Implementation of new policies: Unless otherwise specified in this 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.  
Measuring Exit Standards: By May 1, 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. |