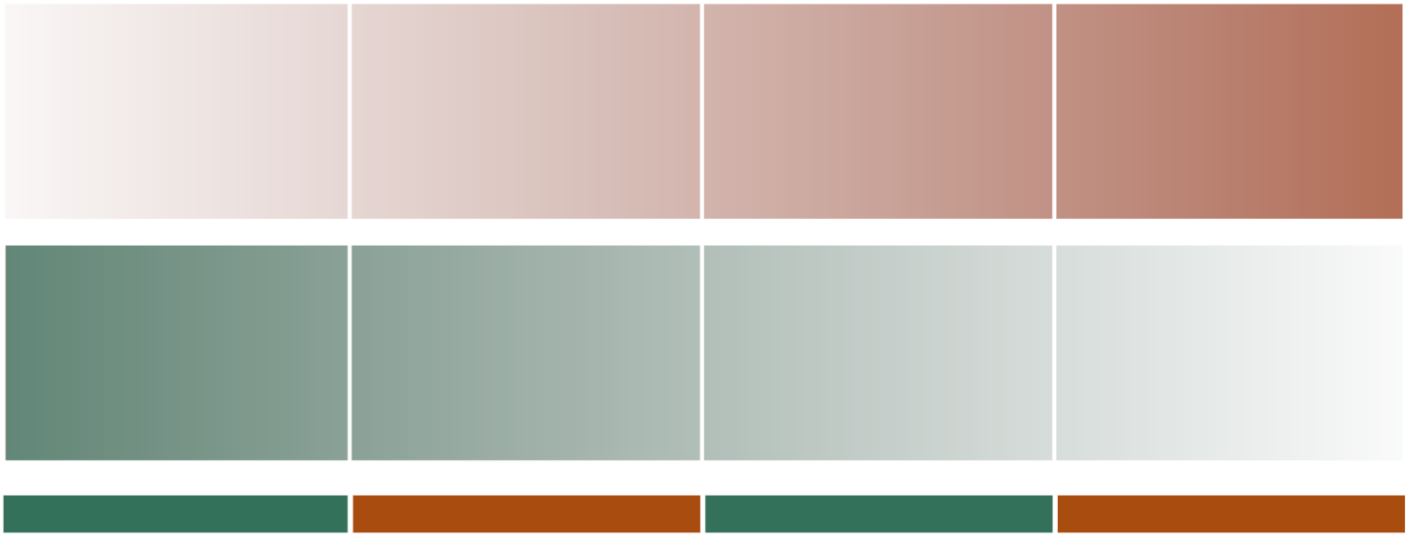
Center for the Study of Social Policy

LaShawn A. v. Gray Progress Report for the Period January 1 – June 30, 2014



November 17, 2014

LaShawn A. v. Gray
Progress Report for the Period January 1 – June 30, 2014

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LaShawn A. v. Gray
Progress Report for the Period January 1 – June 30, 2014

I. INTRODUCTION

This report on performance of the District of Columbia's child welfare system for the period of January 1 through June 30, 2014 is prepared by the *LaShawn A. v. Gray* court-appointed Monitor, the Center for the Study of Social Policy (CSSP). As monitor, CSSP is responsible to the Honorable Thomas F. Hogan of the United States District Court for the District of Columbia and is required to independently assess the District of Columbia's performance in meeting the outcomes and Exit Standards set by the *LaShawn* Implementation and Exit Plan (IEP)[1] in accordance with the *LaShawn* Modified Final Order (MFO)[2].

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. The IEP includes: Section I: Outcomes to be Achieved; Section II: Outcomes to be Maintained; Section III: Sustainability and Exit; and Section IV: Strategy Plan, which is updated annually.[3] For each of the outcomes, an Exit Standard(s) has been identified and is the benchmark against which outcome achievement and sustained performance is measured.

The Monitor's last report on *LaShawn* implementation was released on May 14, 2014, with a supplemental report provided to the court on June 25, 2014 in advance of a status hearing. With few exceptions, this current report is based on data on performance from January through June 30, 2014 to determine progress in meeting the IEP Exit Standards and the objectives of the 2014 Strategy Plan.

A. Methodology

The primary sources of information about performance are data provided by the District's Child and Family Services Agency (CFSA) and verified by the Monitor. The Monitor reviews extensive aggregate and back-up data and has access to staff and case notes on FACES.NET[4] to verify performance.

[1] Implementation and Exit Plan (Dkt. No. 1073), December 17, 2010.
[2] Modified Final Order (Dkt. No. 222 (order adopting MFO); Dkt. No. 222-2 (MFO)), January 27, 1994.
[3] The District filed the 2014 Strategy Plan with the Court on February 18, 2014 after consultation with the Monitor and Plaintiffs' counsel (Dkt. No. 1121-1). See *Appendix B*.
[4] FACES.NET is CFSA's automated child welfare information system.

The Monitor conducted the following supplementary verification and data collection activities during this period:

- ***Review of Young Children Placed in Congregate Care Settings***

The Monitor and CFSA staff reviewed records of 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 for any length of time, during the review period to determine if these placements were appropriate and met an agreed upon placement exception.

- ***Validation of Timely Licensure of Foster and Adoptive Parents***

The Monitor conducted additional validation of licensure data for those foster and adoptive parents whose licensure took more than 150 days to determine if the delay was due to circumstances outside the District's control.

- ***Case Record Review of Youth Transition Plans***

The Monitor and CFSA designed and utilized a protocol to assess the quality of youth transition planning for youth who aged out of custody. The Monitor and CFSA jointly reviewed the cases of all youth who exited foster care because they reached age 21 in January and February 2014 and conducted a secondary review of 14 of the 45 youth who aged out between March and June 2014. In addition, the Monitor observed *21JumpStart* meetings – internal CFSA staffing meetings designed to review a youth's progress on transition planning and assure each young person is prepared and adequately supported as they transition from CFSA custody.

- ***Validation of Caseload Data***

The Monitor conducted an independent validation of caseload data for CFSA and private agency social workers for the period between January and June 2014. The Monitor validated caseload size and assignment of cases to social workers for ongoing permanency cases, in-home cases, investigations and family assessments[5]. The Monitor also validated data to determine if

[5] CFSA has stated its view that family assessments (FA), which are now part of the District's response to allegations of child abuse and neglect, are not covered by the provisions of the *LaShawn* MFO and IEP. CFSA has argued that since FAs are not "investigations," they are not subject to IEP standards and should be reported on differently by the Monitor than other IEP Exit Standards. The Monitor does not agree with this position; the District implemented the FA pathway as part of a new approach to responding to allegations of child abuse and neglect. While it is true that the practice of differential response and the FA pathway were not contemplated or used by CFSA at the time the IEP was established, it is part of the District's child protective services (CPS) response which is covered by the *LaShawn* MFO and IEP. With the inclusion of FA as an appropriate CPS response, many of the referrals that were previously addressed using the CPS investigation pathway are now directed to the FA pathway. CFSA staff report that family assessment workers follow the same protocols as investigators with respect to safety assessments. The Monitor has taken the position that the caseload standard for FA workers is the same as for investigative workers as the nature of

individual supervisors were assigned to supervise no more than five case carrying social workers and one case aid.

- ***Validation of Quality of Investigations***

During this monitoring period, CFSA provided the Monitor with data on its findings from a review of the quality of 131 child protective services investigations completed between January and June 2014. The Monitor conducted a secondary review of the case records and contact notes for 38 (29%) of these investigations.

- ***Quality Service Reviews (QSR)***

Most of the *LaShawn* Exit Standards are assessed using administrative data from FACES.NET, which are reviewed and in many areas, independently validated by the Monitor. CFSA also provides supplementary manual data, both from internal case record reviews and Quality Service Reviews (QSR), for assessing performance for selected Exit Standards. The QSR is a case-based qualitative review process that requires interviews with all of the key persons who are working with and familiar with the child and/or family whose case is under review. Using a structured protocol, trained QSR reviewers synthesize the information gathered and rate how well the child is functioning and how the system is performing to support the child and family. Reviewers provide direct feedback to social workers and supervisors as well as a written summary of findings to expand and justify QSR ratings. As part of *LaShawn* monitoring, the Monitor conducts some of the QSRs, participates in oral case presentations and also verifies data from QSRs conducted by CFSA staff. Monitor staff work collaboratively with CFSA and typically are lead reviewers for at least two reviews each month.[6]

Between January and June 2014, a total of 73 QSRs were completed to assess case planning and service delivery outcomes. Twenty of the 73 QSRs were conducted on children receiving in-home services and the remaining 53 QSRs were focused on children placed in out-of-home care. In designing the QSR sample for 2014, there was an intentional increase in the number of in-home cases included to more closely examine in-home case practice through this methodology and collect data on strengths and areas of challenge in case practice and policy for in-home services.

the work with the family and children is comparable. The Monitor has also taken the position that it is within the purview of the *LaShawn* MFO and IEP that the Monitor fully assess and evaluate FA as an integral part of the District's CPS response.

[6] CSSP provided lead reviewers for 16 QSRs and CSSP staff participated in almost all oral case presentations during this period.

- ***Other Monitoring Activities***

The Monitor attends numerous CFSA meetings including management team meetings, policy workgroup meetings and the CFSA Internal Child Fatality Review Committee, as well as the City-wide Child Fatality Review Committee. The Monitor also meets frequently with senior leadership and managers throughout the Agency. During this monitoring period, Monitor staff observed several Trauma Systems Therapy (TST) trainings, RED (review, evaluate and direct) Team implementation meetings and several different types of RED Team meetings[7]. Additionally, the Monitor interviewed and collected information from external stakeholders of the District of Columbia's child welfare system, including contracted service providers and advocacy organizations.

B. Report Structure

The monitoring report assesses the District of Columbia child welfare system's performance in meeting the IEP Exit Standards, as defined in the December 17, 2010 Court Order, during January through June 2014. Section II provides a summary of the District's progress in improving outcomes during this six-month period. In Section III, the summary tables provide the Court with a consolidated update of the District's performance as of June 2014 on the IEP Outcomes remaining to be achieved and the Outcomes previously achieved that need to be maintained.[8] Section IV provides further discussion of the data, an assessment of whether the District has met the required Exit Standard(s) for IEP Outcomes to be Achieved and for some measures, maintained required performance for IEP Outcomes to be Maintained. Section IV also includes information on CFSA's implementation of specific strategies included in the 2014 *LaShawn* Strategy Plan.

[7] The RED Team framework provides multiple consultation and information sharing opportunities at certain decision points within a case for child welfare workers, and in some cases families, to review relevant information about a family and the risk of child maltreatment, evaluate that information and direct a decision.

[8] In some instances where June 2014 performance data are not available, the most recent performance data are cited with applicable timeframes.

II. SUMMARY OF PERFORMANCE

The *LaShawn* Implementation and Exit Plan (IEP) established **88 Exit Standards** with required levels of performance for the District to achieve and maintain. At the time the IEP was filed on December 17, 2010, CFSA had achieved 28 of the 88 Exit Standards. As of this report, CFSA has **now achieved 71 (81%) Exit Standards**. With few exceptions, CFSA has also been able to sustain performance on Exit Standards previously achieved. The progress that has been made since 2010 has been considerable and is the result of a wide range of management and practice improvements spearheaded by talented and strategic leadership. In moving the Agency forward, CFSA leaders have developed and implemented creative strategies in alignment with organizational priorities including: increased the use of data to manage and assess performance; improved planning and coordination with other District agencies; and adopting child welfare best practices including Trauma Systems Therapy (TST)[9], use of RED Teams[10], mobile crisis treatment and assessment services to stabilize and support placements, trauma informed training for foster parents and increased efforts to identify and engage kinship care resources.

These changes have led to measurable improvements in many key areas of child welfare practice (as has been documented in prior reports), which has resulted in achieving and maintaining IEP Exit Standards including:

- Frequency of worker visits to children in out-of-home placement and to families who are receiving in-home services;
- Placement of children in the most family-like setting and the appropriate placement of young children;
- Placement of children with siblings and visits between siblings when not placed together;
- Better adoptions practice;
- Training, both pre-service and in-service, for social workers, supervisors and foster parents; and
- An individualized focus on the needs of children experiencing a placement disruption with more intensive efforts to stabilize children's placements and reduce unnecessary placement moves.

CFSA has made the reduction in the number of children in foster care a hallmark of its strategic plan. The goal is that families are better supported so that children enter foster care only when absolutely necessary for their safety and well-being and that they are placed with non-relatives

[9] The TST Model addresses trauma by using a comprehensive and multi-pronged approach that includes that child's support system and home environment. It was developed by Dr. Glenn Saxe from the NYU Child Study Center and selected by CFSA through its 5 year grant from the Administration for Children and Families (ACF).
[10] The RED Team framework provides multiple consultation and information sharing opportunities at certain decision points within a case for child welfare workers, and in some cases families, to review relevant information about a family and the risk of child maltreatment, evaluate that information and direct a decision.

only when kinship resources have been fully identified, explored and ruled out. CFSA's strategic direction to "narrow the front door" of the child welfare system has heightened its need to develop and implement with quality a much fuller range of effective in-home and community-based services and supports for families than were previously available.

CFSA is now focusing on a range of strategies to assess and improve the quality of case practice in all areas of its work. With support from a federal demonstration grant, CFSA has become a national leader in recognizing and developing new approaches to understand and ameliorate trauma that can diminish opportunities for child and family well-being. Substantial progress has been made over the past two to three years, both in meeting the requirements of the *LaShawn* decree and in implementing CFSA's strategic plan. However, there remain areas of practice and function that require additional concentrated attention and focus – *specifically, the quality of investigative and family assessment practice; the quality of case planning and service implementation with children and families, particularly when children remain at home; worker's continuous assessment of children's safety during visits; and the intentional use of visits between parents and workers and parents and children as a component of efforts to support safety and reunification.*

The challenge for CFSA staff is to embed the significant improvements that have occurred in the last few years throughout all levels of the Agency and its work. Child welfare social workers are consistently faced with the most difficult decisions about when a child(ren) can be maintained safely with their family and when, despite efforts, a child's safety requires a different response. CFSA's work in this next monitoring period must more clearly demonstrate how it can successfully and safely serve many more children and families in their homes and communities and the effectiveness of its protocols to quickly reassess and change course if those interventions are not working – an area of weaknesses in its current practice.

A. Progress on IEP Exit Standards

Of the 88 Exit Standards included in the IEP, CFSA has now met 71 Exit Standards[11], including those newly met this monitoring period, leaving 17 Exit Standards to be achieved.[12] The **newly achieved** Exit Standards are:

- *Reduction of multiple placements for children in care* (IEP citation I.B.13.)
  This is an important accomplishment with positive ramifications for children's emotional stability, health and well-being. Multiple moves for children in foster care are associated with poor outcomes including increasing children's trauma and trauma symptoms, which make school progress and achievement that much harder, and reduce children's sense of security and emotional health.

- *Timely approval of foster and adoptive parent licensure* (IEP citation I.B.14.)
  The second newly met Exit Standard is also important as it is an indicator that the system is now able to welcome and support prospective foster and adoptive parents and has the ability to recruit and maintain a sufficient number of qualified and approved resource parents whose skills and qualities can be matched to the unique needs of any child requiring an out-of-home placement.

- *Completion of a comprehensive review of families subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report, with the most recent report occurring within the last 12 months* (IEP citation I.A.1.c.)
  CFSA's ability to complete comprehensive reviews of applicable families is a direct result of implementing the RED Team strategy, which provides the forum for discussing a family's history when reviewing hotline referrals and investigations. The purpose of this requirement is to ensure that there is a thorough look at the history and past experiences in situations where there are multiple reports on the same child and/or family to uncover patterns, make more informed safety decisions and determine whether all effective strategies are being considered.

- *Community-based service referrals for families who are considered low or moderate risk following an investigation* (IEP citation I.C.19.)
  While the Monitor recognizes that CFSA now refers applicable families who are considered low or moderate risk to community-based services, the actual number of

[11] Given the court and District's interest in having these monitoring reports reflect the most current validated data, this count includes two Exit Standards that are considered achieved based on performance during the current monitoring period and for the first two months of the subsequent monitoring period (July and August 2014).
[12] There is one Exit Standard for an Outcome to be Achieved for which performance was not yet due, IEP citation I.B.16.c. (Timely adoption).

families referred for and eventually linked to services is actually very low. CFSA has focused attention on ensuring families who have a need for services are offered and referred to services. As the *Safe and Stable Families* programs are being implemented and become more widely available in the community, the Monitor is hopeful that the utilization of services will increase.

- *Youth Transition Plans* (IEP citation I.B.12.c.)
  Additionally, the Monitor validated performance data and found CFSA to be in compliance with the Exit Standard on appropriate planning with older youth to create an individualized transition plan that meets their needs and provides connections to specific service options (IEP citation I.B.12.c.).[13] This measure was previously considered provisionally achieved pending data validation by the Monitor.

During the current monitoring period, three Exit Standards continued to be identified as partially achieved, each of which was designated as partially achieved during the previous monitoring period. The three Exit Standards that are **partially achieved** include:

- *Medical evaluations for children in foster care* (IEP citation I.C.22.b.i.);
- *Dental evaluations for children in foster care* (IEP citation I.C.22.b.ii.); and
- *Reviewing child fatalities through the Internal CFSA Committee and City-wide Child Fatality Review Committee* (IEP citation II.A.4.).

Three Exit Standards (that have not yet been achieved) demonstrated **poor performance** during this period. Current improvement strategies may need to be re-examined in light of the continued struggles. The three Exit Standards include:

- *Timely completion of investigations* (IEP citation I.A.1.b.)
  There are continuing challenges on the timely completion of investigations which are connected to the difficulties CFSA has had in maintaining required caseload standards for investigative workers. High investigative caseloads are due to turnover, staff on administrative leave and time lags in hiring and training replacement staff. Having a complete, fully trained investigative workforce at all times is essential.

- *Services to families and children to promote safety, permanency and well-being* (IEP citation I.A.3.) and *Case planning process* (IEP citation I.B.17.)
  CFSA continues to struggle with providing services to families and children to promote safety and the quality of its case planning process. These two Exit Standards are closely related and directly impact a child's plan for safety, well-being and permanency and a

[13] The Monitor and CFSA completed a secondary validation of youth transition plans (YTPs) for youth who aged out in the current monitoring period to ensure that a plan was developed with the youth that addressed their individual needs.

family's plan for well-being and moving beyond the need for child welfare intervention. A further discussion of these Exit Standards is included in the *Summary of Performance*.

The 2014 *LaShawn* Strategy Plan, which was filed with the Court on February 18, 2014 after consultation with the Monitor and Plaintiffs' counsel, includes specific strategies to address the Exit Standards that were to be achieved at the end of 2014. The plan and subsequent modifications are attached as Appendix B. As required by the IEP, the District, after consultation with the Monitor and Plaintiffs' counsel, will develop a 2015 *LaShawn* Strategy Plan to be filed with the Court for achieving the remaining *LaShawn* requirements.

The remainder of this section summarizes CFSA's overall performance within substantive areas of child welfare practice and structure.

B. Overall Performance in Substantive Areas

➢ *Investigations and Caseloads*

As highlighted in the summary, CFSA has newly achieved two Exit Standards related to investigations during the current monitoring period – first, completion of comprehensive review of families subject to a new investigation for whom the current report is the fourth or greater report, with the most recent report occurring within the last 12 months and second, community-based service referrals for families who are considered low or moderate risk following an investigation. These are both important practices in appropriately assessing a family's needs and planning for services when necessary.

The ability for child protective services investigators to conduct timely and quality investigations of alleged child abuse or neglect is a core function of the Agency. CFSA did not meet Exit Standard requirements related to timely initiation, timely closure and quality of investigations. A contributing factor to the performance in this area has been, and continues to be, the high caseloads of investigate staff, the one area in which CFSA has not been able to maintain compliance with *LaShawn* caseload standards. CFSA had been out of compliance with investigative caseload standards since August 2011 with the exception of a few months in 2013. As of June 2014, less than half (48%) of investigators had caseloads of 12 or fewer investigations (the required standard) and 15 investigators (34%) had a caseload of more than 15 open investigations. Data for the three months following this monitoring period indicate improvement in investigative caseload compliance. Specifically, the percentage of investigative workers with caseloads of 12 or fewer investigations was 77 percent in July, 87 percent in August and 88 percent in September. CFSA reports that several strategies are being used to address this issue – staffing an additional day-unit, working with supervisors on coaching to

improve quality and timely closures and hiring and training new staff – and that these have had positive impacts on caseloads from July to September.

- ***Placement of Children in Out-of-Home Care***

The number of children in foster care in the District has continued to decline and as of June 30, 2014, 1,141 children were placed in out-of-home care. This reflects the purposeful work that has been pursued to maintain more children safely at home and to promote more timely reunification. It also reflects a substantial decrease in the older youth population who had been in care 25 months or more, many of whom are reaching age 21. For children who do require out-of-home placement, CFSA consistently places a high number of children with families and siblings, a very important and positive practice. Further, as previously mentioned, performance on the Exit Standard related to reduction of multiple placements was newly achieved this period. This achievement may be attributed to several policy and practice changes implemented in the past two years including revisions to CFSA's placement policy, implementation of the individualized child needs assessment, use of the Placement Matching RED Team to better match children and caregivers, the availability of mobile crisis services and trauma training for foster parents and social workers.

There remains the need for further improvement in assessment and service planning to both meet immediate needs of children in out-of-home care and to promote positive permanency as is evidenced by the QSR findings of low performance on services provided to children and families (42% acceptable for out-of-home cases) and case planning (53% acceptable for out-of-home cases).

- ***Families and Children Receiving In-home Services***

As the number of children in placement continues to decrease, the number of children receiving services through an in-home case has increased. As of June 30, 2014, 1,818 children were receiving in-home services compared with 1,742 children as of December 31, 2013. The increase of children being served through in-home services is in alignment with both CFSA's strategic plan to keep families together when possible as well as the national trend to serve children in their families. The increase of children served in their home also highlights the necessity for CFSA to ensure that there are adequate and sufficient community-based services available to mitigate the risks that bring families to the attention of the Agency.

QSR data related to services for children and families were particularly troubling for in-home cases (15% acceptable) and suggest that availability of appropriate services to meet the needs of families in the District should be a continued priority. Similarly, QSR data for case planning with in-home cases (25% acceptable) also demonstrates an area in need of improvement. CFSA has

previously recognized this need and is currently implementing several strategies to address these deficiencies.

CFSA's Title IV-E Waiver, *Safe and Stable Families*, which was approved by the federal government in FY13, provides funding for CFSA to invest in additional community-based services through the neighborhood Collaboratives. Since the Title IV-E Waiver was approved, CFSA has been working with their federal partners and the Collaboratives to select evidence-based interventions, develop a roll-out plan, select qualified service providers, execute contracts through the Collaboratives and train new staff to provide services using the Homebuilders and Project Connect models. CFSA and its partners, East River Family Strengthening Collaborative and Catholic Charities (Ward 7), began accepting referrals for Homebuilders in September 2014. Homebuilder services will be available in Wards 5, 6 and 8 in January 2015.

- ***Assessing Child Safety During Worker Visits***

A critical function of any child welfare agency is to determine if children are safe in their homes and placements. During the final three months of the current monitoring period, CFSA collected data on whether workers had made a required assessment of safety during the required monthly visits to a child in out-of-home placement or receiving in-home services. CFSA's performance in this area falls far below the required level and ranged from 10 to 59 percent for the three months for which data are available.[14] While workers are visiting children both in foster care and in their own home, they are not consistently following the protocols to assess and document the safety of the child(ren). CFSA has contracted with the National Resource Center for In-Home Services (NRC-IHS) to work with in-home staff on preparing, conducting and documenting quality home visits which would include assessing for safety and documenting that children are safe. Two in-home units were trained by the NRC-IHS at the end of August 2014 and have begun field testing the tools and training that was provided.[15]

Related to the need to continuously assess for safety, CFSA began in June 2014 to examine whether more in-home cases need to have Family Court involvement. Currently, most in-home cases do not involve the Family Court, which allows families to decide whether or not to receive or participate in services. However, there are instances when the family situation may not warrant child removal but when it is desirable to have non-voluntary, in-home interventions with court oversight of the in-home case plan and services. CFSA has been developing changes to policy and practice which will be fully implemented later this year to facilitate appropriate court involvement in more in-home cases.

[14] This range represents the monthly range across those in out-of-home placement (40-59%), receiving in-home services (42-58%) and those experiencing a new placement within the previous four weeks (10-40%).
[15] NRC-IHS will no longer be funded as of October 1, 2014; however, CFSA reports plans to contract with the staff from this work in order to continue their efforts around quality home visiting.

- ***Services to Children and Families and Case Planning***

QSR performance data for January through June 2014 show inadequate performance in both provision of services to families and children to promote safety, permanency and well-being (34% currently, was 51% in CY2013) and case planning processes for well-being and permanency (45% currently, was 61% in CY2013).[16] The QSR indicators used to evaluate performance on these measures – Pathway to Case Closure[17], Planning Interventions[18] and Implementation of Supports and Services[19] – are core to CFSA's case practice model.[20] The poor performance on these indicators underscores what we know – that case practice improvements take time and also suggest that currently employed strategies have not yet resulted in improvements in front-line case practice throughout the Agency.

In early 2014, CFSA implemented the QSR RED Team meeting as an added supervisory/support structure to improve case practice. QSR RED Team meetings are to occur approximately 60 days following the completion of each QSR review in order to ensure that suggested actions have been taken and to reinforce the learnings and lessons from the review. These QSR RED Team meetings are intended to provide management with a review of the qualitative data gathered, progress made to address the QSR findings, assess practice strengths and weaknesses and direct next steps. In addition, several supervisors participated in a training led by The Child Welfare Group on intentional case planning and case consultation which focused on identifying the essential behavior-based criteria necessary for case closure and working to develop and support workers in planning with families to ensure safety and well-being of the family. Continued work is planned for July through December 2014 and 52 additional QSR reviews are scheduled during the remainder of the year for a total of 125 in CY2014.

- ***Services to Older Youth***

CFSA continues to positively focus on improving outcomes for older youth in out-of-home care. During this monitoring period, CFSA and the Monitor conducted a review of 81 percent (50 of 62) of the transitional plans for youth who aged out of care between January and June 2014 to ensure that the individualized needs of each youth were addressed during the youth-led transition planning process. CFSA staff and youth now utilize the FosterClub of America's Youth Transition Toolkit, which CFSA began using for all youth on January 1, 2014 in hard copy

[16] CY2013 data reflect ratings from 100 cases, 15 of which were children receiving in-home services. Data for the current monitoring period reflect data from 73 cases, 21 of which were children receiving in-home services.
[17] A description of the Pathway to Case Closure indicator can be found in the discussion of *Services to Families and Children to Promote Safety, Permanency and Well-Being* in this report.
[18] A description of the Planning Interventions indicator can be found in the discussion of *Case Planning* in this report.
[19] A description of the Implementation of Supports and Services indicator can be found in the discussion of *Services to Families and Children to Promote Safety, Permanency and Well-Being* in this report.
[20] Implementation of Supports and Services and Pathway to Case Closure are used to assess performance on Services to Children and Families to Promoter Safety, Permanency and Well-Being. Planning Interventions and Pathway to Case Closure are used to assess performance on Case Planning.

format and will be available for youth to access online in the near future. The process of enabling online access to the toolkit has taken longer than anticipated but once complete, should greatly facilitate the ability of the youth to use it for their own needs assessment and progress tracking.

In addition to completing a review of youth transitional plans, CFSA has continued to conduct *21JumpStart* meetings with workers who have case responsibility for youth aged 20.5 or older and who are about to leave the custody of CFSA. These mandatory meetings provide an opportunity for workers to review plans for youth with a transition specialist in OYE, staff from Career Pathways and other specialists as necessary to share progress on the youth's plan, address challenges and identify next steps. The transition specialist records and distributes information on next steps and agreements and follows up with the worker over the remaining months to make sure that all required actions have been taken prior to the youth leaving care.

- ***Well-Being***

CFSA has and continues to make significant progress in meeting the IEP's child well-being standards. Many of the Exit Standards related to well-being are currently designated as Outcomes to be Maintained, including placing siblings together, visitation among siblings placed apart and assessments of children experiencing a placement disruption. CFSA's performance remained partially achieved for two Exit Standards that measure receipt of medical and dental evaluations for children in foster care and performance decreased for medical screenings prior to a new placement or placement change. CFSA has yet to complete work with the Department of Health Care Finance to determine an easier way to promptly access and deliver Medicaid numbers and cards to foster parents.

- ***Resource Development***

As highlighted in the summary, CFSA newly achieved the Exit Standard regarding the ability to license foster and adoptive homes within 150 days. To accomplish this, CFSA and private agency staff worked diligently to identify obstacles in the licensure process, including timely receipt of required documentation and inspections, and made flexible funds available to foster parents when necessary to address barriers to timely licensure. CFSA and private agency staff meet regularly to identify new barriers and improve efficiency.

CFSA continues to operate a functioning and compliant Internal Child Fatality Review Committee and has made progress toward meeting the MFO and IEP requirements for the City-wide Child Fatality Committee. There are membership vacancies on the City-wide Child Fatality Committee, including representatives from the Department of Human Services, Department of Housing and Community Development and the Mayor's Committee on Child Abuse and Neglect. The Office of Boards and Commissions continues efforts to fill these vacancies. On

October 16, 2014, Committee chairs were appointed – chairs include a representative of the Office of Chief Medicaid Examiner and a representative of the Department of Health. With new leadership provided by the Chief Medical Examiner, attendance has improved at monthly meetings and required membership is increasing. The 2013 Annual Report is anticipated to be finalized in December 2014.

- ***Summary***

CFSA has achieved the majority (81%) of the Exit Standards in the IEP which is no small feat, reflecting years of hard work by many people. In order to continue toward ending Court oversight, the 2015 *LaShawn* Strategy Plan should focus on those remaining critical child welfare areas of practice including improvements in services for children and families, case planning, addressing the workforce and quality issues in investigations and ensuring that workers are assessing for safety and documenting this assessment during all visits to children in their homes. The Monitor will work closely with CFSA as it develops the 2015 *LaShawn* Strategy Plan to focus on the achievement of the remaining Exit Standards.

III. SUMMARY TABLES OF *LaSHAWN A. v. GRAY* IMPLEMENTATION AND EXIT PLAN PERFORMANCE

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
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.	Monthly range of 83 – 90%	Monthly range 84 – 91%[24]	No	↔

[21] In some instances where June 2014 performance data are not available, the most recent performance data are cited with applicable timeframes. For some Exit Standards, the Monitor provides a range of data over the monitoring period to better illustrate performance. More detailed information on CFSA's performance toward specific Exit Standards is provided in subsequent sections of this report.

[22] "Yes" indicates that, in the Monitor's judgment based on presently available information, CFSA's performance satisfies the Exit Standard requirement. "Yes" may be used for Outcomes to be Maintained in Table 2 of this report if performance deviation from the Exit Standard requirement is determined by the Monitor to be insubstantial or temporary. "Partially" is used when CFSA has come very close but has not fully met an Exit Standard requirement or in instances where Exit Standards have more than one part and CFSA has fulfilled some but not all parts of the Exit Standard requirement. "No" indicates that, in the Monitor's judgment, CFSA's performance falls below the designated Exit Standard requirement.

[23] Where applicable, "↑" indicates that, in the Monitor's judgment based on data and an understanding of case practice, performance is trending upwards generally by at least three percentage points; "↓" indicates performance is trending downward generally by at least three percentage points; "↔" indicates that, in the Monitor's judgment, there has been no change in performance; and "N/A" indicates a judgment regarding direction of change is not applicable to the Exit Standard during the monitoring period.

[24] Monthly performance data for timely initiation of investigations are as follows: January, 91%; February, 89%; March, 88%; April, 84%; May, 85%; June, 85%.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
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.)	90% of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days.	Monthly range of 58 – 74%	Monthly range of 36 – 62%[25, 26]	No	↓
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.	Monthly range of 76 – 94%	Monthly range of 80 – 96%[27]	Yes[28]	↔

[25] Monthly performance data for timely completion of investigations are as follows: January, 62%; February, 61%; March, 48%; April, 54%; May, 40%; June, 36%.
[26] During this monitoring period, the backlog of investigations exceeding 35 days substantially increased. The backlog of investigations each month is as follows: January, 52; February, 72; March, 105; April, 130; May, 189; June, 229.
[27] Monthly performance data for comprehensive review of families with four or more reports are as follows: January, 96%; February, 87%; March, 93%; April, 89%; May, 80%; June, 93%.
[28] CFSA met the required level of performance for three of the six months during the monitoring period and the first two months of the subsequent monitoring period (July, 96%; August, 97%); the Monitor considers this Exit Standard to be achieved pending CFSA's ability to maintain performance in the next monitoring period.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
4. *Acceptable Investigations*: CFSA shall routinely conduct investigations of alleged child abuse and neglect.[29] (IEP citation I.A.2.)	80% of investigations will be of acceptable quality.	65% of investigations of acceptable quality.[30]	67% of investigations of acceptable quality.[31]	No	N/A[32]

[29] 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.

[30] Results of a review of 20 investigations closed between July and December 2013. Investigations were reviewed by CFSA and findings were validated by the Monitor.

[31] Results of a review of 131 investigations closed between January and June 2014. Investigations were reviewed by CFSA and the Monitor conducted a secondary review of 29% of these investigations for validation purposes.

[32] Direction of change is not assessed due to difference in sample size between monitoring periods.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
5. *Services to Families and Children to Promote Safety, Permanency and Well-Being*: Appropriate services, including all services identified in a child or family's safety plan or case plan shall be offered and children/families shall be assisted to use services to support child safety, permanence and well-being. CFSA shall provide for or arrange for services through operational commitments from District of Columbia public agencies and/or contracts with private providers. Services shall include: a. Services to enable children who have been the subject of an abuse/neglect report to avoid placement and to remain safely in their own homes; b. Services to enable children who have or will be returned from foster care to parents or relatives to remain with those families and avoid replacement into foster care; c. Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and d. Services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement. (IEP citation I.A.3.)	In 80% of cases, appropriate services, including all services identified in a child's or family's safety plan or case plan shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. The Monitor will determine performance-based on the QSR Implementation and Pathway to Safe Closure indicators.	51% of cases were acceptable based on CY2013 QSR data.[33]	34% of cases were acceptable based on January – June 2014 QSR data.[34]	No	N/A[35]

[33] Data collected during QSRs conducted in CY2013 determined that 63% of cases (63 of 100) were acceptable on the Implementation of Supports and Services indicator, 64% (64 of 100) were acceptable on Pathway to Case Closure indicator and 51% (51 of 100) were acceptable on both indicators.
[34] Data collected during QSRs conducted between January – June 2014 determined that 48% of cases (35 of 73) were acceptable on the Implementation of Supports and Services indicator, 60% (44 of 73) were acceptable on Pathway to Case Closure indicator and 34% (25 of 73) were acceptable on both indicators.
[35] Direction of change is not assessed due to difference in sample size between monitoring periods.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
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.)	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.	Not newly assessed	Monthly range of 42 – 58%[36]	No	N/A
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.)	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.	Not newly assessed	Monthly range of 40 – 59%[37]	No	N/A

[36] Performance data are based upon a non-statistically significant sample of children applicable to this Exit Standard during the months of April, May and June. The Monitor has not validated the manual data provided by CFSA given CFSA's current performance on this Exit Standard is not near compliance levels.
[37] *Ibid.*

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
10. *Visitation for Children Experiencing a New Placement or a Placement Change*: 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. 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. 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. d. At least one of the visits during the first four weeks of a new placement or a placement change shall include a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency. (IEP citation I.A.6.a-d.)	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.	a.-c. Monthly range of 75 – 87% of applicable children had four visits in first four weeks of new placement or placement change. d. Not newly assessed	a.-c. Monthly range of 77 – 87% of applicable children had four visits in first four weeks of new placement or placement change.[38] d. Between March – May 2014, a conversation regarding assistance needed by the resource parent occurred with the resource parent in 60% of new placements or placement changes.[39]	No	a.-c. ↔ d. N/A

[38] Monthly performance data are as follows: January, 82%; February, 87%; March, 85%; April, 86%; May, 77%; June, 83%. Data indicate that the number of children who had been in the new placement for four weeks and received at least three or more visits during the first four weeks of a new placement or placement change are as follows: January, 92%; February, 95%; March, 97%; April, 92%; May, 89%; June, 95%.

[39] Performance data are based upon a non-statistically significant sample of children applicable to this Exit Standard during the months March, April and May.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
11. *Visitation for Children Experiencing a New Placement or a Placement Change*: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker. (IEP citation I.A.6.e.)	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.	Not newly assessed	Monthly range of 10 – 40%[40]	No	N/A
18. *Visits between Parents and Workers*: 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. 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.)	80% of parents will have twice monthly visitation with workers in the first three months post-placement.[41]	Between October – December 2013, monthly range of 48 – 72%	Monthly range of 59 – 73%[42]	No	↔

[40] Performance data are based upon a non-statistically significant sample of children applicable to this Exit Standard during the months of March, April and May 2014. The Monitor has not validated the manual data provided by CFSA given CFSA's current performance on this Exit Standard is not near compliance levels.
[41] This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.
[42] Reported performance includes instances where there was documentation in the record that the parent was unavailable or refuses to cooperate with the Agency despite efforts by the Agency. Monthly performance are as follows: January, 73%; February, 59%; March, 62%; April, 64%; May, 68%; June, 65%.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
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.)	85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.[43]	Between October – December 2013, monthly range of 64 – 66%	Monthly range of 69 – 82%[44]	No	↑

[43] This Exit Standard is also satisfied when there is documentation that a visit is not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.

[44] Reported performance includes instances where there was documentation in the record that visits did not occur because it was not in the child's best interest, was clinically inappropriate or could not occur despite efforts by the Agency. Monthly performance are as follows: January, 73%; February, 75%; March, 74%; April, 82%; May, 69%; June, 71%.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
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.)	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.	Between July-December 2013, 92% of youth ages 18 and older had a timely YTP.	Between January-June 2014, 95% of youth ages 18 and older had a timely YTP.[45]	Yes	N/A

[45] 263 out of 273 older youth were eligible for YTPS; 10 youth were excluded due to abscondence, developmental disability, or the youth refused an YTP. 251 youth (95%) had an YTP during the monitoring period. New this monitoring period, CFSA assessed YTP plans for all youth who transitioned out of CFSA care to determine that these youth had been provided appropriate connections to specific options of housing, health insurance, education, etc. The Monitor verified this data.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
23. *Reduction of Multiple Placements for Children in Care*: (IEP citation I.B.13.)	a. Of all children served in foster care during the previous 12 months who were in care at least 8 days and less than 12 months, 83% shall have had two or fewer placements.	Monthly range of 79 – 82%	Monthly range of 81 – 87%	Yes[46]	↑
	b. Of all children served in foster care during the previous 12 months who were in care for at least 12 months but less than 24 months, 60% shall have had two or fewer placements.	Monthly range of 47 – 56%	Monthly range of 60 – 65%		
	c. Of all children served in foster care during the previous 12 months who were in care for at least 24 months, 75% shall have had two or fewer placements in that 12 month period.	Monthly range of 74 – 78%	Monthly range of 76 – 79%		
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.	59% of foster homes licensed between July – December 2013 received their license within 150 days.	74% of foster homes licensed between January –June 2014 received their license within 150 days.	Yes	↑

[46] CFSA met compliance for subparts b. and c. every month this period. For sub-part a., CFSA met the required level for three months of the period and was not further than 2% for the other three months. The Monitor considers this Exit Standard achieved.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
32. *Timely Adoption:* Timely permanency through reunification, adoption or legal guardianship. (IEP citation I.B.16.c.)	i. Of all children who entered foster care for the first time in FY2012 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, 2013.	As of September 30, 2013, 48% of the children in this cohort achieved permanency.	As of June 30, 2014, 29% of the children in this cohort achieved permanency.[47]	Not yet due	N/A
	ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2011, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2013.	As of September 30, 2013, 38% of children in this cohort achieved permanency.	As of June 30, 2014, 33% of the children in this cohort achieved permanency.[48]		
	iii. Of all children who are in foster care for 25 months or longer on September 30, 2011, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2013, whichever is earlier.	As of September 30, 2013, 20% of children in this cohort achieved permanency.	As of June 30, 2014, 23% of the children in this cohort achieved permanency.[49]		

[47] Although outside this monitoring period, performance data as of September 30, 2014 were available at the time of the writing of this report and 36% of the children in this cohort achieved permanency.
[48] Although outside this monitoring period, performance data as of September 30, 2014 were available at the time of the writing of this report and 40% of the children in this cohort achieved permanency.
[49] Although outside this monitoring period, performance data as of September 30, 2014 were available at the time of the writing of this report and 28% of the children in this cohort achieved permanency.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
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 partnership with youth and families, the families' informal support networks, and other formal resources working with or needed by the youth and/or family. c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals. (IEP citation I.B.17.)	80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.	61% of cases were acceptable based on CY2013 QSR data.[50]	45% of cases were acceptable based on January – June 2014 QSR data.[51]	No	N/A[52]

[50] Data collected during QSRs conducted in CY2013 determined that 70% of the cases were acceptable on the Planning Interventions indicator, 64% were acceptable on the Pathway to Case Closure indicator and 61% were acceptable on both indicators.
[51] Data collected during QSRs conducted in January – June determined that 63% (46 of 73) of the cases were acceptable on the Planning Interventions indicator, 60% (44 of 73) were acceptable on the Pathway to Case Closure indicator and 45% (33 of 73) were acceptable on both indicators.
[52] Direction of change is not assessed due to difference in sample size between monitoring periods.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
35. *Community-based Service Referrals for Low & Moderate Risk Families*: (IEP citation I.C.19.)	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.	Monthly range of 43 – 89% of applicable closed investigations were referred to a Collaborative or community agency.	Monthly range of 82 – 100% of applicable closed investigations were referred to a Collaborative or community agency.[53]	Yes[54]	↑
39. *Health and Dental Care*: Children in foster care shall have a health screening prior to placement. (IEP citation I.C.22.a.)	95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care. 90% of children in foster care who experience a placement change shall have a replacement health screening.	Initial and re-entries: monthly range of 87 – 100% Replacements: monthly range of 83 – 87%	Initial and re-entries: monthly range of 78 – 100% Replacements: monthly range of 77 – 89%	No[55]	↔

[53] Monthly performance for community-based referrals for low and moderate risk families are as follows: January, 86%; February, 89%; March, 95%; April, 97%; May, 82%; June, 100%.
[54] CFSA met the required level of performance for three of the six months during the monitoring period and the first two months of the subsequent monitoring period (July, 100%; August, 95%); the Monitor considers this Exit Standard to be achieved pending CFSA's ability to maintain performance in the next monitoring period.
[55] CFSA met the required level of performance for three of six months for health screenings prior to an initial or re-entry placement and did not meet the required level of performance for health screenings prior to replacement during any month of the monitoring period.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
40. *Health and Dental Care*: Children in foster care shall receive a full medical evaluation within 30 days of placement. (IEP citation I.C.22.b.i.)	85% of children in foster care shall receive a full medical evaluation within 30 days of placement. 95% of children in foster care shall receive a full medical evaluation within 60 days of placement.	Within 30 days: monthly range of 74 – 84% Within 60 days: monthly range of 86 – 97%	Within 30 days: monthly range of 77 – 88% Within 60 days: monthly range of 94 – 97%[56]	Partially[57]	↑

[56] During five of the six months of the monitoring period, CFSA met the sub-part of this Exit Standard which requires 95% of children in care receive a full medical evaluation within 60 days of placement.

[57] During two of the six months of the monitoring period, CFSA met the sub-part of the Exit Standard which requires that 85% of children receive a full medical evaluation within 30 days of placement and during five of the six months of the monitoring period, CFSA met the sub-part of this Exit Standard which requires 95% of children in care receive a full medical evaluation within 60 days of placement.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
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 51 – 79% Within 60 days: monthly range of 75 – 90% Within 90 days: monthly range of 79 – 92%	Within 30 days: monthly range of 37 – 54% Within 60 days: monthly range of 64 – 82% Within 90 days: monthly range of 64 – 88%	Partially[58]	↓

[58] CFSA met the sub-part of this Exit Standard which requires 25% of children in care receive a full dental evaluation within 30 days of placement and the sub-part which requires 50% of children in care receive a full dental evaluation within 60 days of placement. For the remaining sub-part which requires 85% of children in care receive a full dental evaluation within 90 days of placement, CFSA met the required level during two of the six month monitoring period.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
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.	Monthly range of 0 – 92% of foster parents received the Medicaid number within five days of the child's placement. Monthly range of 0 – 35% of foster parents received the Medicaid card within 45 days of the child's placement.	Monthly range of 57 – 85% of foster parents received the Medicaid number within five days of the child's placement.[59] Monthly range of 0 – 41% of foster parents received the Medicaid card within 45 days of the child's placement.[60]	No	↔

[59] Monthly performance data for caregiver receipt of a child's Medicaid number within five days of a child's placement are as follows: January, 84%; February, 83%; March, 85%; April, 75%; May, 85%; June, 57%. Consistent with previous monitoring periods, these data include all children who experienced a placement activity during the month. CFSA has requested that performance data account for the fact that timeframes will be different for children who were on Medicaid before placement and those who were not. The process for obtaining Medicaid coverage for children who do not have Medicaid prior to entering care cannot begin until the shelter care order is entered by the Family Court which occurs 3 to 8 days after the child enters foster care. The Monitor has recently requested additional information to better understand this timeframe and its implication for this Exit Standard.
[60] Monthly performance data for receipt of Medicaid card within 45 days of a child's placement are as follows: January, 0%; February, 17%; March, 4%; April, 41%; May, 10%; June, 15%.

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance[21]**	**January – June 2014 Performance**	**Exit Standard Achieved[22]**	**Direction of Change[23]**
64. *Reviewing Child Fatalities*: The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate. (IEP citation II.A.4.)	Ongoing Compliance	Internal: Ongoing Compliance City-wide: Monitoring ongoing	Internal: Ongoing Compliance City-wide: Monitoring ongoing	Partially[61]	↔

[61] The Internal Child Fatality Committee is functioning well and although progress has been made in the operations of the City-wide Child Fatality Committee, as of June 30, 2014, required membership of the Committee was not yet complete and a Chair had not been selected. The 2013 Annual Report is expected to be finalized in December 2014. The Monitor will continue to assess performance on this Exit Standard over the next monitoring period and determine if redesignation is appropriate at that time.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
6. *Worker Visitation to Families with In-Home Services*: 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. b. A CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker shall make a second monthly visit at the home, school or elsewhere. (IEP Citation I.A.4.a-b.)	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.	a. Monthly range of 92 – 94% of families were visited monthly b. Monthly range of 89 – 92% of families were visited twice during the month	a. Monthly range of 93 – 95% of families were visited monthly b. Monthly range of 91 – 93% of families were visits twice during the month	Yes[62]
8. *Worker Visitation to Children in Out-of-Home Care*: a. A CFSA social worker or private agency social worker with case management responsibility shall make monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.). b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make a second monthly visit to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.). c. At least one of the above visits each month shall be in the child's home. (IEP citation I.A.5.a-c.)	95% of children should be visited at least monthly and 90% of children shall have twice-monthly visits.	a. Monthly range of 95 – 98% had monthly visits b. Monthly range of 92 – 96% had twice monthly visits	a. Monthly range of 96 – 98% had monthly visits b. Monthly range of 94 – 96% had twice monthly visits	Yes

[62] Although performance for monthly visitation by social worker to families receiving in-home services was slightly below the required level for four months this monitoring period, the Monitor considers this an insubstantial deviation and this outcome is considered to be maintained.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
12. *Relative Resources*: CFSA shall identify and investigate relative resources by taking necessary steps to offer and facilitate pre-removal Family Team Meetings (FTM) in all cases requiring removal of children from their homes. (IEP citation I.B.7.a.)	CFSA will take necessary steps to offer and facilitate pre-removal FTMs in 70% of applicable cases requiring child removal from home.	Between July and December 2013, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 92% of applicable cases.	Between January and June 2014, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 90% of applicable cases.	Yes
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.	Of the 106 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 91% of cases.	Of the 117 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 97% of cases.	Yes
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.	Not newly assessed	Not newly assessed[63]	Yes

[63] The method of determining performance on this Exit Standard requires a case record review; performance data for March 2012 and March 2013 indicate that CFSA exceeded the required level of performance. The Monitor will periodically verify performance on this Exit Standard in the future.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
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.	Between July-December 2013, no child was placed in an emergency, short-term or shelter facility for more than 30 days.	Between January-June 2014, three children were placed in emergency, short term foster homes for more than 30 days.[64]	Yes
16. *Placement of Young Children*: Children under age 12 shall not be placed in congregate care settings for more than 30 days unless the child has special needs that cannot be met in a home-like setting and unless the setting has a program to meet the child's specific needs. (IEP citation I.B.9.a.)	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.	Between July – December 2013, a total of 5 children under 12 were applicable to this standard and all met an agreed upon exception.	Between January – June 2014, a total of 4 children under 12 were applicable to this standard and all met an agreed upon exception.	Yes

[64] Each of these placements was within a short-term foster home. One child was placed for 32 days, one child was placed for 34 days and the last child was placed for 48 days before being moved to an appropriate placement. CFSA has provided the Monitor with information regarding the circumstances of each of these placements and the Monitor considers this to be a temporary deviation from required performance. The Monitor will continue to assess these placements as they occur.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
17. *Placement of Young Children*: CFSA shall place no child under six years of age in a group care non-foster home setting, except for those children with exceptional needs that cannot be met in any other type of care. (IEP citation I.B.9.b.)	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.	Between July – December 2013, no child under 6 years of age was placed in a group care non-foster home setting.	Between January – June 2014, 2 children under 6 years of age were placed in a group care non-foster home setting. One of the children met an agreed upon exception.	Yes[65]
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.)	95% of children shall have permanency planning goals consistent with ASFA and District law and policy guidelines.	Performance ranged from 93-97%, with all months but one being at 95% or higher.	Performance ranged between 95 - 97%	Yes

[65] The Monitor considers the placement of one child under the age of 6 in a group care, non-foster home setting without an appropriate justification to be a temporary deviation in performance and considers this outcome to be maintained.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
21. *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.b.)	Beginning July 1, 2010, children shall not be given a goal of APPLA without convening a Family Team Meeting (FTM) or Listening to Youth and Families as Experts (LYFE) meeting with participation by the youth and approval by the CFSA Director, or a court order directing the permanency goal of APPLA.	There were 16 youth whose goal changed to APPLA between July – December 2013. Nine of the 16 (56%) had LYFE/FTM conference. The Agency supported the goal change in 3 cases (2 are youth who are unaccompanied minors).	There were 17 youth whose goal changed to APPLA between January and June 2014. Seven of the 17 (41%) had LYFE/FTM conference. The Agency supported the goal change in 6 cases (4 are youth who are unaccompanied minors).	Yes

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
25. *Legal Action to Free Children for Adoption*: 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.)	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.	87%	93%[66]	Yes
26. *Legal Action to Free Children for Adoption*: 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.)	For 90% of children for whom a petition to terminate parental rights has been filed in order to achieve permanency, CFSA shall take and document appropriate actions by the assigned social worker and the assistant attorney general to facilitate the court's timely hearing and resolution of legal action to terminate parental rights.	100%	100%[67]	Yes

[66] There were a total of 55 applicable children who had a permanency goal of adoption and required legal action to free them for adoption; 51 had legal action to free them for adoption within 45 days.

[67] There were 21 cases that required legal action to terminate parental rights. Documentation showed that steps were taken in all of the cases to schedule a hearing, the matter was currently in trail or the goal changed to guardianship and a TPR was no longer necessary. The amount of time between the filing of the TPR and the next court date ranged between 3 and 10 months.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
27. *Timely Adoption*: Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (IEP citation I.B.16.a.i.)	For children whose permanency goal changed to adoption July 1, 2010 or thereafter, 80% will be placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption.	76%	80%[68]	Yes
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.	Review period has expired; Monitor is no longer tracking performance.	Review period has expired; Monitor is no longer tracking performance.	N/A
29. *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.i.)	By September 30, 2010, 40% of the 203 children in pre-adoptive homes as of October 1, 2009 will achieve permanence.	Review period has expired; Monitor is no longer tracking performance.	Review period has expired; Monitor is no longer tracking performance.	N/A

[68] Fifty children had their permanency goal changed to adoption, 40 of whom were placed in an approved adoptive placement by the end of the ninth month from the goal change to adoption.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
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.)	By June 30, 2011, 45% of the children in pre-adoptive homes as of July 1, 2010 will achieve permanence.	Review period has expired; Monitor is no longer tracking performance.	Review period has expired; Monitor is no longer tracking performance.	N/A
31. *Timely Adoption*: CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home. (IEP citation I.B.16.b.iii.)	90% of children in pre-adoptive homes will have their adoption finalized within 12 months or have documented reasonable efforts to achieve permanence within 12 months of the placement in the approved adoptive home.	From July 1-December 31, 2013, 97% of adoptions were completed or reasonable efforts were made to complete adoptions within 12 months of child being placed in a pre-adoptive home.	From January through June 2014, 97% of adoptions were completed or reasonable efforts were made to complete adoptions within 12 months of child being placed in a pre-adoptive home.[69]	Yes
34. *Placement Licensing*: Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards and have a current and valid license. (IEP citation I.B.18.)	95% of foster homes and group homes with children placed will have a current and valid license.	Monthly range of 96 – 98%	Monthly range of 95 – 96%[70]	Yes

[69] CFSA reports that 30 adoptions were finalized during this monitoring period. Of those 30, 14 cases were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for an additional 15 children.
[70] Reported performance now includes combined compliance for both foster and group homes.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
36. *Sibling Placement and Visits*: Children in out-of-home placement who enter foster care with their siblings should be placed with some or all of their siblings, unless documented that the placement is not appropriate based on safety, best interest needs of child(ren) or a court order requiring separation. (IEP citation I.C.20.a.)	80% of children who enter foster care with their siblings or within 30 days of their siblings will be placed with some of their siblings.	As of December 31, 2013, 83% of children placed between July – December 2013 with their siblings or within 30 days of their siblings were placed with some of their siblings.[71]	As of June 30, 2014, 93% of children placed between January – June 2014 with their siblings or within 30 days of their siblings were placed with some of their siblings.[72]	Yes

[71] CFSA also provided data for all children in care at a point in time (not limited to those who entered care between July and December 2013) for this Exit Standard. As of December 31, 2013, 73% of children currently in foster care who entered care with their siblings or within 30 days of their siblings were placed with one or more sibling.
[72] CFSA also provided data for all children in care at a point in time (not limited to those who entered care between January and June 2014) for this Exit Standard. As of June 30, 2014, 72% of children currently in foster care who entered care with their siblings or within 30 days of their siblings were placed with one or more sibling.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
37. *Sibling Placement and Visits:* Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings unless documented that the visitation is not in the best interest of the child(ren). (IEP citation I.C.20.b.)	80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.	Monthly range of 78 – 89% with at least monthly visits Monthly range of 69 – 82% with at least twice monthly visits	Monthly range of 80 – 86% with at least monthly visits[73] Monthly range of 69 – 77% with at least twice monthly visits[74]	Yes[75, 76]
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.)	90% of children experiencing a placement disruption will have a comprehensive assessment and an action plan to promote stability developed.	Monthly range of 95 – 100%	Monthly range of 83 – 100%	Yes[77]

[73] Monthly performance data are as follows for at least monthly sibling visits: January, 80%; February, 83%; March, 82%; April, 83%; May, 86%; June, 84%.
[74] Monthly performance data are as follows for twice monthly sibling visits: January, 69%; February, 77%; March, 72%; April, 74%; May, 77%; June, 75%.
[75] Performance for at least twice monthly sibling visits during October through December 2013 and for three months this monitoring period dropped below the required level. The Monitor continues to consider this to be a temporary deviation, however, if this performance continues, will determine if this Exit Standard should be redesignated as an Outcome to be Achieved.
[76] The percentage of children with suspended visits has increased this monitoring period, from 17% in January to 21% in June. The Monitor has discussed this trend with CFSA and CFSA indicates that an internal audit will be conducted to ensure appropriate use of this designation within FACES.NET.
[77] For two months during the monitoring period (February and June 2014), CFSA's performance on assessments for children experiencing a placement disruption fell below the required level; however, there were only 12 placement disruptions during each month and timely assessments did not occur for two children each month. Due to the small number of applicable cases, the Monitor considers the deviations in performance to be insubstantial.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
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.	91% of cases were acceptable based on CY2013 QSR data.[78]	96% of cases were acceptable based on January – June 2014 QSR data.[79]	Yes
44. *Resource Development Plan*: 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.)	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.	Resource Development Plan updates completed June 30, 2013.	Resource Development Plan was submitted to the Monitor on June 27, 2014.	Yes

[78] Of the 85 cases reviewed through QSR in CY2013 where the child or youth was placed in foster care at the time of the review, 77 (91%) were rated as acceptable on the Health Status indicator. Of the three children and youth who were not rated as acceptable on both the Physical Status and Receipt of Care indicators, one rated unacceptable on Receipt of Care and two rated unacceptable of Physical Status. None were rated as unacceptable on both indicators.

[79] Of the 52 cases reviewed through QSR between January and June 2014 where the child or youth was placed in foster care at the time of the review, 50 (96%) were rated as acceptable on the Health Status indicator. Of the two children and youth who were not rated as acceptable on both the Physical Status and Receipt of Care indicators, one rated unacceptable on Physical Status and one rated unacceptable on both indicators.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
45. *Financial Support for Community-Based Services*: 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.)	The District shall provide evidence each year of financial support for community- and neighborhood-based services to protect children and support families.	CFSA reports that the FY2014 base funding level for the Collaboratives is $9,912,351. In FY2014, the Collaboratives will receive an additional $2,909,525 for implementation of Project Connect ($1,069,665), Project Homebuilders ($1,139,860) and mini-grants for specific service needs (gap services) ($700,000).	CFSA reports that in addition to the base funding for the Collaboratives, the Collaboratives received an additional $170,000 to upgrade the Efforts to Outcomes (ETO) system. In FY2015, CFSA allocated funding to each Collaborative to implement and maintain the Title IV-E waiver services.[80] The Collaboratives will also receive $200,000 to fund community capacity building grants.	Yes

[80] Edgewood/Brookland Family Support Collaborative, Collaborative Solutions for Communities and Georgia Avenue Family Support Collaborative each received $160,000 for resources and East River Family Support Collaborative and Far Southeast Family Strengthening Collaborative each received $260,000 for resources and the ability to provide technical assistance to the other Collaboratives for the implementation of Homebuilders and Project Connect.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
46. *Caseloads*: 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. 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. 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. d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.	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.	a. Monthly range of 76 – 100% of investigators met the caseload requirements. Monthly range of 0 – 5 investigators had a caseload of more than 15. b. & c. Monthly range of 94 – 99% of ongoing workers met the caseload requirements. Monthly range of 0 – 1 social workers had a caseload of 18 or more. d.100% of workers conducting home studies met required performance of no greater than 30 cases.	a. Monthly range of 48 – 100% of investigators met the caseload requirements. Monthly range of 0 – 15 investigators had a caseload of more than 15. b. & c. Monthly range of 96 – 99% of ongoing workers met the caseload requirements. Monthly range of 0 – 1 social workers had a caseload of 18 or more. d.100% of workers conducting home studies met required performance of no greater than 30 cases.	Partially[81]

[81] CFSA did not maintain compliance on the level of performance required for workers conducting investigations during five of the six months of the monitoring period.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
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. (IEP citation I.D.25.)		e. Monthly range of 22 – 93 (1 – 5% of total open cases) cases unassigned to a social worker for more than five business days.	e. Monthly range of 26 – 70 (1 – 4% of total open cases) cases unassigned to a social worker for more than five business days.[82]	
47. *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 on-going 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.)	90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker.	Monthly range of 91 – 96% of supervisors met the required standard.	Monthly range of 96 – 98% of supervisors met the required standard.	Yes

[82] Between January and June, in addition to the cases cited above, a monthly range of between 48 and 55 in-home services or placement cases were assigned to investigative social workers. This range is consistent with the previous monitoring period and the Monitor continues to have concerns regarding delays in transferring cases after completion of an investigation.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
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 on-going case management of any case. ii. Cases shall be assigned to social workers. (IEP citation I.D.26. a.&b.ii.)	95% of cases are assigned to social workers.	Monthly range of 93 – 96% cases assigned to social workers.	Monthly range of 89 – 94% cases assigned to social workers.	Yes[83]
49. *Training for New Social Workers*: New direct service staff[84] 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.)	90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training.	93%	100%	Yes
50. *Training for New Supervisors*: New supervisors shall complete a minimum of 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility. (IEP citation I.D.27.b.)	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.	N/A	100%	Yes

[83] Monthly performance on this Exit Standard was: January, 94%; February, 89%; March, 92%; April, 94%; May, 92%; June, 94%. The Monitor considers this a temporary deviation from the performance level required by the IEP and will continue to monitor.

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

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
51. *Training for Previously Hired Social Workers*: Previously hired direct service staff[85] 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.)	80% of CFSA and private agency direct service staff shall receive the required annual in-service training.	In process	97%	Yes
52. *Training for Previously Hired Supervisors and Administrators*: Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training. (IEP citation I.D.28.b.)	80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive annual in-service training.	In process	98%	Yes
53. *Training for Foster Parents*: CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training. (IEP citation I.D.29.a.)	95% of CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training.	97%	94%	Yes
54. *Training for Foster Parents*: CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years. (IEP citation I.D.29.b.)	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.	96%	98%	Yes

[85] Twelve of the 30 hours required for the nurse care managers may be met with continuing education requirements of the licensing board.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
55. *Special Corrective Action*: a. CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the following categories: i. All cases in which a child has been placed in four or more different placements, with the fourth or additional placement occurring in the last 12 months and the placement is not a permanent placement; ii. All cases in which a child has had a permanency goal of adoption for more than one year and has not been placed in an adoptive home; 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; iv. Children with a permanency goal of reunification for more than 18 months; v. Children placed in emergency facilities for more than 90 days; vi. Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license; vii. Children under 14 with a permanency goal of APPLA; and viii. Children in facilities more than 100 miles from the District of Columbia. b. CFSA shall conduct a child-specific case review by the Director or Director's designee(s) for each child identified and implement a child-specific corrective action plan, as appropriate. (IEP citation I.D.30.)	For 90% of children identified in corrective action categories, required reviews will occur and corrective action plans will be developed and implemented as appropriate.	a. CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable case reviews. b.100% of children requiring a special corrective action plan(s) for one or more special corrective action category had a plan developed.	a. CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable reviews. b.100% of children requiring a special corrective action plan(s) for one or more special corrective action category had a plan developed.	Yes

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
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.)	Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis.	Infrastructure for performance based contracting remains in place and CFSA uses data to make decisions about placement and future contracts.	Infrastructure for performance based contracting remains in place and CFSA uses data to make decisions about placement and future contracts.	Yes
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.)	Elimination of the backlog of cases without ICPC compliance.	CFSA has eliminated the backlog. There are no children placed without ICPC approval.	CFSA has eliminated the backlog. There are no children placed without ICPC approval.	Yes

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
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.)	CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.	As of December 2013, 21 of 21 FTE positions for Family-Based Contracts Monitoring were filled. 25 of 27 FTE positions were filled for Family Licensing Division.	As of June 2014, 22 of 22 FTE positions for Family-Based Contracts Monitoring were filled.[86] 25 of 27 FTE positions were filled for Family Licensing Division.	Yes
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. The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide Agency budget and/or personnel reductions that may be otherwise imposed. (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.	The FY2014 budget is $237.6 million and provides adequate funding for required staffing, services and supports.	The FY2014 budget is $237.6 million and provides adequate funding for required staffing, services and supports.	Yes

[86] Congregate care contracts management is reported within the family-based contract management division.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
60. *Federal Revenue Maximization*: CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development. (IEP citation I.D.35.)	Evidence of consistent and appropriate claiming of all appropriate and available federal revenue.	CFSA now has a Title IV-E Waiver approved. CFSA will be claiming this federal revenue on a quarterly basis. Additionally, CFSA increased claiming Supplemental Security Income or Social Security Disability Income for eligible children.	CFSA now has a Title IV-E Waiver approved. CFSA will be claiming this federal revenue on a quarterly basis. Additionally, CFSA increased claiming Supplemental Security Income or Social Security Disability Income for eligible children.	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	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	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
63. *Checking for Prior Reports*: 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.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
65. *Investigations of Abuse and Neglect in Foster Homes and Institutions*: 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.)	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.	Monthly range of 80 – 100%	Monthly range of 60 – 100%[87]	Partially[88]
66. *Policies for General Assistance Payments*: 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.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

[87] Reported performance includes combined compliance for both foster homes and congregate care settings. Monthly performance on timely completion of investigations of reported abuse and neglect in foster homes and in institutions are as follows: January, 80%; February, 67%; March, 73%; April, 100%; May, 60%; June, 77%.
[88] Required performance was maintained for only one month during the monitoring period; however, the number of abuse/neglect investigations in foster homes is small and performance is based upon a very small number of completed investigations (5 to 21 a month). The Monitor considers this Exit Standard to be partially maintained and will monitor trends over the next period.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
67. *Use of General Assistance Payments*: 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.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
68. *Placement of Children in Most Family-Like Setting*: No child shall stay overnight in the CFSA Intake Center or office building. (IEP citation II.B.8.)	Ongoing Compliance	No child has been reported staying overnight at CFSA during this monitoring period.	In April 2014, four children stayed at CFSA overnight. CFSA reports that this placement was in error and in response, guidance would be provided to staff on roles among different administrations (CPS, in-home, placement, kinship) when families are involved with an in-home case that results in a removal.	Yes[89]

[89] CFSA immediately notified the Monitor regarding these placements and identified next steps to prevent future occurrences.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
69. *Timely Approval of Foster/Adoptive Parents*: CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry. (IEP citation II.B.9.)	Ongoing Compliance	Training was offered during the current monitoring period.	Training was offered during the current monitoring period.	Yes
70. *Placement within 100 Miles of the District*: No more than 82 children shall be placed more than 100 miles from the District of Columbia. (Children placed in college, vocational programs, correctional facilities, or kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.) (IEP citation II.B.10.)	Ongoing Compliance for no more than 82 children.	Monthly range of 22 – 24 children	Monthly range of 21 – 24 children	Yes

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
71. *Licensing and Placement Standards*: a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards. b. Children in foster home placements shall be in homes that (a) have no more than three foster children or (b) have six total children including the family's natural children; (c) have no more than two children under two years of age or (d) have more than three children under six years of age. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed these limits. 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. 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. (IEP citation II.B.11.)	Ongoing compliance for 95% of children.	a. Monthly range of foster and group homes: 96-98% b. Monthly range of children over placed in foster homes: 1-2% c. Children in group care settings with capacity in excess of eight children – 0%	a. Monthly range of foster and group homes: 95-96%[90] b. Monthly range of children over placed in foster homes: 1-3% c. Children in group care settings with capacity in excess of eight children – 0% d. No exceptions were provided for the children placed in excess of licensing capacity during this monitoring period.	Yes

[90] Reported performance includes combined compliance for both foster and group homes.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
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. (IEP citation II.B.12.)	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.	Monthly range of 93 – 97%	Monthly range of 92 – 96%	Yes
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	Ongoing Compliance[91]	Yes

[91] As of June 30, 2014, CFSA reports that no child under the age of 12 had a non-court ordered goal of legal custody and one child under the age of 12 had a goal of APPLA. This is the same child that was identified in previous monitoring periods.

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
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%	100%	Yes
75. *Post-Adoption Services Notification*: 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.)	Ongoing compliance for 90% of cases.	CFSA continues to report that all adoptive families receive notification in a variety of ways.	CFSA continues to report that all adoptive families receive notification in a variety of ways.	Yes
76. *Family Court Reviews*: 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.)	Ongoing Compliance for 90% of cases.	As of December 31, 2013, 97% of applicable children had required review.	As of June 30, 2014, 95% of applicable children had required review.	Yes
77. *Permanency Hearings*: 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.)	Ongoing compliance for 90% of cases.	Monthly range of 95 – 99%	Monthly range of 96 – 98%	Yes

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
78. *Use of MSWs and BSWs*: 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.)	Ongoing compliance for all social work hires.	Ongoing compliance	Ongoing compliance	Yes
79. *Social Work Licensure*: All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units. (IEP citation II.E.19)	Ongoing compliance for all social workers.	Ongoing compliance	Ongoing compliance	Yes
80. *Training for Adoptive Parents*: Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process. (IEP citation II.F.20.)	Ongoing compliance for 90% of adoptive parents.	97%	94%	Yes
81. *Needs Assessment and Resource Development Plan*: 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.	Ongoing Compliance	a. Needs Assessment completed December 2013 b. Resource Development Plan updates completed June 30, 2013	a. Needs Assessment completed December 2013 b. Resource Development Plan updates completed June 27, 2014	Yes

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
b. The District shall develop a Resource Development Plan, which shall be updated annually by June 30th of each year. The Resource Development Plan shall: (a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; (b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; (c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; (d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and (e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of adoptive families based on the annual assessment. The Plan shall specify the quantity of each category of resources and services, the time period within which they shall be developed, and the specific steps that shall be taken to ensure that they are developed. CFSA shall then take necessary steps to implement this plan. (IEP citation II.G.21.)				
82. *Foster Parent Licensure*: CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements. (IEP citation II.G.22.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
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. (IEP citation II.G.23.)	Ongoing Compliance	Ongoing Compliance There has been no change in staffing since the previous monitoring period.	Ongoing Compliance The QA unit is fully staffed with 4 full-time QSR reviewers, 6 FTEs assigned to QA/Child Fatality and 2 supervisory case specialists.	Yes
84. *Maintaining Computerized System*: a. CFSA shall develop and maintain a unitary computerized information system and shall take all reasonable and necessary steps to achieve and maintain accuracy. 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.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
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.)	Ongoing Compliance	Ongoing Compliance	Ongoing compliance	Yes
86. *Provider Payments*: CFSA shall ensure payment to providers in compliance with DC's Quick Payment Act for all services rendered. (IEP citation II.H.26.)	90% of payments to providers shall be made in compliance with DC's Quick Payment Act for all services rendered.	Ongoing Compliance Monthly range of 93 – 100% of providers were paid timely	Ongoing compliance Monthly range of 93 – 97% of providers were paid timely	Yes
87. *Foster Parent Board Rates*: 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.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	**Exit Standard**	**July – December 2013 Performance**	**January – June 2014 Performance**	**Exit Standard Maintained**
88. *Post-Adoption Services*: CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA. (IEP citation II.H.28.)	Ongoing Compliance	FY2014 budget provides $891,509 for the Post-Permanency Family Center, $246,145 for the Center for Adoption Support and Education and $39,301,000 for the Adoption and Guardianship Subsidy Program.	Funding for FY14 remains unchanged. The proposed FY2015 budget includes $891,509 for the Post-Permanency Family Center, $102,650 for the Center for Adoption Support and Education and $32,236,106 for the Adoption and Guardianship Subsidy Program.	Yes

IV. DISCUSSION OF *LaSHAWN A. v. GRAY* IMPLEMENTATION AND EXIT PLAN OUTCOMES

A. GOAL: CHILD SAFETY

CFSA maintains a 24-hour, seven day a week hotline to accept reports of alleged child abuse and neglect in the District of Columbia. CFSA utilizes a Differential Response (DR) system to determine the appropriate system response to referrals which include one of the following pathways: 1) screened out because the referral does not include an allegation of abuse or neglect, 2) initiate an investigation, 3) initiate a Family Assessment (FA)[92], or 4) Information and Referral (I&R).[93] These determinations are made by hotline staff and through the Hotline RED Team. The Hotline RED Team is a multi-disciplinary team that currently meets three times per weekday and on weekends to review referrals received by the hotline and determine which DR pathway is appropriate.

In 2012 and 2013, CFSA implemented several changes to staffing and operations within CPS including fully designating and staffing FA units, increasing the types of referrals that can be designated as FA[94], routinely using Hotline and 10/15 Day RED Teams and establishing an educational triage unit to screen educational neglect referrals. More recently in March 2014, CFSA began using a hotline-specific Structured Decision Making (SDM) Screening and Response Priority Assessment tool that was developed with support from the Children's Research Center (CRC) to guide consistent decision-making among staff. As discussed more fully below, current data suggest that pathway designations became more consistent month to month after implementation of the SDM tool.

In this section of the report, the Monitor examines CFSA's performance in hotline, investigations and family assessment[95], all critical areas of practice for a child welfare system.

[92] Family Assessment response is utilized consistent with District law (DC Code Section 4-1301.04). Investigations are required for reports involving child fatality, suspected sex abuse or allegations that a child is in imminent risk of or has experienced abuse or neglect that is severe.

[93] Information and Referral is the pathway for requests from other jurisdictions and information or reports outside the parameters of CFSA involvement. Some examples include requests for courtesy interviews, notice of child or youth abscondence, notice of child or youth return from abscondence, non-CPS assaults or child or youth curfew violations.

[94] Beginning October 1, 2013, CFSA in consultation with CRC, added additional allegations to FA acceptance criteria. The current allegations which are not acceptable for FA are child fatality, sex abuse, institutional abuse, substance abuse impacts parenting including PCP or other lethal drug and immediate response.

[95] CFSA has stated its view that family assessments (FA), which are now part of the District's response to allegations of child abuse and neglect, are not covered by the provisions of the *LaShawn* MFO and IEP. CFSA has argued that since FAs are not "investigations," they are not subject to IEP standards and should be reported on differently by the Monitor than other IEP Exit Standards. The Monitor does not agree with this position; the District implemented the FA pathway as part of a new approach to responding to allegations of child abuse and neglect. While it is true that the practice of differential response and the FA pathway were not contemplated or used by CFSA at the time the IEP was established, it is part of the District's child protective services (CPS) response which is covered by the *LaShawn* MFO and IEP. With the inclusion of FA as an appropriate CPS response, many of the referrals that were previously addressed using the CPS investigation pathway are now directed to the FA pathway. CFSA staff report that family assessment workers follow the same protocols as investigators with respect to safety assessments. The Monitor has taken the position that the caseload standard for FA workers is the same as for investigative workers as the nature of

1. Hotline

Table 3 below shows the number of calls the hotline received between January and June 2014 and specifies the DR pathway selected for each referral. The volume of calls to the hotline this monitoring period ranged between 1,411 and 1,662 a month, a considerable increase over the previous monitoring period when the number of calls ranged between 935 and 1,268 a month and a slight increase over the same time period in 2013 (monthly range between January and June 2013 of 1,049 to 1,384). This could be attributed to continued efforts within the District for schools to report truancy concerns for young children in accordance with District law on unexcused absences.

An average of 26 percent of hotline calls received this monitoring period were accepted for a CPS investigation or linked to a current investigation and an average of 16 percent of hotline calls were accepted for a FA or linked to a current FA. As indicated in Table 3 below, a monthly range of 23 to 39 percent of calls were accepted as I&R and a monthly range of 20 to 33 percent of calls were screened out. For the first three months of this monitoring period, there was monthly fluctuation in the percentage of hotline calls designated as I&R and calls that were screened out; however, once the Hotline SDM tool was launched in March 2014, the fluctuations decreased for the remaining months in the monitoring period. Data are available on subsequent reports to the hotline and substantiated maltreatment for referrals screened out during the previous monitoring period. Between July and December 2013, there were 1,823 unique children involved in the 1,479 referrals that were screened out. Of those 1,823 children, 251 (14%) were the subject of a subsequent report within six months of the screened out report and 63 (3.4%) were the subject of at least one substantiated finding of abuse or neglect. CFSA reports that it is working with national consultants to review the rise from previous periods in the percentage of referrals that are screened out to determine if the current practice and level is appropriate.

the work with the family and children is comparable. The Monitor has also taken the position that it is within the purview of the *LaShawn* MFO and IEP that the Monitor fully assess and evaluate FA as an integral part of the District's CPS response.

Table 3: Number of Calls to Child Abuse and Neglect Hotline by DR Pathway January – June 2014

Month	Total	Information and Referral (I&R)	Investigation		Family Assessment (FA)		Screened Out by Hotline or Hotline RED Team**
		Accepted	Accepted	Linked*	Accepted	Linked*	
January 2014	1,450	479 (33%)	298 (21%)	27 (2%)	238 (16%)	7 (<1%)	401 (28%)
February 2014	1,411	551 (39%)	322 (23%)	31 (2%)	212 (15%)	9 (<1%)	286 (20%)
March 2014	1,596[96]	406 (25%)	387 (24%)	50 (3%)	251 (16%)	7 (<1%)	494 (31%)
April 2014	1,662[97]	487 (29%)	383 (23%)	38 (2%)	231 (14%)	8 (<1%)	512 (31%)
May 2014	1,592[98]	364 (23%)	374 (23%)	46 (3%)	269 (17%)	9 (<1%)	528 (33%)
June 2014	1,506[99]	446 (30%)	355 (24%)	48 (3%)	203 (13%)	17 (1%)	434 (29%)
Total	**9,217**	**2,733 (30%)**	**2,119 (23%)**	**240 (3%)**	**1,404 (15%)**	**57 (<1%)**	**2,655 (29%)**

Source: CFSA Administrative Data, FACES.NET report INT003
Percentages may not equal 100% due to rounding.
*Linked indicates that the Agency already had an open investigation or FA and the new referral was linked to the previously open referral.
**A referral may be screened out when the information provided by the reporter does not indicate allegations of abuse or neglect in the District of Columbia.

[96] At the time the data were run for March 2014, one hotline call was awaiting approval and not otherwise designated.
[97] At the time the data were run for April 2014, three hotline calls were awaiting approval and not otherwise designated.
[98] At the time the data were run for May 2014, two hotline calls were awaiting approval and not otherwise designated.
[99] At the time the data were run for June 2014, three hotline calls were awaiting approval and not otherwise designated.

2. Investigations

Referrals which allege serious safety concerns for children, including severe neglect, physical and sexual abuse, require child protective services investigation. The IEP requires CFSA to:

- initiate an investigation within 48 hours of the referral to the hotline or document good faith efforts to initiate the investigation when the alleged victim child(ren) cannot be immediately located;
- complete the investigation and enter the final report of findings into FACES.NET within 35 days of the referral to the hotline;
- comprehensively review families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report with the most recent report occurring within the last 12 months;
- conduct investigations of acceptable quality; and
- refer families whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and who are in need of and agree to additional supports to an appropriate Collaborative or community agency for follow up.

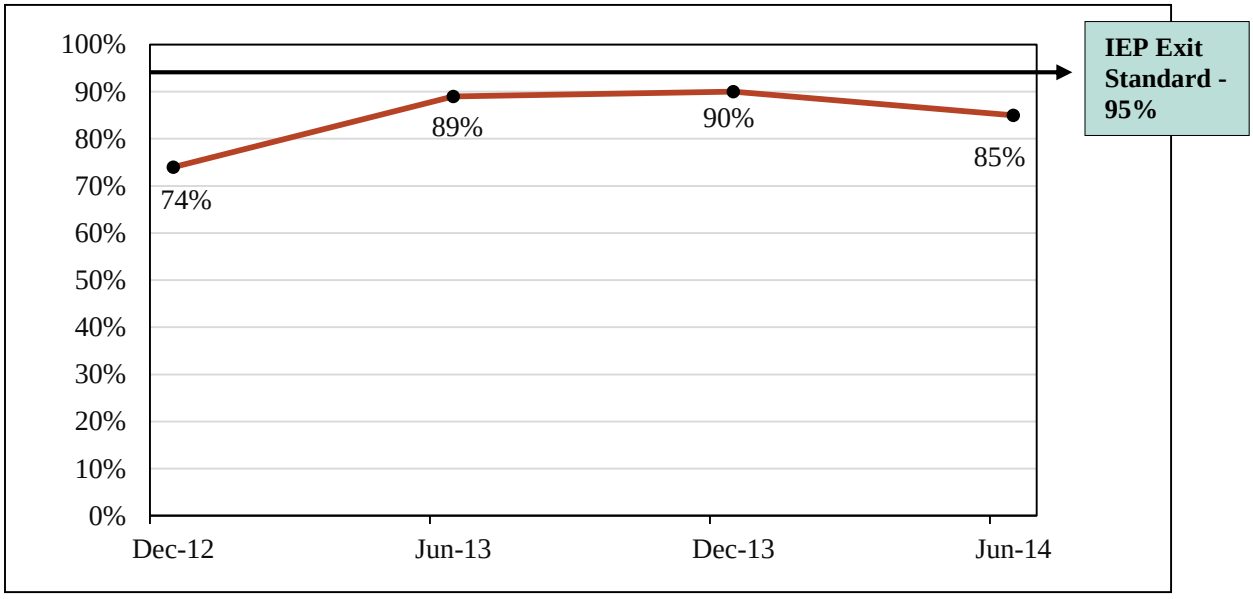
Overall, CFSA's performance on the quality and process requirements for investigations remain mixed. Investigative worker caseloads have risen again beyond compliance levels which seems to be having a negative effect in meeting timeliness standards. In June 2014, less than half (48%) of investigative workers had caseloads of 12 or fewer investigations and 15 workers had over 15 investigations. Undoubtedly, this has placed additional stress on the workforce and the ability of workers to conduct investigations in a timely and quality manner.

CFSA has not met the required level of performance for timely initiation of investigations and has shown a significant decline in performance toward timely completion of investigations. In June 2014, only 36 percent of investigations were completed within 35 days as is required. Data indicate that the quality of investigations continues to be below the required level of 80 percent meeting quality standards, however, quality performance did improve slightly. CFSA has been focusing on the quality of investigative practice with more attention to data collection and analysis through implementation of a continuous quality improvement plan. CFSA partially met two Exit Standards pertaining to investigations – comprehensive reviews for families subject to a new investigation for whom the current report is the fourth or greater within the last 12 months and community-based referrals for families at low or moderate risk of abuse who are in need of and agree to additional supports.

Initiating Investigations

IEP Requirement	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.)
Exit Standard	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.[100]

Figure 1: Timely Initiation of Investigations
December 2012 – June 2014



Source: CFSA Administrative Data, FACES.NET report INT052

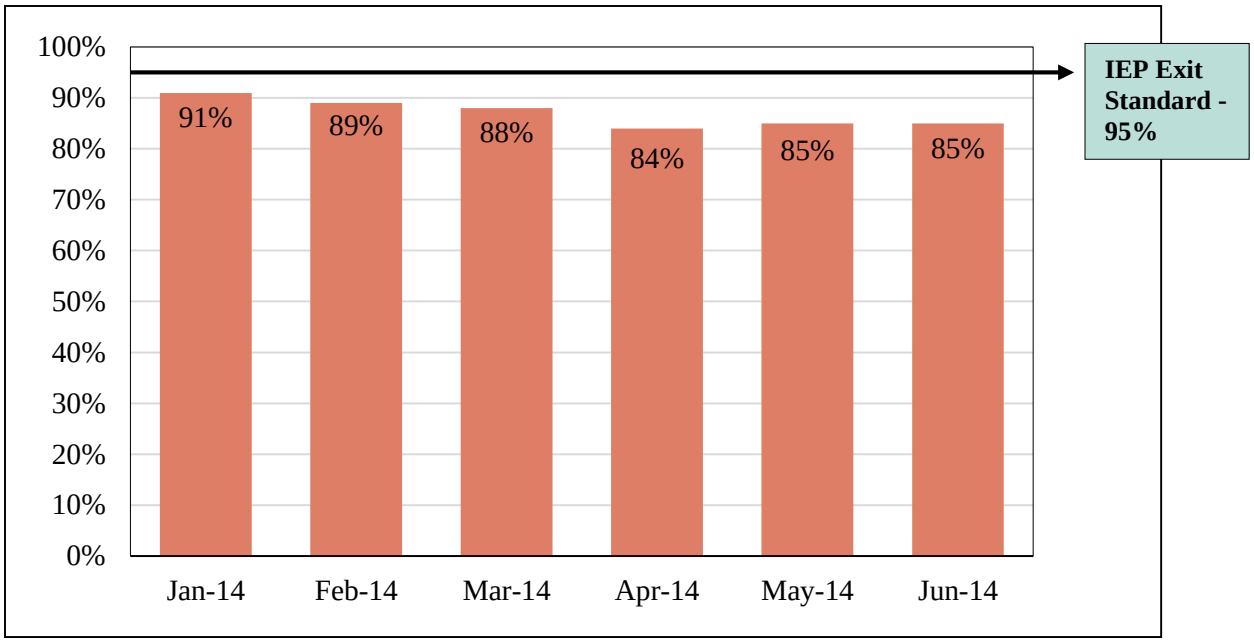
Performance for the period January 1 through June 30, 2014:

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.[101] In June 2014, 328 investigations were completed; in 223 (68%) investigations, a social worker saw all alleged victim children within 48

[100] Documented good faith efforts to see alleged victim children within the first 48 hours shall satisfy this requirement if they include: 1) visiting the child's home at different times of the day; 2) visiting the child's school and/or day care in an attempt to locate the child if known; 3) contacting the reporter, if known, to elicit additional information about the child's location; 4) reviewing the CFSA information system and other information systems (e.g. ACEDS, STARS) for additional information about the child and family; and 5) contacting the police for all allegations that a child(ren)'s safety or health is in immediate danger.
[101] For younger and non-verbal children, observation is acceptable.

hours of the report to the hotline and in an additional 55 (17%) investigations, there was documentation that good faith efforts were made to initiate the investigation, for a total of 85 percent of investigations initiated timely. Between January and June 2014, a monthly range of 84 to 91 percent of investigations were initiated timely, either by the social worker seeing and interviewing all alleged victim children outside the presence of the caretaker within 48 hours of the report to the hotline or by documenting completion of all applicable good faith efforts (see Figure 2). CFSA has not met the 95 percent performance requirement for this Exit Standard.

Figure 2: Timely Initiation of Investigations
January – June 2014



Source: CFSA Administrative Data, FACES.NET report INT052

Performance on Strategy Plan:
CFSA has employed the following strategy to increase performance on timely initiation of investigations:

- *To ensure investigations are initiated timely (inclusive of good faith efforts), effective December 2013, CFSA increased the frequency of the Hotline RED Teams using the group decision-making process framework. Previously, CFSA held two Hotline RED Teams per weekday. Beginning December 2013, the teams were increased to three per weekday to manage the volume of the referrals, assign the referrals to the appropriate pathway, track assignment and response time, and ensure that multidisciplinary membership is a part of the decision-making process (2014 Strategy Plan, #1).*

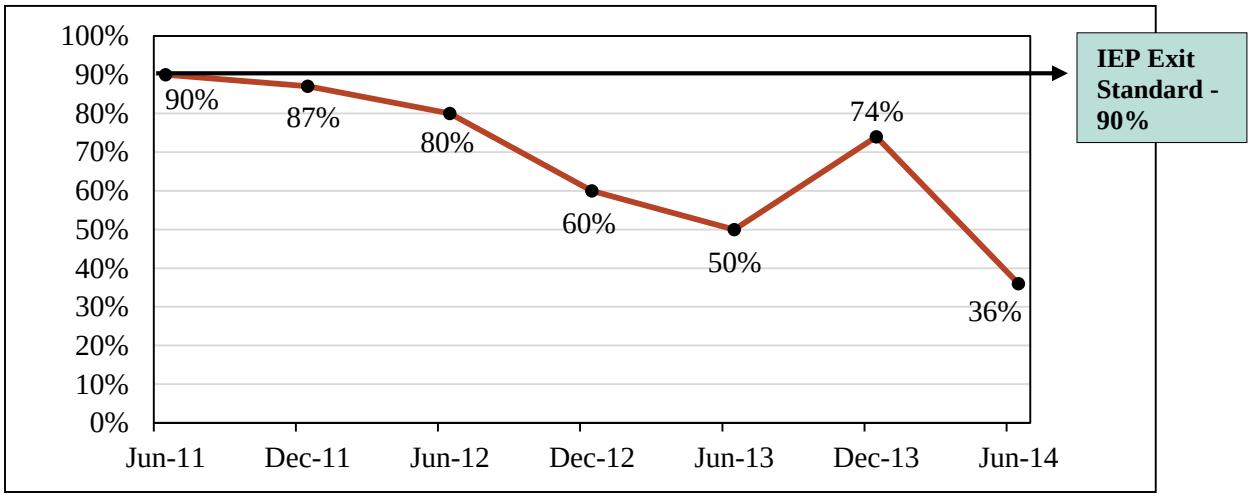
CFSA reports continued implementation of this strategy, with three Hotline RED Teams occurring daily at 8am, 1pm and 5pm. The weekend schedule may vary depending upon the

number of referrals received and availability of staff to provide a multidisciplinary team of decision makers. CFSA reports an internal review of investigations that were not timely initiated in June 2014 determined that the timing and schedule of RED Team meetings does not cause a delay which would contribute to a workers inability to timely initiate an investigation. Monitor staff periodically attends Hotline RED Team meetings as an observer of the process.

Timely Completion of Investigations

IEP Requirement	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.)
Exit Standard	90% of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days.

Figure 3: Timely Completion of Investigations
June 2011 – June 2014



Source: CFSA Administrative Data, FACES.NET report INV004

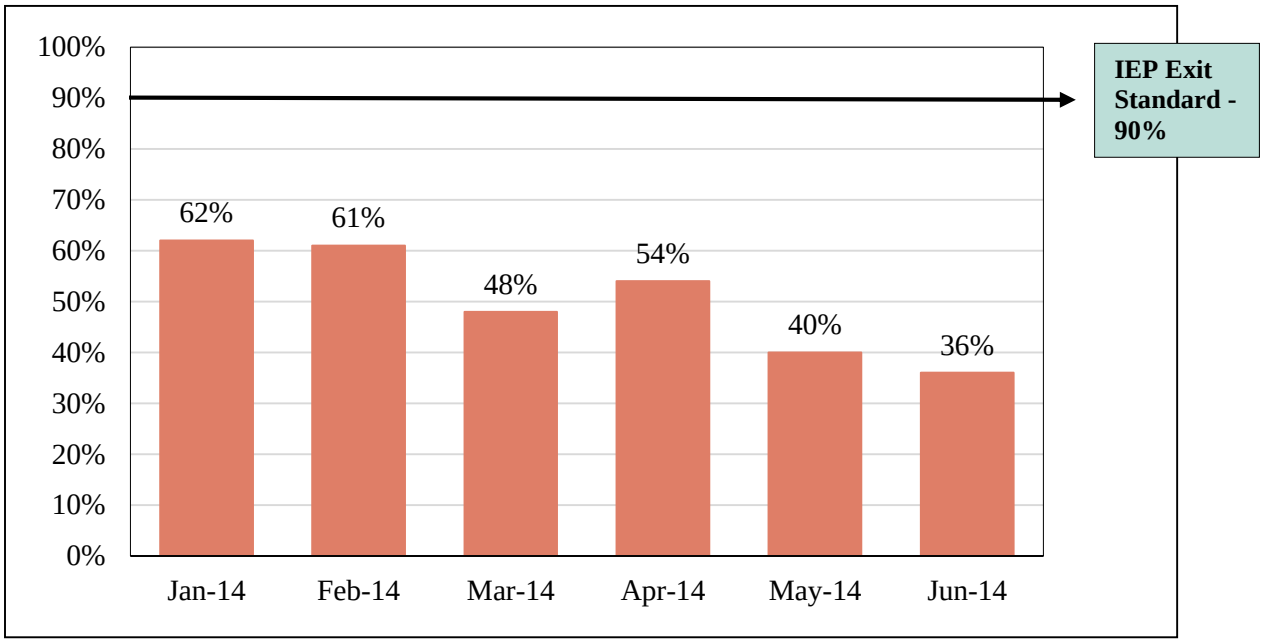
Performance for the period January 1 through June 30, 2014:

In June 2014, there were 315 non-institutional abuse investigations completed; 113 (36%) were completed and had findings entered in FACES.NET within 35 days after receipt of the report.[102] As indicated in Figure 4 below, performance has precipitously declined this monitoring period

[102] During this monitoring period, CFSA reports the following backlog: January, 52; February, 72; March, 105; April, 130; May, 189; June, 229.

and between January and June 2014, a monthly range of 36 to 62 percent of investigations were completed timely. As previously indicated, investigative worker caseloads have also increased this period which impacts a workers ability to manage time and complete investigations, however, this performance is extremely troubling to the Monitor.[103]

Figure 4: Timely Completion of Investigations
January – June 2014



Source: CFSA Administrative Data, FACES.NET report INV004

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

- *CFSA will continue the 10-Day RED Teams, which will address barriers to timely and effective completion of investigations. In addition, the Big RED Team reviews will be scheduled with supervisors to address investigations open for 35 days or more. The next steps developed in the RED Teams will be documented and shared with social workers and supervisors for follow up. The next steps will be reviewed during supervision (2014 Strategy Plan, #2).*

CFSA reports that 10/15 Day RED Teams have continued during this monitoring period for investigations. Big RED Team reviews have not been held as intended due to the significant backlog in investigations that are open longer than 35 days. CFSA reports that a targeted strategy to close pending investigations began in June 2014 and focused on program managers

[103] An additional 42 percent of investigations were closed between 36 to 60 days and the remaining 23 percent were closed within 61+ days.

and supervisors with a high percentage of investigations open longer than 35 days to determine next steps for safe case closure. Currently available data indicate that the backlog has dropped from 229 overdue investigations in June 2014 to 88 in September 2014. With the backlog decreasing, CFSA plans to evaluate whether completing Big RED Team reviews on investigations open longer than 35 days is a useful continuing strategy. CFSA also reports instituting "kickoff to closure" forums which utilize management reports to review timely closure of currently open investigations.

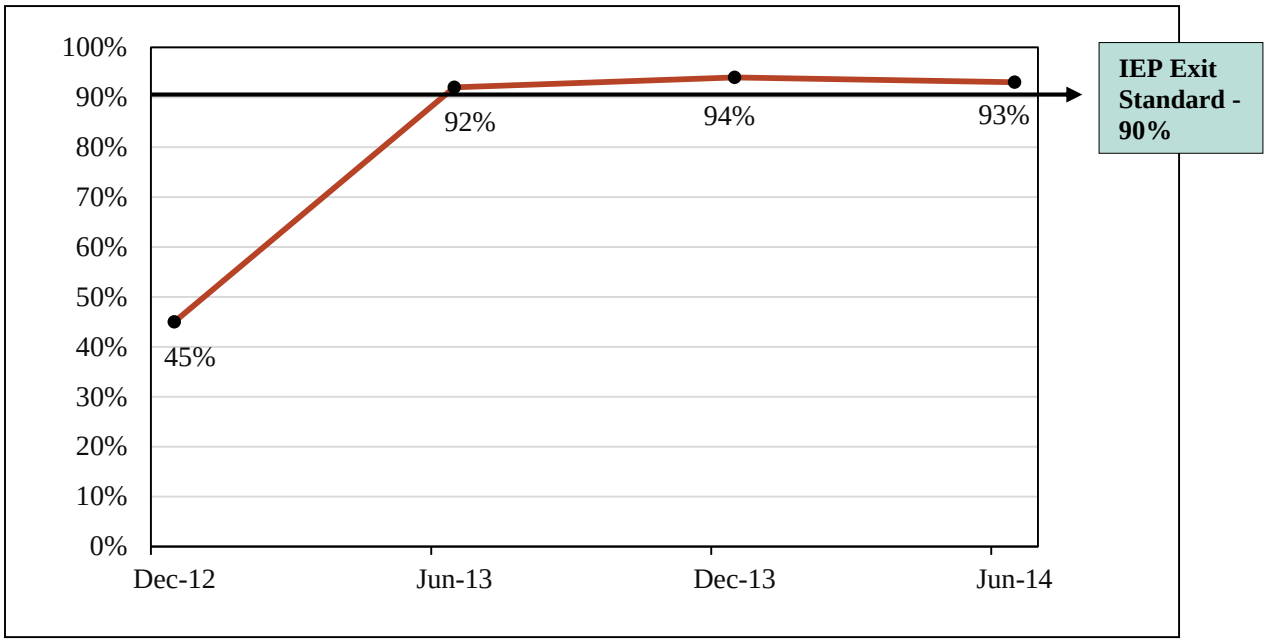
- *To effectively complete investigations, CPS management will continue to equalize the caseloads, remove investigative workers out of rotation as appropriate, and quickly fill social worker vacancies as needed (2014 Strategy Plan, #3).*

CFSA reports that staffing issues, vacancies (range of 10 to 13 a month) and social workers on extended family leave have presented ongoing challenges for the CPS administration. They are working closely with Human Resources to address resources and retention challenges. There were 13 new hires within Entry Services during this period (6 CPS social workers, 3 FA social workers, 2 supervisory social workers, 1 program manager and 1 staff assistant) and CFSA continues to post positions, hire new workers and train newly hired workers. A Request for Proposal was issued on July 28, 2014 for contracted social workers to assist with investigations and CFSA is contracting with a provider for contracted licensed social workers to assist with investigations, primarily by conducting good faith efforts to initiate investigations and assisting with closure of investigations open longer than 35 days. CFSA reports that two contractors have completed training and one additional individual is in the hiring process.

Reviews of Repeat Reports

IEP Requirement	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.)
Exit Standard	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.

Figure 5: Completion of Comprehensive Reviews of Case History and Current Circumstances for Families Subject to a New Investigation for Whom the Current Report is the Fourth or Greater Report Within the Last 12 Months December 2012 – June 2014

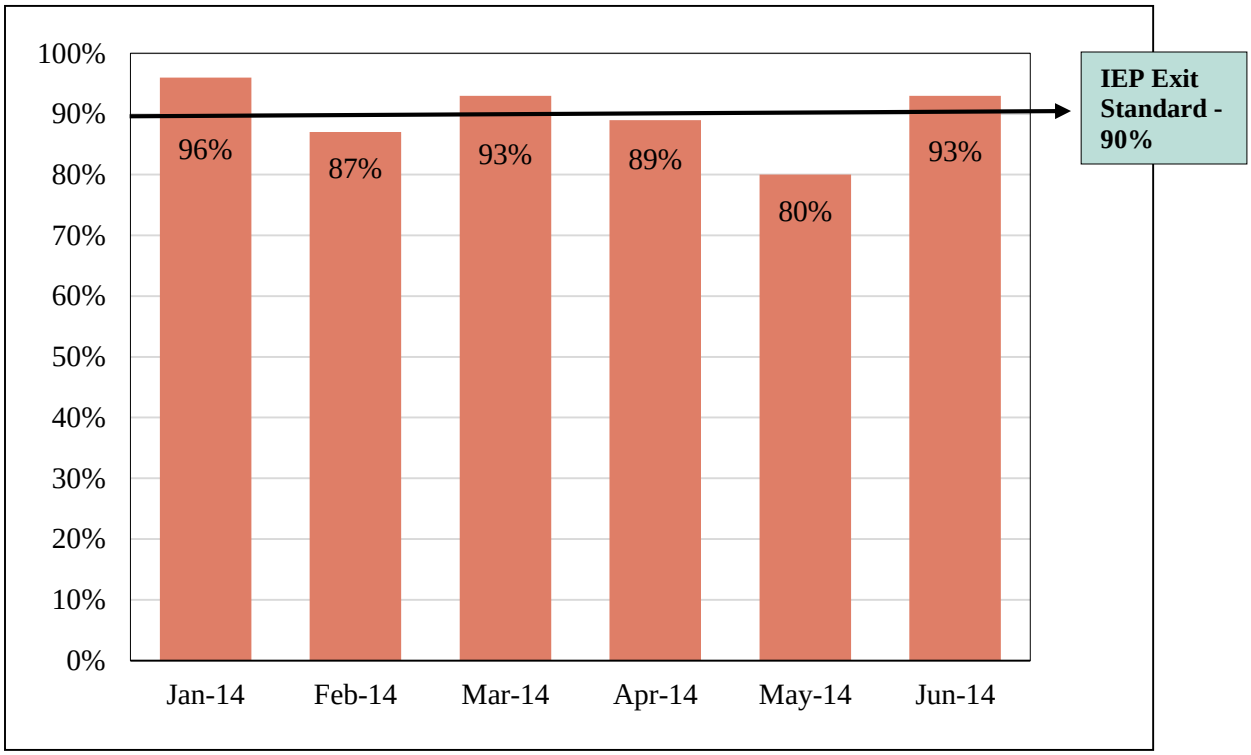


Source: CFSA Manual Data
*Performance is evaluated based on six month performance period

Performance for the period January 1 through June 30, 2014:

The purpose of this requirement is to ensure a more intensive upfront review of a family's history and current case circumstances when a family has had multiple reports alleging abuse or neglect. In June 2014, there were 71 families eligible for a review as the current report of child maltreatment was the fourth or greater report of child maltreatment with the most recent report occurring within the last 12 months; 66 (93%) of these investigations had documentation in FACES.NET indicating that a comprehensive review of the case history and current circumstances that brought the family to CFSA's attention had occurred. Between January and June 2014, monthly performance for this Exit Standard ranged from 80 to 96 percent (see Figure 6). CFSA continues to show strong performance toward meeting this Exit Standard and met the required performance for three of the six months during the period. Data are also available for the first two months of the next monitoring period and indicate continued required performance in July (96%) and August (97%). The Monitor considers this Exit Standard to be achieved pending CFSA's ability to maintain performance in the next monitoring period.

Figure 6: Completion of Reviews for Families Subject to a New Investigation for Whom the Current Report is the Fourth or Greater Report Within the Last 12 Months January – June 2014

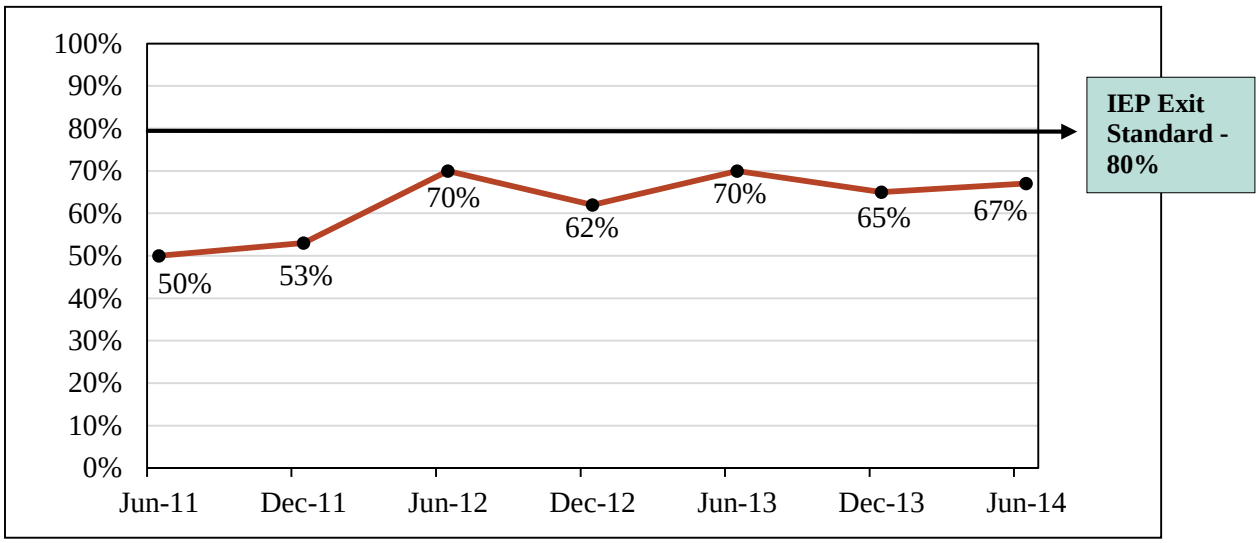


Source: CFSA Manual Data

Quality of Investigations

IEP Requirement	4. *Acceptable Investigations*: CFSA shall routinely conduct investigations of alleged child abuse and neglect.[104] (IEP citation I.A.2.)
Exit Standard	80% of investigations will be of acceptable quality.

Figure 7: Investigations Determined to be of Acceptable Quality
June 2011 – June 2014



Source: Data for December 2012 were collected during a case record review of a statistically significant sample of investigations closed in October 2012. Data presented for June 2011, December 2011, June 2012, June 2013 and December 2013 are from 20 investigations closed during each six month monitoring period. Data for June 2014 are based upon a review of 131 investigations closed during that monitoring period.

[104] 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.

Performance for the period January 1 through June 30, 2014:
Data for this Exit Standard were provided by CFSA through implementation of a continuing quality improvement practice that is outlined in the 2014 *LaShawn* Strategy Plan. CFSA reviewed 131 investigations closed between January and June 2014 using the structured review instrument developed by CFSA and the Monitor that has been used in previous case record reviews to determine if an investigation is of acceptable quality. The Monitor independently reviewed 38 (29%) of these investigations for validity. Of the 131 investigations reviewed, 88 (67%) were of acceptable quality. Reported data indicate that CFSA's performance has improved since 2011 but continues to be below the level required by the IEP.

Performance on Strategy Plan:
CFSA has employed the following strategy to improve the quality of investigations:

- *As a continuing quality improvement practice, the process for completing, reviewing, and reporting on acceptable investigations will continue in 2014 with the assistance of the Office of Agency Performance. The revised process, which began in February 2014, includes peer reviews within CPS management, an increased sample size and frequency of the reviews and reporting out. Each supervisor will conduct a review on two closed investigations per month for review by the program manager. The results will be shared monthly and will include detailed information to allow for targeted training and coaching by supervisor (2014 Strategy Plan, #4).*

CFSA reviewed 131 investigations for quality this monitoring period and reports that findings from these reviews were discussed by supervisors and secondary reviewers within CPS management, Agency Performance and Quality Assurance. Some themes found among those investigations that were determined to be of acceptable quality include:

- Thoroughness of the interviews with adults and children,
- Extensive core collateral contacts, and
- Documented and evident supervisory oversight.

Reviewer's comments for investigations that were not determined to be of acceptable quality include:

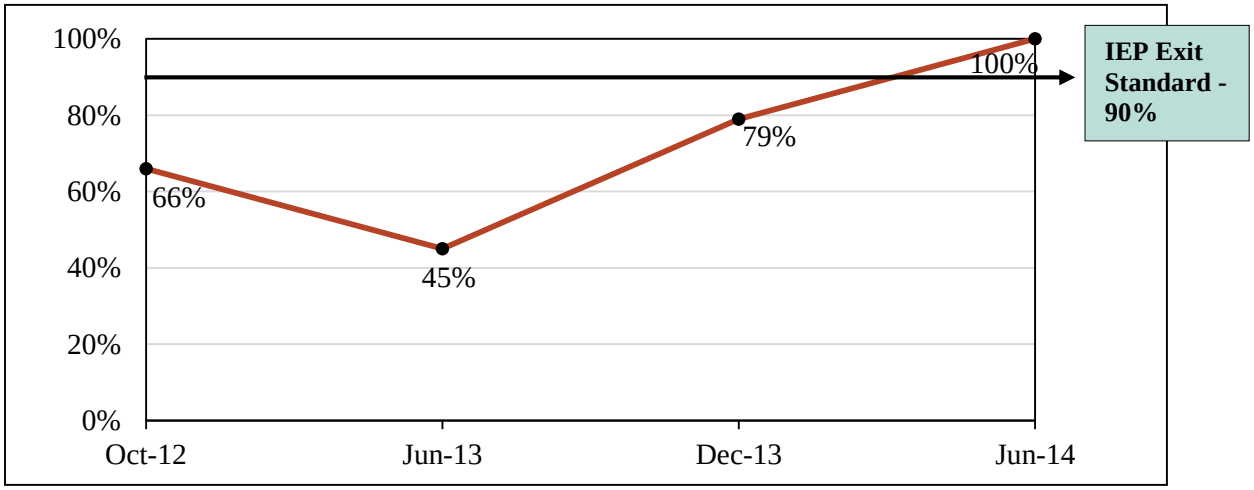
- Minimal documentation of the investigation,
- Lack of worker engagement with parents in the assessment process,
- All allegations were not fully explored,
- Lack of community or collaborative referrals for families with identified needs, and
- Insufficient documentation of necessary educational and medical information.

CFSA reports that these themes will be discussed at a future all-staff meeting.

Community-based Service Referrals for Low & Moderate Risk Families

IEP Requirement	35. *Community-based Service Referrals for Low & Moderate Risk Families*: (IEP citation I.C.19.)
Exit Standard	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.

Figure 8: Community-based Services Referrals for Low and Moderate Risk Families October 2012 – June 2014



Source: October 2012 performance data collected during case record review of a statistically significant sample of investigations closed in October 2012. Sampling represents a ± 5% margin of error with 95 percent confidence in the results. June 2013, December 2013 and June 2014 performance data from FACES.NET report INV089.

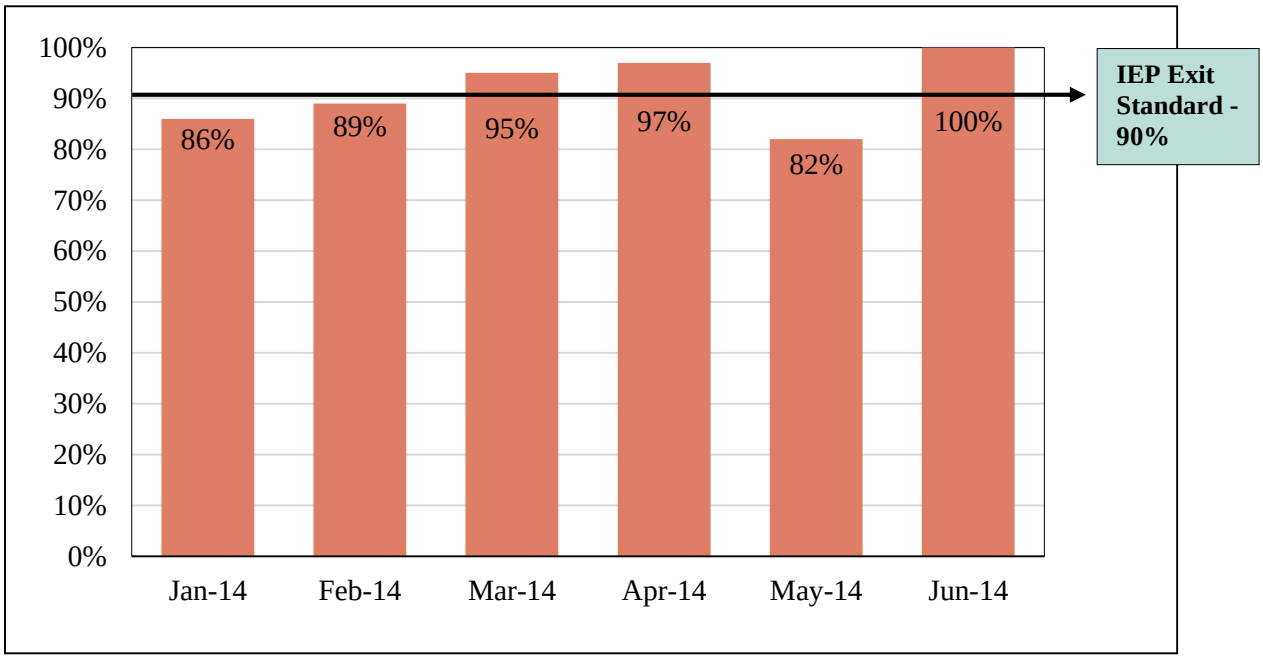
Performance for the period January 1 through June 30, 2014:

During June 2014, 315 investigations closed of which 128 investigations had a risk rating of low or moderate. Of these 128 investigations, one was connected to an open case, 10 were opened as an ongoing case for services, nine families were already receiving needed services, five did not require a referral for additional supports or services and in 78 investigations, the family demonstrated service needs but declined a referral. Of the remaining 25 investigations, all 25 (100%) families received a referral to a Collaborative or community agency for follow-up. Between January and June 2014, monthly performance for this Exit Standard ranged between 82 and 100 percent (see Figure 9). CFSA met the required level of performance for three of the six

months during this monitoring period and for the first two months of the subsequent monitoring period (July, 100% and August, 95%). The Monitor considers this Exit Standard to be achieved pending CFSA's ability to maintain performance in the next monitoring period.

During the current monitoring period, between 49 and 78 families a month who demonstrated service needs declined a referral to a Collaborative or other community-based agency. Although the required level of performance has been met, the Monitor believes these data in examination with other data around engagement with families can be useful in developing strategies to continuously improve practice and accessibility of supports.

Figure 9: Community-based Services Referrals for Low and Moderate Risk Families January – June 2014



Source: CFSA Administrative Data, FACES.NET report INV089

3. Family Assessment

The Family Assessment (FA) pathway is designed for families for whom a hotline report has been made but with no identified safety concerns. For these families, instead of a child protective services investigation, CFSA uses a strength-based, family-centered assessment process to support families in identifying needs and accessing services.

During the monitoring period, several FACES.NET reports on Family Assessment practice became available on a monthly basis which include data on timeliness of contact with families; length of time to closure of FA; and reason for FA closure, such as referral to community-based

agency or family declined participation. The majority of data presented below pertains to performance beginning in March 2014 when the management reports became available.

CFSA is continuing to work with IAR Associates on development and implementation of an evaluation plan for the FA response pathway within CFSA's Differential Response system. There are two phases planned for the evaluation. The first will occur between June and December 2014 and will examine child safety within the FA response pathway, specifically whether children in families assigned to FA are more or less safe than children in families assigned to the CPS investigation pathway. The second phase of the evaluation will occur in CY2015 and will assess outcomes of FA intervention, including differences in services and service referrals, level of community agency contacts and involvement for FA families, level of worker contacts, attitudes of families and family satisfaction. The Monitor has participated in one work plan session and is looking forward to further involvement in this process.

Initiation of FA

CFSA policy sets different response times for initiation of FA depending upon the information contained in the hotline referral – either three or five days. Between March and June 2014, a monthly range of 30 to 43 percent of families with a FA case closed that month had all alleged child victims contacted within 72 hours of the receipt of referral; an additional 17 to 22 percent were contacted within five days.[105] In total, a monthly range of 49 to 60 percent of families with FAs were initiated within five days. The remaining FAs each month were either initiated after five days (monthly range of 18 – 40%) or no contact was documented (monthly range of 9 – 12%)[106].

Completion of FA

CFSA's policy and practice guidance provides that FA cases should remain open for 45 days. In every FA, a safety assessment occurs within the initial response. Following the safety assessment, unless there is an identified safety concern which would convert the referral to an investigation, a family's participation in FA services is voluntary and families must agree to participate.

Between March and June 2014, a monthly range of 32 to 38 percent of FAs were closed within 45 days of referral to the hotline.[107] Specifically, as of June 30, 2014, 285 FAs were closed and 96 (34%) were closed within 45 days. Of the 285 FAs that closed, 117 (41%) were closed

[105] Data from FACES.NET INT055.
[106] For those FA referrals where no contact is documented, these cases may include instances where the referral was incorrectly directed to the FA pathway due to RED Team error; the FA was converted to a CPS investigation; or the children were out of jurisdiction and unable to be seen.
[107] Data from FACES.NET INV140.

because the family declined participation in the FA process. The percentage of families declining participation in the FA process has continued to rise – from 10 percent between January and June 2013, to 30 percent between July through December 2013 and 41 percent in the current period.[108] Engagement with the family is a fundamental component of all child welfare practice and is particularly critical to the success of the FA pathway. The governing hypothesis is that the strength-based approach in FA should allow for increased engagement with families in order to provide supports and services. Thus, the Monitor recommends CFSA examine cases where a family declines participation to determine if additional engagement or intervention strategies could be useful in supporting these families.

Community-based Service Referrals

Referrals to community-based agencies that can work with families to address needs identified through the assessment process is a key element of CFSA's FA model. CFSA reports that of the 968 FA referrals that closed between March and June 2014, 81 (8%) were referred to a community service provider. Table 4 below details the Collaboratives to which families were referred. The Monitor is concerned that Collaborative and community-based service referrals are so low given the issues that are identified in many of the families that are referred for FA including substance use, domestic violence, housing and mental health issues.

Table 4: Service Referrals to Collaborative or Community-based Agency for Family Assessments March – June 2014 N=81

Collaborative or Community-Based Agency	Total Referrals
Columbia Heights/Shaw Collaborative	4
East of the River Collaborative	22
Edgewood/Brookland Collaborative	11
Far Southeast Collaborative	27
Georgia Avenue Collaborative	4
Other Community-Based Agency	13
Total	**81**

Source: CFSA Administrative Data, FACES.NET report INV140

[108] Data provided to the Monitor indicate that 180 children were involved in the 115 FA referrals in which the family declined participation in FA between July and December 2013. Of these 180 children, 11 (6%) children had a substantiated investigation within six months of the FA closure.

Repeat Maltreatment

As part of its assessment of the effectiveness of the FA intervention, CFSA collects data on the number of families with closed FAs who have a subsequent investigation which was substantiated for child abuse or neglect within six months of FA case closure. Data for the 385 FA referrals closed during the previous monitoring period (July 1 and December 31, 2013), 74 were converted to a CPS investigation. The remaining 311 referrals involved 461 children; 18 (4%) children had at least one substantiated investigation within six months of the FA closure.[109]

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

IEP Requirement	5. *Services to Families and Children to Promote Safety, Permanency and Well-Being*: Appropriate services, including all services identified in a child or family's safety plan or case plan shall be offered and children/families shall be assisted to use services to support child safety, permanence and well-being. CFSA shall provide for or arrange for services through operational commitments from District of Columbia public agencies and/or contracts with private providers. Services shall include: a. Services to enable children who have been the subject of an abuse/neglect report to avoid placement and to remain safely in their own homes; b. Services to enable children who have or will be returned from foster care to parents or relatives to remain with those families and avoid replacement into foster care; c. Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and d. Services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement. (IEP citation I.A.3.)
Exit Standard	In 80% of cases, appropriate services, including all services identified in a child's or family's safety plan or case plan shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. The Monitor will determine performance-based on the QSR Implementing Supports and Services and Pathway to Case Closure indicators.

As required by the IEP, two indicators from the QSR protocol are used to measure CFSA's performance on the Exit Standard pertaining to appropriate service provision to families and children to promote safety, permanency and well-being. These indicators, Implementing Supports and Services and Pathway to Case Closure, are described in further detail in Figures 10

[109] Of the 645 children with a substantiated investigation during the same timeframe, 28 (4%) children had a substantiated investigation within six months of the investigation closure.

and 11, which include the parameters reviewers consider in rating performance in the selected areas, as well as descriptions of minimally acceptable performance and unacceptable performance as contained within the QSR protocol.

Figure 10: QSR Implementing Supports and Services Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance[110]

Implementing Supports and Services Indicator

- *Parameters Reviewers Consider:* Degree to which: (1) strategies, formal and informal supports, and services planned for the child, parent or caregiver, and family are available and provided on a timely and adequate basis. (2) The combination of supports and services fit the child and family situation so as to maximize potential results and benefits while minimizing conflicting strategies and inconveniences. (3) Delivery of planned interventions is sufficient and effective to help the child and family make adequate progress toward attaining the life outcomes and maintaining those outcomes beyond case closure.

- *Description of Acceptable/Unacceptable Performance:*

Minimally Acceptable Implementation means that a fair array of supports and services somewhat matches the intervention strategies identified in the case plan and is minimally to fairly helping the child and family meet near-term needs and make progress toward planned outcomes. A minimally adequate to fair set of supports and services is usually available, used, and seen as somewhat satisfactory by the family. The array provides few options, limiting professional judgment and family choice in the selection of providers. The team is considering taking steps to mobilize additional resources to give the family choice and/or provide resources to meet the particular family needs but has not yet taken any steps.

Unacceptable Implementation means that supports and services identified in the case plan are at least somewhat limited or may not be readily accessible or available to the family. A limited set of supports and services may be inconsistently available and used but may be seen as partially unsatisfactory by the family. The service/support array provides few options, substantially limiting use of professional judgment and family choice in the selection of providers. The team has not yet considered taking steps to mobilize additional resources to give the family greater choice and/or provide resources to meet particular family needs.

[110] *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, November 2013, p. 66-67.

Figure 11: QSR Pathway to Case Closure Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance[111]

Pathway to Case Closure Indicator

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

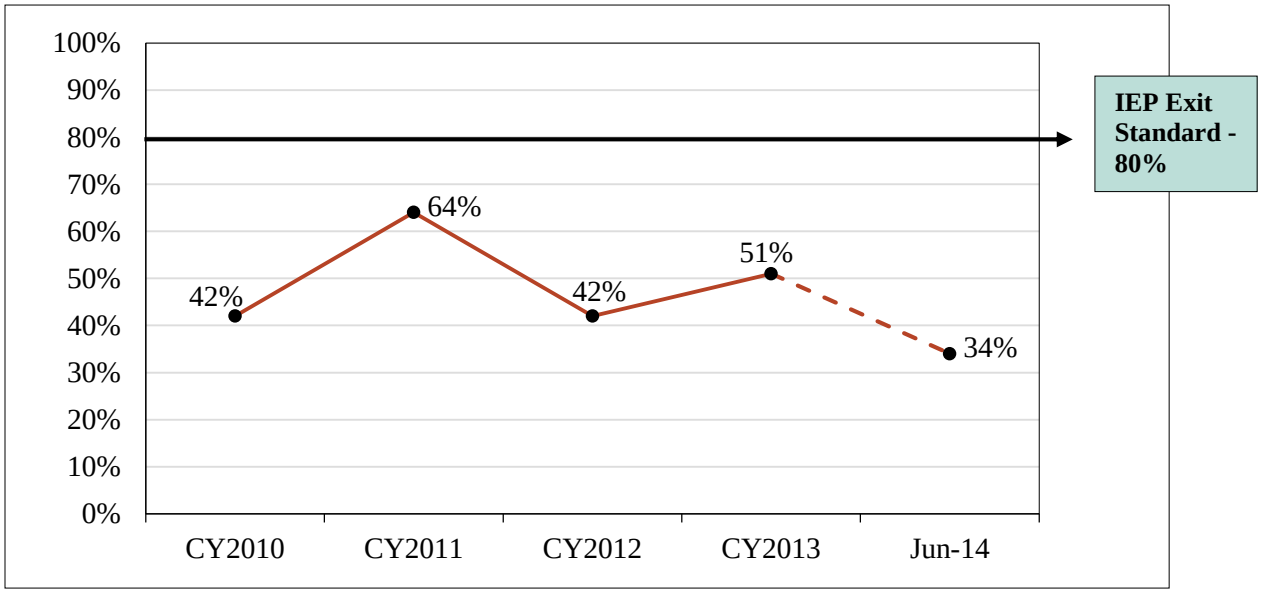
- *Description of Acceptable/Unacceptable Performance:*

Minimally Acceptable Pathway to 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 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.

[111] *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, November 2013, p. 58-59.

Figure 12: QSR Findings on Services to Families and Children to Promote Safety, Permanency and Well-Being CY2010 – June 2014*



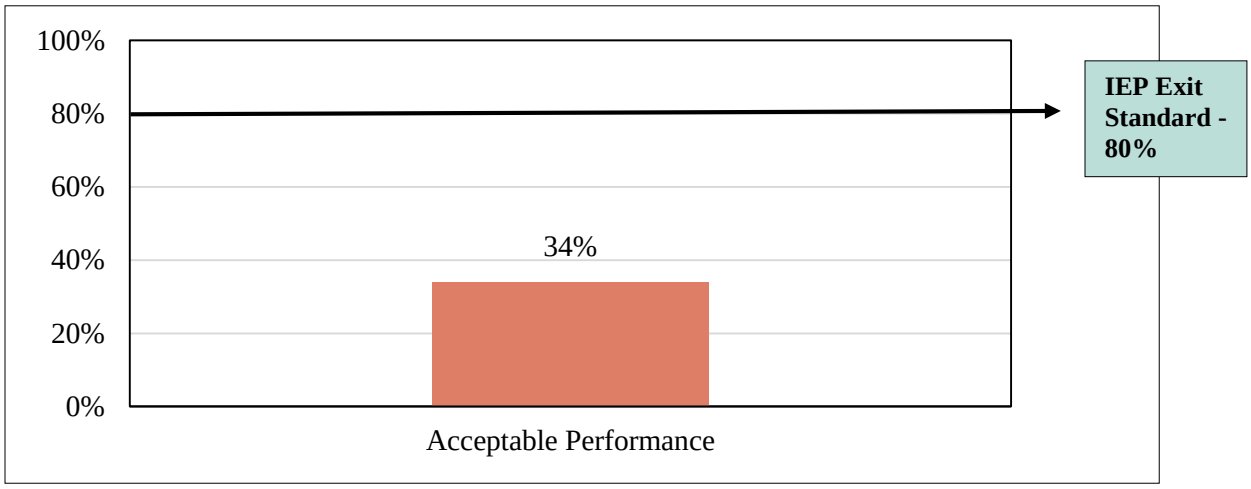
Source: QSR Data
*June 2014 data includes data from QSRs conducted January – June 2014; this trend chart will be updated based on CY2014 data in the next monitoring period.

Performance for the period January 1 through June 30, 2014:

A total of 73 cases were reviewed using the QSR methodology from January to June 2014. Of these cases, 20 of the children were receiving in-home services and 53 were placed in out-of-home care; this sample of cases includes a higher percentage of in-home cases (27%) compared to CY2013 (15%; 15 of 100). There are an additional 52 QSRs scheduled for CY2014.

As Figure 13 indicates, approximately one-third of the cases reviewed (34%; 25 of 73) were rated as acceptable on *both* the Implementing Supports and Services and Pathway to Case Closure indicators. Slightly less than half, (48%; 35 of 73) of cases, were rated acceptable on the Implementing Supports and Services indicator and 60 percent of cases (44 of 73) were rated acceptable on the Pathway to Case Closure indicator. Data on Implementing Supports and Services potentially suggests a case practice gap in implementing appropriate services identified in the case plan in order to achieve safe case closure. During the current monitoring period, CFSA's performance falls far below the 80 percent required for this Exit Standard for services to families and children to promote safety, permanency and well-being.

Figure 13: QSR Findings on Services to Children and Families to Promote Safety, Permanency and Well-Being January – June 2014 N=73



Source: QSR Data, January – June 2014

Critical to CFSA's performance on this Exit Standard are in-home services and supports for families. Of the cases reviewed where the focus child was receiving in-home services, 25 percent (5 of 20) were rated acceptable on Implementing Supports and Services compared to 57 percent (30 of 53) of cases where the focus child was placed in out-of-home care (see Table 5). Additionally, only 50 percent (10 of 20) of in-home cases were rated acceptable on Pathway to Case Closure compared to 64 percent (34 of 53) of out-of-home cases. These data suggest the disparate outcomes for these two groups of children receiving services.

Table 5: Acceptable Performance on QSR Indicators Used to Assess Services to Children and Families to Promote Safety, Permanency and Well-Being

In-Home Cases N=20	Out-of-Home Cases N=53
Implementing Supports and Services	
25% (5)	57% (30)
Pathway to Case Closure	
50% (10)	64% (34)
Both Indicators	
15% (3)	42% (22)

Source: QSR, January – June 2014

Performance on Strategy Plan:
CFSA has employed the following strategies to increase performance on the services provided to children and families to promote safety, permanency and well-being:

- *By April 1, 2014, CFSA will test the Functional Family Assessment tool for in-home and out-of-home. Full implementation of the tool is expected by July 31, 2014 (2014 Strategy Plan, #5).*[112]

CFSA has developed a Caregivers Strength and Needs Assessment to be used to determine family needs. Trained staff utilize this tool through an ongoing assessment process to evaluate the strengths and needs of families and identify appropriate services to meet their needs. In March and May 2014, CFSA held two-day trainings for 83 staff including staff from Family Assessment, Permanency and In-Home services, the Collaboratives and private agencies. After the initial training, the tool was modified based on user feedback regarding definitions and applications for inter-rater reliability.

The Caregivers Strength and Needs Assessment is currently being used in paper form on a small scale while worker fidelity in using it is being closely monitored. CFSA has delayed full scale implementation of the tool for all families until December 31, 2014 in order to integrate this tool with other changes involving assessment protocols in FACES.NET.

[112] This strategy was modified in June 2014 and changed the full implementation date from May 1, 2014 to July 31, 2014 as additional time was needed to complete testing and training on the tool.

5. Visitation

The visits of children with their caseworkers, their parents and their siblings can ensure children's safety, maintain and strengthen family connections and increase opportunities to achieve permanency. Social worker visits with children in out-of-home placement and with their families promote placement stability and increase the likelihood that reunification will occur. They also allow social workers to assess safety and progress, link children and families to needed services and adjust case plans as indicated.

CFSA continues to maintain performance in compliance with the Exit Standard on frequency of social worker visits to families with in-home services and social worker visits to children in out-of-home care.[113] However, the standard for visits in the first four weeks of a new placement or placement change is more rigorous and CFSA has not yet met this required level of performance. Improvements have been demonstrated in visitation between children and parents with whom reunification is sought although performance at required Exit Standard levels has not yet been achieved. CFSA continues to struggle to have workers consistently document their assessment of the safety of children at each visit.

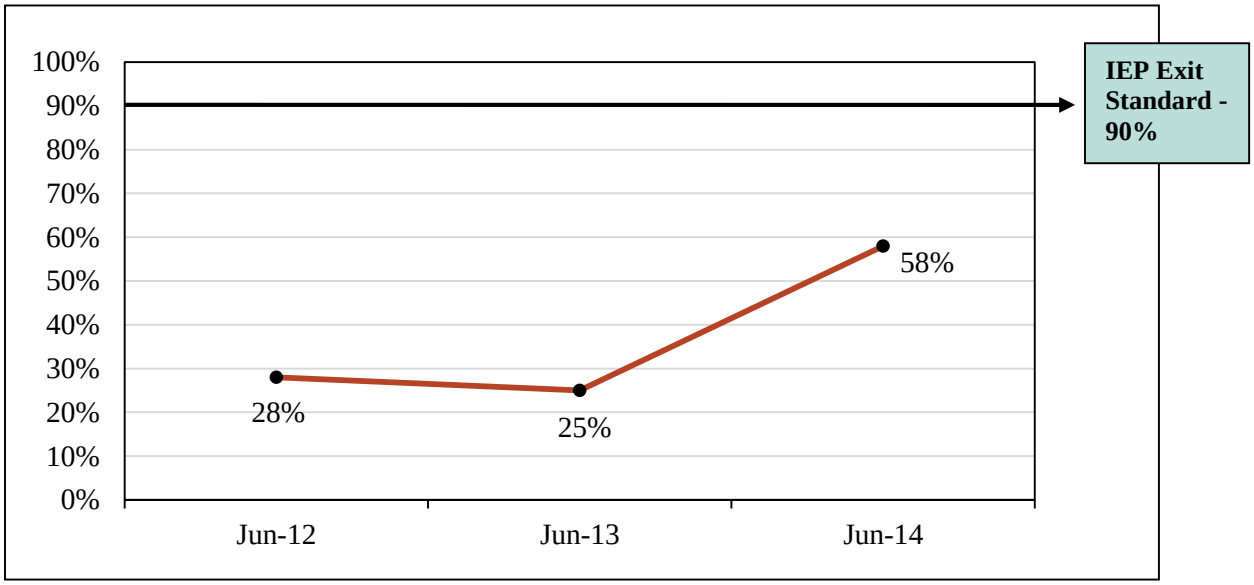
During the current monitoring period, CFSA implemented a new review protocol to collect performance data for the three Exit Standards requiring assessment and documentation of safety during every worker visit for in-home, out-of-home and placement change cases.[114] Using a modified review tool[115] from the last case record review that was conducted in June 2013, CFSA supervisors and staff from Agency Performance reviewed visitation documentation for three months of the current monitoring period for a sample of each of these populations. Data from the reviews is reported below.[116]

[113] See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance during this monitoring period.
[114] The three Exit Standards are IEP citation I.A.4.c., I.A.5.d. and I.A.6.e.
[115] The review tool was modified based upon feedback from reviewers in the 2013 case record review which included CFSA Agency Performance staff, CFSA supervisors, private agency staff and Monitor staff.
[116] The Monitor did not conduct secondary data validation but plans to do so once the data shows improvement to a level closer to that required by the IEP.

Social Workers Assessment of Safety during Visits – Families with In-Home Services

IEP Requirement	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.)
Exit Standard	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.

Figure 14: Children Receiving In-Home Services:
Safety Fully Assessed at Two or More Visits
June 2012 – June 2014



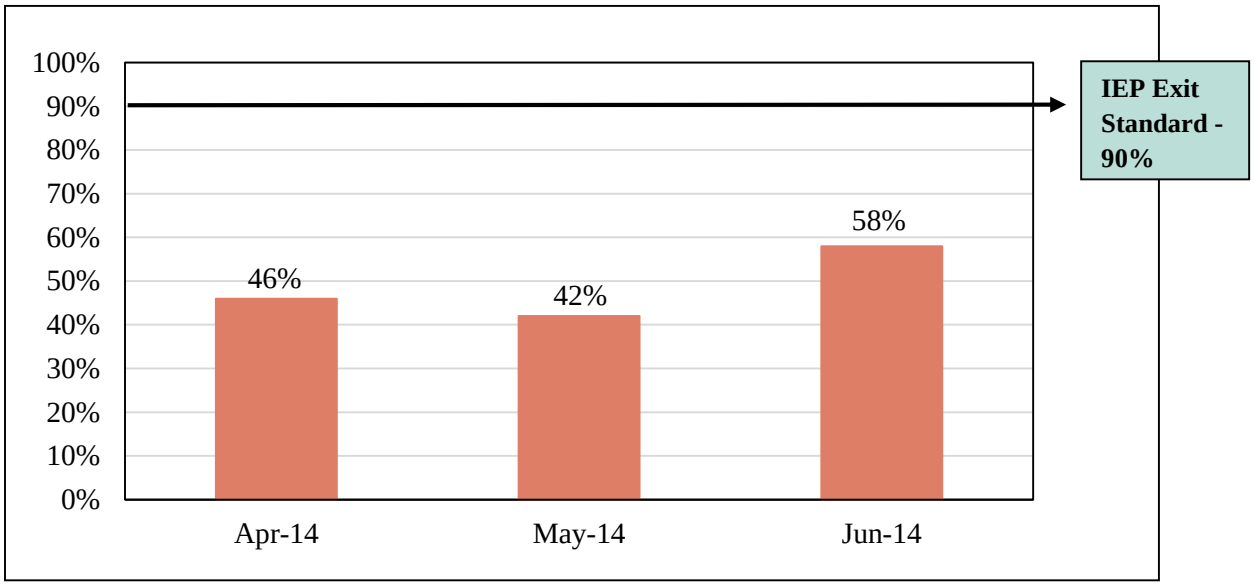
Source: Case Record Review Data (June 2012 and June 2013) and CFSA Manual Data (June 2014)

Performance for the period January 1 through June 30, 2014:

CFSA reviewed the documentation of 50 children each month in April, May and June who were receiving in-home services. In June 2014, of the 50 cases reviewed, 29 (58%) cases had documentation that safety was fully assessed at two or more visits during the month. Between April and June 2014, reviewers determined that documentation indicated that safety was fully assessed at two or more visits in 42 to 58 percent of the cases reviewed each month (see Figure

15). This represents an increase in performance from June 2013 (25%) but continues to fall far below the required level of 90 percent.

Figure 15: Children Receiving In-Home Services:
Safety Fully Assessed at Two or More Visits
April – June 2014

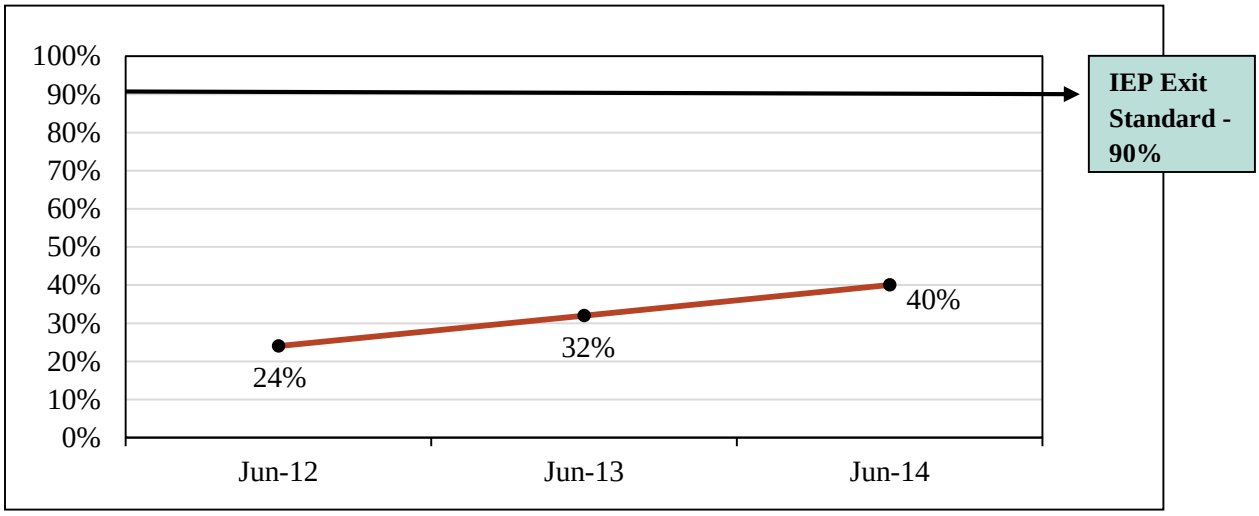


Source: CFSA Manual Data

Social Workers Assessment of Safety during Visits – Children in Out-of-Home Care

IEP Requirement	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.)
Exit Standard	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.

Figure 16: Children in Out-Of-Home Care:
Safety Fully Assessed at Two or More Visits
June 2012 – June 2014

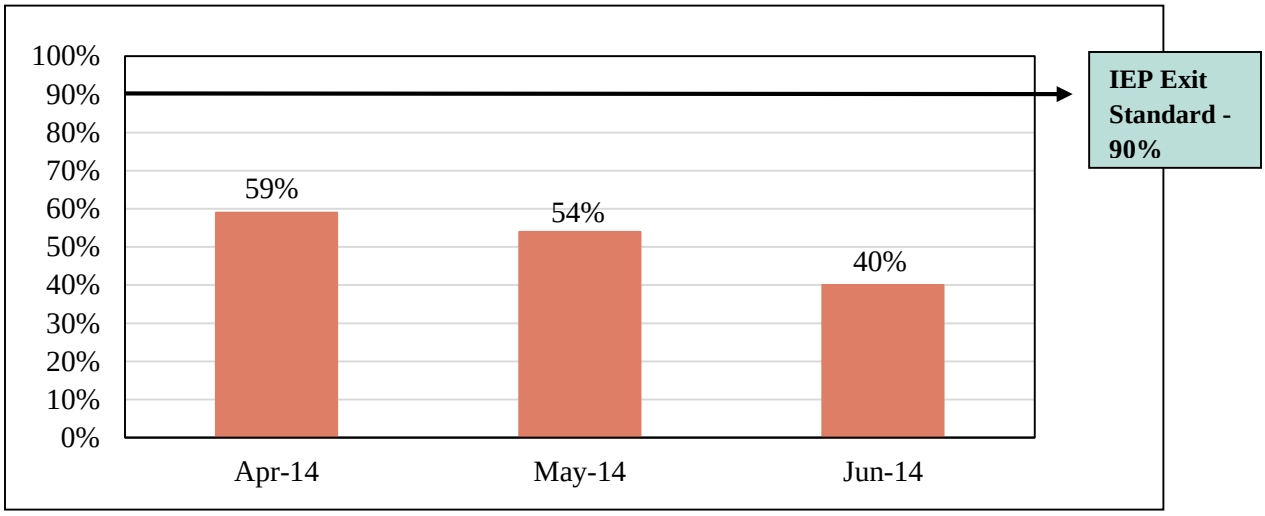


Source: Case Record Review Data (June 2012 and June 2013) and CFSA Manual Data (June 2014)

Performance for the period January 1 through June 30, 2014:

CFSA reviewed the documentation of 30 to 35 children each month who were placed in out-of-home care in April, May and June. Of the 30 cases reviewed in June 2014, in 12 (40%) cases it was determined that safety was fully assessed at two or more visits during the month. Reviewers determined that documentation indicated that safety was fully assessed at two or more visits in 40 to 59 percent of the cases reviewed each month (Figure 17). This represents an increase in performance from June 2013 (32%) however additional improvement is necessary in order to meet the required performance level of 90 percent.

Figure 17: Children in Out-of-Home Care:
Safety Fully Assessed at Two or More Visits
April – June 2014

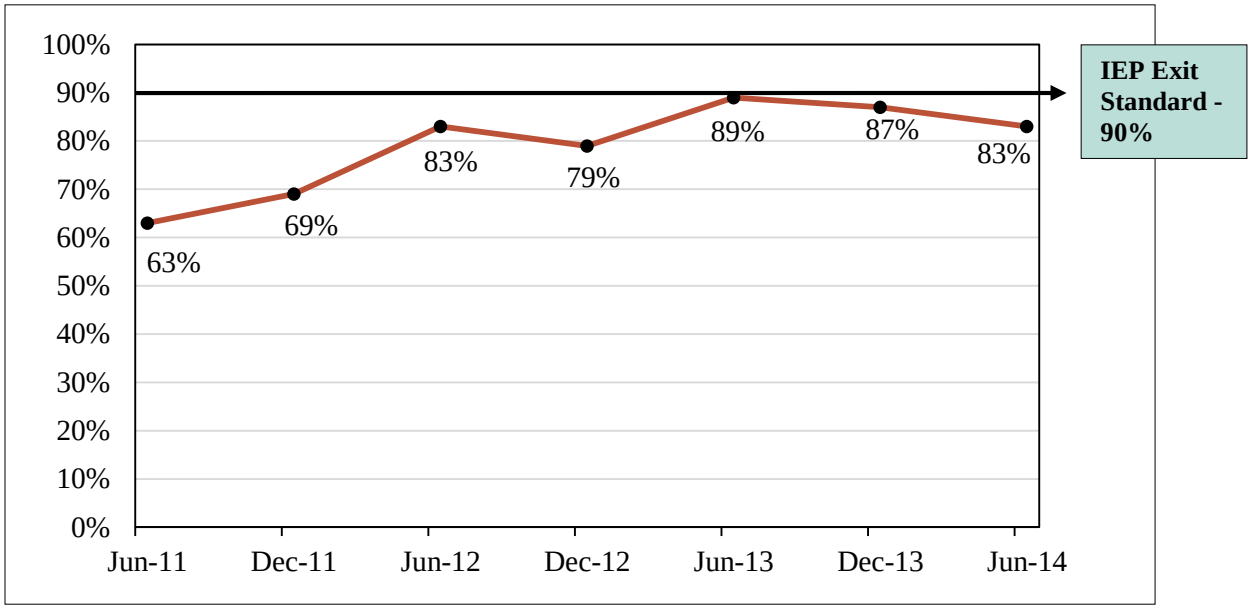


Source: CFSA Manual Data

Social Worker Visits – Children Experiencing a New Placement or a Placement Change

IEP Requirement	10. *Visitation for Children Experiencing a New Placement or a Placement Change*: 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. 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. 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. d. At least one of the visits during the first four weeks of a new placement or a placement change shall include a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency. (IEP citation I.A.6.a-d.)
Exit Standard	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.

Figure 18: Required Number of Visits to Children in New Placements
June 2011 – June 2014



Source: CFSA Administrative Data, FACES.NET report CMT014

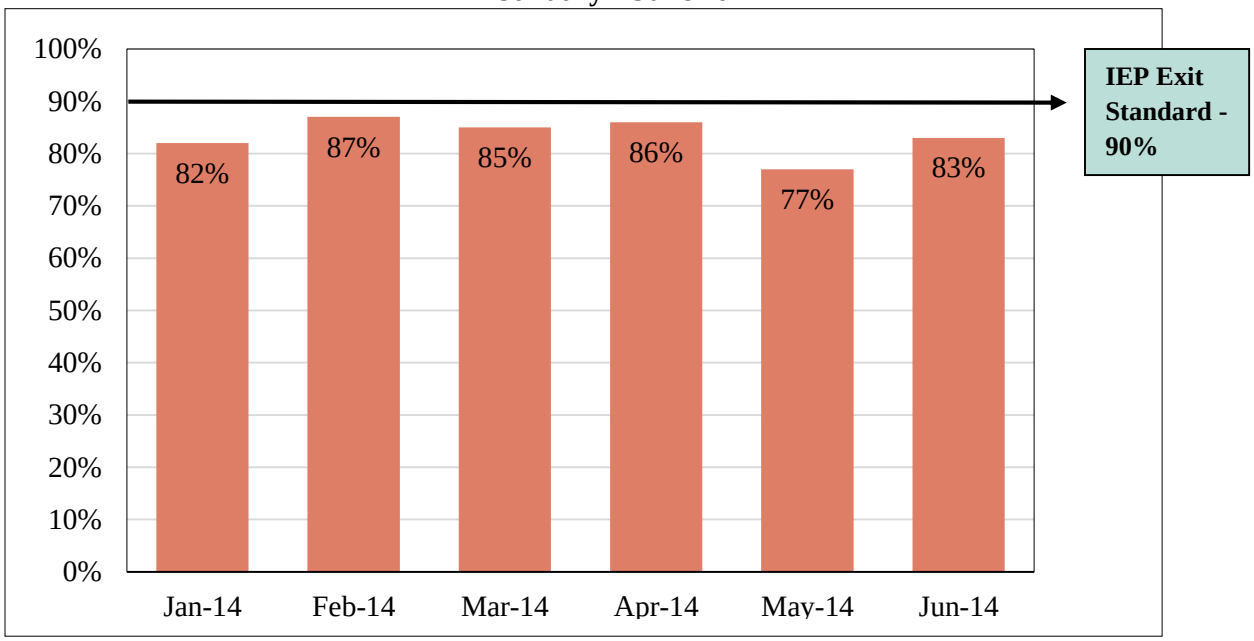
Performance for the period January 1 through June 30, 2014:

During the month of June 2014, there were 126 individual child placements applicable to this measure; 104 (83%) had the required number of visits by a CFSA social worker, private agency social worker, family support worker or nurse care manager with at least one visit occurring in the child's home. Additional data were also provided which indicate that of all children who had been in the new placement for four weeks, a monthly range of 89 to 97 percent of children received at least three or more worker visits this monitoring period.[117] Between January and June 2014, monthly performance ranged between 77 and 87 percent of children who were newly placed or experienced a placement change had the required number of visits (see Figure 19).

CFSA's performance remains relatively unchanged from the previous monitoring period (monthly range between July and December 2013 was 75 – 87%) and does not yet meet the required performance level of 90 percent.

[117] The number of children who had been in the new placement for four weeks and received at least three or more visits during the first four weeks of a new placement or placement change are as follows: January, 92%; February, 95%; March, 97%; April, 92%; May, 89%; June, 95%.

Figure 19: Required Number of Worker Visits to Children in New Placements January – June 2014

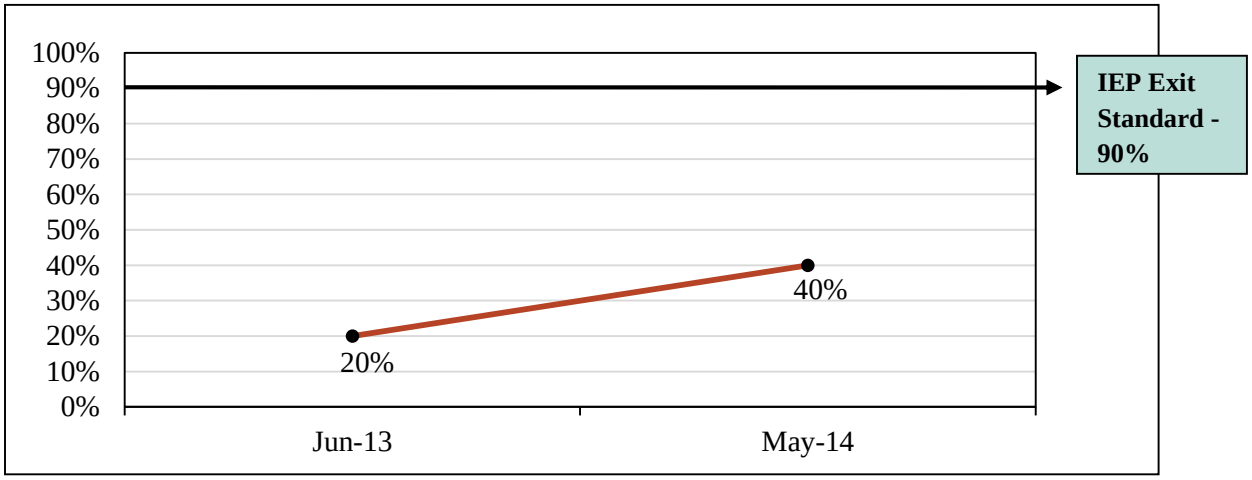


Source: CFSA Administrative Data, FACES.NET report CMT014

The Exit Standard also requires that at least one of the visits during the first four weeks of a new placement or a placement change include a conversation between the social worker and the resource parent to determine what, if any assistance is needed from the Agency. CFSA collected data applicable to this requirement during a review of 60 children who were newly placed or experienced a placement change between March and May 2014. The review found that of the 60 child placements, 36 (60%) placements included documentation that a conversation had occurred with the resource parent about their support needs.

IEP Requirement	11. *Visitation for Children Experiencing a New Placement or a Placement Change*: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker. (IEP citation I.A.6.e.)
Exit Standard	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.

Figure 20: Children Experiencing a Placement Change:
Safety Fully Assessed during All Required Visits in the Month
June 2013 – May 2014



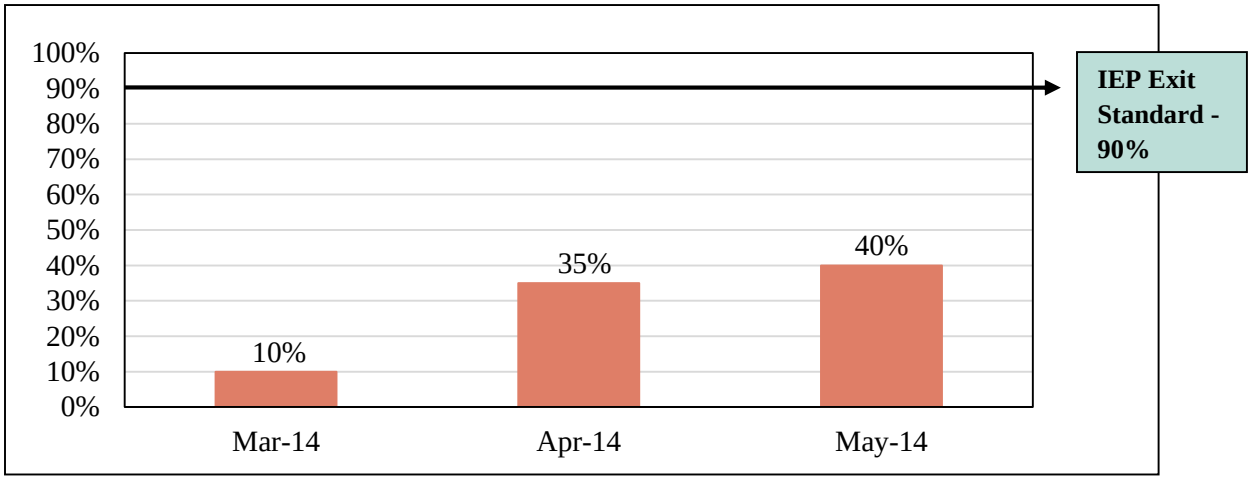
Source: Case Record Review Data (June 2013) and CFSA Manual Data (May 2014)

Performance for the period January 1 through June 30, 2014:

CFSA reviewed the documentation of 20 to 25 children who experienced a new placement or placement change during the months of March, April and May 2014. In May 2014, reviewers determined that safety was fully assessed during all visits that month in 10 of the 25 (40%) cases reviewed.[118] Between March and May 2014, reviewers determined that documentation indicated that safety was fully assessed at all visits during the month in 10 to 40 percent of the cases reviewed each month. CFSA's performance continues to fall far below the level of performance required by the IEP.

[118] All visits refers to at least four visits as required by the IEP citation I.A.6.a-d. which outlines the frequency of visitation required to children experiencing a new placement of placement change.

Figure 21: Children Experiencing a Placement Change:
Safety Fully Assessed during All Required Visits in the Month
March – May 2014



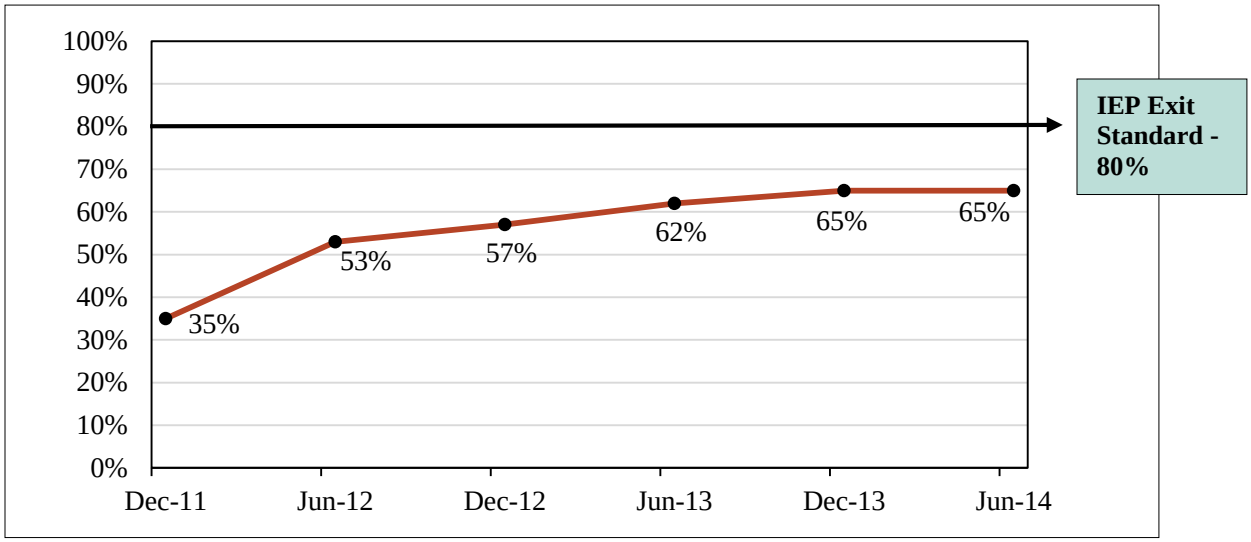
Source: CFSA Manual Data

Visits between Parents and Workers

IEP Requirement	18. *Visits between Parents and Workers*: 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.[119] 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.)
Exit Standard	80% of parents will have twice monthly visitation with workers in the first three months post-placement.

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

Figure 22: Percentage of Households with Twice Monthly Visits between Workers and Parents with Goal of Reunification December 2011 – June 2014

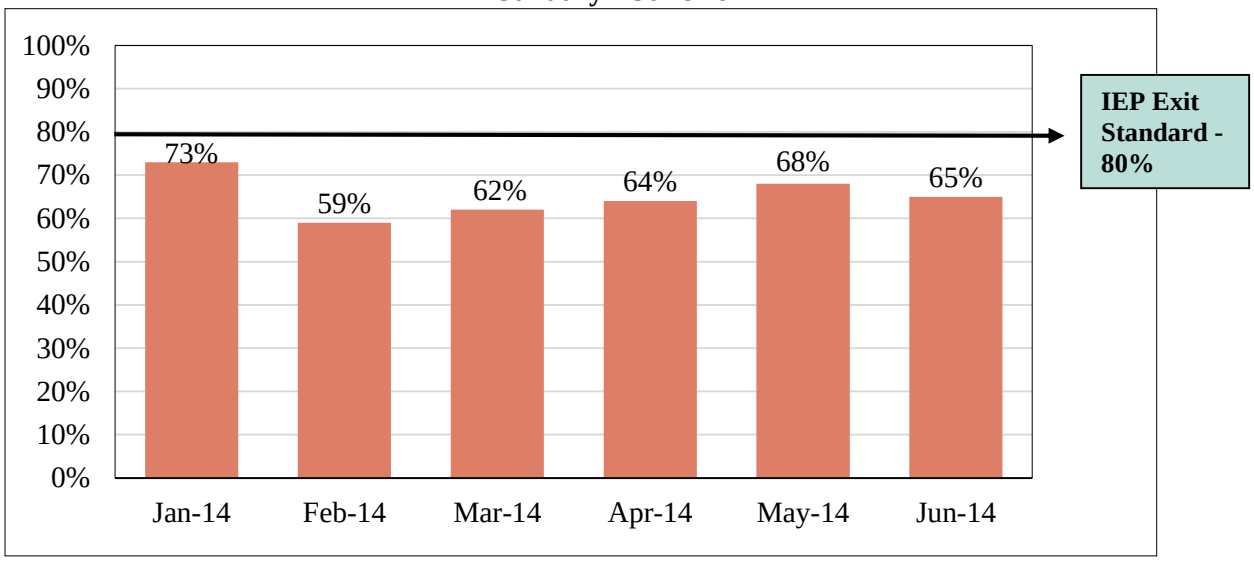


Source: CFSA Administrative Data, FACES.NET report CMT267

Performance for the period January 1 through June 30, 2014:

In June 2014, there were 54 households of children with a goal of reunification applicable to this measure; parents in 33 households received two worker visits and for an additional two parents, there was documentation in the record that the parent was unavailable or refused to cooperate with the Agency despite efforts by the Agency, for a total of 65 percent compliance with this Exit Standard during the month (see Figure 23 below). Between January and June 2014, monthly performance on this measure ranged between 59 and 73 percent. This performance does not meet the performance level required by the IEP.

Figure 23: Percentage of Households with Twice Monthly Visits between Workers and Parents with Goal of Reunification January – June 2014



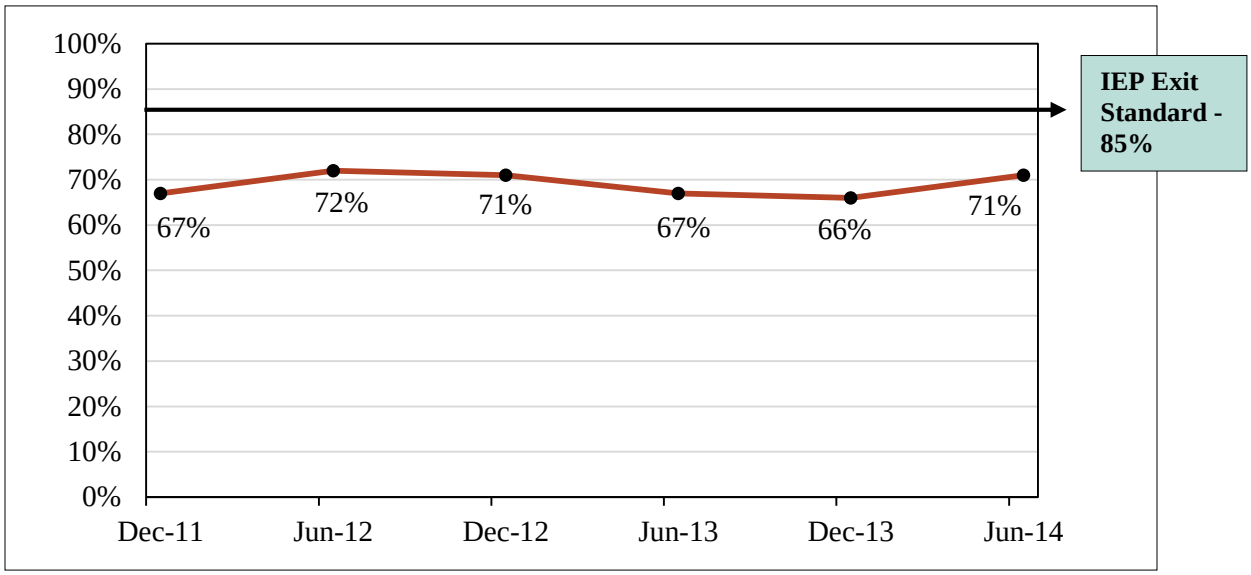
Source: CFSA Administrative Data, FACES.NET report CMT267 and findings from internal audit of missed visits efforts

Visits between Parents and Children

IEP Requirement	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.)
Exit Standard	85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.[120]

[120] This Exit Standard is also satisfied in cases where it is documented that a visit is not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.

Figure 24: Percentage of Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought December 2011 – June 2014



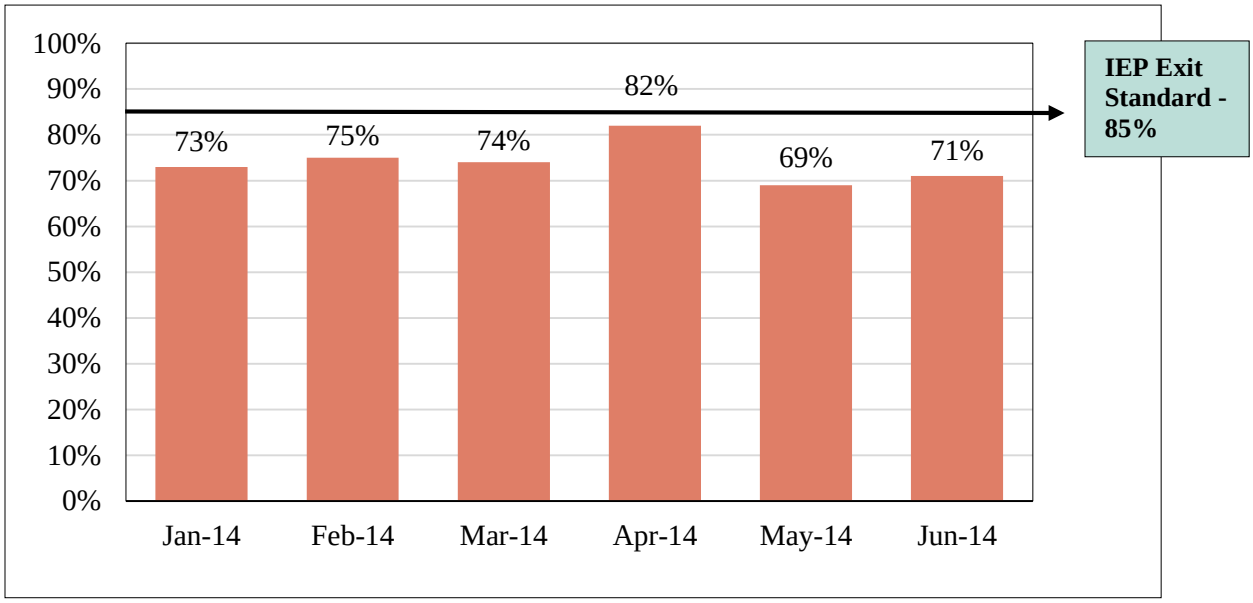
Source: CFSA Administrative Data, FACES.NET report CMT012

Performance for the period January 1 through June 30, 2014:

In June 2014, 332 children were applicable to this measure; 235 had weekly visits with the parent with whom reunification is sought and for an additional two children, there was documentation in the record that visits could not occur because the visit was not in the child's best interest, was clinically inappropriate or did not occur despite efforts by the Agency, for a total of 71 percent compliance with this Exit Standard during the month (see Figure 25 below).[121] Between January and June 2014, monthly performance on this measure ranged between 69 and 82 percent. This performance has improved since the previous monitoring period but does not meet the level required by the IEP.

[121] Of the total children who may have been included in this measure, 13 were excluded due to suspended visits by court order; 8 were excluded due to being classified as in abscondence for the whole month; and 30 were excluded due to "other suspended visits," which includes when a parent or child is incarcerated more than 100 miles away or when a child is placed outside of DC, Maryland, Virginia or placed in a residential treatment facility greater than 100 miles away.

Figure 25: Percentage of Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought January – June 2014



Source: CFSA Administrative Data, FACES.NET report CMT012 and findings from internal audit of missed visits efforts

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance on visitation:

- *By March 1, 2014, CFSA will implement Icebreaker meetings following the initial FTM. The Icebreaker meetings will include the attendance of birth parents and foster parents to begin building a relationship. This engagement strategy will assist parents in connecting quicker with the foster parents and begin to develop a line of communication to better support the children. The process will also allow social workers to schedule and coordinate visits with parents and children from the beginning of the case (2014 Strategy Plan, #11).*

CFSA has partnered with the Foster and Adoptive Parent Advocacy Center (FAPAC) to begin implementation of Family Link Icebreakers. During this monitoring period, however, FAPAC coordinated and facilitated only six Icebreaker meetings. Some scheduling and logistical barriers were identified from the initial design of the program, including difficulty scheduling the meetings at the time of removal. Beginning in the fall of 2014, CFSA's Kinship Resource Development Specialists and Placement Resource Development Specialists will coordinate and facilitate the Icebreakers and referrals for these meetings will be accepted from the social worker and Placement Administration. Expanding the referral sources should provide increased opportunities for Icebreakers to occur, not just when a child is initially placed in care but also

after any subsequent replacements. CFSA anticipates an increase in the number of Icebreakers in upcoming monitoring periods and is exploring utilizing FACES.NET for data collection.

- *CFSA has revised its placement policy effective March 1, 2014, which identifies that temporary situations such as respite and planned extended visits with relatives and/or parents are not counted as placement moves. By March 1, 2014, CFSA will operationalize the policy into FACES.NET. This system update will have a direct impact on the performance on weekly visits during a child's first four weeks of a new placement because these temporary situations will no longer be incorrectly identified as placement changes that require weekly visits (2014 Strategy Plan, #12).*

CFSA reports that the revised policy was implemented this monitoring period. Performance on weekly visits during a child's first four weeks of a new placement has not shown noticeable improvement since implementation.

- *Effective September 2013, CFSA constructed and fully implemented a case transfer process that occurs no later than the initial Family Team Meeting (FTM) following the removal of a child from the home. This parental engagement process requires the assigned on-going social worker (CFSA and private agency) to attend a Removal RED Team meeting (prior to the initial FTM), the initial FTM, and the initial court hearing. This requirement is designed to allow the social worker to complete the initial worker/parent visits and engage the parent(s) in scheduling the visitation with the child(ren) and ongoing visits with the worker (2014 Strategy Plan, #13).*

CFSA reports that Removal RED Teams which are required as part of the transfer of the case from the investigator to the ongoing worker are occurring 100 percent of the time and that social workers have indicated that this process allows for better team coordination. CFSA reports that in general, ongoing social workers or their supervisors attend the initial FTM and court hearing.

- *Beginning February 2014, CFSA will conduct a monthly data analysis for the required parent-child and parent-worker visits to determine barriers to meeting the standards. Findings from the analysis will be shared with CFSA and private agencies monthly (2014 Strategy Plan, #14).*

CFSA reports that monthly data analysis is occurring and the findings are presented at monthly meetings with private agencies and CFSA. The following are barriers which have been identified to completion of visits between parents and children and visits between parents and workers:

- staff misunderstanding on how to document missed visit efforts;

- challenges with the Agency arranging visits with incarcerated youth, particularly those who are 18 years or older and are incarcerated in other jurisdictions; and
- confusion among staff on when visits are required, particularly for those requiring weekly visits after a placement change.

Several strategies have been used to address the identified barriers including offering trainings, providing tip sheets on how to correctly enter missed visits, increased supervisory focus on planning visits for the month, utilization of Outlook calendar to monitor completion of visits and improved teaming with case aides to complete documentation and social workers to share responsibility for conducting visits.

Improvements were demonstrated this period in visitation between parents and children which may be attributable to implementation of this strategy.

- *Beginning February 20, 2014, and continuing on a quarterly basis, the Deputy Directors for Community Partnerships and Program Operations will institute and formalize a quality assurance process for assessing safety during visits for in-home and out-of-home cases. CFSA supervisors and contract monitoring staff will conduct 20 case reviews to determine whether safety was assessed and documented during visits. Findings from these reviews will be shared with workers, supervisors and management and will be used to inform ongoing worker training and coaching (2014 Strategy Plan, #25).*

During this monitoring period, CFSA utilized the quality assurance process described earlier in this section to collect and analyze data on workers assessments of safety during visits with children and families. Approximately 105 cases are reviewed each month consisting of 50 in-home cases, 30 to 35 out-of-home cases and 20 to 25 new placement or replacement cases (visits during the first four weeks of placement).

Data and findings are shared with supervisors and management of the In-Home and Permanency Administrations. Themes identified among cases where safety was fully assessed during visits include thorough documentation using the safety assessment template, documentation about services and progress with services and worker efforts to ensure that the child's educational and mental health needs and steps towards permanency and safe case closure were sufficiently documented. Themes identified among cases in which safety was not fully or adequately assessed during visits include poor documentation, worker contact notes copied and pasted from week to week, lack of documentation of progress toward permanency for foster care cases and failure to address the initial safety factors and other immediate safety concerns.

B. GOAL: PERMANENCY

1. Relative Resources

CFSA continues to implement strategies to support kin as placement and family support resources through early identification, temporary licensure support and striving to make a kinship home the first placement for children upon entering care. CFSA's Kinship Support unit is responsible for many of these strategies as well as coordinating FTMs as soon as CFSA is involved with a family where out-of-home placement is indicated. As a matter of policy, CFSA requires a referral to the Diligent Search unit to locate parents, grandparents and other relatives at the same time a FTM referral is made. It is CFSA's practice, and a requirement of the IEP, to identify family members who may be able to join in the FTM planning process in order to provide information and support to children and parents and also be considered as placement options.[122] CFSA continues to provide the Monitor quarterly data regarding the use of FTMs with sufficient back up data to demonstrate its considerable efforts to identify and invite family members to FTMs.

CFSA has previously met both Exit Standards applicable to identification and use of relative resources and performance was maintained during this monitoring period.[123] Specifically, of the 90 families at-risk of having their children removed between January and June 2014, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 81 cases (90%). Additionally, of the 117 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 114 cases (97%).

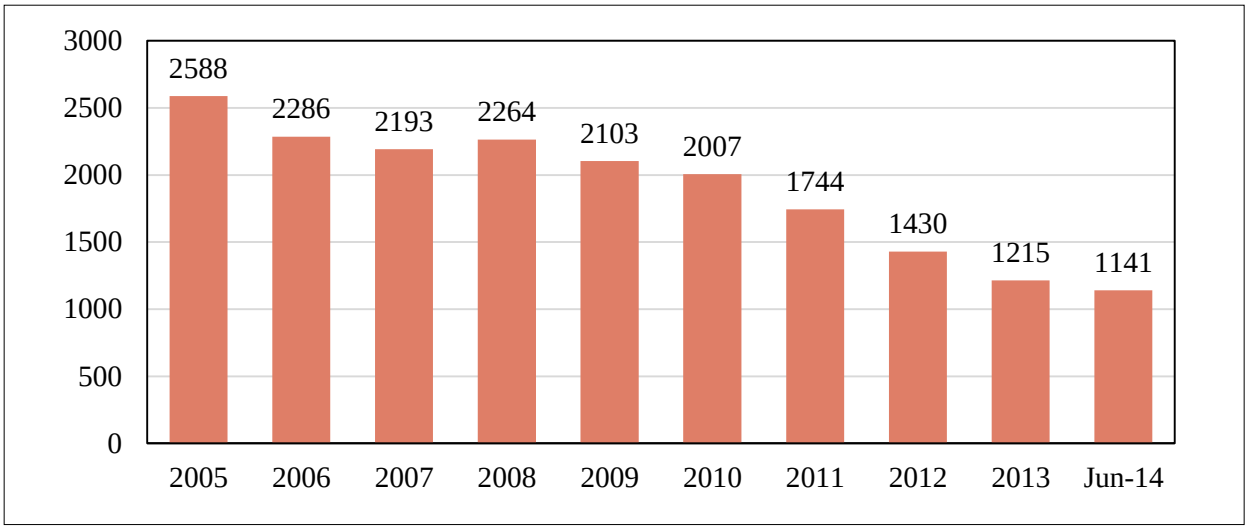
2. Placement of Children

Children enter foster care when they cannot be kept safely in their own homes. The *LaShawn* IEP has multiple requirements regarding the placement of children in out-of-home care to ensure their safety, permanency and well-being.

Figure 26 below shows the number of children in out-of-home placement in the District of Columbia between December 31, 2005 and June 30, 2014. The number of children in foster care continues to decline, with a six percent reduction since the end of the previous monitoring period. The reduction of children in out-of-home placement since 2010 has been substantial.

[122] The Kinship Family Licensing Unit and Diligent Search Unit work in tandem to assess the homes of potential kinship resources and complete necessary background checks. Additionally, staff is available to conduct fingerprinting on-site, which increases the speed and ease of licensing kinship resources.
[123] IEP citations I.B.7.a. & b.

Figure 26: Number of Children in Out-of-Home Placements by Year
CY2005 – June 30, 2014



Source: CFSA Administrative Data, FACES.NET report PLC156
Note: CY2005 through 2013 data are point in time data taken on the last day of the calendar year.

Demographics of Children in Out-of-Home Care

Table 6 below shows the number of children in out-of-home placement in the District as of June 30, 2014 with basic demographic information. There were 1,141 children between the ages of birth and 21 years in out-of-home placement. The majority of children are African American (93%) and are either under the age of six (26%) or age 15 or older (43%) (see Table 6).

Table 6: Demographics of Children in Out-of-Home Placement
as of June 30, 2014
N=1,141

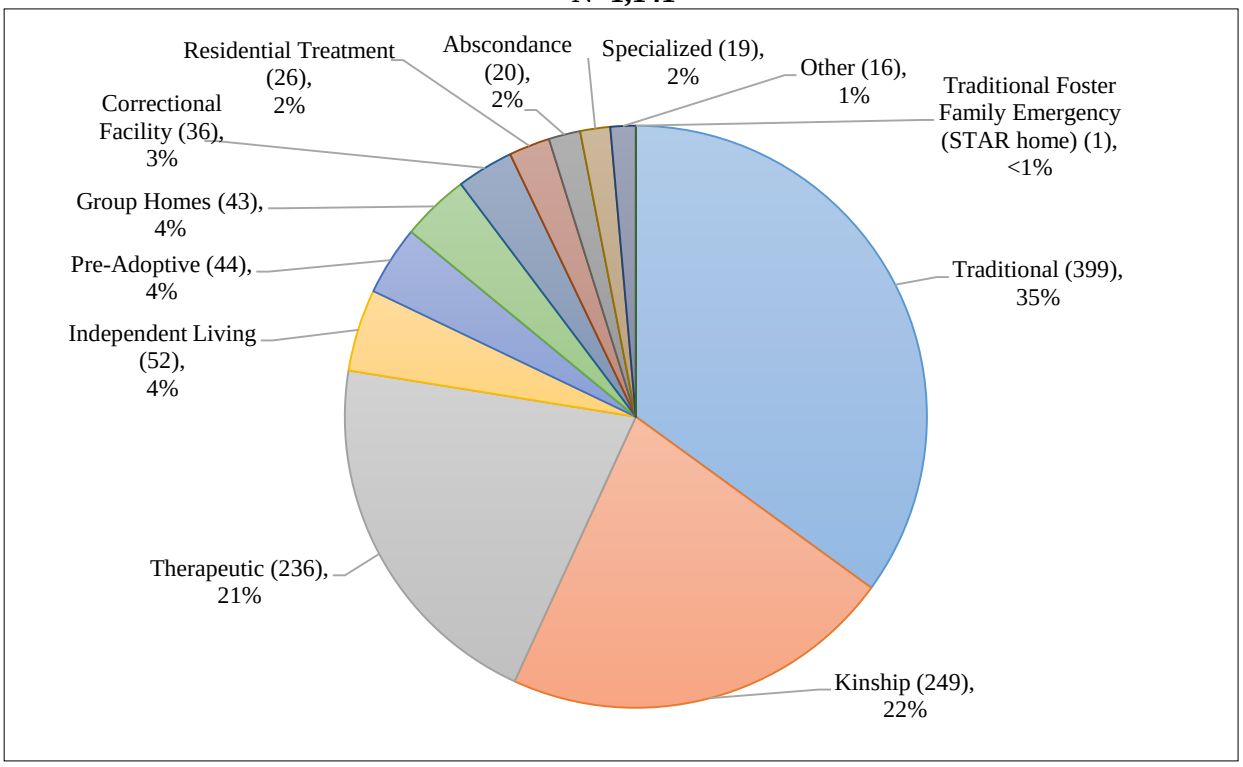
Gender	**Number**	**Percent***
Male	582	51%
Female	559	49%
Total	**1,141**	**100%**
Race	**Number**	**Percent**
Black or African American	1,064	93%
White	33	3%
Asian	1	<1%
No Race Data Reported	43	4%
Total	**1,141**	**100%**
Ethnicity	**Number**	**Percent**
Hispanic	99	9%
Non-Hispanic	983	86%
Unable to Determine	2	<1%
Unknown	57	5%
Total	**1,141**	**100%**
Age	**Number**	**Percent**
1 year or less	101	9%
2-5 years	192	17%
6-8 years	120	11%
9-11 years	122	11%
12-14 years	117	10%
15-17 years	216	19%
18-20 years	272	24%
No birth date	1	<1%
Total	**1,141**	**100%**

Source: CFSA Administrative Data, FACES.NET report PLC15
*Totals may equal more or less than 100 percent due to rounding

Placement of Children in Most Family-Like Setting

Research evidence is clear that children do best when they are living with families. Of the 1,141 children in out-of-home care on June 30, 2014, 948 (83%) were placed in family-based settings, including 249 (22%) in kinship service homes. CFSA has previously achieved both Exit Standards related to placement of children in the most family-like setting[124] and maintained required performance with only temporary or insubstantial deviations during the current period.[125] Figure 27 below displays the placement types for children in out-of-home care as of June 30, 2014.

Figure 27: Placement Service Type for Children in Out-of-Home Care as of June 30, 2014 N=1,141



Source: CFSA Administrative Data, FACES.NET report CMT232 and CMT389
*Other includes college/vocational, developmentally delayed facilities, hospitals, substance abuse services, and not in legal placement.

[124] IEP citations I.B.8.a & b.
[125] IEP citation I.B.8.b. requires that no child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. During the current monitoring period, there were three placements of children beyond 30 days in a short-term foster home. One child was placed for 32 days, one child was placed for 34 days and the last child was placed for 48 days before being placed in an appropriate setting. CFSA has provided the Monitor with information regarding the circumstances of each of these placements and the Monitor considers this to be a temporary deviation from required performance. The Monitor will continue to assess these placements as they occur.

Placement of Young Children

The IEP specifically limits the use of congregate care placements for young children unless there is appropriate justification that the child has special treatment or exceptional needs that cannot be met in a home-like setting.[126] CFSA has previously met both IEP Exit Standards for this measure and compliance was maintained during the current period. IEP citation I.B.9.a. requires that no child under the age of 12 shall be placed in a congregate care setting for more than 30 days without appropriate justification. Between January and June 2014, four children under the age of 12 were placed in congregate care settings for more than 30 days and all were determined to have specialized needs that required placement within those settings. IEP citation I.B.9.b. requires that no child under the age of six be placed in group care, non-foster home settings without appropriate justification. During the current monitoring, two children under the age of six were placed in hospital settings, one of whom was determined to have exceptional needs that required that level of care. The other child's situation did not meet an agreed upon exception. The Monitor considers this placement to be a temporary deviation and will continue to monitor to determine if additional placements outside of an agreed upon exception occur.

3. Reduction of Multiple Placements for Children in Care

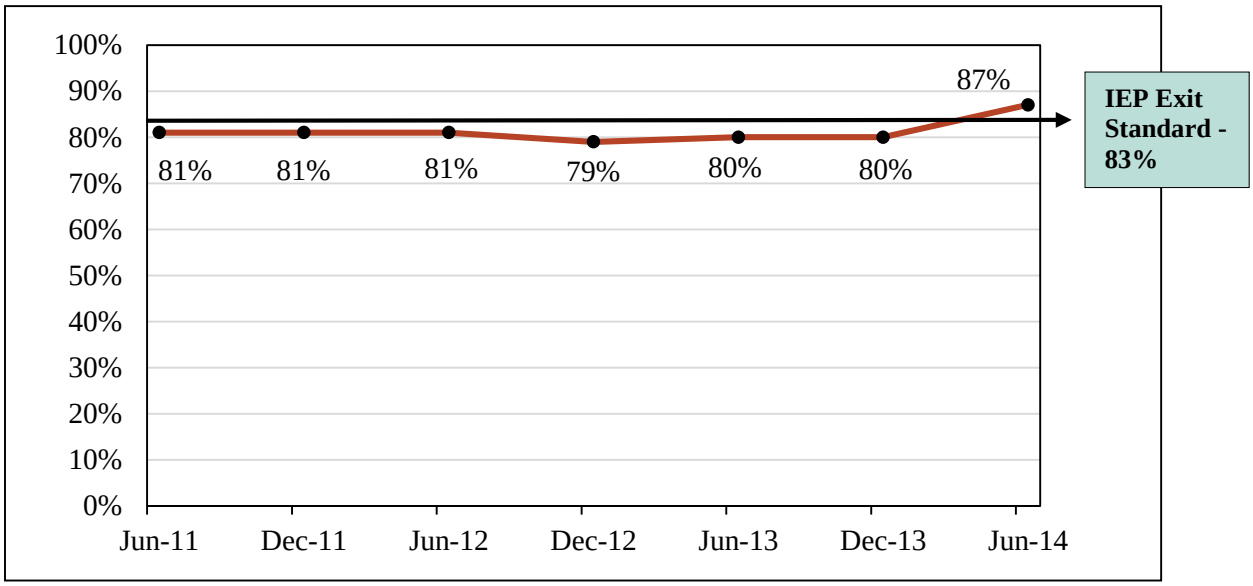
The Exit Standard on placement stability has different required performance levels based on the length of time children are in care, recognizing the different placement trajectories for children who have been in care for shorter versus longer periods of time. The overall goal is to minimize placement moves for all children to the greatest extent possible recognizing the importance of placement stability to a child's well-being and the substantial evidence that now exists that demonstrates how children are harmed by multiple placements.

There are three sub-parts to this Exit Standard and CFSA has consistently met one and remained close to meeting the other two. New this monitoring period and a noteworthy accomplishment that has required significant work over many years, CFSA met all three sub-parts of the Exit Standard on the reduction of multiple placements.

[126] Placement exceptions were agreed upon in July 2011 and 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 other 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.

IEP Requirement	23. *Reduction of Multiple Placements for Children in Care*: *Children in care for eight days to one year* (IEP citation I.B.13.a.)
Exit Standard	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.

Figure 28: Children in Foster Care at Least 8 Days and Less than 12 Months with 2 or Fewer Placements June 2011 – June 2014

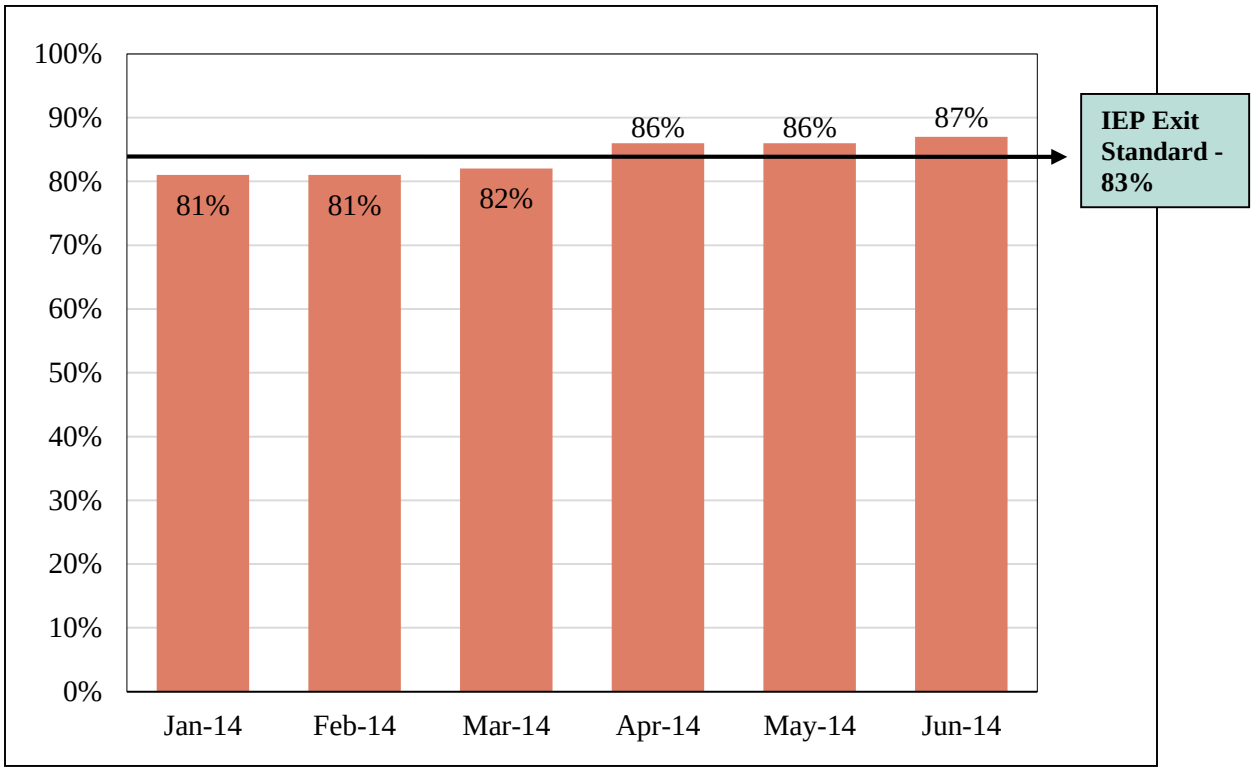


Source: CFSA Administrative Data, FACES.NET report PLC234

Performance for the period January 1 through June 30, 2014:

As of June 30, 2014, there were 386 children in foster care during the previous 12 months who were in care at least eight days and less than 12 months; 336 (87%) had two or fewer placements (see Figure 29). Between January and June 2014, a monthly range of 81 to 87 percent of children in foster care for eight days to one year had two or fewer placements. As illustrated in Figure 29 below, CFSA's performance met the requirement for this sub-part of the Exit Standard for three of six months during the period.

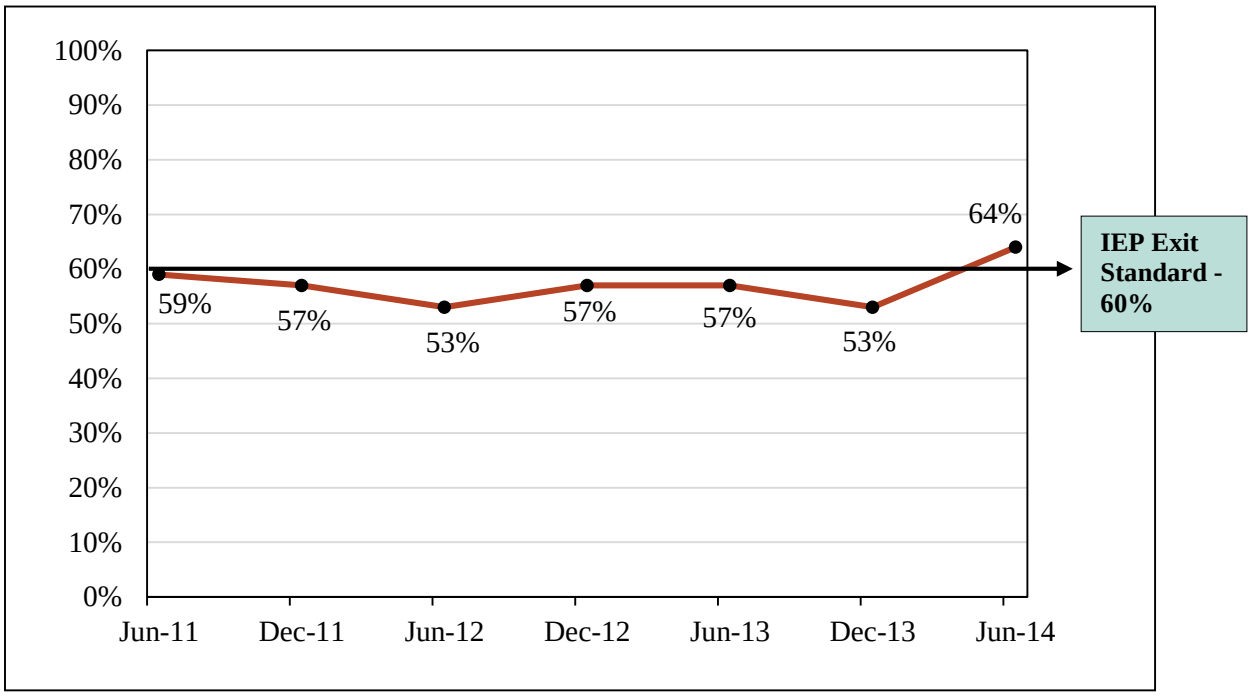
Figure 29: Children in Foster Care at Least 8 Days and Less than 12 Months with 2 or Fewer Placements January – June 2014



Source: CFSA Administrative Data, FACES.NET report PLC234

IEP Requirement	23. *Reduction of Multiple Placements for Children in Care*: *Children in care between 12 and 24 months* (IEP citation I.B.13.b.)
Exit Standard	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.

Figure 30: Children in Foster Care at Least 12 Months but Less than 24 Months with 2 or Fewer Placements June 2011 – June 2014

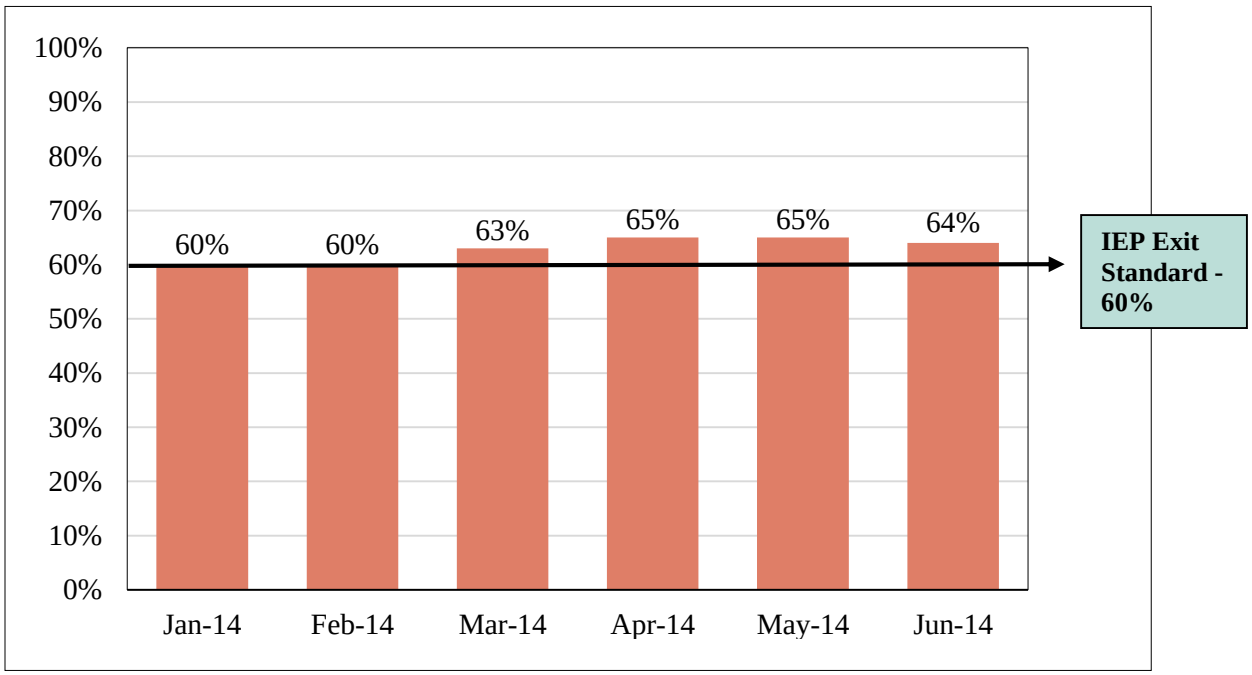


Source: CFSA Administrative Data, FACES.NET report PLC234

Performance for the period January 1 through June 30, 2014:

As of June 30, 2014, there were 300 children in foster care during the previous 12 months who were in care for at least 12 months, but less than 24 months; 192 (64%) had two or fewer placements (see Figure 31). Between January and June 2014, a monthly range of 60 to 65 percent of children in foster care for 12 to 24 months had two or fewer placements (see Figure 31 below). Performance for this sub-part of the Exit Standard has increased this monitoring period and met the required level each month.

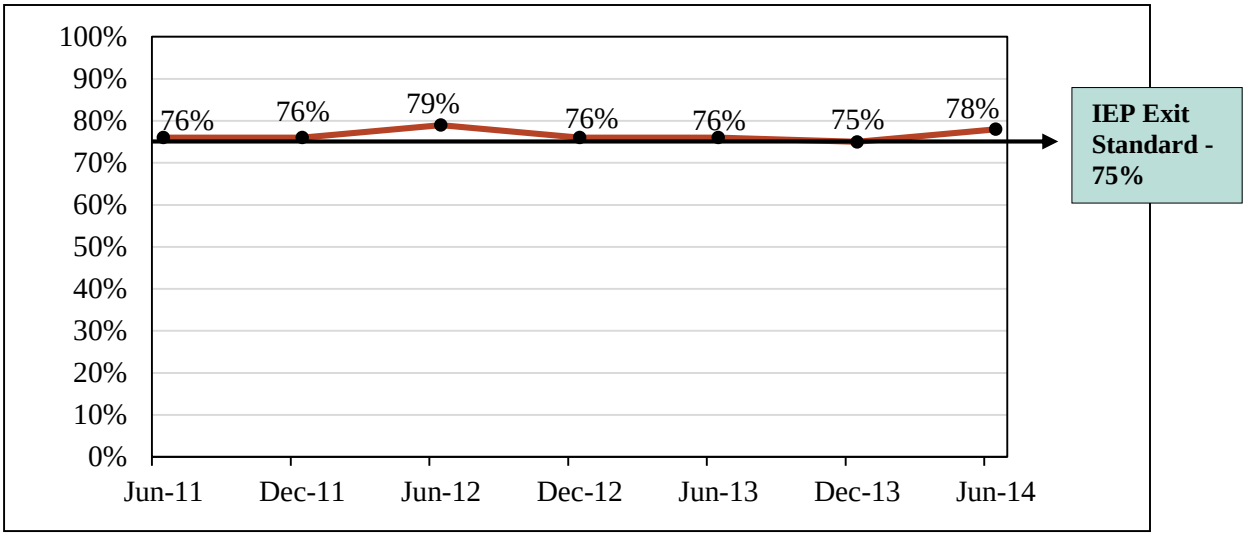
Figure 31: Children in Foster Care at Least 12 Months but Less than 24 Months with 2 or Fewer Placements January – June 2014



Source: CFSA Administrative DATA, FACES.NET report PLC234

IEP Requirement	23. *Reduction of Multiple Placements for Children in Care*: *Children in care over two years* (IEP citation I.B.13.c.)
Exit Standard	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.

Figure 32: Children in Foster Care at Least 24 Months with 2 or Fewer Placements During a 12-Month Period June 2011 – June 2014

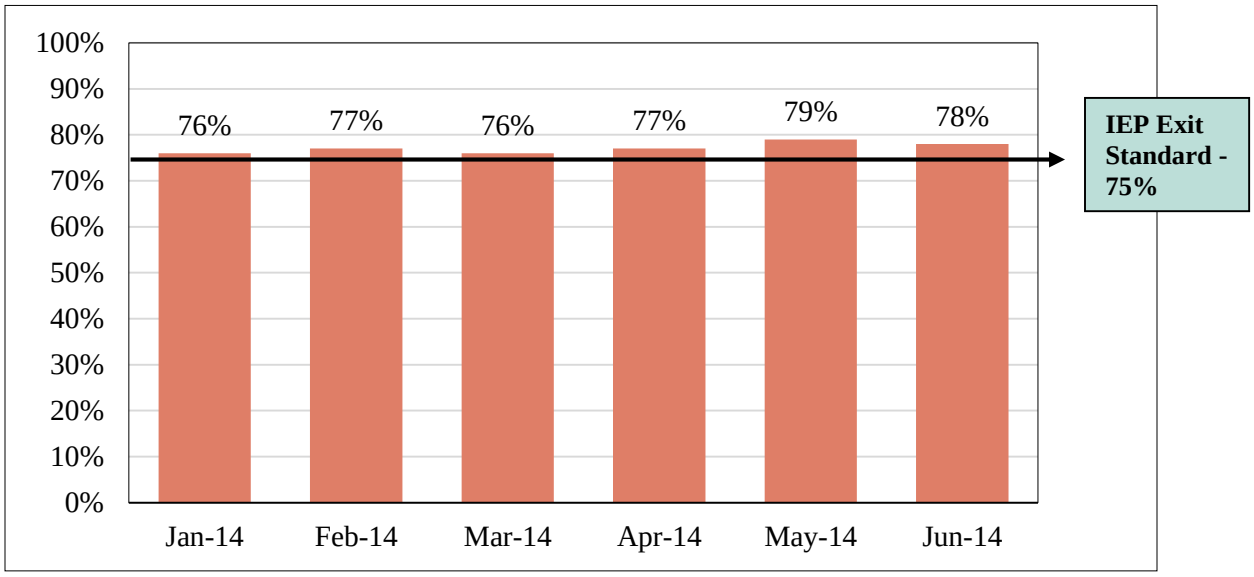


Source: CFSA Administrative Data, FACES.NET report PLC234

Performance for the period January 1 through June 30, 2014:

For this group of children, the measure is purposely focused on the child's placement experiences in the past 12 months, since many of these children have had long foster care histories with multiple placements in the past. The analysis is focused on whether these children have achieved stability in the most recent 12 month period. As of June 30, 2014, there were 900 children served in foster care during the previous 12 months who were in care for at least 24 months; 703 (78%) had two or fewer placements during the previous 12 months (see Figure 33). Between January and June 2014, a monthly range of 76 to 79 percent of children in care over two years had two or fewer placements within the past year (see Figure 33 below). CFSA's performance continues to meet this sub-part of the Exit Standard requirement.

Figure 33: Children in Foster Care at Least 24 Months with 2 or Fewer Placements During a 12-Month Period January – June 2014



Source: CFSA Administrative Data, FACES.NET report PLC234

Overall, CFSA's performance has improved this monitoring period and the Monitor considers this Exit Standard to be newly achieved and will recommend it be redesignated as an Outcome to be Maintained.

Performance on Strategy Plan:

CFSA has employed the following strategy to increase performance on reduction of multiple placements:

- *CFSA will continue to utilize a behavioral crisis stabilization support service for foster parents and kinship foster parents. CFSA will continue to utilize a management process that reinforces the integrated teaming approach to identify, coordinate, and link appropriate supports/services to meet the needs of children currently in, or at risk of, a restrictive level of care (2014 Strategy Plan, #15).*

Behavioral crisis stabilization services have been available to CFSA foster parents since November 2013 and to private agency foster parents in January 2014. CFSA reports that 79 referrals have been received for services and of these 79 referrals, 65 (82%) placements have been maintained.[127] The availability of this service is proving to provide a significant support to placement stability for children.

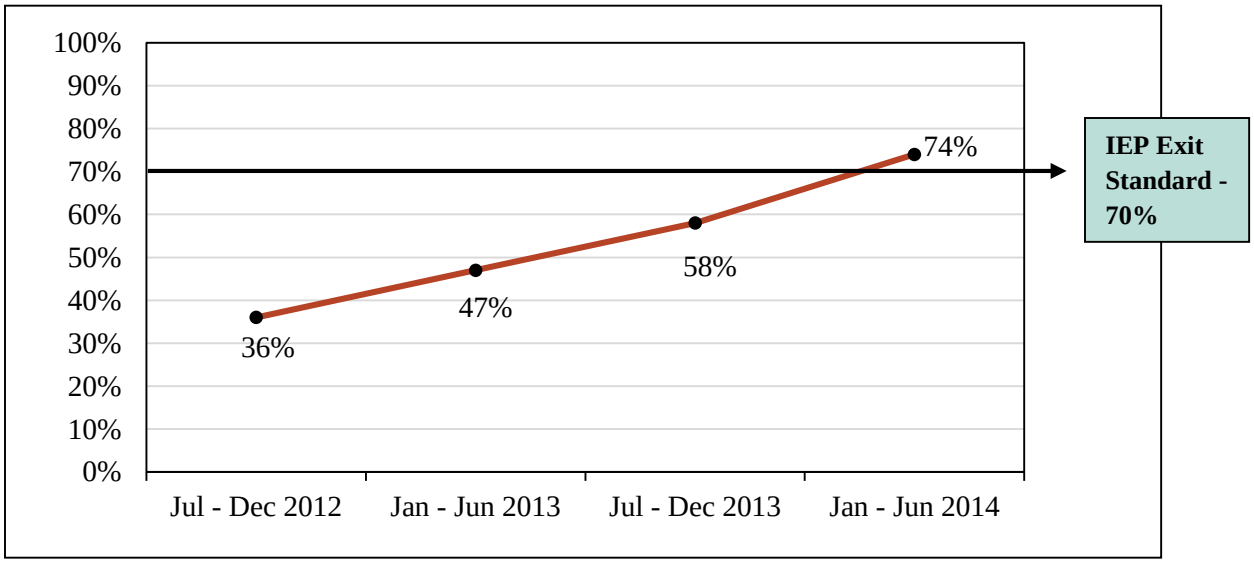
[127] Of those children whose placements were not maintained, 11 children were replaced and three children went into abscondence.

4. Timely Approval of Foster Parents

CFSA is responsible for licensing and monitoring foster homes and placement facilities in the District of Columbia and contracts with private child placing agencies in the states of Maryland and Virginia to license homes and facilities in those states. CFSA has been focusing its recruitment efforts to increase the number of licensed homes in the District and reports a continued trend of higher percentage of initial placements are occurring in the District.

IEP Requirement	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.)
Exit Standard	70% of homes licensed beginning November 1, 2010, will have been approved, and interested parties will have been notified within 150 days.

Figure 34: Approval of Foster Parents within 150 Days of Beginning Training
July 2012 – June 2014



Source: CFSA Administrative Data, FACES.NET report PRD202

Performance for the period January 1 through June 30, 2014:

Between January and June 2014, CFSA and private agencies licensed 103 family foster homes, 76 (74%) of which were licensed with the required number of pre-service training hours and

within the 150 day timeframe.[128] Performance on this Exit Standard increased by 15 percent since the previous monitoring period and for the first time meets the 70 percent performance level as required by the IEP. The Monitor validated manual data provided by CFSA and will recommend this Exit Standard be redesignated as an Outcome to be Maintained. This is a significant accomplishment reflecting a range of improvements to the foster home approval and licensing process that have occurred since 2012.

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

- *By September 30 2014, four CFSA staff members will receive Approved Training (Master Trainer) status. CFSA currently utilizes the PS-MAPP training curriculum. The Approved Trainers will have the flexibility to offer the PS-MAPP training to foster parents more frequently and with flexibility of location, to include foster parents' homes (2014 Strategy Plan, #21).*

As of June 2014, all licensing staff were trained in Trauma Informed Partnering for Permanence and Safety: Model Approach to Partnerships in Parenting (PS-MAPP) and five staff are trained as Approved Trainers to ensure PS-MAPP is consistently administered to all foster parents. This training is co-facilitated with existing foster parents, which enables new foster parents to learn from first-hand experience what to expect when working with children in care, and better understand the role prior to deciding whether or not to follow through with licensing requirements.

- *CFSA will continue to utilize the services of the KVC consultant to implement solutions to timely licensing of foster homes, including challenges around kin, worker delays, data entry issues, family delays with scheduling, rescheduling fire inspections (2014 Strategy Plan, #22).*

CFSA licensing staff conduct monthly technical assistance sessions with private agencies on topics that include data entry, how to work around barriers to timely licensure and understanding when exceptions to the timely licensure may be appropriate. These technical assistance sessions in conjunction with implementing a streamlined process using automated documents and making flexible funds available to assist in resolving issues related to timely licensure have positively impacted CFSA's ability to license foster and adoptive homes in a timely manner.

[128] Of the 76 homes that were licensed in the current monitoring period, two homes were considered compliant within the 150 day period required by the IEP due to circumstances that were beyond the District's control.

5. Appropriate Permanency Goals

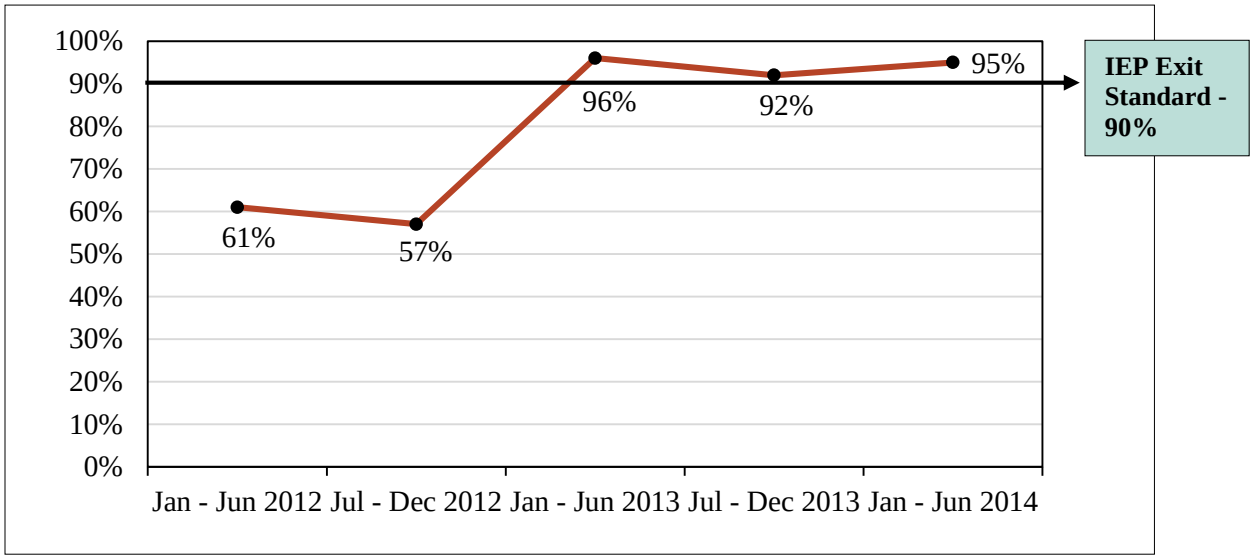
The IEP requires that children have permanency planning goals consistent with the federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. There are a number of Exit Standards associated with this outcome that focus specifically on older youth in foster care and those children and youth with a permanency goal of Another Planned Permanent Living Arrangement (APPLA). CFSA has previously met and continues to maintain these IEP Exit Standards.[129]

The remaining requirement to be met in this area focused on the transition services and planning with youth 18 years of age and older, who comprise 24 percent of the children in CFSA custody as of June 30, 2014. Youth ages 18 and older must have individualized transition plans developed with their participation and with appropriate connections to specific options on housing, health insurance, education and linkages to continuing adult support services agencies. The Monitor verified data on this remaining requirement and determined that CFSA met this Exit Standard.

IEP Requirement	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.)
Exit Standard	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.

[129] See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained* of this report for performance during this monitoring period (IEP citation I.B.12.a.&b.).

Figure 35: Youth Ages 18 and Older with a Youth Transition Plan
January 2012 – June 2014



Source: CFSA Manual Data and FACES.NET report CMT 391

Performance for the period January 1 through June 30, 2014:

CFSA has worked to enhance practice with adolescents to support earlier and ongoing engagement and planning with youth around their transition from foster care. The required youth transition plan summarizes work to date and provides guidance on next steps required to support the youth in transitioning from foster care. These plans must be individualized and developed with the youth and his/her identified, supportive team. Further, plans should provide the youth with appropriate connections to specific options on housing, health insurance, education and linkages to continuing adult support services agencies. CFSA reports that of the 273 youth ages 18 and older under CFSA care between January and June 2014, 10 youth were in abscondence, developmentally disabled or refused to participate in the development of a Youth Transition Plan (YTP) and were excluded from analysis. Thus, out of 263 applicable youth, 251 (95%) had an YTP plan.

The Monitor considers performance on this Exit Standard met.

***Performance on Strategy Plan*:**

CFSA has used the following the strategy to ensure quality youth transition planning occurs for older youth:

- *Beginning February 2014, CFSA will monitor and validate the creation and implementation of youth transition plans using the Foster Care Club toolkit. Each month CFSA will review a 20 percent sample of YTPs completed during the performance period to determine if youth was involved in the plan development. CFSA will also review the*

YTPs for all youth who age out during each month to ensure that the plans include the appropriate connections (2014 Strategy Plan, #20).

The Monitor verified performance on this measure with CFSA using two agreed upon methodologies. First, for youth ages 18 and older, CFSA reviewed documentation from 20 percent of youth receiving an YTP each month, as described in the strategy plan. Second, for youth ages 20.5 and older, CFSA used an agreed upon tool to review the quality of transition planning for each youth. CSSP participated in these reviews for all youth exiting care in January and February, and verified performance for 31 percent of youth exiting care in the months of March through June 2014. In addition, the Monitor observed 21 JumpStart meetings, where CFSA staff and partners identify how prepared a youth is to transition out of care and identify any additional plans or resources to support this transition. The Monitor agreed with CFSA's evaluation of the YTPs and found that the vast majority of youth had been provided appropriate connections to housing, education and other adult supportive services. Stable housing post-placement continues to be a challenge for District youth and CFSA continues efforts to create new resources and increase the range of housing options for these youth.

As of September 2014, the Foster Care Club toolkit, the new version of the YTP, is not available online, however, workers are using a hard copy version of the toolkit. CFSA reports that some OYE workers are currently beta-testing the online Foster Care Club toolkit to ensure it is of quality and user-friendly prior to making the toolkit available online to all workers and youth.

6. Timely Adoption and Permanency

There are a number of IEP outcomes that track processes that are designed to facilitate timely achievement of permanency goals for children. These include:

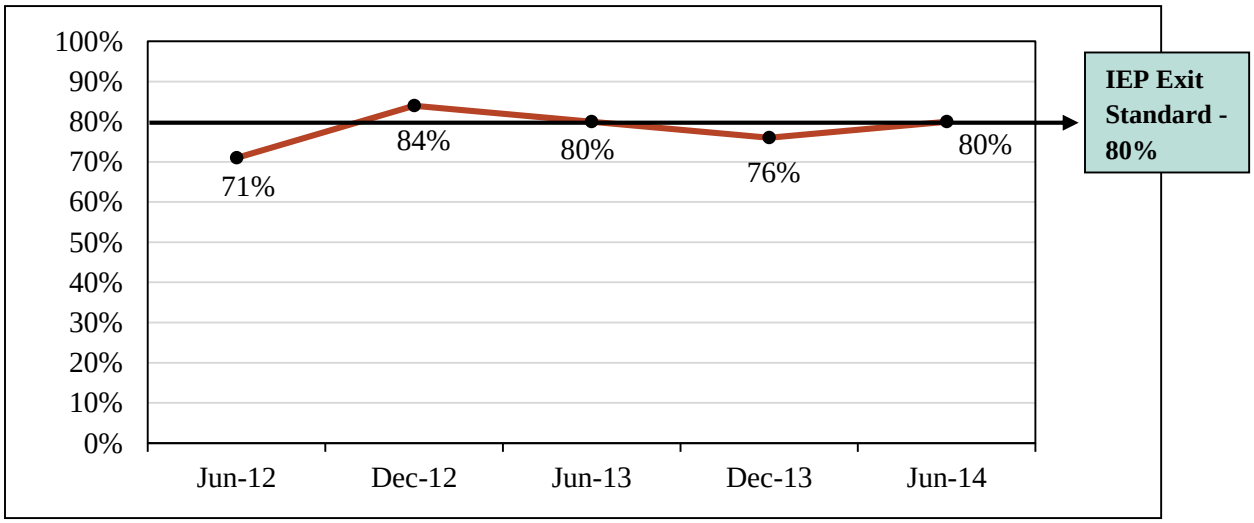
- Placing children in approved adoptive homes within nine months of their goal becoming adoption.
- Making reasonable efforts to finalize adoptions within 12 months of placement in the approved adoptive home.
- Achieving permanency within established timeframes through adoption, guardianship and reunification.

Approved Adoptive Placement

The IEP requires that children with a goal of adoption be placed in an approved adoptive placement within nine months of their goal becoming adoption.[130] There are two Exit Standards to measure this outcome; one for children whose goal changed to adoption prior to July 1, 2010 and the other for children whose goal changed to adoption on July 1, 2010 or thereafter. Both of these IEP Exit Standards have been previously designated as Outcomes to be Maintained.[131] However, CFSA has struggled to maintain performance on the timely adoption of children whose permanency goal changed to adoption July 1, 2010 or thereafter.

IEP Requirement	27. *Timely Adoption*: Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (IEP citation I.B.16.a.i.)
Exit Standard	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.

Figure 36: Children Placed in Pre-Adoptive Home Within 9 Months of Goal Change to Adoption January 2012 – June 2014



Source: CFSA Administrative Data, FACES.NET report ADP070

[130] Pursuant to the IEP, the Monitor considers a placement an approved adoptive placement based on documentation of an intent to adopt, filing of an adoption petition or indication in the FACES.NET services line of an approved adoptive placement.
[131] CFSA sufficiently achieved performance on the Exit Standard for children whose permanency goal changed to adoption prior to July 1, 2010 and because the review period for this IEP Exit Standard has expired and CFSA ultimately achieved compliance, the Monitor is no longer tracking performance for this measure.

Performance for the period January through June 2014:
This Exit Standard requires that 80 percent of the children whose goal changed to adoption on 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. From January through June 2014, 40 (80%) of 50 eligible children were placed in an approved adoptive placement by the end of the ninth month from the goal change; this performance meets the requirement.

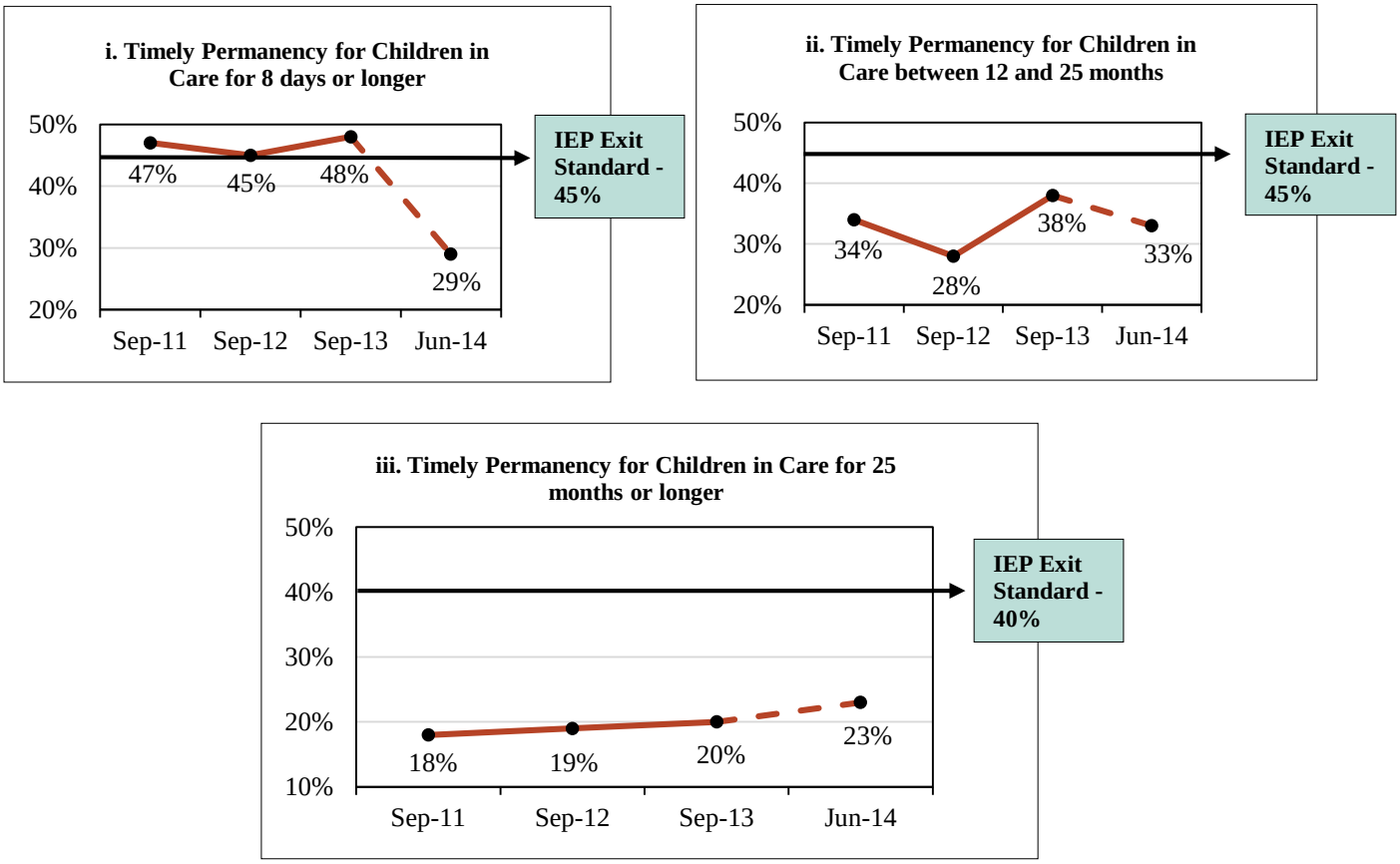
Reasonable Efforts to Finalize Adoptions

CFSA is required to ensure that 90 percent of children are adopted, or reasonable efforts are made to have them adopted, within 12 months of being placed in a pre-adoptive home (IEP citation I.B.16.b.iii.). CFSA continues to meet this Exit Standard, which is an Outcome to be Maintained. From January through June 2014, 97 percent of adoptions were completed, or reasonable efforts were made to complete adoptions, within 12 months of the child being placed in a pre-adoptive home. Specifically, CFSA reports that 30 adoptions were finalized during this monitoring period. Of those 30, 14 cases were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for an additional 15 children. Monitor staff participated in the review of the children's cases that took longer than 12 months to finalize and agreed that reasonable efforts had been made despite the delays.

Permanency Exits through Adoption, Guardianship and Reunification

IEP Requirement	32. *Timely Adoption:* Timely permanency through reunification, adoption or legal guardianship. (IEP citation I.B.16.c.)
Exit Standard	i. Of all children who entered foster care for the first time in FY2013 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, 2014. ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2013, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2014. iii. Of all children who are in foster care for 25 months or longer on September 30, 2013, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2014, whichever is earlier.

Figures 37i-iii: Timely Permanency for Children
September 2011 – June 2014



Sources: CFSA Administrative Data, FACES.NET report CMT384 and CMT385
*Performance not yet due until September 2014

Performance for the period September 30, 2013 through June 30, 2014:[132]

The IEP requires CFSA to achieve an agreed upon percentage of timely exits for children to a permanent family through adoption, guardianship or reunification. This Exit Standard has three sub-parts that must be met before compliance can be reached for the entire Exit Standard, with different compliance percentages for entry cohorts of children based on their length of stay in foster care. The sub-parts are measured annually as of the end of the fiscal year, so performance on this Exit Standard is measured as of September 30, 2014 and achievement of performance is not yet due. However, data as of June 30, 2014 preliminarily demonstrate a decline in performance for children who entered foster care for the first time in FY2013 and have been in care for eight days or longer but improved performance for achieving timely permanency for children in foster care for 25 months or longer.

[132] This timeframe differs from other sections as performance on this Exit Standard is measured through the fiscal year.

The first part of the Exit Standard requires that of all children who entered foster care for the first time in FY2013 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, 2014. Of the 289 children who entered foster care in FY2013 and remained in foster care for eight days or more, 84 (29%) exited to positive permanency by June 30, 2014.[133] At this time last year, 42 percent of the FY2012 cohort had exited care. Thus, the Monitor is concerned that performance has declined and CFSA may not meet this sub-part of the Exit Standard as the Agency had previously done.

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, 2013, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2014. Of the 233 children who were in care more than 12 months and less than 25 months on September 30, 2013, 78 (33%) achieved positive permanency by June 30, 2014.[134] Performance remains similar to previous monitoring periods.

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, 2013, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2014, whichever is earlier. For the 727 children who had been in care 25 or more months on September 30, 2013, 169 (23%) achieved permanency by June 30, 2014.[135] Performance has improved since this same time last year but remains far below the Exit Standard requirement.

[133] Although outside this monitoring period, performance data as of September 30, 2014 were available at the time of the writing of this report and 36% of the children in this cohort achieved permanency.
[134] Although outside this monitoring period, performance data as of September 30, 2014 were available at the time of the writing of this report and 40% of the children in this cohort achieved permanency.
[135] Although outside this monitoring period, performance data as of September 30, 2014 were available at the time of the writing of this report and 28% of the children in this cohort achieved permanency.

Table 7:
Children and Youth Exiting to Permanency by Cohort as of June 30, 2014

Length of time in out of home care during FY2013	Total number of children/ youth in cohort	Exit to Reunification	Exit to Guardianship – Kin	Exit to Guardianship – NonKin	Adoption	Total exits to permanency by June 30, 2014
8 days-12 months	289	78 (27%)	2 (>1%)	0 (0%)	4 (1%)	**84 (29%)**
12-24 months	233	21 (9%)	20 (9%)	11 (5%)	26 (11%)	**78 (33%)**
25 months or more	727	26 (4%)	46 (6%)	52 (7%)	45 (6%)	**169 (23%)**

Sources: FACES.NET reports CMT384 and CMT385
Percentages may not total 100 due to rounding.

Performance on Strategy Plan:

CFSA has worked with the National Resource Center for Permanency and Family Connection on a number of strategies to increase performance on timely permanency. In addition, CFSA has used the RED Team approach to ensure that workers make deliberate efforts in helping children achieve timely permanency. The strategies are described below:

- *Throughout 2014, CFSA will work with the National Resource Center for Permanency and Family Connections (NRCPFC) and the CRC to develop alerts for concurrent planning discussions during the RED Team meetings (2014 Strategy Plan, #16).*

Historically, all CFSA cases were supposed to involve concurrent planning with a plan A-support reunification and then a Plan B, to be implemented if reunification failed. This past year, the NRCPFC worked with CFSA to define concurrent planning—a social work permanency practice—as "the process of achieving permanency by simultaneously working two plans to timely move children and youth to a safe and permanent family." The NRCPFC and CRC consultants worked with CFSA RED Team facilitators to identify criteria of cases to be considered for concurrent planning. The criteria identified are based on an analysis of cases that re-entered the child welfare system and cases that led to adoption and guardianship. The criteria are children under eight years old entering care with any of the following concerns:

- In home services have been provided prior to placement
- Re-entry into foster care
- Siblings currently in care
- Trauma history of parent and child/youth (attention focused on pattern and history of drug use, unexplained injuries, serious and persistent trauma, inability to self-regulate, impulsivity, mood swings, PTSD)
- Youth parents currently or formerly in foster care

CFSA reported that its revised concurrent planning efforts were launched in September 2014 with four CFSA teams and two private agency teams. This launch is planned to run through December 2014, and on January 5, 2015, concurrent planning will be launched throughout the Agency.

- *Throughout 2014 the NRCPFC and National Center on Data and Technology will work with CFSA to further analyze and examine reunification prognosis indicators and re-entry data based on the concurrent planning framework (2014 Strategy Plan, #17).*

To better understand poor prognosis for reunification, CFSA began by analyzing cases involving children who initially entered care (227) and those who reentered (68) between January and August 2013. CFSA examined data elements such as placement type, allegation type and permanency goals. In November 2013, CFSA and the NRCPFC shifted the focus of the analysis to children who had reunified in FY2011 or later and had reentered care in FY2013 or later. CFSA is conducting a similar study on re-entries into care for children who had been in legal guardianships.

- *By August 1, 2014, CFSA, working with the National Resource Center for Adoptions, will develop a scope of work for redesigning guardianship practices with a goal of promoting more timely permanency (2014 Strategy Plan, #18).*

NRCPFC consultants worked with CFSA staff and attorneys to revisit how to best use guardianship as a permanency option. One goal of this work is to improve collaboration between CFSA and the D.C. Superior Court to minimize re-entry of guardianship cases into foster care. A D.C. Superior Court Judge involved staff from the Office of the Attorney General (OAG) in a Rules Committee working group to revisit guardianship rules. Additionally, representatives from CFSA and OAG participate in the Family Court Abuse and Neglect Subcommittee which is working to amend the guardianship administrative order which governs guardianship process and protocols.

- *Throughout 2014, CFSA will continue to utilize the RED teams at various phases of the permanency process and will use RED teams to facilitate decisions and timely action about case transfer, placement matching, guardianship, and adoption (2014 Strategy Plan, #19).*

Beginning in September 2013, CFSA implemented the Big RED Team process to support children in achieving appropriate and expeditious permanency, specifically focusing on cases that had been opened 13 months or longer. The Big RED process are high levels case reviews with leadership from CFSA and/or provider agencies, the supervisor, and additional consultative staff and partners. The Big RED Team process focusing on identifying and solving barriers to children returning to their parents or achieving a different, safe and supportive permanent home. CFSA reports conducting over 200 permanency Big RED case reviews during the monitoring period. Starting in March 2014, CFSA required and supported private providers in conducting Big RED case reviews. As a result of these reviews, CFSA learned that judicial delays, need of mental health services and youth instability were the primary challenges that delayed permanency.

7. Case Planning Process

The case planning process Exit Standard requires CFSA to work with families: (1) to develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes which reflect the family's and child(ren)'s needs and are updated as family circumstances or needs change and (2) to deliver services reflected in the current case plan. Every effort should be made to locate family members and develop case plans in partnership with children and families, the families' informal support networks and other formal resources working with or needed by the child and/or family. Case plans should identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals. CFSA continues to maintain compliance on timelines for court ordered case plans; this requirement is related to the quality of the case planning process. The Monitor measures performance on this requirement through ratings from the QSR.

IEP Requirement	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 partnership with youth and families, the families' informal support networks, and other formal resources working with or needed by the youth and/or family. c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals. (IEP citation I.B.17.)
Exit Standard	80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable on both the Pathway to Case Closure and Plan Implementation indicators.

As required by the IEP, two indicators from the QSR protocol are used to measure CFSA's performance on the Exit Standard pertaining to appropriate case planning. These indicators, Planning Interventions and Pathway to Case Closure, are described in further detail in Figures 38 and 39, which summarize the parameters which reviewers consider in rating performance for Planning Interventions and Pathway to Case Closure, as well as descriptions of minimally acceptable performance and unacceptable performance as contained within the QSR protocol.

Figure 38: QSR Planning Interventions Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance[136]

Planning Interventions

- *Indicator Focus:* the planning interventions are a set of strategies and actions, based on assessed needs, which result in changes for the child, youth and family. Intervention planning is an ongoing process throughout the life of the case and the interventions should be consistent with the long-term view for the child, youth and family.

- *Parameters Reviewers Consider:* to what degree meaningful, measurable, and achievable life outcomes (e.g. safety, permanency, well-being, family functioning in fulfilling life roles, transition and life adjustment) for the child and family are supported by well-reasoned, agreed-upon goals, intervention strategies and actions for attainment.

- *Indicator sub-parts:*
  - Safety and Protection
  - Permanency
  - Well-Being
  - Daily Functioning and Life Role Fulfillment
  - Transition and Life Adjustment
  - Other Planned Outcomes and Interventions

- *Description of Acceptable/Unacceptable Performance:*

Minimally Acceptable Planning means a minimally reasoned, periodic planning process is used to match intervention strategies to stated goals that are somewhat consistent with the long-term view. Choices are at least minimally supported by the child and family and by a slim team consensus. The strategies selected reflect a minimally adequate to fair assessment and are loosely linked to the planned goals and outcomes to meet the needs of the child and family and to help them be successful in daily living after exiting the service system. Plans include a minimally described set of steps to which key participants are somewhat committed. Strategies and actions across providers and funding sources are somewhat aligned and minimally integrated.

Unacceptable Planning is evident from a somewhat or substantially inadequately reasoned, occasional planning process. Intervention strategies may not have clear goals and may be somewhat inconsistent with the long-term view. Choices may be marginally supported by the child and family. A vague or shifting consensus may exist around some goals and strategies. Interventions described may reflect an authorized services category rather than a clear strategy for change. The intervention may be related to an inferred area of need by my lack clear goals or strategies. Plans may include some general activities for which some participants are authorized to provide services. Planning across providers and funding sources is somewhat misaligned or inconsistently integrated.

[136] *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, November 2013. p. 62-65.

Figure 39: QSR Pathway to Case Closure Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance[137]

Pathway to Case Closure

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

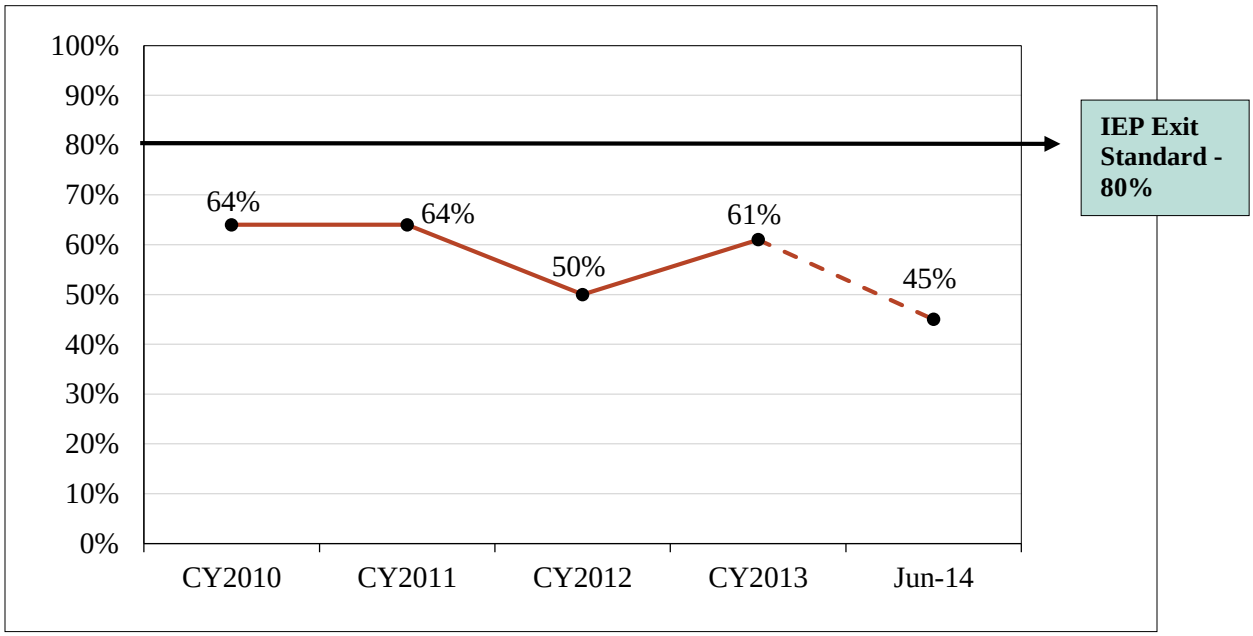
- *Description of Acceptable/Unacceptable Performance:*

Minimally Acceptable Pathway to 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 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.

[137] *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, November 2013. p. 58-59.

Figure 40: QSR Findings on Case Planning Process
CY2010 – June 2014*



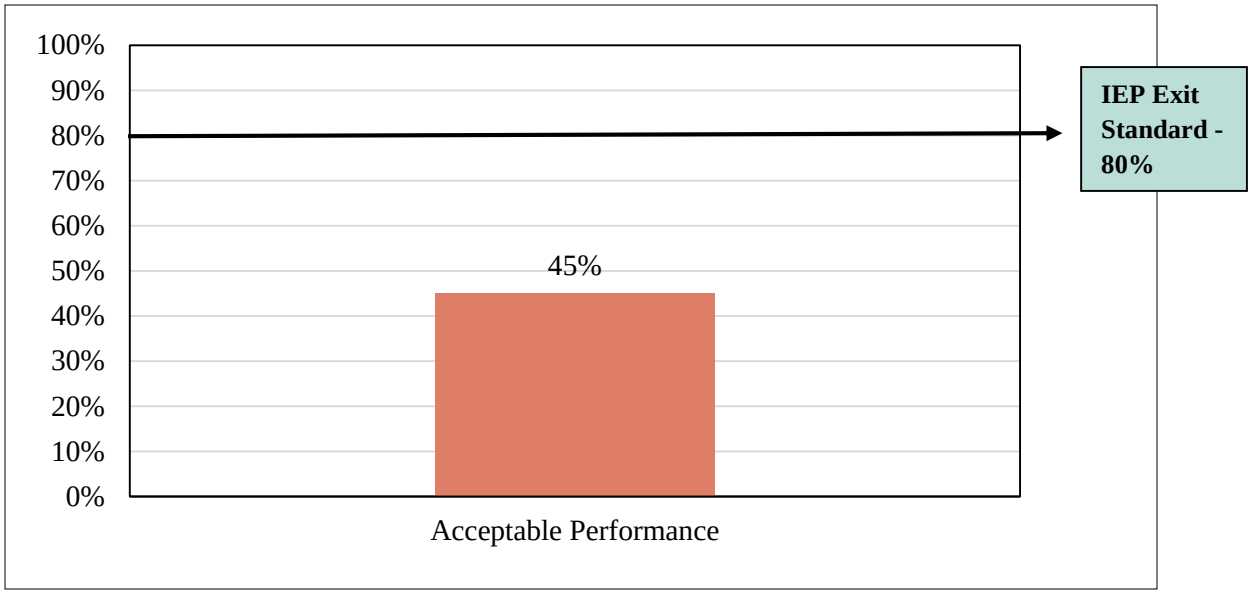
Source: QSR Data

*June 2014 data includes data from QSRs conducted January – June 2014; this trend chart will be updated based on CY2014 data in the next monitoring period.

Performance for the period January 1 through June 30, 2014:

During the first half of CY2014, 73 cases were reviewed using the QSR methodology. There are an additional 52 QSRs scheduled for CY2014. As Figure 41 indicates, 45 percent (33 of 73) were rated as acceptable on *both* the overall Planning Interventions and Pathway to Case Closure indicators. In some cases, reviewers rated practice on one indicator as acceptable, while their assessment of practice in the other area was unacceptable and needed refinement or improvement. Specifically, 63 percent of cases (46 of 73) were rated acceptable overall on the Planning Interventions indicator and 60 percent of cases (44 of 73) were rated acceptable on the Pathway to Case Closure indicator. CFSA's performance of 45 percent does not meet the Exit Standard requirement of 80 percent.

Figure 41: QSR Findings on Case Planning Process
January – June 2014
N=73



Source: QSR, January – June 2014

Similar to CFSA's performance on *Services to Children and Families to Promote Safety, Permanency and Well-Being*, performance on this Exit Standard was lower in cases reviewed where the focus child was receiving in-home services compared to those receiving out-of-home services. In those cases where the focus child was receiving in-home services, 45 percent (9 of 20) were rated acceptable on Planning Interventions compared to 70 percent (37 of 53) of cases where the focus child was placed in out-of-home care. Additionally, 50 percent (10 of 20) of in-home cases were rated acceptable on Pathway to Case Closure compared to 64 percent (34 of 53) of out-of-home cases. These data indicate the need for improved focus on case practice, specifically planning, for in-home cases.

Table 8: Acceptable Performance on QSR Indicators Used to Assess Case Planning Process

In-Home Cases N=20	**Out-of-Home Cases N=53**
Planning Interventions	
45% (9)	70% (37)
Pathway to Case Closure	
50% (10)	64% (34)
Both Indicators	
25% (5)	53% (28)

Source: QSR, January – June 2014

Performance on Strategy Plan:
CFSA has employed the following strategies to increase performance on the services provided to children and families to improve the case planning process:

- *Based on QSR findings, Agency Performance is conducting an analysis on case plans and services. The analysis will include a review of ten percent of the in-home and a review of five percent of the foster care cases. The findings will be completed and shared with management in March and April 2014 and will be used to modify practice, policy, and trainings, as needed (2014 Strategy Plan, #6).*[138]

Through the case plan review, 69 in-home cases and 69 out-of-home cases were reviewed and findings were shared with management and staff. CFSA reports that findings from the review identified positive collaboration between in-home staff and collateral contacts from the Department of Behavioral Health (DBH) and strong implementation of case plans for children placed in out-of-home care. The review also highlighted several areas for improvement including challenges engaging birth parents, working with families where children suffered from a developmental delay and involving birth fathers. As a result of the findings, in-home and program operations supervisors developed action teams to address gaps in case planning, team formation and the pathway to case closure. For example, the National Resource Center for In-Home Services is currently working with in-home staff to implement a Quality Home Visiting model that helps workers plan visits and interventions based on the criteria gathered from ongoing assessments of the family that are necessary for safe case closure.

- *CFSA will continue to provide immediate feedback on the QSR findings and practice examples about the case to the supervisor and social worker and discuss next steps. The QSR team will follow up with the supervisor and social worker within 30 days. A permanency Big RED Team will be scheduled 60 days following the QSR to review the findings and follow up. The case practice specialist will track the steps identified through the QSR and permanency Big RED and will report to the permanency Big RED Team if the steps are not occurring (2014 Strategy Plan, #7).*

In-home and out-of-home staff have conducted several permanency Big RED Team meetings during the current monitoring period and through this process, CFSA has learned that housing and mental health services are consistently identified as barriers to timely case closure. To address housing barriers, particularly for families reunifying and youth transitioning out of care, CFSA has modified the review and approval process for Rapid Housing applications to be more

[138] This strategy was modified in June 2014 to change the percentage of foster care cases for review from 10 to 5 percent as CFSA determined that a review of 5 percent was sufficient to document themes. Additionally, the date of completion was changed to include April 2014 to provide additional time to complete the analysis.

efficient and streamlined. Additionally, CFSA has engaged housing resources within the District for the purpose of assisting more CFSA clients acquire housing in spite of prior evictions or current credit standings. Furthermore, CFSA is working with DBH, the Department of Human Services (DHS), DC Housing Authority, individual landlords and other nonprofit housing resources to help support families in their current housing and prevent eviction. In order to provide increased support and services for mental health treatment, CFSA is working with DBH through an MOU to ensure an immediate response from Choice Providers to engage parents in services. The MOU outlines CFSA's ability to pay for collaboration team meetings and other tasks in order to move the case forward that in the past have been non-billable activities for DBH and their contracted agencies.

Additional efforts to address mental and behavioral health needs of clients has occurred through a two-year, collaborative, in-depth technical assistance grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) through Children and Family Futures led by CFSA's Office of Well-Being (OWB) in partnership with other District agency partners and the DC Superior Court. The goal of this grant was to improve collaboration and substance use services for youth and adults involved with CFSA. The grant ended in September 2014, however the collaboration has continued. The results from the grant include:

- more timely substance abuse assessments for CFSA clients, reducing wait time from 14 days to 24 hours;
- implementation of a dedicated mobile youth assessor through Hillcrest Children and Family Center for all children referred for substance abuse assessment by CFSA;
- access to the substance abuse and prevention data system, which allows for electronic referrals and tracking of information when CFSA clients provide consent;
- expansion of Family Treatment Court to include fathers and parents needing all levels of treatment; and
- implementation of a youth Wellness Recovery Action Plan program, which provides peer-to-peer support for youth in recovery.

➢ *Within six months of receiving approval from the Children's Bureau, CFSA will integrate the CAFAS into FACES.NET. Thereafter, staff will be trained and begin using the tool (2014 Strategy Plan, #8).*

In July 2014, CFSA received the necessary approvals to build the CAFAS[139], the tool that will be used to assess a youth's daily functioning across key domains and changes in functioning over

[139] Child and Adolescent Functional Assessment Scale.

time, into FACES.NET. The goal is for the CAFAS and PECAFS[140] as well as the Caregivers Strength and Needs Assessment tool to be simultaneously incorporated into FACES.NET and directly linked to the case plan. All of the mentioned tools are functional and behavioral-based assessment protocols that focus on change in specific functional domains and are crucial to the case planning process. These tools are also being used by staff at the five Healthy Families/Thriving Communities Collaboratives. Full integration of the tools into FACES.NET is expected to be completed by January 2015.

In preparation for understanding how the CAFAS will impact case planning, two high-level trainings for CFSA and private agency management were held. Training for staff on the CAFAS and PECFAS will be coordinated with the training on the Caregivers Strength and Needs Assessment.

- *Beginning February 1, 2014, the Choice Providers will participate in case transfer RED Team at the point of removal and the initial Family Team Meeting (FTM) to enhance family engagement and improve the identification of and timely referral to services needed for children and families (2014 Strategy Plan, #9).*

The goal of this strategy is to connect families more quickly to appropriate mental health providers. CFSA data indicates that attendance of Choice Providers[141] at Removal RED Teams improved between March and April 2014. In March, of the 13 Removal RED Teams held involving youth who are age eligible for mental health services, at least one choice provider participated in six of the RED Team meetings. In April and May, there was a representative from a choice provider at all of the Removal RED Teams held each month.

C. GOAL: CHILD WELL-BEING

1. Sibling Placements and Visits

By placing siblings together, CFSA is able to reduce some of the trauma children experience when they must enter out-of-home care and can help children sustain their critically important lifelong connections and supports. CFSA has previously met both Exit Standards related to sibling placement and visitation between siblings if they are placed apart (IEP citations I.C.20.a. & b.). Required performance for both standards has been maintained between January and June 2014.

[140] Preschool and Early Childhood Functional Assessment Scale.
[141] The Choice Providers include Community Connections, Family Matters, First Home Care, Hillcrest Children and Family Center, Maryland Family Resources, Universal Healthcare Management Services and Parent Infant Early Childhood Enhancement Program.

As of June 30, 2014, 93 percent of children placed in care with their siblings or within 30 days of their siblings between January and June 2014 were placed with some or all of their siblings. Current performance significantly exceeds the required performance of 80 percent. Regarding sibling visitation, during this monitoring period a monthly range of 80 to 86 percent of siblings had at least monthly visits and 69 to 77 percent of siblings had at least twice monthly visits with their brothers and/or sisters.[142, 143]

2. Assessments for Children Experiencing a Placement Disruption

In an effort to increase children's placement stability, the IEP requires CFSA to ensure that children in its custody whose placements are disrupted are provided with a comprehensive and appropriate assessment to determine their service and re-placement needs with a follow-up action plan developed no later than within 30 days of a child's re-placement. CFSA has previously met the required level of performance for this Exit Standard which is currently designated as an Outcome to be Maintained. Below is a discussion of current performance.

CFSA uses the Child Needs Assessment (CNA) tool for all children who enter care or require a placement change. The CNA tool is structured to collect information about the child in the following areas:

- mental health and behavioral health needs;
- interventions necessary to manage mental health, behavioral or developmental needs;
- medical and physical characteristics;
- personal care needs due to developmental and/or medical and physical needs;
- psychotherapy and counseling needs;
- educational information; and
- cultural and linguistic needs.

Resource Development Specialists (RDS) within the Placement Services Administration are responsible for ensuring that when there is notice of the need for a placement change, a CNA is completed with the child's team, to include the social worker, GAL, placement provider and other appropriate individuals identified by the social worker. The Monitor has previously noted concern with the lack of team involvement in completion of CNAs and data from the current period indicate that this has not improved. There were 84 placement disruptions that occurred between January and June 2014 which required completion of a CNA and the only noted

[142] The IEP Exit Standard requires 75% of children have twice monthly visits with their separated sibling groups. Performance for October through December 2013 and for three months this monitoring period dropped below the required level. The Monitor continues to consider this to be a temporary deviation, however, if this performance continues, will determine if this Exit Standard should be redesignated.

[143] The percentage of children with suspended visits has increased this monitoring period, from 17% in January to 21% in June. The Monitor has discussed this trend with CFSA and CFSA indicates that an internal audit will be conducted to ensure appropriate use of this designation within FACES.NET.

participants in these meetings in addition to the RDS were the social worker and occasionally the social work supervisor or RDS supervisor. Additional teaming can facilitate more thorough information gathering in this process and assist in ensuring that all needs are identified and services are planned for and employed.

During the current monitoring period, between 11 to 23 placement disruptions occurred each month and between 83 and 100 percent of children experiencing a disruption had a CNA completed within 30 days of notification of the need for a placement change. For the two months where performance fell below the required level of 90 percent, there were only 12 applicable placement disruptions and CNAs were not timely completed for two children each month. The Monitor considers these deviations in performance to be insubstantial and this Exit Standard continues to be maintained.

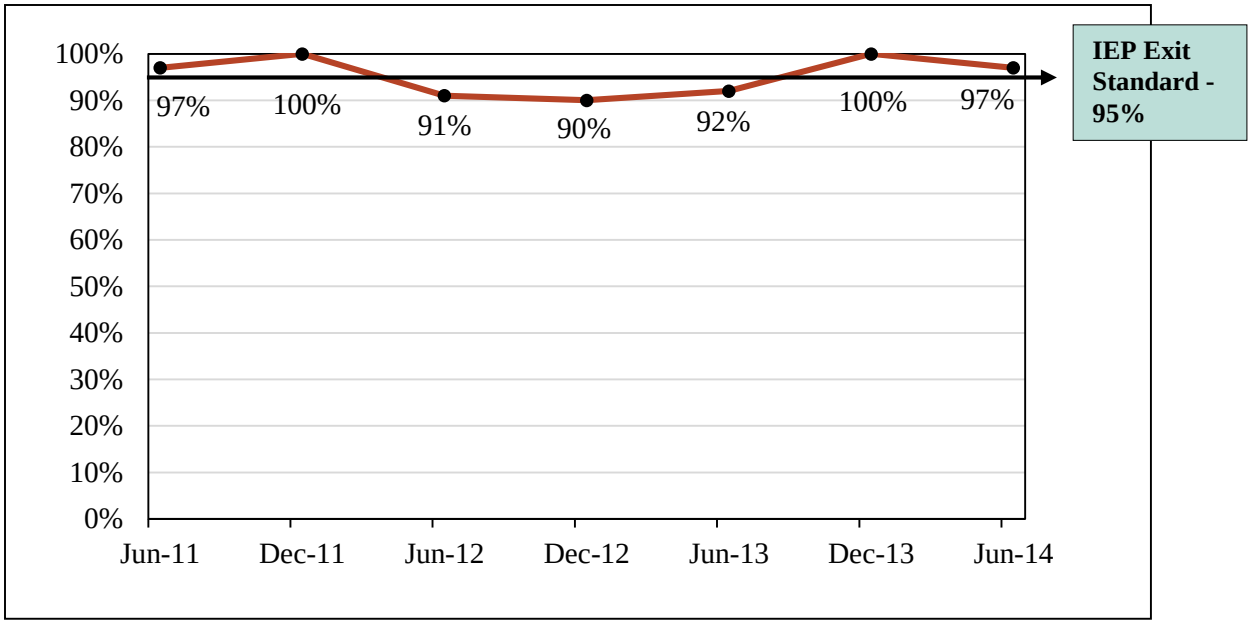
3. Health and Dental Care

Health Screening Prior to Placement

The IEP requires children in foster care to have a health screening prior to an initial placement, re-entry into care or 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. Overall, CFSA continues to partially meet the performance level required by the IEP for medical screenings, medical evaluations and dental evaluations. CFSA continues to struggle with providing foster parents with documentation of Medicaid coverage, both number and card, in a timely manner.

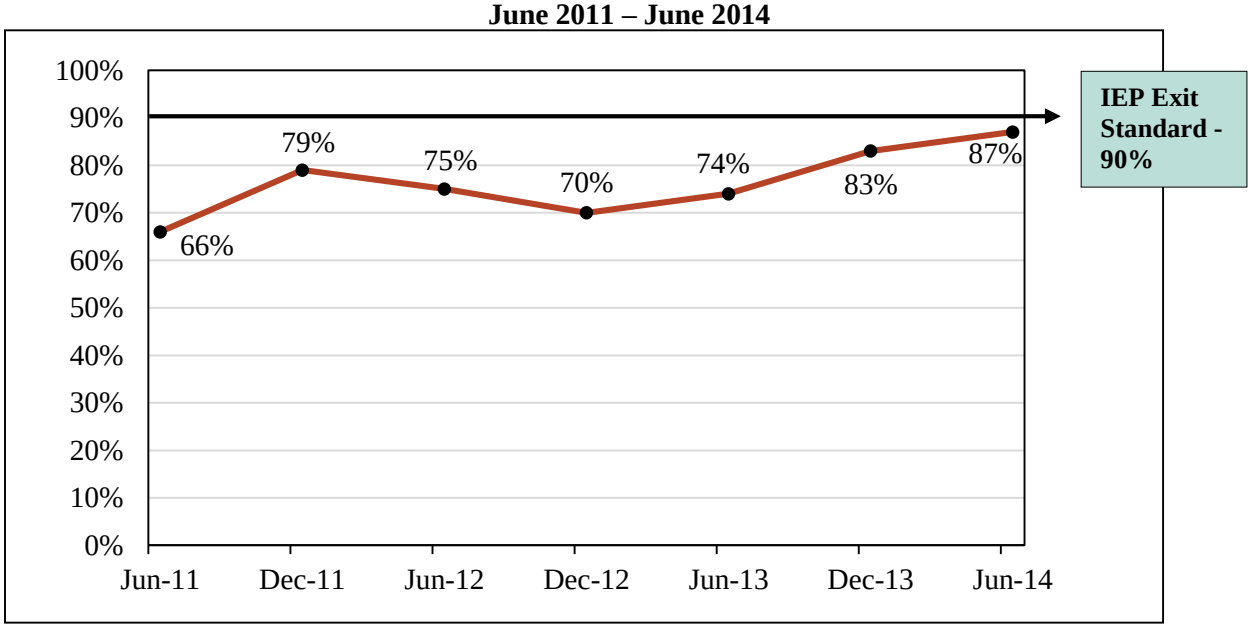
IEP Requirement	39. *Health and Dental Care*: Children in foster care shall have a health screening prior to placement. (IEP citation I.C.22.a.)
Exit Standard	95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care. 90% of children in foster care who experience a placement change shall have a replacement health screening.

Figure 42: Percentage of Children who Received a Health Screening Prior to Placement (Initial or Re-Entries) June 2011 – June 2014



Source: CFSA Administrative Data, FACES.NET report HTH004

Figure 43: Percentage of Placement Activities where Children Received a Health Screening Prior to Replacement (for Children with Multiple Placements) June 2011 – June 2014



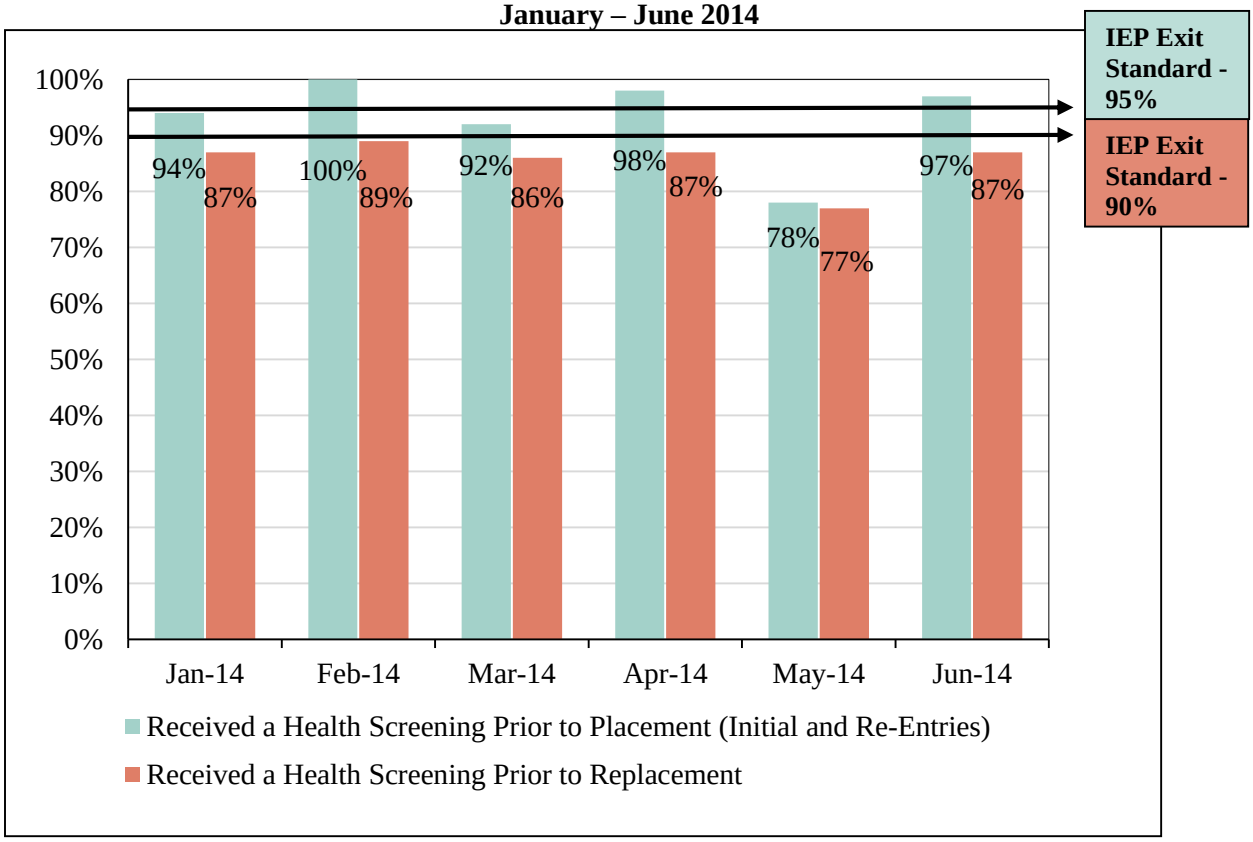
Source: CFSA Administrative Data, FACES.NET report HTH004

Performance for the period January 1 through June 30, 2014:
In June 2014, of the 36 children who were initially placed or re-entered foster care, 35 (97%) received a health screening prior to being placed (Figure 44).Between January and June 2014, performance related to health screening prior to placement for children who initially entered or re-entered foster care ranged between 78 and 100 percent monthly meeting or exceeding the Exit Standard requirement for three of the six months of the monitoring period..

During the month of June 2014, there were 94 child placement change activities that required the child be medically screened prior to placement. In 82 (87%) of the 94 placement changes, the child received a health screening prior to the change in placement. Performance related to health screening for children prior to a placement change ranged between 77 and 89 percent monthly from January through June 2014 (Figure 44).

Based on these data, while CFSA met the performance required by the IEP for three months on for initial health screenings prior to placement, the monthly performance range on this measure, particularly for health screenings prior to a placement change, declined slightly from the previous monitoring period. While performance is substantially improved from 2011, it does not yet meet the performance level required by the IEP.

Figure 44: Percentage of Children who Received a Health Screening Prior to Placement (Initial and Re-Entries) and Replacement January – June 2014

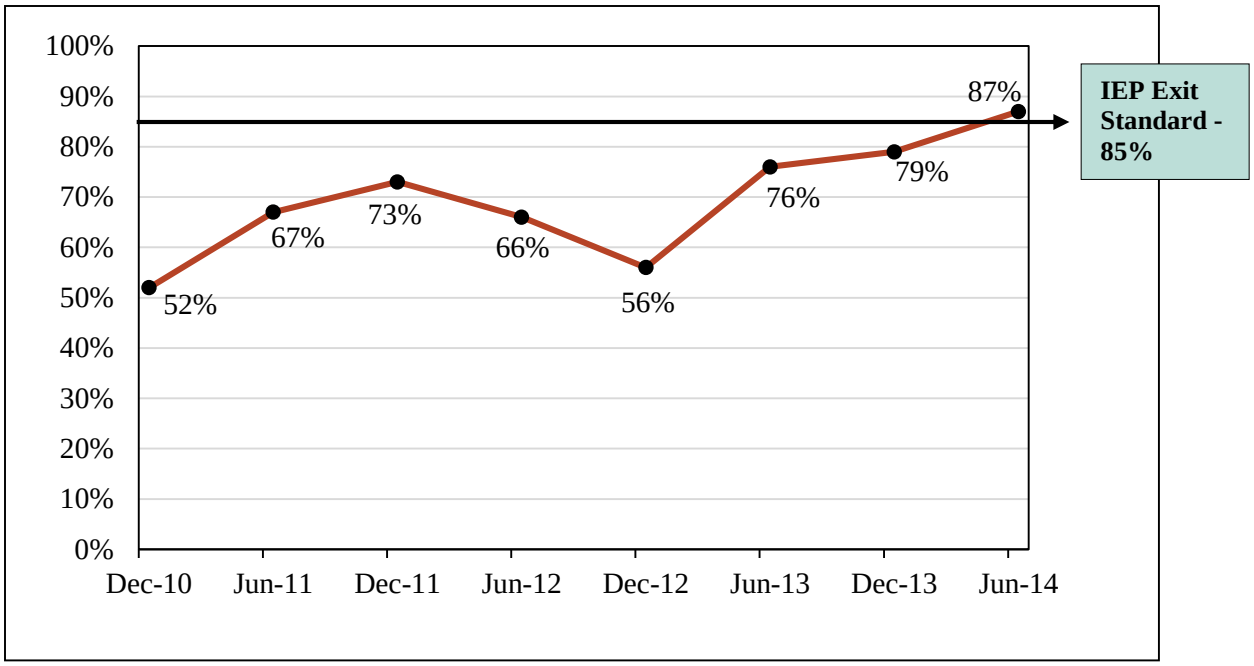


Source: CFSA Administrative Data, FACES.NET report HTH004

Full Medical Evaluation within 30 and 60 Days of Placement

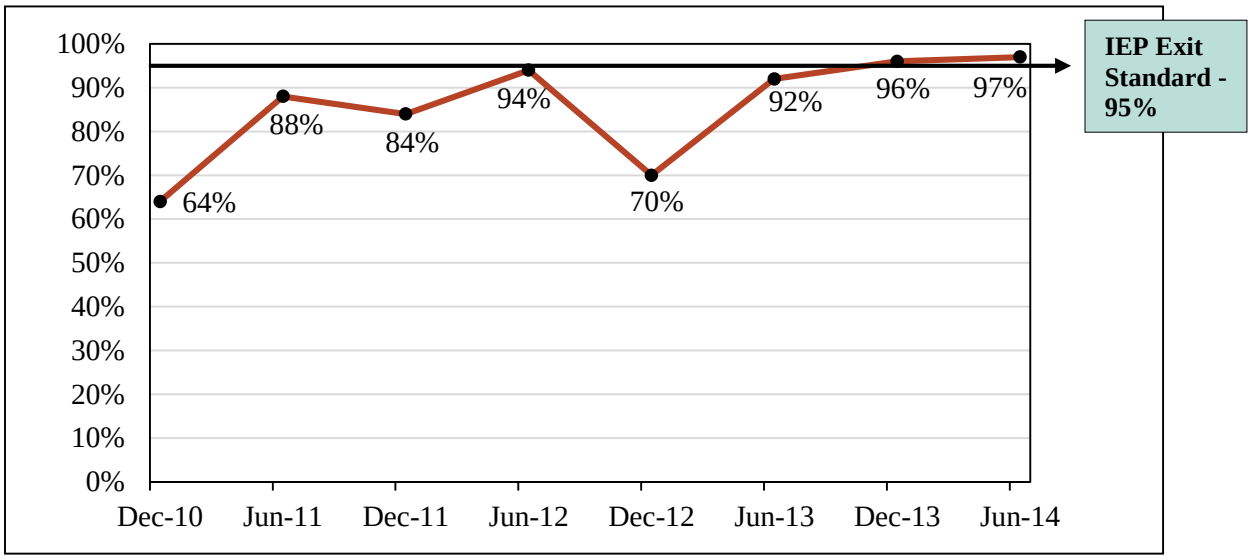
IEP Requirement	40. *Health and Dental Care*: Children in foster care shall receive a full medical evaluation within 30 days of placement. (IEP citation I.C.22.b.i.)
Exit Standard	85% of children in foster care shall receive a full medical evaluation within 30 days of placement. 95% of children in foster care shall receive a full medical evaluation within 60 days of placement.

Figure 45: Percentage of Children who Received a Full Medical Evaluation Within 30 Days of Placement December 2010 – June 2014



Source: CFSA Administrative Data, FACES.NET report HTH005

Figure 46: Percentage of Children who Received a Full Medical Evaluation Within 60 Days of Placement December 2010 – June 2014

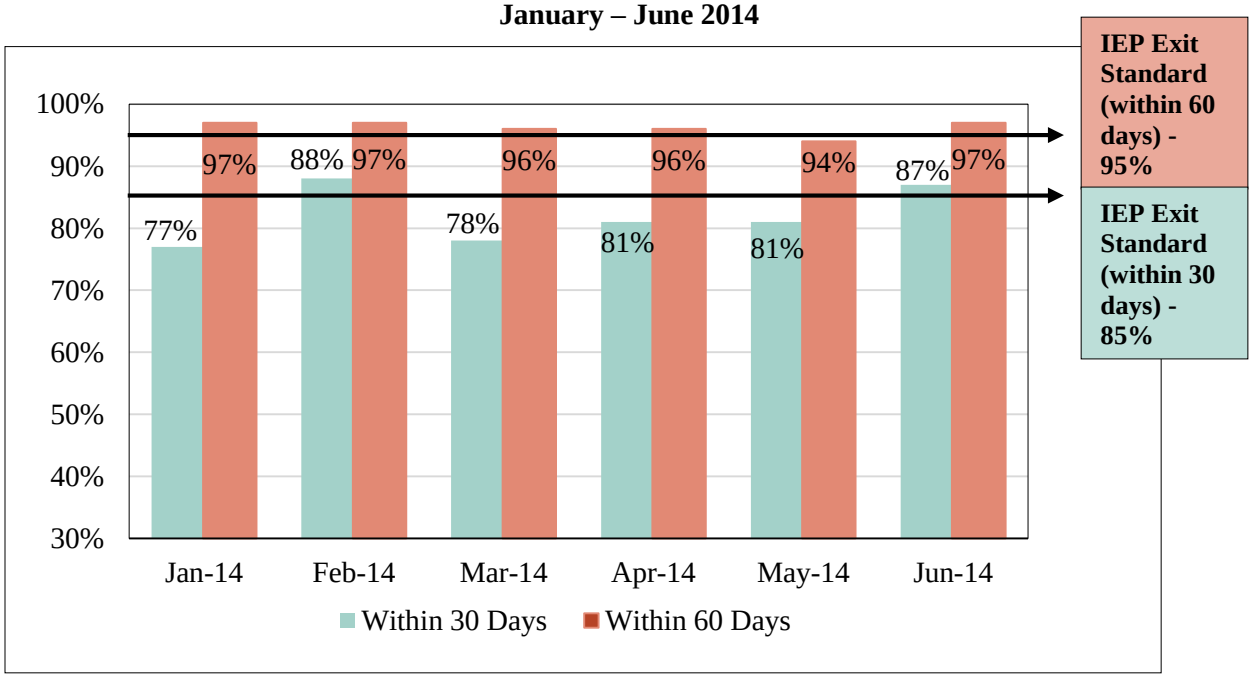


Source: CFSA Administrative Data, FACES.NET report HTH005

Performance for the period January 1 through June 30, 2014:
In June 2014, there were 94 children applicable to this measure; 82 (87%) had a medical evaluation within 30 days of placement and an additional nine (10%) had a medical evaluation within 60 days of placement. Between January and June 2014, a monthly range of 77 to 88 percent of children in foster care received a full medical evaluation within 30 days of placement and by 60 days post-placement, 94 to 97 percent of children per month had received the required evaluation (Figure 47).

CFSA performance on the sub-part of this Exit Standard requiring that 85 percent of children entering foster care receive a full medical evaluation within 30 days of their placement in care remains below the IEP requirement. CFSA met the required performance for the sub-part of this Exit Standard requiring that 95 percent of children entering foster care receive a full medical evaluation within 60 days of their placement in all but one month during current monitoring period. Therefore, this Exit Standard is determined to be partially achieved.

Figure 47: Percentage of Children who Received a Full Medical Evaluation Within 30 and 60 Days of Placement January – June 2014

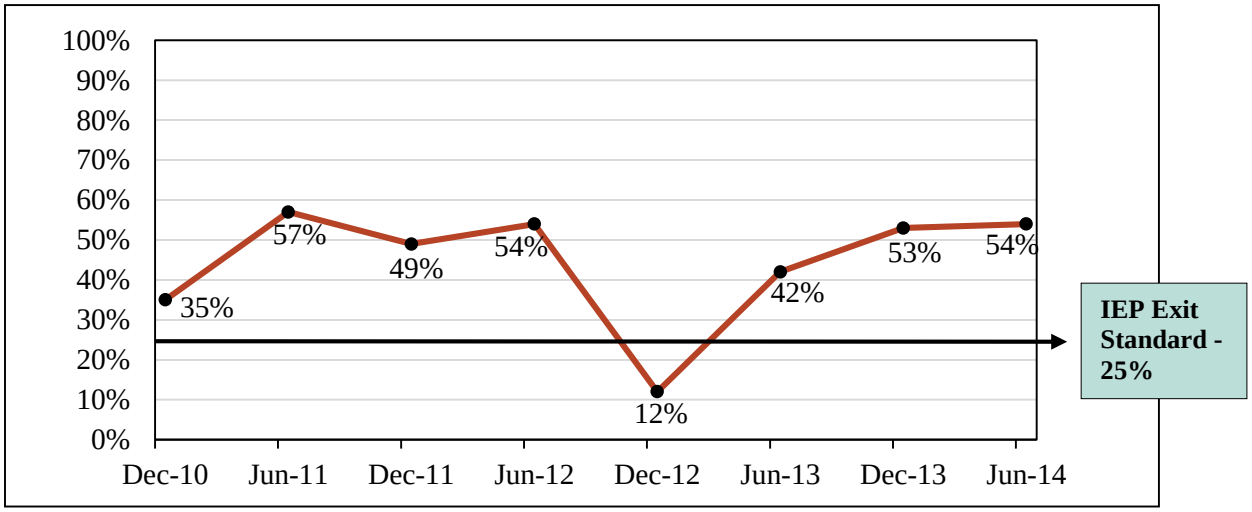


Source: CFSA Administrative Data, FACES.NET report HTH005

Full Dental Evaluation within 30, 60 and 90 Days of Placement

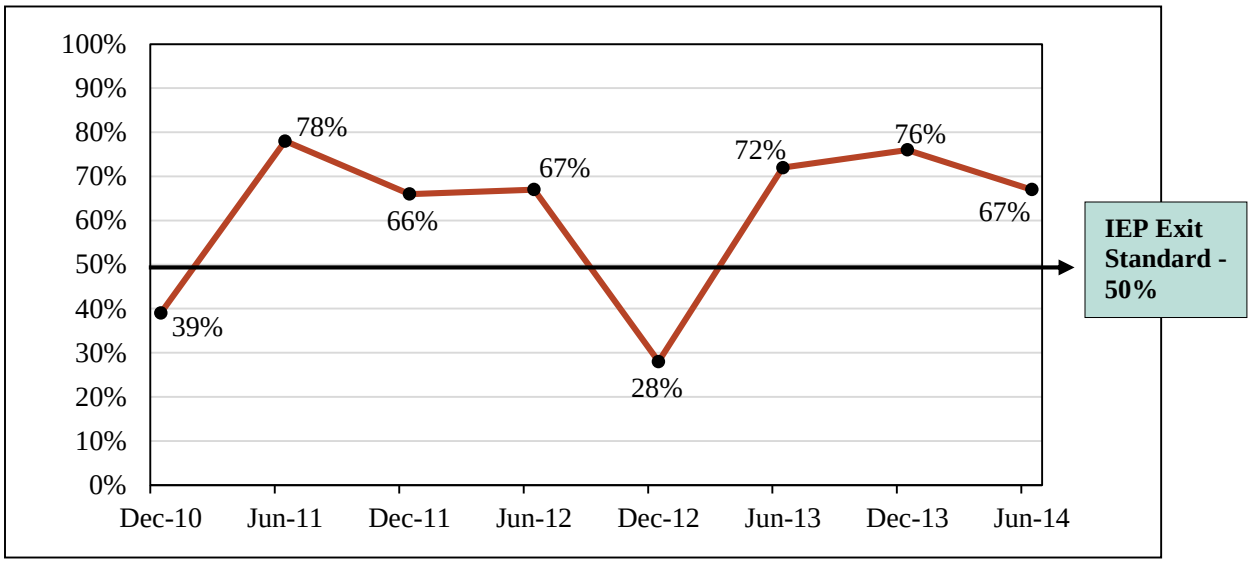
IEP Requirement	41. *Health and Dental Care*: Children in foster care shall receive a full dental evaluation within 30 days of placement. (IEP citation I.C.22.b.ii.)
Exit Standard	25% of children shall receive a full dental evaluation within 30 days of placement. 50% of children shall receive a full dental evaluation within 60 days of placement. 85% of children shall receive a full dental evaluation within 90 days of placement.

Figure 48: Percentage of Children who Received a Full Dental Evaluation Within 30 Days of Placement December 2010 – June 2014



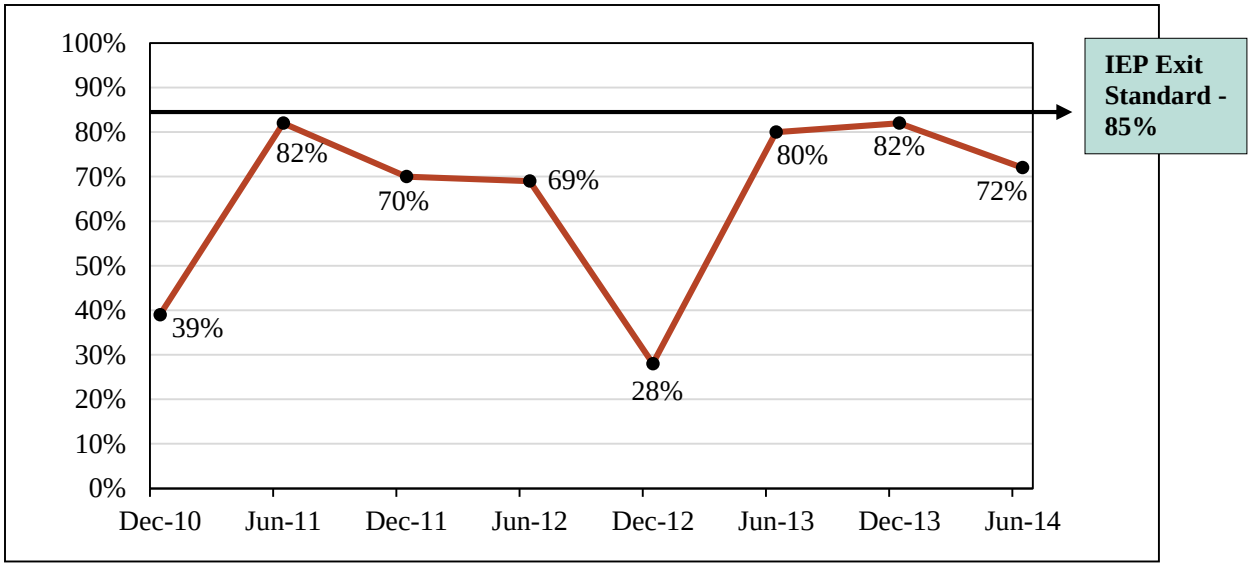
Source: CFSA Administrative Data, FACES.NET report HTH005

Figure 49: Percentage of Children who Received a Full Dental Evaluation Within 60 Days of Placement[144] December 2010 – June 2014



Source: CFSA Administrative Data, FACES.NET report HTH005

Figure 50: Percentage of Children who Received a Full Dental Evaluation Within 90 Days of Placement[145] December 2010 – June 2014



Source: CFSA Administrative Data, FACES.NET report HTH005

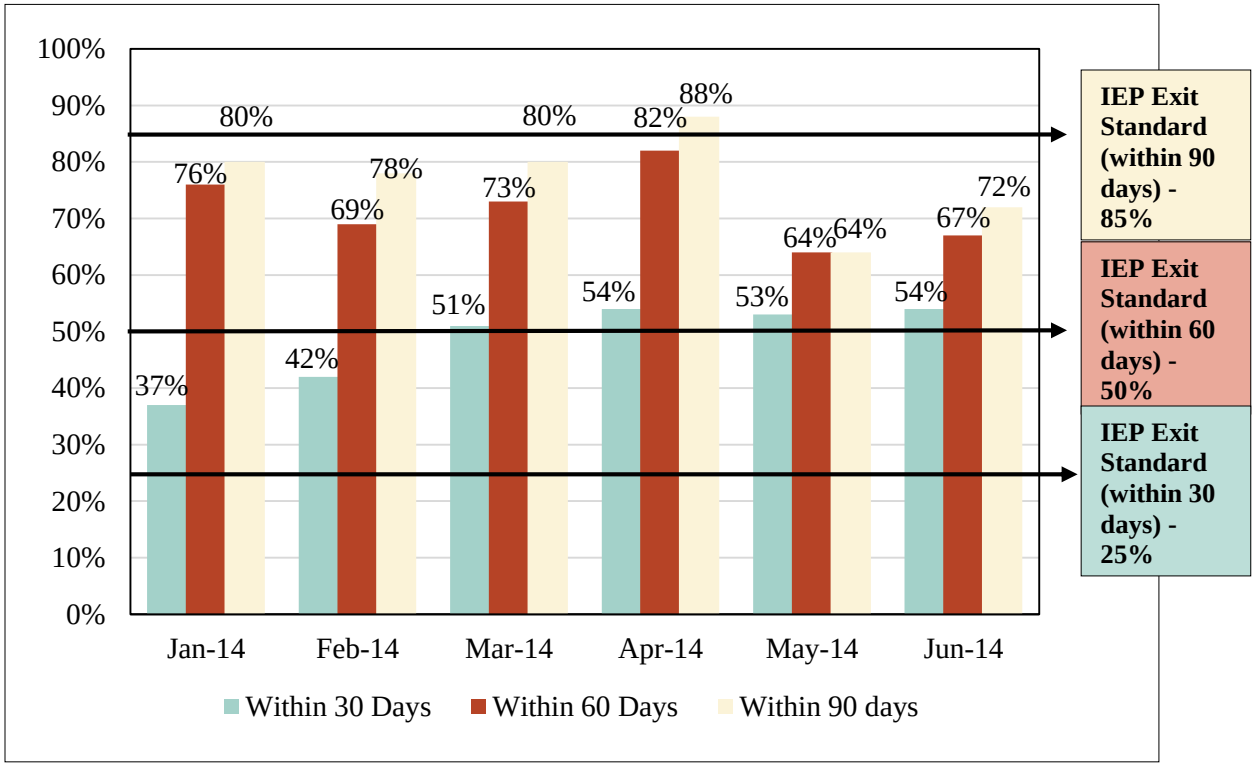
[144] Data include children who received full dental evaluation within 30 days.
[145] Data include children who received full dental evaluation within 30 and 60 days.

Performance for the period January 1 through June 30, 2014:
In June 2014, this Exit Standard applied to 57 children; 31 (54%) had a dental evaluation within 30 days of placement, an additional seven (12%) had a dental evaluation within 60 days of placement and three (5%) additional children had a dental evaluation within 90 days of placement. The remaining 16 children did not receive a full dental evaluation within 90 days of placement.

From January through June 2014, between 37 and 54 percent of children per month received a full dental evaluation within 30 days of placement (Figure 51). A total of between 64 and 82 percent of children per month received a full dental evaluation within 60 days and between 64 and 88 percent of children per month received a full dental within 90 days.

CFSA continues to meet the performance level required by the IEP for the sub-part requiring 25 percent of children to receive a full dental evaluation within 30 days of placement and the sub-part requiring 50 percent of children to receive a full dental evaluation within 60 days of placement. CFSA only met the performance level required by the IEP for the sub-part requiring that 85 percent of children receive a full dental evaluation within 90 days of placement during one month of the current monitoring period. This Exit Standard is considered partially met.

Figure 51: Percentage of Children who Received a Full Dental Evaluation January – June 2014

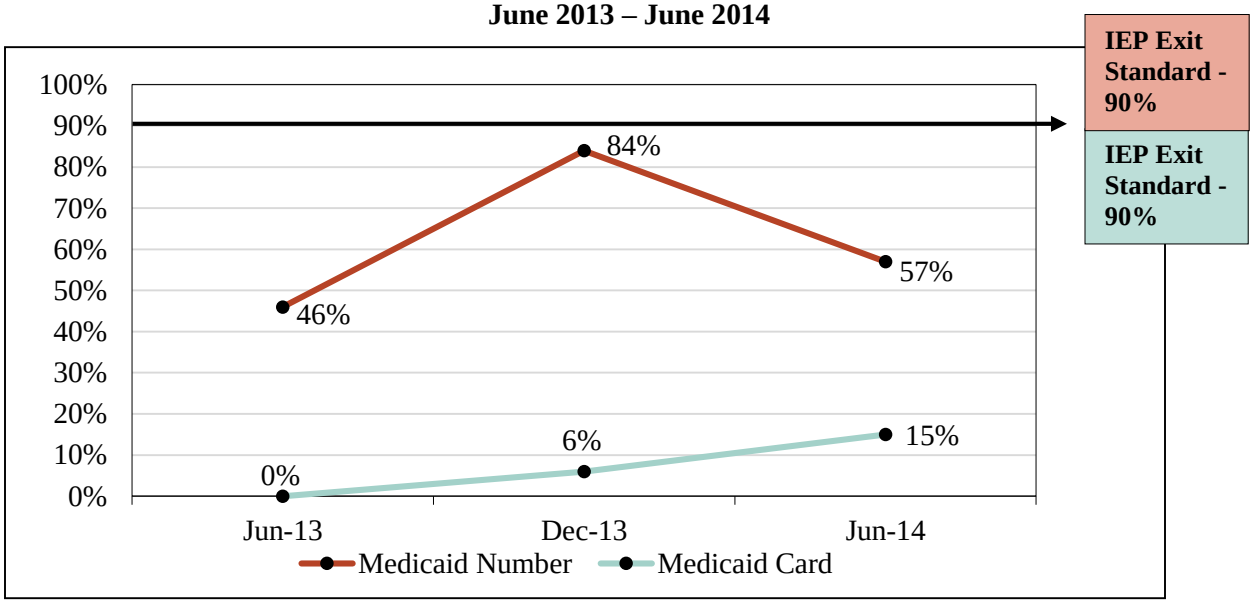


Source: CFSA Administrative Data, FACES.NET report HTH005

Medicaid Coverage

IEP Requirement	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.)
Exit Standard	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.

Figure 52: Medicaid Number and Medicaid Card Distribution to Foster Parents
June 2013 – June 2014



Source: CFSA Manual Data

Performance for the period January 1 through June 30, 2014:

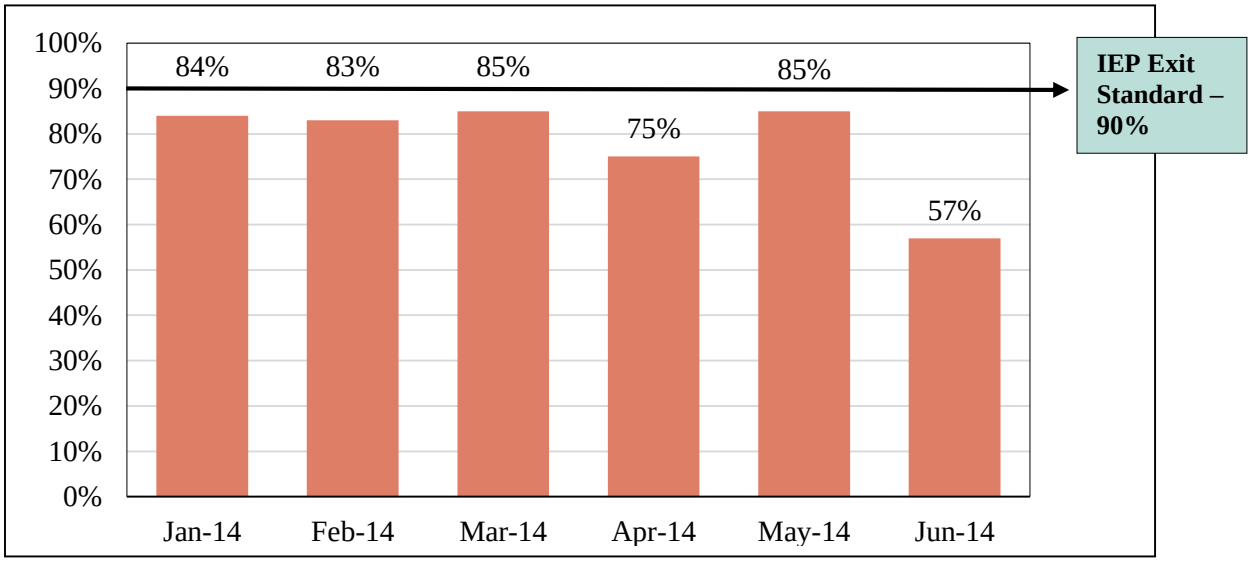
CFSA continues to track the distribution of Medicaid numbers and cards to foster parents when a child is placed regardless of whether or not it is the child's first placement in foster care or a placement change. In June 2014, 46 children experienced a placement activity and remained in that placement for at least five days. Of these 46 children, CFSA was able to verify that 26 foster parents (57%) received the child's Medicaid number within five days of their placement.[146]

[146] Consistent with previous monitoring periods, these data include all children who experienced a placement activity during the month. CFSA has requested that performance data account for the fact that timeframes will be different for children who were on Medicaid before placement and those who were not. The process for obtaining Medicaid coverage for children who do not have Medicaid prior to entering care cannot begin until the shelter care order is entered by the Family Court which occurs 3 to 8 days

Between January and June 2014, performance ranged from 57 to 85 percent per month (Figure 53).

Between January and June 2014, CFSA was able to verify that between zero and 41 percent of foster parents each month received the child's Medicaid card within 45 days of the child's placement (Figure 54). CFSA's performance on this Exit Standard continues to fall below the performance level of 90 percent required by the IEP. The Monitor remains concerned that CFSA has been unable to develop a strategy that successfully ensures foster parents are provided with the Medicaid number and Medicaid card in a consistent and timely manner.

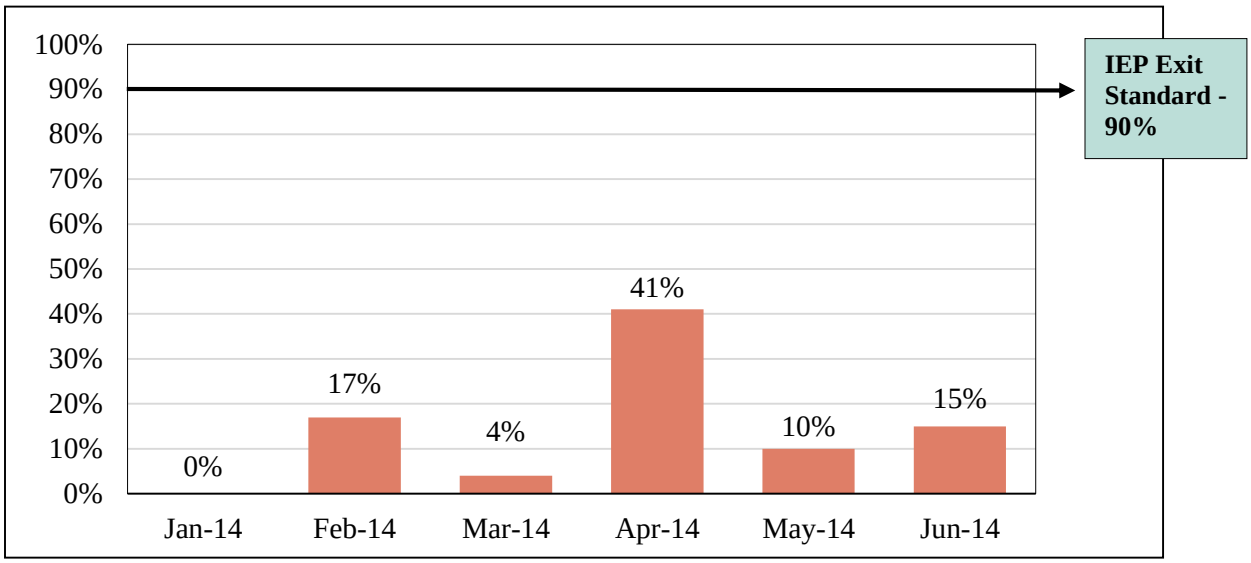
Figure 53: Percentage of Foster Parents who Received Child's Medicaid Number within Five Days of the Child's Placement January – June 2014



Source: CFSA Manual Data

after the child enters foster care. The Monitor has recently requested additional information to better understand this timeframe and its implication for this Exit Standard.

Figure 54: Percentage of Foster Parents who Received Child's Medicaid Card within 45 Days of the Child's Placement January – June 2014



Source: CFSA Manual Data

Performance on Strategy Plan:

CFSA has employed the following strategy to increase performance on the receipt of Medicaid numbers and cards by foster parents:

- *CFSA, in conjunction with the Office of the Deputy Mayor, will continue to work with the Department of Health Care Finance to streamline the process for sending Medicaid cards to foster parents. By June 30, 2014, the group will provide CSSP with a written business process for distributing Medicaid cards to foster parents with an explanation of how the process has been streamlined (2014 Strategy Plan, #10).*

CFSA met with the Department of Health Care Finance (DHCF) and the Department of Human Services (DHS) to discuss options for temporary Medicaid cards. Since the end of April 2014, CFSA began mailing temporary Medicaid cards to foster parents. Periodically CFSA provides a list of removals to DHS detailing clients who are eligible for a temporary Medicaid card and a representative from DHS then informs CFSA when the temporary card is available for CFSA staff to pick-up and mail to foster parents, pending an internal verification process. After the temporary card is mailed to the foster parent, a CFSA representative contacts the foster parent to ensure the card has been received. Each month CFSA staff from Business Services, Placement and Agency Performance meet to document and reconcile the data and information obtained regarding receipt of the Medicaid number and card by foster parents. In the Monitor's view, the

performance difficulties reflect the fact that the current process is unnecessarily paper-laden and complex and could be greatly simplified with improved interagency collaboration.

D. RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY

1. Caseloads

Exit Standards pertaining to caseloads and supervisory responsibilities are currently designated as Outcomes to be Maintained. Given the critical importance of caseload size, this section provides current information on worker and supervisory caseloads. Overall, CFSA's caseloads meet *LaShawn* standards with the notable and important exception of caseloads for Investigations and Family Assessment workers. Stabilizing the workforce and reducing caseloads for these workers must be a high priority for remedial action.

CFSA maintained performance on the Exit Standards pertaining to caseloads for workers conducting home studies (100%) and in-home and permanency workers (96 – 99%).[147] The number of in-home and permanency cases unassigned for more than five days ranged from 26 to 70 (1 – 4%) per month during the current monitoring period.[148]

CFSA continued to meet the Exit Standard pertaining to supervisory responsibilities with supervisors responsible for supervising no more than five case carrying social workers and a case aid, family support worker or non-case carrying social worker (89 – 94%).[149]

CFSA struggled to maintain caseloads for investigative and FA workers during the current monitoring period and caseloads continued to rise through the monitoring period. [150] CFSA attributes the rise in caseloads to vacancies and a need to work on more effectively managing the closure rate of investigations. In response to the high caseloads, CFSA has staffed a new day unit, hired additional staff and is in discussions to establish an overflow unit staff with consultants, who would have the same requirements and training as CPS staff and be able to be deployed quickly when needed. In addition, CFSA is working with program managers and supervisors to use data to better manage CPS assignments. They are also coaching supervisors to be better able to support staff and increase capacity to focus on closing investigations that have been open for more than 30 days, while keeping safety as the priority.

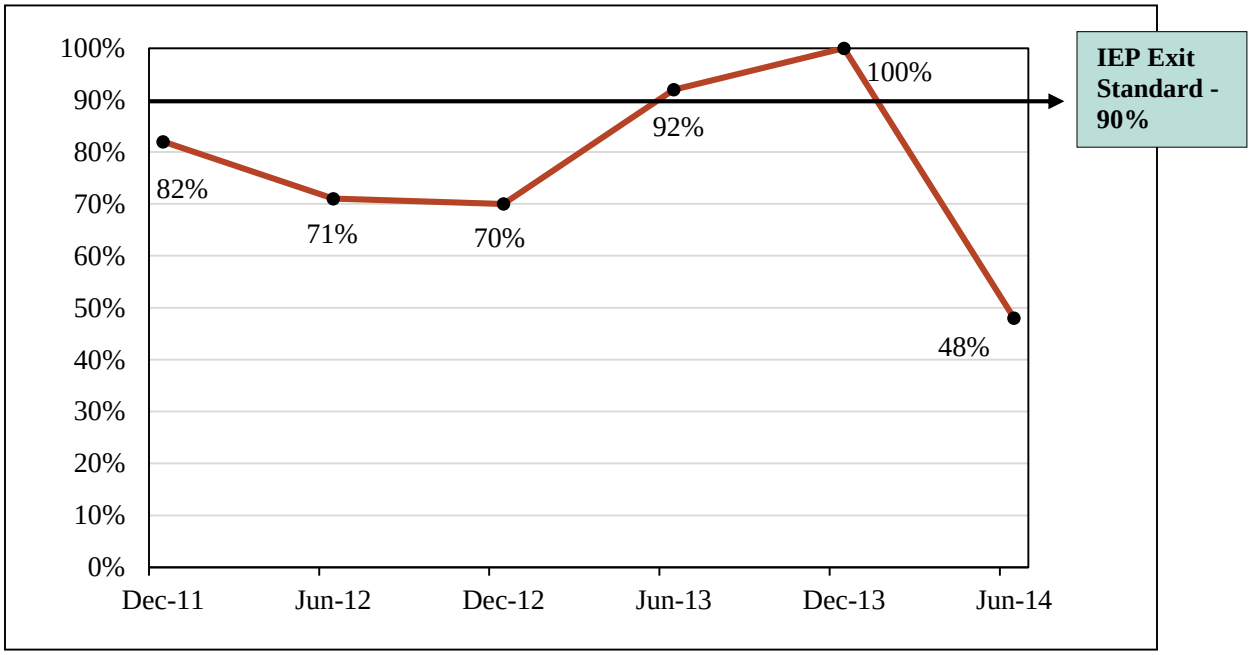
[147] See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance during this monitoring period (IEP citation I.D.25).
[148] *Ibid.*
[149] See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance during this monitoring period (IEP citation I.D.26.a.&b.i.).
[150] Data for the first three months after this monitoring period indicate improvement in investigative caseload compliance. Specifically, percentage of investigative workers with caseloads of 12 or fewer investigations are as follows: July 2014, 77%; August 2014, 87%; September 2014, 88%. Improvements have also been noted with caseload size for FA workers. The percentage of investigative workers with caseloads of 12 or fewer are as follows: July, 88%; August, 100%; September, 100%.

The discussion below highlights investigative and FA caseloads which have fallen out of compliance.

Investigative Caseloads

IEP Requirement	46. *Caseloads*: a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations. (IEP citation I.D.25.a.)
Exit Standard	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.

Figure 55: Percentage of Investigative Workers who Met Exit Standard Requirements for Caseloads December 2011 – June 2014



Source: CFSA Administrative Data, FACES.NET report INV068

Performance for the period January 1 through June 30, 2014:

Between January and June 2014, a monthly range of 48 to 100 percent of investigative workers met the required caseload standard by not exceeding 12 investigations per month (see Table 9). Additionally, during this same time period, a monthly range of zero to 15 investigators had a caseload exceeding 15 investigations each month, which beyond compliance levels. This represents an increase from the previous monitoring period where the number of workers

carrying over 15 investigations ranged from zero to five workers between July and December 2013. Due to the low performance on investigative caseloads, the Monitor considers the overall caseload Exit Standard to be partially maintained.

To deal with caseload pressures, between three and seven supervisors CPS supervisors, managers and administrators were collectively responsible for between seven to 15 investigations each month. One to six FA workers[151] and FA supervisors also were collectively responsible for between one to nine investigations each month. Table 9 below illustrates caseloads of investigative workers by month.

Table 9: Investigative Social Worker Caseloads
January – June 2014

Month	Workers Carrying no more than 12 Investigations: Met Exit Standard	Workers Carrying 13-15 Investigations	Workers Carrying More Than 15 Investigations	Total Workers Carrying More Than 12 Investigations
January (N=47)	47 (100%)	0 (0%)	0 (0%)	**0 (0%)**
February (N=46)	35 (76%)	9 (20%)	2 (4%)	**11 (24%)**
March (N=45)	28 (62%)	7 (16%)	10 (22%)	**17 (38%)**
April (N=47)	38 (81%)	8 (17%)	1 (2%)	**9 (19%)**
May (N=45)	25 (56%)	6 (13%)	14 (31%)	**20 (44%)**
June (N=44)	21 (48%)	8 (18%)	15 (34%)	**23 (52%)**

Source: CFSA Administrative Data, FACES.NET report INV068

*N does not include the FA workers, FA supervisors or investigative supervisors who held case responsibility for both investigations and family assessments during the same month.

Family Assessment (FA) Caseloads

The total number of FA workers increased from the previous monitoring period as workers that were previously carrying split caseloads (investigations and FAs) were transitioned to carrying full FA caseloads. Additionally, for the first time, FA caseloads increased and in the final three months of the current monitoring period, less than 90 percent of FA workers carried a caseload of 12 or fewer FAs. Table 10 details monthly caseload data between January and June 2014, which ranged from 59 to 97 percent for FA workers carrying a caseload of no more than 12 FAs.

[151] These FA workers were responsible for both family assessments and investigations during the month. FA workers who were only responsible for investigations during a given month were coded as investigative workers for that month for data validation purposes.

Between three and eight FA supervisors were collectively responsible for carrying between nine and 28 FAs and between zero and two investigators were also responsible for collectively carrying zero to two FAs each month.

Table 10: Family Assessment (FA) Social Workers Caseloads*
January – June 2014

Month	Workers Carrying no more than 12 FAs	Workers Carrying 13-15 FAs	Workers Carrying More Than 15 FAs	Total Workers Carrying More Than 12 FAs
January (N=35)	32 (91%)	3 (9%)	0 (0%)	**3 (9%)**
February (N=38)	37 (97%)	1 (3%)	0 (0%)	**1 (3%)**
March (N=39)	37 (95%)	2 (5%)	0 (0%)	**2 (5%)**
April (N=38)	34 (89%)	4 (11%)	0 (0%)	**4 (11%)**
May (N=37)	22 (59%)	9 (24%)	6 (16%)	**15 (41%)**
June (N=37)	31 (84%)	6 (16%)	0 (0%)	**6 (16%)**

Source: CFSA Administrative Data, FACES.NET INV068
*N does not include the FA supervisors or investigative workers who carried family assessments.

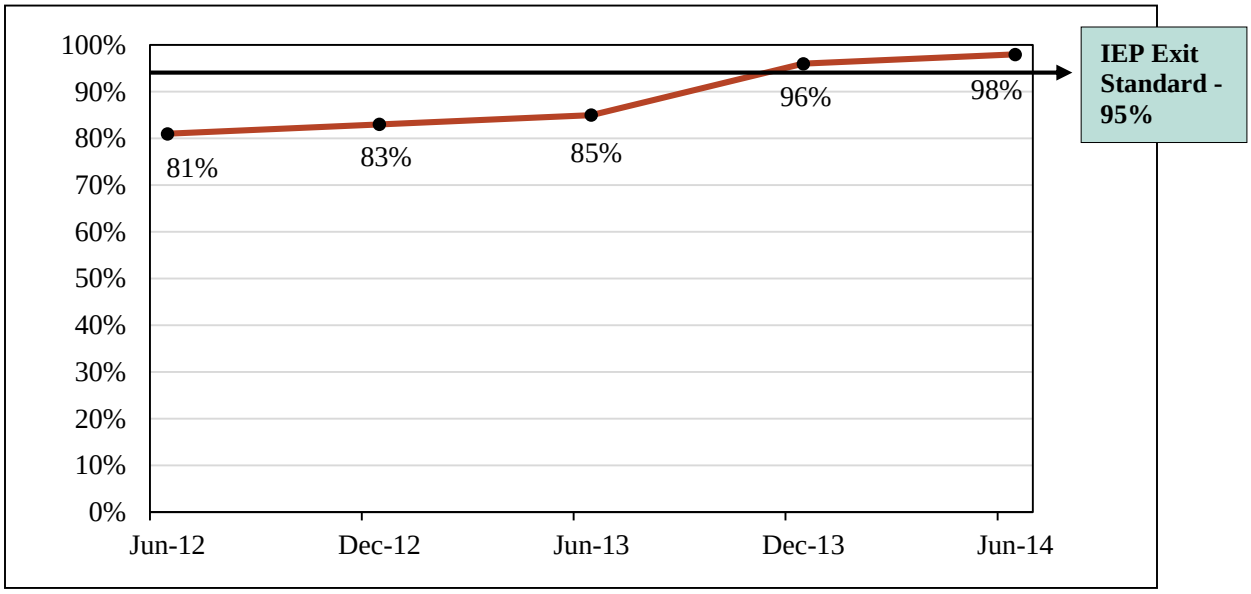
2. Staff Training

Training is a core function of any child welfare agency and is a primary mechanism to ensure that social workers, supervisors and managers have the competencies necessary to carry out their jobs effectively. During the current monitoring period, CFSA maintained required performance on pre-service training for social workers (100%) and pre-service training for supervisor (100%).[152] CFSA also maintained performance on in-service training for social workers and supervisors.[153]

3. Training for Foster and Adoptive Parents

IEP Requirement	54. *Training for Foster Parents*: CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years. (IEP citation I.D.29.b.)
Exit Standard	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.

Figure 56: Percentage of Foster/Adoptive Parents with 30 hours of In-Service Training June 2012 - June 2014



Source: CFSA Administrative Data, FACES.NET report TRN009
*Data represent performance for each six month monitoring period (January – June and July – December)

[152] This Exit Standard applied to 10 supervisors during the current monitoring period.
[153] See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance during this monitoring period (IEP citation I.D.28.a.&b.).

The IEP requirement for pre-service and in-service training for foster parents were both previously designated as an Outcome to be Maintained and current performance remains at compliance levels. Nearly all (94%) of foster parents completed 15 hours of pre-service training prior to licensure and 98 percent (352 of 359) of foster parents completed the required number of in-service training hours.

4. Special Corrective Action

CFSA has previously met the Exit Standard that requires production of monthly reports identifying children in special corrective action categories and the completion of child-specific case reviews to develop corrective action plans as appropriate (IEP citation I.D.30.). CFSA continued compliance with this Exit Standard during the current period. Two categories continue to show improvement by reducing the number of children in corrective action status – children with four or more placements with placement change in the last 12 months declined 21 percent since June 2013 (393 children) and children with a goal of adoption for more than 12 months who are not in an approved adoptive placement declined 23 percent in the last six months (December 2013 performance was 77 children).

CFSA reports that a review was conducted and a corresponding plan developed for every child who newly entered a corrective action category between January and June 2014 and required a plan.[154] Data on the number of children in special corrective action categories between January and June 2014 are presented in Table 11 below.

[154] Between January and June 2014, 351 children newly entered a special corrective action category. Of those 351 children, 157 did not require a plan for at least one of the following reasons: by the time the case was being reviewed, the case was closed; child was removed from category and into compliance; FACES.NET had not been updated to show compliance; child's goal had been changed into compliance; home was licensed; move did not occur; move was for respite purposes; move was to permanent placement or had trial home visit; or youth not available due to abscondence. CFSA reports reviews were conducted and plans were developed for the remaining 194 children.

Table 11: Number of Children in Special Corrective Action Categories by Month*
January – June 2014

Special Corrective Action Category	Jan 2014	Feb 2014	March 2014	April 2014	May 2014	June 2014
Placement Categories						
CFSA Children with 4 or More Placements with a Placement Change in the Last 12 Months and the Placement is not a Permanent Placement	367	369	353	322	322	311
Children Placed in Emergency Facilities Over 90 Days	0	0	0	0	0	0
Children Placed in Foster Homes without Valid Permits/Licenses or Foster Homes that Exceed their Licensed Capacity	42	43	51	58	72	53
Children in Residential Treatment More than 100 Miles from DC	23	21	22	23	23	22
Permanency Categories						
Children with the Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home	74	66	69	66	31	59
Children in Care who Returned Home twice and Still have the Goal of Reunification	2	3	3	3	3	3
Children under 14 with a Goal of APPLA	1	1	1	1	1	1
Children with the Goal of Reunification for More than 18 Months	45	43	42	44	44	44

Source: CFSA Administrative Data, FACES.NET report COR013
* Individual children may be included and counted in more than one category.

5. Reviewing Child Fatalities

The District of Columbia's City-wide Child Fatality Committee, a requirement of the *LaShawn* MFO and IEP, was created by Mayoral Order in October 1992 and in subsequent legislation.[155] It is charged with reviewing the circumstances surrounding the deaths of children who are residents or wards of the District of Columbia including those children or families who were known to the child welfare system at any point during the four years prior to their death. The Committee is required to be composed of representatives from the Department of Human Services, Department of Health, Office of the Chief Medical Examiner, CFSA, Metropolitan Police Department, Fire and Emergency Medical Services Department, DC Public Schools, Department of Housing and Community Development, Office of the Corporation Counsel, Superior Court of DC, Office of the US Attorney, DC hospitals where children are born or treated, college or university schools of social work, Mayor's Committee on Child Abuse and Neglect and eight community representatives. The Child Fatality Committee review examines past events and circumstances surrounding the child's death through a review of documentation of public and private agencies responsible for serving children and families in order to determine systemic, legal or policy and practice deficits and to make recommendations for improvement. The Committee is located and staffed within the Office of the Chief Medical Examiner (CME). A new CME, Dr. Roger Mitchell, was appointed to the District in March 2014 and the Monitor has met with him to discuss operations and concerns regarding the Committee. Dr. Mitchell has sought additional feedback from Committee members on the functioning of the Committee and has demonstrated a commitment to leading and facilitating improvements.

CFSA also has an Internal Child Fatality Committee which reviews the deaths of resident children who were known to the child welfare agency within four years prior to their death. The review assesses the quality of CFSA service delivery to the child and family, identifies patterns of risks and trends in cases involved with CFSA and determines any systemic issues that need further attention. The Committee is composed of a multidisciplinary team including representatives from Quality Assurance, Training, Health Services, Clinical Practice, Program Operations, General Counsel and other related parties. The Internal Committee reviews cases within 45 days of notification of the child's death.

Since the initial creation of the Fatality Review Committees, consistent with the MFO, the Monitor has served as a member of both the City-wide and Internal Child Fatality Review Committees. In June 2014, the Monitor and staff were appointed by Mayoral Order to the City-wide Committee.

[155] D.C. Code §4-1371

IEP Requirement	64. *Reviewing Child Fatalities*: The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate. (IEP citation II.A.4.)
Exit Standard	Ongoing Compliance

Performance for the period January 1 through June 30, 2014:

Internal Child Fatality Committee:

CFSA issued the Internal Child Fatality Committee's Annual Report for 2013 in July 2014.[156] The report summarizes the findings from the 24 child deaths that occurred in 2013 and includes recommendations for improving case practice to correct deficiencies and strengthen child protective performance.

CFSA's Internal Child Fatality Committee met every month except April and June 2014 during this monitoring period and all applicable child deaths were reviewed within 45 days of notification. CFSA reports that nine recommendations for overall improvement in case practice or services to families were made during meetings this monitoring period. Recommendation topics included offering grief and loss counseling services to all household and family members following a child fatality and increased staff training and services for youth who may be involved in sex trafficking.

City-wide Child Fatality Committee:

Monthly fatality review meetings were held between January and June 2014 and the Annual Report for 2012 was released in March 2014. There are membership vacancies on the City-wide Child Fatality Committee, including representatives from the Department of Human Services, Department of Housing and Community Development and the Mayor's Committee on Child Abuse and Neglect. The Office of Boards and Commissions continues efforts to fill these vacancies. On October 16, 2014, Committee chairs were appointed – chairs include a representative of the Office of Chief Medicaid Examiner and a representative of the Department

[156] The Internal Child Fatality Committee's Annual Report for 2013 can be found at: http://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Annual%20Child%20Fatality%20Report%202013_Final.pdf

of Health. With the new leadership provided by the CME, attendance has improved at monthly meetings and required membership is increasing. A subcommittee was developed to update the Operating Protocols for the Committee which were voted on during the October 2014 monthly meeting. The 2013 Annual Report is anticipated to be finalized in December 2014.

The Monitor considers this Exit Standard partially met for the current monitoring period as CFSA's Internal Child Fatality Review Committee is functioning well and improvements are underway with the City-wide Child Fatality Committee.

Performance on Strategy Plan:
CFSA has employed the following strategy to increase compliance toward reviewing child fatalities:

- *By March 31, 2014, CFSA will work with the Office of the Deputy Mayor to meet with the newly appointed Chief Medical Examiner to review the status of the City-wide Child Fatality Committee (CFRC) and its requirements and to identify actions/resources needed to bring the CFRC into compliance (2014 Strategy Plan, #26).*

In April 2014, representatives of the Deputy Mayor for Health and Human Services Office (DMHHS) met with the CME to discuss strategies to improve the operations of the Committee specifically adequate member participation, amendments and updates to the standard operating procedures, distribution of information prior to meetings and strengthened facilitation so discussions are fruitful and produce strong recommendations. DMHHS and the CME are in support of seeking legislative changes to current law to reflect best and current practices.

In July 2014, CFSA's director and other representatives met with the CME to further discuss improvements to current data sharing processes and continued interagency collaboration.

6. Quality Assurance

Quality Assurance

Continuous quality assurance is essential to CFSA's practice improvement and system functioning. CFSA's leaders have a strong interest in continuous quality improvement (CQI) and have developed and implemented numerous processes for data collection and analysis. CFSA has extended their internal CQI emphasis to include the private agencies with whom they work. CFSA has also been involved in an examination of all of its current quality assurance work to develop a more integrated plan which relies on both quantitative and qualitative data and provides relevant and timely feedback for management and practice improvement. The Monitor continues to work with CFSA as it takes actions to improve its overall CQI plan.

Performance on Strategy Plan:
CFSA implemented the following strategies to ensure growth and development of the quality of practice in accordance with its overall CQI plan:

- *Throughout 2014, CFSA will continue the weekly Big RED process to address the barriers to timely case closure. Participants include program administrators, managers and supervisors. The RED Team framework includes concrete next steps to case closures (2014 Strategy Plan, #23).*

Big RED Team Meetings began internally with CFSA cases in September 2013 with a specific focus on cases that had been open for 13 months or longer. CFSA expanded the process and reports that Big RED Team meetings are held for in-home cases, out-of-home cases and cases that have been reviewed through the QSR. Themes from the Big RED Team meetings are recorded and tracked in order to inform practice and policy. Since beginning this process with in-home cases, CFSA has reviewed 59 in-home family cases, 20 of which were also reviewed through a QSR. The themes that arose from the in-home Big REDs highlighted a need to improve home visits and documentation, team formation and coordination and case planning to inform safe case closure. During the current monitoring period, the Monitor observed Big RED meetings for CFSA out-of-home cases and cases reviewed through the QSR.

To address these challenges in practice, CFSA has worked with the National Resource Center for In-Home Services to develop a training curriculum and model for quality home visits and improved documentation of these visits. The training on this curriculum was conducted in August for two in-home units who are currently field testing the documents provided during the training and sharing feedback prior to providing training to all in-home units. The Monitor also observed this training and found the training and model provided key strategies and tools to support improved home visiting practice for workers and supervisors if it is implemented properly. Additionally, a dedicated individual from the Office of Agency Performance and a supervisory social worker, without case supervision responsibilities, have been added to the quality assurance team focused on improving in-home case practice. These individuals will review cases on a quarterly basis to identify trends, case practice issues and develop corrective strategies for program enhancement.

- *Throughout 2014, CFSA Program Operations will continue to implement a quality assurance process to include a review of supervisors' work in permanency on a regular basis through the Big RED, a coaching and mentoring model for supervisors, based on the length of time a child is in foster care (2014 Strategy Plan, #24).*

CFSA has continued to conduct Big RED Team meetings for children who are placed in out-of-home care and in March 2014, private agencies also began conducting these meetings for children for whom they have case management responsibilities. CFSA and the private agencies conducted over 200 Big RED Team meetings during the current monitoring period where next steps and a projected permanency date were identified. The key barriers to permanency identified during Big RED Team meetings include lack of mental health services, parental/caregiver ambivalence to assuming full responsibility for addressing parental needs and meeting the needs of their child, challenges with youth stability and judicial delays. CFSA has implemented numerous strategies to address these challenges including concurrent planning and full disclosure to all parties early on in the life of a case, Icebreaker meetings between foster and biological parents, monthly meetings with Choice Providers and quarterly meetings with the Presiding Chief Judge.

Data and Technology

CFSA is increasingly using data for management purposes and to assess the quality of its practice. The Monitor and CFSA continue to meet on an ongoing basis to discuss ways to improve data collection methods and clarify and make more useful current data reports.

CFSA has inserted the RED Team framework into FACES.NET so that information and next steps from Hotline RED Teams can be documented and readily available to social workers and supervisors. CFSA is continuing to update other templates in FACES.NET, including its case plan document, to incorporate the RED Team framework as well as information gathered from various assessments of family functioning and trauma, among others.[157] CFSA anticipates that these new FACES.NET screens will be complete by the end of December 2014.

[157] The specific assessment tools include the CAFAS/PECFAS, Caregiver Strength and Needs Assessment and trauma screens.

7. Financing

Federal Revenue

IEP Requirement	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.)
Exit Standard	Evidence of consistent and appropriate claiming of all appropriate and available federal revenue.

Last monitoring period, CFSA completed significant initiatives to maximize its Title IV-E revenue. Work continues to appropriately file for and obtain Supplemental Security Income or Social Security Disability Income for eligible children.[158] The District of Columbia's federal Title IV-E Waiver plan was approved in September 2013 implementation began in 2014. Although revenue maximization work is a continuous activity, the Monitor previously determined that CFSA's multi-year efforts to maximize federal revenue were sufficient to meet the IEP requirement and that CFSA now has the infrastructure and direction to continue this work. This Exit Standard was redesignated an Outcome to be Maintained, and CFSA has sustained performance on this standard.

Table 12 presents the actual, approved or proposed Title IV-E federal resources used to support services to children and families involved with CFSA. For January through June 2014, CFSA reports its Title IV-E penetration rate of 63 percent for foster care cases and 80 percent for adoption cases.

[158] In 2012, CFSA received federal approval for a new rate methodology and for a Title IV-E State Plan Amendment on foster care eligibility which resulted in increased Title IV-E reimbursement. The Monitor was satisfied that appropriate efforts were made to maximize Title IV-E revenue and that as a result of these efforts, CFSA was able to retroactively claim federal Title IV-E revenue as well as allowable revenue going forward.

Table 12: Actual and Budgeted Gross
Title IV-E Federal Funds Operating Budget
FY2009 – FY2015

Fiscal Year	Total Title IV-E Federal Resources (in millions)	Overall Budget (in millions)
FY2009 (actual)	$49.7	$289.1
FY2010 (actual)	$58.1	$277.3
FY2011(actual)	$52.4	$249.4
FY2012 (actual)	$55.5	$238.5
FY2013 (actual)	$56.8	$227.3
FY2014 (approved)	$51.1	$237.6
FY2015 (proposed)	$61.9	$249.2

Source: CFSA FY2015 Proposed Budget and Financial Plan and District's Financial System (SOAR)

Budget

CFSA's approved FY2014 budget is for $237,643,927 of which $170,893,000 (72%) is local funding.[159] CFSA reports that even after repurposing funds within CFSA there is a surplus in the FY2014 budget primarily due to fewer children in foster care, a reduction in costly and low performing congregate care contracts and an increase in management efficiencies. As the final surplus amount is determined, the Mayor may transfer the surplus funds to fund other District initiatives.

The FY2015 budget for CFSA is $246,266,239 of which $168,377,877 (68%) is local funding.[160] This represents an overall 3.6 percent increase from the FY2014 approved budget. Most of the increase in the current budget reflects the additional federal funds expected through the Title IV-E Waiver, which will allow CFSA to use Title IV-E funds for intensive foster care prevention and reunification services. CFSA has also enhanced its Title IV-E claiming and negotiated with the Department of Health and Human Services to allow for reimbursement of case management services for youth placed in congregate care settings. As a result, the FY2015 budget includes a 19.8 percent net increase ($10.8 million) in federal revenue.

[159] FY2015 Proposed Budget and Financial Plan, Child and Family Services Agency. FY2014 Expenditures are not available at this time.
[160] FY2015 Budget and Financial Plan, Child and Family Services Agency.

CFSA's proposed FY2015 FTEs will remain at 817 positions, with an assumed vacancy rate of 6.5 percent, representing no change in staffing authorization since FY2014. CFSA continues to report that given the decrease in foster care placements and the reduction in congregate care, the Mayor's proposed budget is sufficient to meet all staffing and service needs while also allowing for flexibility in service delivery.

Reallocation of FY2014 Funds

Since the beginning of the fiscal year and through the end of the current monitoring period $4,583,000 of local funds have been reprogrammed from CFSA's budget to other District agencies. Specifically, $1,083,000 was reprogrammed to the DHS to support the New Heights program, which works to prevent teen pregnancy and support teen parents attending school and $3,500,000 was reprogrammed to the Children and Youth Investment Collaborative (CYIC) to ensure that the CYIC will be able to support events and activities as part of the District's 2014 One City Summer initiative. CFSA reports that as a result of the reduction of children in care, these funds have been available for reallocation and that despite these funds being reprogrammed, the Agency has been able to move forward with implementing new services for children and families particularly in the areas of substance abuse, education and services for older youth.

Implementation of IV-E Waiver Services

CFSA and the Collaboratives have moved forward with implementing services based in the community and funded through the IV-E Waiver services, which CFSA has renamed *Safe and Stable Families*. In FY2015, $6.5 million will support numerous initiatives including Homebuilders and Project Connect, evidence-based intensive family preservation and reunification services sub-contracted through the Collaboratives. As of October 2014, contracts have been executed with providers to begin accepting referrals for both Homebuilders (based in Ward 7, East River Family Strengthening Collaborative) and Project Connect (based in Ward 8, Far Southeast Family Strengthening Collaborative). Catholic Charities, the provider for both services began accepting referrals for Homebuilders September 2014 and is projected to begin accepting referrals for Project Connect in October 2014. Currently CFSA and the Collaboratives have issued RFPs for both services in the remaining target areas served by other Collaboratives. Additional services and positions that are funded through the *Safe and Stable Families* waiver include infant child and maternal health specialists and mental health specialists to be hired and out stationed with the Collaboratives. CFSA reports that two infant child and maternal health specialists are in place at two of the Collaboratives and the mental health specialists are now in place at all of the Collaboratives.

APPENDIX A

Glossary of Acronyms Used in Monitoring Report

ACEDS: Automated Client Eligibility Determination System
ACF: Administration for Children and Families
APPLA: Another Planned Permanent Living Arrangement
ASFA: Adoption and Safe Families Act
BSW: Bachelor of Social Work
CAFAS: Child and Adolescent Functional Assessment Scale
CFRC: Child Fatality Review Committee
CFSA: Children and Family Services Agency
CME: Chief Medical Examiner
CNA: Child Needs Assessment
CPS: Child Protective Services
CQI: Continuous Quality Improvement
CRC: Children's Research Center
CSSP: Center for the Study of Social Policy
CY: Calendar Year
CYIC: Children and Youth Investment Collaborative
DBH: Department of Behavioral Health
DHCF: Department of Health Care Finance
DHS: Department of Human Services
DMHHS: Deputy Mayor for Health and Human Services
DR: Differential Response
DYRS: Department of Youth Rehabilitation Services
FA: Family Assessment
FACES.NET: CFSA's automated child welfare information system
FAPAC: Foster and Adoptive Parent Advocacy Center
FTE: Full Time Employment
FTM: Family Team Meeting
FY: Fiscal Year
HMO: Health Maintenance Organization
ICPC: Interstate Compact for the Placement of Children
IEP: Implementation and Exit Plan
I&R: Information and Referral
LYFE: Listening to Youth and Families as Experts
MFO: Modified Final Order
MOU: Memorandum of Understanding
MSW: Master of Social Work
NRC-IHS: National Resource Center for In-Home Services
NRCPFC: National Center for Permanency and Family Connections
OAG: Office of the Attorney General
OCME: Office of the Chief Medical Examiner
OWB: Office of Well-Being
OYE: Office of Youth Empowerment
PECFAS: Preschool and Early Childhood Functional Assessment Scale
PS-MAPP: Partnering for Permanence and Safety: Model Approach to Partnerships in Parenting
PTSD: Posttraumatic stress disorder
QA: Quality Assurance
QSR: Quality Service Review
RDS: Resource Development Specialists
RED: Review, Evaluate and Direct
SAMHSA: Substance Abuse and Mental Health Services Administration
SDM: Structured Decision Making
SPA: State Plan Amendment
SSDI: Social Security Disability Income
SSI: Supplemental Security Income
STARS: Student Tracking and Reporting System
TPR: Termination of Parental Rights
TST: Trauma Systems Therapy
USDA: United States Department of Agriculture
YTP: Youth Transition Plan

APPENDIX B

2014 LaShawn Strategy Plan

LaShawn A. v. Gray

Implementation and Exit Plan
Section IV:
2014 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 2014 Strategy Plan. The strategies and action steps in the 2014 Plan relate to outcomes and exit standards in the Outcomes to be Achieved section (as modified) in the Exit Plan. The 2014 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 2014 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, 2014, 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 2015.

As described in the 2012 and 2013 Plans, the 2014 Plan is presented in the context of CFSA's overall strategic framework, which is comprised of four pillars.

LaShawn A. v. Gray
Implementation and Exit Plan
Section IV:
2014 Strategy Plan

Strategic Framework ("Four Pillars")	***LaShawn* Requirements**	***LaShawn* Strategies**
Front Door	Initiation of Investigations [Exit Standard 1(a)] Timely Closure of Investigations [Exit Standard 1 (b)] Acceptable Investigations [Exit Standard 2]	CFSA is focused on improving performance in timely initiation of investigations; collecting sufficient information from core and collateral contacts; conducting adequate risk assessments; and monitoring initiation of services to prevent unnecessary removals. Throughout 2014, CFSA will adopt and incorporate the following: 1. To ensure investigations are initiated timely (inclusive of good faith efforts), effective December 2013, CFSA increased the frequency of the Hotline RED teams using the group decision-making process framework. Previously, CFSA held two Hotline RED teams per weekday. Beginning December 2013, the teams were increased to three per weekday to manage the volume of the referrals, assign the referrals to the appropriate pathway, track assignment and response time, and ensure that multidisciplinary membership is a part of the decision-making process. 2. CFSA will continue the 10-Day RED Teams, which will address barriers to timely and effective completion of investigations. In addition, the Big RED Team reviews will be scheduled with supervisors to address investigations open for 35 days or more. The next steps developed in the RED Teams will be documented and shared with social workers and supervisors for follow up. The next steps will be reviewed during supervision. 3. To effectively complete investigations, CPS management will continue to equalize the caseloads, remove investigative workers out of rotation as appropriate, and quickly fill social worker vacancies as needed. 4. As a continuing quality improvement practice, the process for completing, reviewing, and reporting on acceptable investigations will continue in 2014 with the assistance of the Office of Agency Performance. The revised process, which began in February 2014, includes peer reviews within CPS management, an increased sample size and frequency of the reviews and reporting out. Each supervisor will conduct a review on two closed investigations per month for review by the program manager. The results will be shared monthly and will include detailed information to allow for targeted training and coaching

Strategic Framework ("Four Pillars")	*LaShawn* Requirements	*LaShawn* Strategies
		by supervisor.
Well Being	Services to families and children to promote safety, permanency and well- being [Exit Standard 3] Case planning process [Exit Standard 17]	The Functional Family Assessment tool is designed to identify the appropriate needs and services for parents and caregivers. 5. By April 1, 2014, CFSA will test the Functional Family Assessment tool for in-home and out-of-home cases. Full implementation of the tool is expected by May 1, 2014. During the grand review in November 2013, the Office of Policy, Planning and Program Support presented the QSR findings to CFSA management. The findings highlighted strengths and areas of improvement. 6. Based on the QSR findings, Agency Performance is conducting an analysis on case plans and services. The analysis will include a review of ten percent of the in-home and foster care cases. The findings will be completed and shared with management in March 2014 and will be used to modify practice, policy, and trainings, as needed. 7. CFSA will continue to provide immediate feedback on the QSR findings and practice examples about the case to the supervisor and social worker and discuss next steps. The QSR team will follow up with the supervisor and social worker within 30 days. A permanency big RED team will be scheduled 60 days following the QSR to review the findings and follow up. The case practice specialist will track the steps identified through the QSR and permanency Big RED and will report to the permanency Big RED team if the steps are not occurring. The Child and Adolescent Functioning Assessment Scale (CAFAS) is a tool used for assessing a youth's day-to-day functioning across critical life subscales and for determining whether a youth's functioning improves over time. CFSA has requested approval from the Children's Bureau (submitted October 31, 2013) to use this tool as part of its work under the federal grant on trauma-informed practice. 8. Within six months of receiving approval from the Children's Bureau, CFSA will integrate

Strategic Framework ("Four Pillars")	*LaShawn* Requirements	*LaShawn* Strategies
		the CAFAS into FACES.NET. Thereafter, staff will be trained and begin using the tool. The Department of Behavioral Health maintains a network of Choice Providers within the District for the timely and coordinated access to all clinically necessary behavioral health services and supports. 9. Beginning February 1, 2014, the Choice Providers will participate in the case transfer RED team at the point of removal and the initial family team meeting (FTM) to enhance family engagement and improve the identification of and timely referral to services needed for children and families.
	Health and Dental Care (distribution of Medicaid cards) [Exit Standard 22(d)]	10. CFSA, in conjunction with the Office of the Deputy Mayor, will continue to work with the Department of Health Care Finance to streamline the process for sending Medicaid cards to foster parents. By June 30, 2014, the group will provide CSSP with a written business process for distributing Medicaid cards to foster parents with an explanation of how the process has been streamlined.
Temporary Safe Haven	Visitation [Exit Standards 4(c), 5(d), 6, 10, and 11]	The goal of Icebreaker meetings is to build a relationship between the birth and foster parents to support a child who has just entered out-of-home care. While other meetings may focus on making decisions, Icebreaker meetings focus on initiating a relationship between a child's parents and the person serving as his or her out-of-home caregiver. 11. By March 1, 2014, CFSA will implement Icebreaker meetings following the initial FTM. The Icebreaker meetings will include the attendance of birth parents and foster parents to begin building a relationship. This engagement strategy will assist parents in connecting quicker with the foster parents and begin to develop a line of communication to better support the children. The process will also allow social workers to schedule and coordinate visits with parents and children from the beginning of the case. 12. CFSA has revised its placement policy effective March 1, 2014, which identifies that temporary situations such as respite and planned extended visits with relatives and/or parents are not counted as placement moves. By March 1, 2014, CFSA will operationalize

Strategic Framework ("Four Pillars")	*LaShawn* Requirements	*LaShawn* Strategies
		the policy into FACES.NET. This system update will have a direct impact on the performance on weekly visits during a child's first four weeks of a new placement because these temporary situations will no longer be incorrectly identified as placement changes that require weekly visits. 13. Effective September 2013, CFSA constructed and fully implemented a case transfer process that occurs no later than the initial Family Team Meeting (FTM) following the removal of a child from the home. This parental engagement process requires the assigned on-going social worker (CFSA and private agency) to attend a Removal RED team meeting (prior to the initial FTM), the initial FTM, and the initial court hearing. This requirement is designed to allow the social worker to complete the initial worker/parent visits and engage the parent(s) in scheduling the visitation with the child(ren) and ongoing visits with the worker. 14. Beginning February 2014, CFSA will conduct a monthly data analysis for the required parent-child and parent-worker visits to determine barriers to meeting the standards. Findings from the analysis will be shared with CFSA and private agencies monthly.
	Reduction of Multiple Placements for Children in Care [Exit Standards 13(a) and 13(b)]	15. CFSA will continue to utilize a behavioral crisis stabilization support service for foster parents and kinship foster parents. CFSA will continue to utilize a management process that reinforces the integrated teaming approach to identify, coordinate, and link appropriate supports/services to meet the needs of children currently in, or at risk of, a restrictive level of care.
Exit to Permanence	Timely adoption (Timely Permanence to include reunification, adoption and guardianship) [Exit Standard 16] Appropriate Permanency	CFSA is modifying the approach to concurrent planning by incorporating the resources and framework provided by the National Resource Center on Permanency and Family Connections (NRCPFC). 16. Throughout 2014 CFSA will work with the National Resource Center (NRCPRC) and the CRC to develop alerts for concurrent planning discussions during the RED team meetings. 17. Throughout 2014 the NRCPRC and National Center on Data and Technology will work with

Strategic Framework ("Four Pillars")	*LaShawn* Requirements	*LaShawn* Strategies
	Goals (Youth Transition Plans) [Exit Standard 12(c)]	CFSA to further analyze and examine reunification prognosis indicators and re-entry data based on the concurrent planning framework. 18. By August 1, 2014, CFSA, working with the National Resource Center for Adoptions, will develop a scope of work for redesigning guardianship practices with a goal of promoting more timely permanency. 19. Throughout 2014, CFSA will continue to utilize the RED teams at various phases of the permanency process and will use RED teams to facilitate decisions and timely action about case transfer, placement matching, guardianship, and adoption. 20. Beginning February 2014, CFSA will monitor and validate the creation and implementation of youth transition plans using the Foster Care Club toolkit. Each month CFSA will review a 20 percent sample of YTPs completed during the performance period to determine if the youth was involved in the plan development. CFSA will also review the YTPs for all youth who age out during each month to ensure that the plans include the appropriate connections.
Organizational Capacity **Organizational Capacity**	Timely Approval of Foster/ Adoptive Parents [Exit Standard 14]	21. By September 30, 2014, four CFSA staff members will receive Approved Trainer (Master Trainer) status. CFSA currently utilizes the PS MAPP foster parent training curriculum. The Approve Trainers will have the flexibility to offer the PS MAPP training to foster parents more frequently and with flexibility of location, to include foster parents' homes. 22. CFSA will continue to utilize the services of the KVC consultant to implement solutions to timely licensing of foster homes, including challenges around kin, worker delays, data entry issues, family delays with scheduling, and rescheduling fire inspections.
	Continuous Quality Improvement (CQI)	In accordance with the guidance received from the Administration of Children and Families, CFSA will continue to measure the quality of services and outcomes for children and families through the following Continuous Quality Improvement (CQI) processes:

Strategic Framework ("Four Pillars")	*LaShawn* Requirements	*LaShawn* Strategies
		23. Throughout 2014, CFSA will continue the weekly "Big RED" process to address the barriers to timely case closure. Participants include program administrators, managers and supervisors. The RED team framework includes concrete next steps to case closures. 24. Throughout 2014, CFSA Program Operations will continue to implement a quality assurance process to include a review of supervisors' work in permanency on a regular basis ("BIG RED," a coaching and mentoring model for supervisors) based on the length of time a child is in foster care. 25. Beginning February 20, 2014, and continuing on a quarterly basis, the Deputy Directors for Community Partnerships and Program Operations will institute and formalize a quality assurance process for assessing safety during visits for in-home and out-of-home cases. CFSA supervisors and contract monitoring staff will conduct 20 case reviews to determine whether safety was assessed and documented during visits. Findings from these reviews will be shared with workers, supervisors and management and will be used to inform ongoing worker training and coaching.
	City-Wide Child Fatality Review Committee [Exit Standard II(4)]	26. By March 31, 2014, CFSA will work with the Office of the Deputy Mayor to meet with the newly appointed Chief Medical Examiner to review the status of the City-wide Child Fatality Committee (CFRC) and its requirements and to identify actions/resources needed to bring the CFRC into compliance.

CFSA'S MODIFICATIONS TO THE 2014 STRATEGY PLAN
SUBMITTED TO CSSP JUNE 9, 2014

LaShawn Requirement	Current Strategy	Modified Strategy (changes noted)	Reason for the Modification
Services to families and children to promote safety, permanency and well- being [Exit Stand. 3] Case planning process [Exit Stand. 17]	5. By April 1, 2014, CFSA will test the Functional Family Assessment tool for in-home and out-of-home cases. Full implementation of the tool is expected by May 1, 2014.	5. By April 1, 2014, CFSA will test the Functional Family Assessment tool for in-home and out-of-home. Full implementation of the tool is expected by ~~May 1, 2014,~~ July 31, 2014.	CFSA was unable to complete the testing by April 1; additional time was needed and testing continues through May. We anticipate that the training will be completed by June 30 and implementation by July 31.
	6. Based on the QSR findings, Agency Performance is conducting an analysis on case plans and services. The analysis will include a review of ten percent of the in-home and foster care cases. The findings will be completed and shared with management in March 2014 and will be used to modify practice, policy, and trainings, as needed.	6. Based on the QSR findings, Agency Performance is conducting an analysis on case plans and services. The analysis will include a review of ten percent of the in-home and a review of five percent of the foster care cases. The findings will be completed and shared with management in March and April 2014 and will be used to modify practice, policy, and trainings, as needed.	Agency Performance has completed a random review of ten percent of the in-home case plans (reviewed 69 case plans out of 602 families) and five percent of the foster care case plans (reviewed 69 cases plans out of 1368 cases). When CFSA selected ten percent for in-home and foster care cases, it was based an educated guess of how many case plans needed to be reviewed to capture data and themes. After completing a review of approximately five percent of the foster care case plans and ten percent for in-home families, Agency Performance was able to document themes and data, which were shared with managers, supervisors, and workers in the relevant units. Additional review of case plans for foster care cases is unnecessary to complete the objective of the strategy.