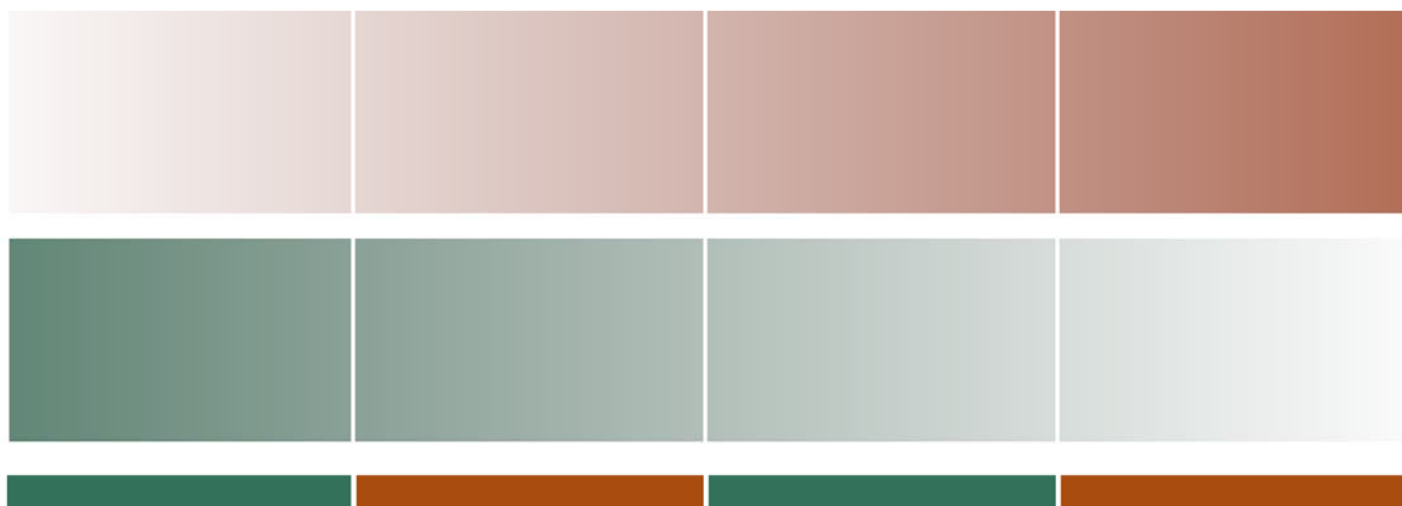




**LaShawn A. v. Gray Progress Report**  
**for the Period January 1 – June 30, 2011**



**November 21, 2011**

LaShawn A. v. Gray  
Progress Report for the Period January 1 – June 30, 2011

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**LaShawn A. v. Gray**  
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**I. INTRODUCTION**

This report on performance of the District of Columbia's child welfare system for the period of January 1 – June 30, 2011 is prepared by the Center for the Study of Social Policy (the LaShawn Court-appointed Monitor). The Center for the Study of Social Policy (CSSP) is responsible to the Honorable Thomas F. Hogan of the United States District Court for the District of Columbia as Federal Monitor of the class action lawsuit LaShawn. As Monitor, CSSP is to independently assess the District of Columbia's compliance with the outcomes and strategies of the Modified Final Order<sup>1</sup> and its most recent update, the LaShawn Implementation and Exit Plan (IEP).<sup>2</sup>

The IEP includes four sections: Section I: Outcomes to be Achieved; Section II: Outcomes to be Maintained; Section III: Sustainability and Exit; and Section IV: The 2010-2011 Strategy Plan. The IEP establishes the Court's expectations regarding the outcomes and performance levels to be achieved and sustained in order to fulfill the requirements of the LaShawn Modified Final Order (MFO).<sup>3</sup> For each of the outcomes, an Exit Standard(s) has been identified. The Strategy Plan entered by the Court, in consultation with the Monitor and with input from Defendants and Plaintiffs, identifies actions with timeframes that the District of Columbia committed to complete during the period between July 2010 and September 30, 2011 to achieve compliance with the outcomes and Exit Standards.

This is the second report on the District of Columbia's performance in meeting the outcomes Exit Standards and strategies of the IEP. The Monitor's last full report on LaShawn implementation was released on May 2, 2011. With few exceptions, this report is based on data and performance from January to June 2011, as verified by the Monitor, to determine progress in meeting the IEP Exit Standards. The status updates on the Strategy Plan are based on available information as of September 30, 2011.

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

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

<sup>3</sup> January 27, 1994, Modified Final Order ("MFO") (Dkt. No. 222 (order adopting MFO); Dkt. No. 222-2 (MFO))

## A. **Methodology**

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

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

### ➤ **Good Faith Efforts Case Record Review**

CFSA originally intended to capture data on specific good faith efforts to see a child as part of a Child Protective Services (CPS) investigation in FACES.net, its data and management information system. The Monitor and CFSA instead reviewed a statistically valid sample of CPS investigations completed in July 2011 where alleged victim children were not seen within 48 hours of the report to CFSA's hotline in order to determine if all applicable good faith efforts to locate all alleged victim children within the 48-hour time frame were made. Since completion of this review, CFSA has decided that performance on this measure can only be collected through a case record review and not through FACES.net.

### ➤ **Reasonable Efforts Case Record Review**

The Monitor and CFSA conducted a review of 21 adoptions that were finalized between January and June 2011 and were finalized beyond 12 months after the child was placed in a pre-adoptive home. The review assessed the extent to which specific reasonable efforts had been taken to finalize the adoption in a timely manner.

### ➤ **Site Visits**

In early fall 2011, the Monitor conducted site visits to two Healthy Families Thriving Communities (HFTC) Collaboratives, Far Southeast and East of the River, to assess on-the-ground implementation of the Partnership for Community-Based Services (PCBS) as well as their collaboration with CFSA on reform efforts.

### ➤ **Training Validation**

The Monitor conducted an independent data validation of pre-service training for new staff, in-service training for previously hired staff and supervisory training for new supervisors for the time period between July 2010 through June 2011.

➤ **Consultation with Child Welfare Training Expert**

The Monitor worked in collaboration with Marge Gildner, child welfare training expert, to assess CFSA's implementation of strategy plan goals which required CFSA to review and revise its pre- and in-service training curriculum to ensure it builds the skills needed to implement the Case Practice Model and protocol. Ms. Gildner also assisted the Monitor in reviewing CFSA's 2011-2012 Training Plan to determine if it demonstrates an enhanced focus on the Practice Model and incorporates additional training on teaming and improving the quality of visitation.

➤ **Consultation with Child Welfare Data Expert**

The Monitor worked in collaboration with Jennifer Haight, from Chapin Hall at the University of Chicago, to assess progress on the particular quantitative outcomes measures still to be achieved in the IEP.

➤ **Other Monitoring Activities**

The Monitor interviewed and/or visited many external stakeholders of the District of Columbia's child welfare system, including contracted service providers, youth, relatives and birth parents, advocacy organizations and judicial officers. The Monitor periodically attended numerous CFSA meetings including Child Stat, CPS Grand Rounds, City-wide Child Fatality Review Committee and CFSA internal child fatality review committee. The Monitor attended CFSA weekly meetings on revenue maximization and met frequently with senior leadership and managers throughout the Agency. The Monitor shadowed CFSA and private agency staff within the placement office, CPS investigations, and performance-based contracting. The Monitor also participates in the City's Child Welfare Leadership Team which meets quarterly.

**B. Report Structure**

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

Section II provides a summary of the District's progress. Section III provides narrative on each of the IEP requirements for Outcomes to be Achieved. With few exceptions, data from January to June 2011, as verified by the Monitor, are used to determine progress in meeting IEP Exit Standards. Areas where data are not currently available or existing data are believed by the Monitor or CFSA to not reliably measure progress are noted.



The table in Section IV on Implementation of 2011 Strategy Plan identifies the District's strategy, the date the strategy was due for completion and CFSA's progress toward implementing the strategy. In Section V, the summary tables provide the Court with a consolidated update of the District's performance between January and June 2011 on LaShawn IEP Outcomes to be Achieved and Outcomes to be Maintained Exit Standards and an assessment of whether the District has met the established Exit Standard.

## II. SUMMARY OF PROGRESS

During this monitoring period, Dr. Roque Gerald resigned as Director of CFSA and was replaced in June 2011 by Debra Porchia-Usher, who is currently serving as Interim Director. Under Ms. Porchia-Usher's leadership, CFSA has continued to pursue directions and strategies of the District's 2010-2011 Strategy Plan with a commitment and emphasis on improving permanency results. Ms. Porchia-Usher and her leadership team have worked to maintain employee morale and offer stability to the Agency, which has experienced much leadership turnover in the past five years. CFSA has also faced planned budget reductions in FY2012 which have necessitated difficult recent decisions about employee reductions while continuing its work to achieve better results with existing, and in some cases, diminishing resources.

CFSA's 2011 Strategy Plan, approved by the Court for achieving compliance with the outcomes of the *LaShawn* IEP, includes a wide range of activities and commitments. As documented in this report, there has been considerable activity in this monitoring period, with strategies completed and others where work has begun. In some important areas, essential foundational work is underway. In other areas, implementation of key strategies has been challenging and has not yet produced significant results.

The IEP contains standards primarily based on longstanding requirements of the MFO. In some instances, the IEP has modified the MFO requirements to more accurately reflect changes to the District of Columbia's child welfare law, policy and system that have occurred since 1992. In other instances, the IEP has clarified definitions of the outcomes and set Exit Standards that define the level of performance that the Court will view as acceptable if achieved and sustained. Based on aggregate performance determinations, five of the 51 Exit Standards were met during the prior period (June to December 2010), including: 1) Completion of Investigations within 35 days, 2) Resource Development Plan, 3) Caseloads, 4) Supervisory Responsibilities, and 5) Placement Licensing.<sup>4</sup> Subsequent to a Memo to Judge Hogan on July 29, 2011, these five have become IEP Outcomes to be Maintained. The monitoring report for this period (January to June 2011) provides information on 46 Exit Standards that remain to be achieved (Outcomes to Be Achieved)<sup>5</sup>, 33 outcomes where compliance levels were previously met and need to be maintained (Outcomes to be Maintained), and the Strategy Plan commitments (2010-2011 *LaShawn* Strategy Plan).<sup>6,7</sup>

The summary finding is that CFSA's performance has improved over this reporting period but that overall performance is still not achieving the outcomes expected by the Court's Order, the

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<sup>4</sup> These are noted in Section V of this report, Outcomes to be Maintained Table.

<sup>5</sup> For some IEP Exit Standards, there are multiple sub-tasks. An Exit Standard is not considered to be achieved until all sub-parts have met compliance.

<sup>6</sup> December 17, 2010, Implementation and Exit Plan ("IEP") (Dkt. No. 1073)

<sup>7</sup> There are multiple tasks within many of the Strategy Plan commitments.

community or its own standards for practice. *Of the 46 Exit Standards that remain to be achieved, between January through June 2011, seven were achieved,<sup>8</sup> 21 were not achieved,<sup>9</sup> 17 were unable to be determined and one is not yet due.* In addition, the Monitor is recommending that one of the Outcomes to be Maintained governing the performance of the City-wide Child Fatality Review Committee, be re-categorized as an Outcome to Be Achieved.<sup>10</sup> With respect to the 2010-2011 Strategy Plan, there are notable areas of accomplishment as shown in Section IV. Although not all of the strategies within the plan have been implemented or fully implemented during this period, CFSA has actively pursued almost all of them.

It is important to emphasize that there are 17 Exit Standards for which the Monitor is unable to determine performance. For example, CFSA is not yet able to produce information on whether or not child safety is being assessed by social workers and other designated providers during each visit with a child.<sup>11</sup> Additionally, although CFSA has taken steps to modify FACES.net reporting to accurately produce required data in several areas, the monitoring report identifies multiple measures where the Monitor has determined that current data reports do not fully assess the outcome required, the data are not accurate or the data were not provided to the Monitor in a timeframe to allow for validation. These instances and the Monitor's reasons for conclusions are more fully described in the discussion of those outcomes in Section III.

The remainder of this section summarizes progress by first highlighting the areas of accomplishment; then summarizing areas in which current progress holds promise for the future; and concluding with those areas of continuing challenge and concern.

### ***Significant Accomplishments***

➤ *Seven Exit Standards were achieved.*

During the January to June 2011 monitoring period, seven Exit Standards were met. These include Exit Standards related to:

- worker visitation to families with in-home services;
- timely approval of foster and adoptive parents;
- legal action to free children for adoption;

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<sup>8</sup> The Monitor considers an Exit Standard to be met when performance on all parts of the Exit Standard meets the required level for at least one month during the monitoring period and performance does not deviate more than 2% from the Exit Standard requirement during any month during the monitoring period.

<sup>9</sup> As noted in the text, there has been progress in some Exit Standards that are not achieved (for example, the Exit Standard on Performance Based Contracting [IEP Section C.31] and Interstate Compact for the Placement of Children [IEP Section C.32]). Unless an Exit Standard is fully met, it is shown as not met in the summary chart.

<sup>10</sup>The lack of compliance with the particular requirement to produce an annual report has been noted in previous monitoring reports and was referenced in a Memorandum to CFSA leadership on February 14, 2011. An annual report has not been produced since 2008.

<sup>11</sup>IEP Section I. 4.c., 5.d., & 6.e.

- timely access to health care services for children in care;
- financial support for community-based services;
- pre-service training for new supervisors; and
- budget and staffing adequacy.

Details on these accomplishments are provided in the report and some are highlighted below.

- *In general, families receiving in-home services and children in out-of-home care are being visited by social workers in accordance with the visitation standards in the IEP.*

Data for the period January through June 2011 demonstrate that children in out-of-home care were visited at least twice a month by CFSA and private agency social workers as required by the IEP.<sup>12</sup> Similar positive performance is also true for children and families who are receiving in-home services. From January to June 2011, between 89 to 91 percent of families with in-home cases were visited twice monthly by their assigned social worker or another designated support provider. In the same period, between 89 to 94 percent of children and youth in out-of-home care were visited twice a month by their social worker or other designated support provider.<sup>13</sup> While CFSA has not yet met the IEP requirement for weekly visits by workers during the initial period of a child's placement or replacement into foster care, overall, the improved performance on visitation is an important accomplishment.

- *Children and youth are receiving health screening at CFSA's Healthy Horizons Assessment Center (HHAC) prior to entering or re-entering out-of-home care.*

Demonstrating performance on the provision of pre-placement health screenings for children and youth entering placement has been a longstanding problem. Data from April to June 2011 show that 91 to 100 percent of children entering foster care received the required pre-placement health screening. This accomplishment reflects the impact of the on-site Healthy Horizons Assessment Center as well as significant work on data clean-up. Performance on pre-placement health screening does not meet required levels for children and youth changing placements but performance on this measure is also improving.

The Agency's work to improve health outcomes is also reflected in improved performance on receipt of comprehensive medical exams. Although the 30-day requirement has not been met in the period between April and June 2011, 88 percent of children received the comprehensive medical exam within 60 days of entry or re-entry into care and 82 percent received a full dental evaluation within 90 days of placement. These results, that reflect the attention being paid to children's health care needs, are supported by the high scores on the health status assessment in

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<sup>12</sup> IEP Section I. 5.b.

<sup>13</sup> At least one of these monthly visits must be by the assigned social worker (IEP Section 5 and 6).

the preliminary data from the 34 Quality Service Reviews conducted during this period (97 percent of children reviewed were acceptable on the health status ratings).

- *The Partnership for Community Based Services and the co-location of CFSA staff with the Healthy Families Thriving Communities (HFTC) Collaboratives is working well to improve service delivery.*

In 2010, a workgroup including CFSA, representatives of the HFTC Collaboratives and the Collaborative Council reviewed the implementation of the Partnership for Community Based Services which includes the co-location of CFSA staff in the community and the commitment to team approaches that involve both CFSA and Collaborative workers to serve high-risk families. The Monitor conducted site visits to two of the HFTC Collaboratives in September and October 2011, and was able to validate the strengths noted in the *PCBS Year One Implementation Report*,<sup>14,15</sup> as well as some of the opportunities for further development. Overall, feedback provided by families, youth, front-line CFSA and Collaborative staff and supervisors as well as leadership indicated that this community-based partnership is helping to keep families together, return children and youth to their own families and communities more quickly, and provide needed on-going support for some youth aging-out of foster care.

The co-location of CFSA and Collaborative staff persons is helping to improve communication and identification of community resources to support families and children. When the co-location was initiated several years ago, it was initially characterized by distrust, technological difficulties and resistance to sharing information and space. However, the Monitor saw evidence that trust has built over time and staff and families have experienced the benefits of the Partnership. Staff understand that both organizations bring needed and complementary resources to the work. For example, CFSA staff has access to resources to meet the needs of families, including clinical expertise and access to client histories, which aid in the assessment and planning process. The location of CFSA staff in the community and the use of Collaborative family support workers makes it easier for social workers to contact families and for families to

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<sup>14</sup> DC Child and Family Services Agency, HFTC Collaboratives, and the HFTC Collaborative Council. *Partnership for Community Based Services: Protecting Children and Strengthening Families: Year 1 Implementation Report*. April 2010.

<sup>15</sup> Through interviews, focus groups and surveys, the PCBS Interim Implementation Report found implementation successes and opportunities for further improvement of the PCBS model. The relocation of CFSA social workers into Collaborative offices that are located in the communities served has improved communication with families and service delivery, thereby increasing child safety and wellbeing. Co-location of CFSA and Collaborative staff has also provided an opportunity for mutual understanding of, and appreciation for, the work of their counterparts, thus enabling better communication and cooperation. The relocation of CFSA staff has posed some logistical challenges, including concerns about safety; insufficient access to food and clothing vouchers; fare cards and other vital needs of families; difficulty maintaining confidentiality and privacy due to limited work space; and inadequate technology. In addition, some aspects of the Practice Protocol, notably teaming, need to be clarified and on-going training around the PCBS Practice Protocol and supplemental coaching for all PCBS-involved staff would be beneficial. CFSA, the HFTC Collaboratives and the Collaborative Council are committed to working together to serve families through this initiative.

access needed services and supports. Clients reported regular and easy access to both Collaborative and CFSA staff, as well as timely, professional responses.

### ***Promising Practices***

There are a number of areas in which CFSA's work during this monitoring period holds promise for future improvement.

➤ *The District has begun implementation of a Differential Response Pilot Program.*

During the last year, CFSA and its partners engaged in thoughtful planning for the implementation of a Differential Response (DR) pilot. DR is a best practice being implemented across the country with good results. Under most DR systems, families identified to the child welfare system who are at low or moderate risk of repeat maltreatment are offered the opportunity to participate in an assessment (as opposed to an investigation) and voluntary services to meet their needs. Eliminating the need to declare a family as neglectful to receive assistance has been shown in other systems to ensure safety while increasing engagement of families in the work to improve outcomes for themselves and their children. To accomplish this goal, there must be robust community-based, early intervention and prevention services.<sup>16</sup>

Under the District's pilot program which became operational in September 2011, a specially selected and trained unit of child protective services (CPS) workers will conduct a safety assessment to ensure that the DR assessment track is appropriate for the family and that no safety concerns exist. Eligible families who meet the criteria for family assessment are referred to the DR pilot based on the availability for new case assignment within the DR Unit.<sup>17</sup> DR staff will use the Family Group Conferencing model to engage families and partner agencies in service provision identification and implementation. Implementation has just begun and as of the beginning of November 2011, 42 families have been referred to DR for a family assessment, rather than a formal CPS investigation. Twenty-five of these families agreed to begin receiving services. An evaluation of the DR pilot program will be conducted looking at recidivism rates, worker satisfaction, client satisfaction, timely provision of services and child safety. Careful implementation and tracking of this pilot program has the potential to have significant future impact on the provision of services and supports to families in need in the District.

➤ *Implementation of CFSA's Permanency Strategy and Partnership with Casey Family Programs has continued.*

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<sup>16</sup> Government of the District of Columbia's Child and Family Services Agency Child Protective Services Administration. *Differential Response Operations Manual*. June 2011.

<sup>17</sup> CFSA had originally planned to randomly select eligible families for participation in the DR pilot to establish a valid comparison for evaluation of the impact of the implementation of DR. This change may result in a more limited evaluation.

As reported during the previous monitoring period, CSFA has been moving forward to implement its plan to improve permanency for children and youth in the District. CFSA restructured and eliminated the transfer of cases to an adoption worker at the time of a goal change to adoption and created a centrally administered team of permanency specialists. This was intended to promote continuity of case work practice and eliminate delays created by unnecessary case transfers. The aim is for permanency specialists to partner with assigned social workers to ensure that all appropriate and possible formal and informal team members are engaged in permanency planning efforts; permanency resources from within a child's own already existing network of support are identified and engaged; and that case-specific decisions are made with the goal of permanency at the forefront. Prior to the last report to the Court, CFSA identified next steps for CFSA's permanency strategy, including: 1) expanding the focus of the permanency specialists to include those children and youth at entry to foster care who are identified as having the potential to remain in foster care for long periods of time; 2) working to improve data analysis and expertise to better understand whether or not more children and youth are exiting to permanency as a result of this strategy implementation; and 3) assessing whether or not the staff and private agency resources devoted to the strategy are sufficient to meet the needs of children and youth in need of permanency in the District. As a result of this work, CFSA's progress in pursuing reasonable efforts for more children toward legal permanency through adoption is more consistently demonstrated and tracked.

In addition, during the period under review, CFSA entered into a partnership with Casey Family Programs, a national foundation, to expand current data analysis to better understand progress to permanency using cohort, longitudinal data. Given CFSA's large population of children in care for 36 months or longer, CFSA has begun reviewing data to track progress for the sub-group of children recently entering care and their timelines to permanency. This methodology will allow CFSA to begin to understand the impact of recent improvement efforts and their impact on timelines to permanency. This is an encouraging development and could aid CFSA and its partners to target specific populations for intervention and to develop data driven strategies for permanency during 2012.

➤ *CFSA moved forward to strengthen its Child Welfare Training Academy.*

CFSA launched a new Child Welfare Training Academy (CWTA) in August 2010 with an Administrator for CWTA in place in January 2011. As the CWTA moves forward to implement its Training Plan, there are many strengths on which to build. Training is an important tool for practice improvement and to promote consistent implementation of the many new policies that CFSA has developed over the past year to support permanency; to implement a consistent Practice Model within CFSA and with the private sector; to increase the focus on well-being outcomes for children and youth; and to strengthen supervisory practices.

## *Continuing Challenges and Concerns*

This section of the summary highlights those areas in which the Monitor has continuing concerns, there remain significant barriers to achieving goals, and in which performance at levels required to meet IEP Exit Standards continues to be a challenge.

- *The Centralized Placement Process does not include placement with relative and kin caregivers.*

The Monitor has documented in prior reports its concerns about the placement process and the fact that the existing placement array does not provide enough options to allow for the appropriate match of children with caregivers who have the skills and supports necessary to meet the child's needs, particularly for older children and those with behavioral health issues. Although the data are not entirely clear, some of the placement issues may be exacerbated by the District's underutilization of available relative and kin caregivers. CFSA has begun to address the structural and management issues related to the placement process through its efforts to centralize placement decisions for non-relative care and to ensure that private agencies consult with CFSA before moving children from their current placement to a new one. However, implementation of this requirement is incomplete and administrative staffing to this newly formed Placement Administration was recently cut. Ongoing attention must be paid to the staffing capacity needed to support the important work of this Administration. In addition to insuring that the placement process has the necessary capacity and consistently operates as envisioned, the Monitor believes that a truly centralized placement process should include responsibility for kinship placements.

- *Efforts to expedite the approval and placement with relative and kin caregivers are moving slowly.*

CFSA has taken important steps to invest in the principle of placing children with relative and kin caregivers when children are required to be removed from their family due to substantiated allegations of child abuse and neglect. The District's policy definition of relative and kin caregivers is sufficiently broad and newly revised and issued policy now includes the ability to waive non-safety requirements for relative and kin caregivers. However, utilization of kin placements in the District is low compared to other jurisdictions and important steps remain to more fully afford children and youth in the District timely placement with persons close to them. Responsibility for quickly identifying, studying, approving and supporting kin placements is not integrated within the overall placement process. There have been very recent changes designed to make it easier to grant non-safety related waivers but too often relatives continue to experience the process as slow, bureaucratic and insufficiently supportive. Also, it is not clear if



there is a clear locus of responsibility for improving performance in this area or if there are well-established benchmarks in place to track the progress in this area of practice over time.

➤ *Consistent implementation of CFSA's Family Centered Practice Model is needed.*

CFSA's policies have been developed to reflect a commitment to a family centered Practice Model that engages families and youth, comprehensively assesses strengths and needs, and uses teams that include family, youth, caregivers, community supports and providers to create case plans, identify needed services and resources, make decisions, and track progress over time. The Monitor has commented frequently in the past that while the policy framework for high quality practice exists, the challenges have been in setting unambiguous expectations and insuring consistent implementation. In the Monitor's view, considerable work is still needed to consistently implement CFSA's Practice Model, including common expectations across the administrations and units within the Agency and with private contractors regarding teaming, assessments, case planning and supervision.

Many families whose children enter foster care in the District are offered and are having post-placement Family Team Meetings (FTM), and most youth between the ages of 18 and 21 have had one or more Youth Transition Planning (YTP) meetings. Between these two critical junctures, however, the application of a Practice Model which involves consistently teaming with the family, the youth, the child's caregiver and other service providers is sporadic. Although there are many instances of superior work by individual social workers in every part of the system, too often the plans that are developed at initial FTMs and YTP meetings are not translated into day to day case planning and service delivery commitments and there is limited accountability around both the teaming process and the quality and timeliness of service provision. Over the past year, the Monitor has repeatedly pointed out in its review of draft policies, the need to pay attention to consistent framing in policy and protocol of the practice expectations for staff and supervisors.

CFSA worked with a consultant to aid in the development of an *In Home and Out of Home Practice Operations Manual*. While this manual does outline practice expectations in the areas of assessment, planning, teaming, placement practices and initial meeting between birth and resource families, the most recent May 23, 2011 draft did not include comprehensive family teaming expectations to ensure that meetings are held with the family and other team members within the first 30 days of case opening and at critical decision points throughout the life of a case. The Monitor's review of the pre-service curriculum for staff did not identify practice activities related to an assessment process, nor any structure for on-going family assessment. It is not clear to the Monitor that there are clear guidelines for a comprehensive assessment process to prevent potential placement disruptions, as specifically required by the IEP.<sup>18</sup>

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<sup>18</sup> IEP Section I.C.21.

While CFSA is now able to improve practice using an array of visitation data reports, there are limited guidelines available related to the use of visitation plans, determinations for the use of supervised or unsupervised visits and the use of Collaboratives to aid in this process.

The Monitor recommends that CFSA's leadership, as part of its 2012 Strategy Plan, finalize one Practice Model and do the integrating work to make sure that all policies and procedures, applicable to both CFSA staff and private providers under contract, are consistent in expectation, use the same language about core practice expectations and have clear and unambiguous protocols for case practice, supervision and management.

➤ *Performance-Based Contracting is in beginning stages of implementation.*

CFSA's performance-based contracting designed to address long standing concerns around oversight and performance of the private agencies in the District is in beginning stages of implementation with the family-based services and is a work in progress for the congregate care providers. On the positive side, with newly awarded Human Care Agreements (HCA) for congregate care and family-based services in place, CFSA has added new providers with additional capacity to address a wider range of child and youth needs and has executed family-based care contracts with expectations for performance. The staff assigned to monitor private agency performance is pursuing it diligently. Quarterly site visits with providers are taking place, which include interviews with youth and staff. Additionally, monthly reports from providers are regularly reviewed by staff within CFSA's Contracts Management and Performance Improvement Administration (CMPPIA). Current contracts for family-based providers include small financial incentives tied to outcomes in the areas of safety, permanency and well-being. It is expected that the next solicitation for congregate services, which will take place in FY2013 will include a performance-based incentive structure for those providers.

However, in terms of currently demonstrating an ability to shift resources and utilization to the highest quality and performing providers, there is still much work to do. First, it is unclear if the Agency has the data available to fully understand which providers are demonstrating improvements over time in core child and family outcomes areas such as length of time in custody, exits to permanency and re-entries. Secondly, the Agency struggles with very basic contract compliance with a number of its providers, such as reporting placement moves, reporting incidents that occur within their facilities or homes or submitting updated expense reports, as requested by CFSA during the last period under review. Finally, the fiscal incentives built into the performance monitoring system are tiny and may need to become more consequential to have a significant impact on private agency practices. The performance-based contracting system's goal of holding providers accountable for child and family results and enabling the Agency to reward high performing providers is moving forward but is still not met.

➤ Data and information are not available to track progress on some Exit Standards.

CFSA leadership, its Child Information Systems Administration (CISA) staff and the Monitor each recognize the need to focus on using the available data more effectively to produce a clear understanding of both the progress and the challenges that CFSA faces in its efforts to serve children and families in the District. There is considerable expertise and skill within the Agency's planning, evaluation and CISA staff. However, as is evident in this report, there remain many important areas for which the information and data required to measure IEP performance are not yet available or reliable.

As noted earlier, there are 17 IEP Exit Standards for which data or other qualitative information are not currently available. There are several outcomes for which CFSA, in consultation with the Monitor, will be working to produce accurate data over the next couple of months, including<sup>19</sup>:

- The extent to which relative resources have been identified and investigated in all cases requiring removal of children from their homes;
- Worker visits with parents with a goal of reunification in the first three months of placement;
- Assessment of safety by social worker during visit with child;
- Sibling placement and visits;
- Assessments for children experiencing a placement disruption; and
- Special corrective action reviews.

As noted in the previous monitoring report, despite increasing demands for data for management purposes, CISA's information system's staff has been reduced by over a third due to Agency reduction in force, frozen vacant positions and reductions to the budget for contracted IT services. The Monitor has serious concerns about the impact of these staff and contractor reductions on CISA's ability to meet performance expectations.

In addition, the Monitor recommends that CFSA review all existing management information reports to ensure that the information being gathered and the ways in which it is analyzed and presented contain data adequate to track performance over time on the particular measure of interest. Adjusting the data reports in this manner would also permit a sharper narrative to emerge that would give system stakeholders a clearer sense of system dynamics in the District's child welfare system.

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<sup>19</sup> While much of this data will be produced using FACES.net, some of this information will be gathered through other sources or methods of data collection.

➤ *Improvement is needed in outcomes for older youth.*

Over the past two years, CFSA has revamped its structure to serve older youth through the development of the Office of Youth Empowerment (OYE) and the commitment to a practice that seeks to involve youth in planning for their future. Despite some noticeable successes, such as an increase in the number of older youth in CFSA custody who are enrolled in college, the outcomes for youth 18 to 21 are poor. As detailed in this report, older youth in foster care have spent a disproportionate time in foster care, are less likely to exit to permanency and are experiencing high rates of placement instability. On June 30, 2011, more than one in four youth in CFSA custody had APPLA goals. The vast majority (84%) of those youth were between the ages of 18 and 20. Most (75%) youth were assigned APPLA goals between the ages of 14 and 17, many (34%) of them were between the ages of 14 and 15. Most (61%) youth with APPLA goals entered custody between infancy and age 13 well before they became teenagers. At least half of youth with APPLA goals are placed with families. However, based upon current data provided by CFSA, youth with APPLA goals experience recent and significant placement instability.

As CFSA and its partners develop strategies for 2012, these data indicate that improvements need to be made through a combination of strategies to prevent the assignment of APPLA goals for youth who enter custody under the age of 14 and to target the placement instability of children and youth with APPLA goals, especially within therapeutic foster homes and independent living programs. The use of cohort, longitudinal data to closely examine entry cohorts over time will shed light on which children and youth are assigned APPLA goals and what can be done as early as possible to prevent this trajectory.

➤ *Federal funding remains unavailable for Nurse Care Manager Targeted Case Management (TCM) Program.*

In the spring of 2010, CFSA established the Nurse Care Manager Program employing nurses to work in partnership with the social worker and other members of the team (including the birth parents, resource parents, health and mental health providers) to develop a comprehensive care plan for each child in out-of-home care. The Nurse Care Managers (NCMs) are expected to provide ongoing medical care management for children and youth in care and support the social worker in the coordination of health, mental health and medically related social, educational and other needs. To date, there remain unresolved policy differences between CFSA and the Department of Health Care Finance related to the role of the nurse practitioners, which may be limiting their potential impact for children and families as well as the planned receipt of federal revenue to support their work, as discussed below.

➤ Efforts have improved but federal revenue maximization still has not been fully achieved.

The Monitor has reported many times on the longstanding challenges in the District related to federal revenue claiming, primarily through failure to aggressively pursue federal funding options through Medicaid and Title IV-E.<sup>20,21</sup> While CFSA has been actively engaged in work over the past year to remediate these problems and there have been some very recent improvements, major, unresolved issues to Medicaid and, to a lesser degree, Title IV-E remain.

The District made a decision in 2009 to halt CFSA's federal Medicaid claiming for Targeted Case Management (TCM) for social workers until an infrastructure could be built and institutionalized to ensure an accurate methodology for billing coupled with a well-functioning internal quality assurance process to verify the accuracy and consistency of documentation of this billing process. Originally, Medicaid claiming was to be resumed by July 2010, however, to date, Medicaid claiming has resumed in only a very limited way for the Healthy Horizons Assessment Center (HHAC). Additionally, work between CFSA and the Department of Health Care Finance to determine billing parameters for NCM under the Medicaid TCM option has been moving forward much too slowly. Steps to begin claiming federal funds under the Medicaid rehabilitation option are also on hold for the time being.

There are some recent, notable accomplishments related to Title IV-E.<sup>22</sup> CFSA has increased the amount of Title IV-E revenue during the last three years through a concerted effort to increase the Title IV-E penetration rate and claims for adoption subsidies. CFSA has recently made progress by beginning to claim for 18, 19 and 20 year olds who meet Title IV-E eligibility criteria under the federal Fostering Connections amendments. While a revised Public Assistance Cost Allocation Plan (PACAP) has not been approved, recent federal deferrals and disallowances for foster care and adoption claims have been rescinded.

As of the date of this report, CFSA has not received approval on a revised Title IV-E rate setting methodology and accompanying Standard Operating Procedures (SOP) to begin claiming costs of congregate care providers at a higher, more appropriate rate. Title IV-E foster care candidacy

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<sup>20</sup> Federal Title IV-E reimbursement can be obtained for two categories of costs: 1) Maintenance Costs and 2) Administrative Costs. Maintenance claims cover basic costs for the care of a child, such as room, board, board payments to foster parents, clothing and transportation. Maintenance costs can be claimed on a child specific basis if the child meets all Title IV-E eligibility requirements.

<sup>21</sup> Federal Medicaid reimbursement can be obtained for Targeted Case Management (TCM). TCM is considered to be the process of referral, coordination and monitoring of medical, social, educational and other services. TCM can not include payment for direct medical, educational or social services to which a Medicaid-eligible individual has been referred. Research gathering and completion of documentation, assessing adoptive placements, recruiting or interviewing potential foster parents, serving legal papers, conducting home investigations, providing transportation, administering foster care subsidies and making placement arrangements are prohibited.

<sup>22</sup> Some of these accomplishments related to Title IV-E are directly related to the development and implementation of a joint work strategy with Administration for Children and Families (ACF) to resolve remaining issues coupled with follow up from top level leadership. The CFSA Interim Director has contact twice a month with ACF to assess outstanding matters and develop the required corrective strategies.

claims are on hold as the updated candidacy package resubmission is currently under review by the Administration for Children and Families (ACF).<sup>23</sup>

The Monitor recommends that the Mayor continue to assess the internal and external resources devoted to claiming federal revenue, particularly with Medicaid, to support the efforts of CFSA leadership to resolve these long-standing problems. This may include bringing in additional content experts or facilitators who have demonstrated expertise and success in these areas.

- *District of Columbia's City-wide Child Fatality Review Committee is not in compliance with the LaShawn MFO and IEP.*

On February 14, 2011, the Monitor sent a memorandum to CFSA leadership sharing concerns with the functioning of the District of Columbia's City-wide Child Fatality Review Committee (CFRC). These concerns included: community positions on the Committee remaining unfilled, the number of staff assigned to the Committee being reduced, approximately 20 Agency-related cases from 2010 had not been reviewed by the Committee and the absence of timely annual reports, in specific violation of the LaShawn MFO and IEP.<sup>24</sup> The Monitor made specific recommendations to address these concerns, including: filling all Committee vacancies; senior leadership from all relevant city agencies attending each Committee meeting prepared to discuss the cases under review; giving Committee members a full case report for each case under review; increasing the number of Committee staff; addressing the backlog in case reviews and in the production of annual reports; establishing a mechanism to track Committee recommendations, agencies responses and implementation; a review of the database used to record historical data to ensure it is maintained and used effectively; and, relocating the Committee to the Mayor's Office or the Office of the Inspector General.

To date, the Monitor has not observed any significant changes in the managing of the Committee and the required Annual Reports for 2009 and 2010 have not been produced. The operation of the City-wide CFRC is a longstanding requirement of the LaShawn Order. The Monitor is recommending that due to the unresolved issues, compliance with this requirement be withdrawn and it be re-designated as an Outcome to be Achieved.

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<sup>23</sup> As of November 17, 2011, CFSA reports that they have received verbal notification of ACF approval for this change.

<sup>24</sup> MFO II (N); IEP Section II.4.

### **III. DISCUSSION OF PROGRESS ON THE LaSHAWN A. v. GRAY OUTCOMES TO BE ACHIEVED**

#### **A. GOAL: CHILD SAFETY**

The District of Columbia's Child and Family Services Agency (CFSA) maintains a 24 hour a day, seven day per week hotline to accept reports of alleged abuse and neglect. In approximately three-quarters of the reports assigned for investigation, all children identified as alleged victims are seen by a CFSA social worker within 48 hours of the report. The Monitor has not conducted a statistically significant case record review to assess the quality of investigations quality this monitoring period but continues, along with CFSA's Quality Assurance (QA) unit, to review a small number of investigations records per quarter. There are noted improvements in both documentation and practices. CFSA took steps during this monitoring period to finalize policy and provide training to all investigations staff. Additional work is needed to ensure that staff make all applicable good faith efforts to see more children in a timely manner, systemically connect families with needed resources, and pay closer attention to families with multiple hotline reports, all longstanding requirements of LaShawn.

The figures below show the number of calls the hotline received between January and June 2011 and the percentage of reports each month that were accepted for investigation. The volume of calls to the hotline has remained fairly consistent (approximately 1,000 calls per month), with a few spikes in volume in both March and May 2011. In general, about 40 percent of the incoming calls are tracked for Information and Referral (I&R), and the remaining 60 percent for a child protection (CPS) investigation. Most CPS calls are subsequently screened in and accepted for investigation; between six and eight percent are screened out or linked to an on-going investigation.

**Table 1: Number of Calls to Child Abuse and Neglect Hotline  
January - June 2011**

Month	Total	Information and Referral (I&R)	Child Protective Services (CPS)	CPS Accepted*	CPS Linked**	CPS Screened Out***
Jan-11	1,045	405	640	569	30	41
Feb-11	1,032	346	686	595	51	40
Mar-11	1,278	436	842	705	77	60
Apr-11	997	370	627	544	45	38
May-11	1,188	470	718	629	32	57
Jun-11	1,040	438	602	525	40	36

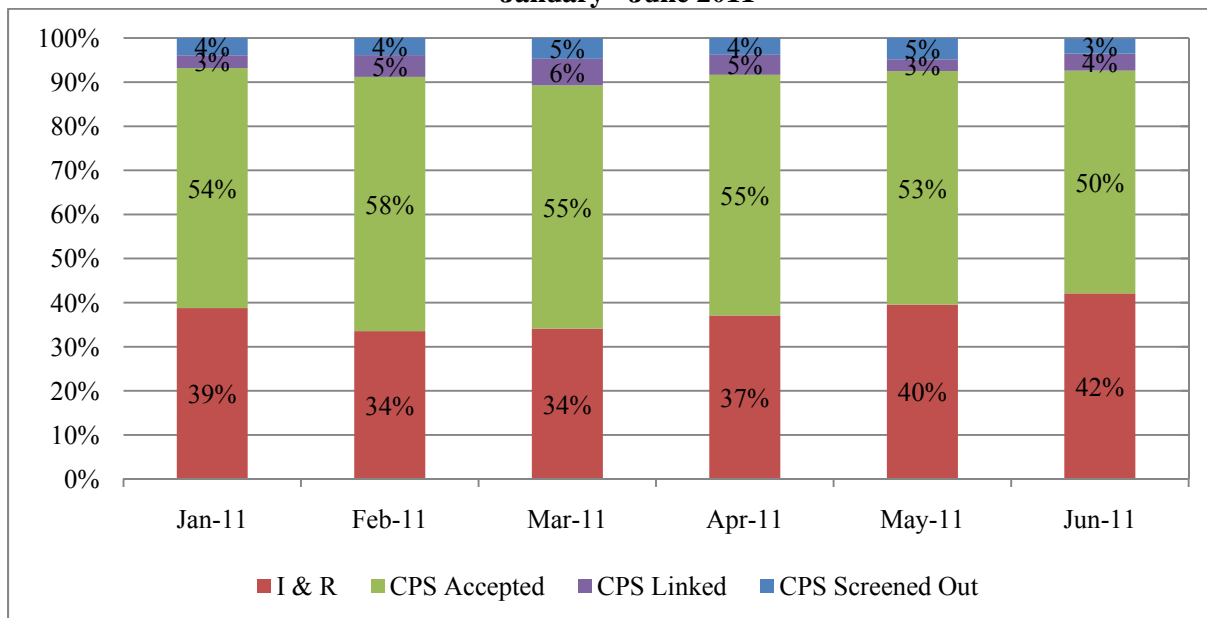
Source: CFSA Administrative Data, FACES.net report INT003.

\*Accepted for investigation.

\*\*Linked to an existing investigation.

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

**Figure 1: Percentage of Monthly Calls to Child Abuse and Neglect Hotline by Type  
January - June 2011**



Source: CFSA Administrative Data, FACES.net report INT003



**1. INVESTIGATIONS (*Outcomes 1 and 2*)**

**Initiation of Investigations**

<b>Reference</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2010 Performance</b>	<b>Exit Standard Achievement</b>
Outcomes to be Achieved A.1.a.	Investigations of alleged child abuse and neglect shall be initiated or documented good faith efforts shall be made to initiate investigations within 48 hours after receipt of a report to the hotline of child maltreatment.	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 73 - 75% <sup>25</sup>	No

***Performance for the period of January 1, 2011 through June 30, 2011:***

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.<sup>26,27</sup> Between January and June 2011, not accounting for cases in which there were good faith efforts to locate and interview all children, in 73 to 75 percent of investigations all alleged victim children were seen by a social worker within 48 hours of a report to the hotline.

Figure 2 below reflects the percentage of investigations initiated within 48 hours.<sup>28</sup> Performance has remained stable over the last six months on initiation of investigations within 48 hours.

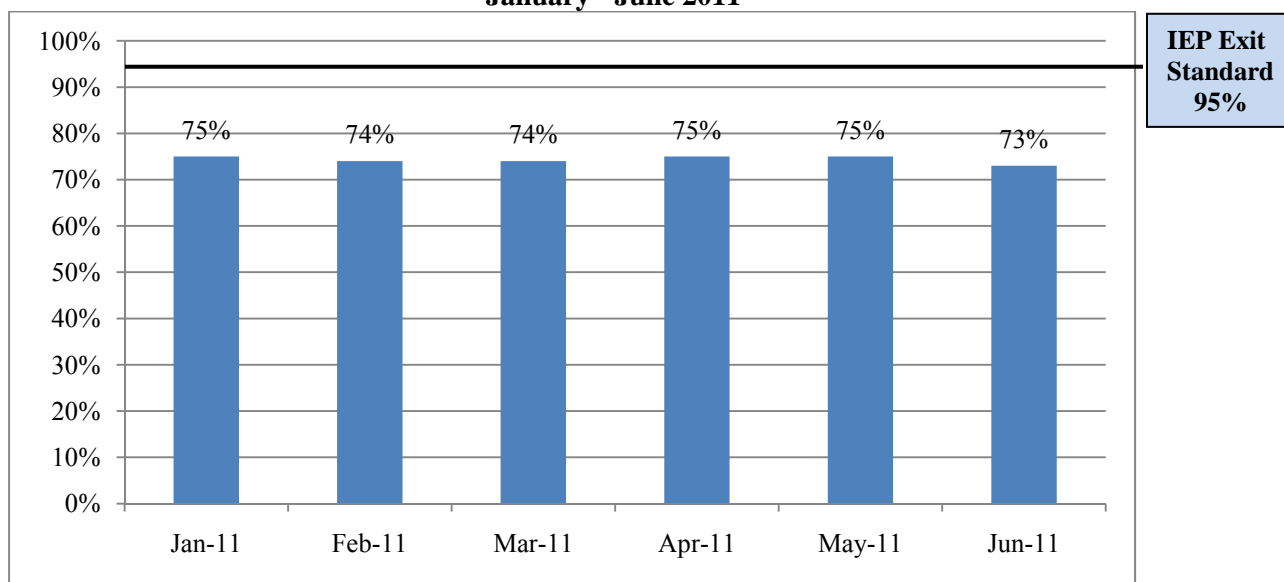
<sup>25</sup> Data does not include an account of applicable good faith efforts. Monitor’s case review of good faith efforts for a statistically valid sample of investigations during July 2011 found that in 19% of applicable cases all required and applicable good faith efforts were made.

<sup>26</sup> For younger and non-verbal children, observation is acceptable.

<sup>27</sup> Based on the IEP, documented good faith efforts to see the alleged victim children within the first 48 hours shall satisfy this requirement if they include: 1) visiting the child’s home at different times of the day; 2) visiting the child’s school and/or day care in an attempt to locate the child if known; 3) contacting the reporter, if known, to elicit additional information about the child’s location; 4) reviewing the CFSA information system and other information systems (e.g. ACEDS, STARS) for additional information about the child and family; and 5) contacting the police for all allegations that a child(ren)’s safety or health is in immediate danger.

<sup>28</sup> The 48 hour time period is consistent with local law (D.C. Code §§ 4-1301.04(a), (b) & (c)).

**Figure 2: Percentage of Investigations Initiated within 48 Hours by Month  
January - June 2011<sup>29</sup>**



Source: CFSA Administrative Data, FACES.net report INT001

FACES.net cannot capture whether all applicable good faith efforts are made to see children within the required timeframe. The Monitor and CFSA reviewed a statistically valid sample of 78 investigations closed in July 2011 where children were not seen within 48 hours to determine if all applicable good faith efforts were made to see those children.

Of the 78 investigations which met the sample criteria<sup>30</sup>, all of the required and applicable good faith efforts were made in only 15 (19%). The good faith efforts most often made to see children were:

1. Contacting the reporter to elicit information about the child's location (53%);
2. Reviewing the CFSA information system and other information systems for additional information about the child and family (52%); and
3. Contacting the police for all allegations in which it was believed that a child(ren)'s safety or health was in immediate danger (83%).<sup>31</sup>

<sup>29</sup> Data does not include an account of applicable good faith efforts.

<sup>30</sup> There were 98 investigations closed in July 2011 and identified by FACES.net as one where the children were not seen within 48 hours of the report to the hotline. The team reviewed a total of 88 of those 98 investigations since ten did not meet the criteria: four investigations were incomplete for valid reasons and six investigations did not belong in the sample because the children were indeed seen within the first 24 hours of the report to the hotline. Therefore, the final sample size was 78.

<sup>31</sup> Since this review was of investigations in July 2011, in the majority of investigations, attempting to see the child at school was not applicable.

**Families with Four or More Reports of Child Maltreatment**

<b>Reference</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2010 Performance</b>	<b>Exit Standard Achievement</b>
Outcomes to be Achieved A.1.c	For families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months, CFSA will conduct a comprehensive review of the case history and the current circumstances that bring the family to CFSA’s attention	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.	Unable to assess	No <sup>32</sup>

***Performance for the period of January 1, 2011 through June 30, 2011:***

Performance on this requirement cannot be assessed at this time as CFSA still has not fully implemented the review process for families with four or more reports of child maltreatment. CFSA reports that it is testing a plan which includes having the investigations supervisor review a family’s history with CFSA to determine whether the current report is the family’s fourth or greater report and conducting a review during one of the already established meetings within the Child Protective Services Administration: 1) enhanced grand rounds<sup>33</sup>; 2) 18-day review<sup>34</sup>; or 3) transfer staffing. Data on this practice will be available to the Monitor for review and verification during a future monitoring period.

<sup>32</sup> On September 23, 2011, CFSA reported that a plan has been developed for these reviews and is in the testing phase of initial implementation within CPS.

<sup>33</sup> Representatives including Child Protective Services, In and Out of Home care workers, supervisors, program managers, the Office of Clinical Practice, Office of the General Counsel and Quality Assurance review a random selection of three open investigations per month for the purpose of ensuring and assessing the quality of these investigations.

<sup>34</sup> Supervisors and the Program Manager are involved in these weekly reviews to improve the timeliness and quality of investigations in the District of Columbia.

### Acceptable Investigations

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcomes to be Achieved A.2.a-g	CFSA shall routinely conduct investigations of alleged child abuse and neglect. Evidence of acceptable investigations includes: i. Use of CFSA’s screening tool in prioritizing response times for initiating investigations; ii. 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); iii. Interviews with collateral contacts that are likely to provide information about the child’s safety and well-being; iv. 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; v. 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); vi. Use of risk assessment protocol in making decisions resulting from an investigation; and vii. Initiation of services during the investigation to prevent unnecessary removal of children from their homes.	80% of investigations will be of acceptable quality.	50% of investigations of acceptable quality. <sup>35</sup>	No

***Performance for the period of January 1, 2011 through June 30, 2011:***

The Monitor reviewed a statistically significant sample of 2009 investigations records and issued a report in May 2010 finding that reviewers deemed 44 percent of investigations to be of good or acceptable quality.<sup>36</sup> More recently, results of CFSA’s QA unit’s review of 40 investigations closed between July 2010 and June 2011 and verified by a secondary review by the Monitor

<sup>35</sup> Results of a review of 40 investigations closed between July 2010 and June 2011. Not a statistically valid sample.

<sup>36</sup>Center for the Study of Social Policy, *An Assessment of the Quality of Child Abuse and Neglect Investigative Practices in the District of Columbia* (May 24, 2010). <http://www.cssp.org/publications/child-welfare/class-action-reform/an-assessment-of-the-quality-of-child-protective-services-investigative-practices-in-the-district-of-columbia-may-2010.pdf>

indicate that 50 percent of the investigations reviewed were of good or acceptable quality. A statistically valid record review will be conducted in the future.

**Community-based Service Referrals Following An Investigation**

<b>Reference</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcomes to be Achieved C.19	Community-based Service Referrals for Low & Moderate Risk Families	90% of families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who are in need of and agree to additional supports shall be referred to an appropriate Collaborative or community agency for follow-up. Low and moderate risk cases for which CFSA decides to open an ongoing CFSA case are excluded from this requirement.	26 – 59%	No

***Performance for the period of January 1, 2011 through June 30, 2011:***

In order to more systematically and objectively assess the risk to a child as part of a child abuse and neglect investigation, CFSA uses a Structured Decision Making<sup>®</sup> (SDM) Initial Risk Assessment tool developed in consultation with the Children's Research Center (CRC).<sup>37</sup> The use of SDM is a common practice in many state/local child protective systems, designed to promote greater consistency and accountability for decision-making on child maltreatment. It is the practice and policy of CFSA, consistent with recommendations from the CRC, to make decisions on next steps with a family based, in part, on the SDM risk rating as well as the safety assessment results, as opposed to solely relying on whether or not child abuse and neglect allegations are substantiated.

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<sup>37</sup> CRC was established to help federal, state, and local child welfare agencies reduce child abuse and neglect by developing case management systems and conducting research that improves service delivery to children and families. The CRC works with state and county agencies to implement Structured Decision Making<sup>®</sup> (SDM) systems to provide workers with simple, objective, and reliable tools with which to make the best possible decisions for individual cases, and to provide managers with information for improved planning, evaluation, and resource allocation. For more information, see: [http://www.nccd-crc.org/crc/crc/c\\_index\\_main.html](http://www.nccd-crc.org/crc/crc/c_index_main.html).

The Monitor reviewed a statistically significant sample of 2009 investigations records and issued a report in May 2010<sup>38</sup>. Reviewers found that in 33 percent of investigations, families received a referral to a Collaborative or other community-based agency for follow-up, if needed.

The Monitor continues to be concerned that CFSA, in partnership with the Collaboratives, does not systemically track and account for whether families involved in an investigation and referred to a Collaborative are effectively connected to the services and supports.

There is a FACES.net report on closed investigations and referrals to a Collaborative for services. The report reflects that 88 families involved in an investigation that was closed in June 2011 met the criteria for a referral for community-based services based upon the Agency's risk rating protocol. For the majority (55) of those families, CFSA determined that either a referral for services was not needed or the family declined a referral. In six of the investigations, a supervisor determined that the family would benefit from receiving services from a CFSA in-home unit. Of the remaining 27 families, 16 (59%) were referred to a Collaborative. A determination cannot be made about whether a referral was made for 11 (41%) families. FACES.net does not report on referrals to other community agencies.

CFSA reports that as part of the FY2011 contracts, the Collaboratives provide CFSA with monthly data documenting each case opened and the services provided to each family. Further, effective July 15, 2011, the Collaboratives were to submit status reports on the following outcomes: the percentage of families receiving family supportive services whose children remain in the home at case closure and the percentage of services provided as requested by the referring CFSA social worker or the family. The Monitor has not received this information. Data provided to the Monitor by CFSA does not specifically track referrals by CFSA workers and data provided to the Monitor by the Collaboratives does not provide the information previously reported to be included in contracting.

While community-based services are voluntary and a family can decide not to engage with a Collaborative once the referral is made, the Monitor believes it is essential that all appropriate referrals are made and that outreach by a Collaborative worker to attempt to engage the family in every case is an important practice.

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<sup>38</sup>Center for the Study of Social Policy, *An Assessment of the Quality of Child Abuse and Neglect Investigative Practices in the District of Columbia* (May 24, 2010). <http://www.cssp.org/publications/child-welfare/class-action-reform/an-assessment-of-the-quality-of-child-protective-services-investigative-practices-in-the-district-of-columbia-may-2010.pdf>

## **2. SERVICES TO FAMILIES AND CHILDREN TO PROMOTE SAFETY, PERMANENCY AND WELL-BEING**

The IEP requires CFSA to offer services identified in a child or family's safety or case plan<sup>39</sup> and to assist children and families in utilizing such services to support child safety, permanency and well-being.

To improve service provision to families and children in the District of Columbia, CFSA developed, and is in the process of implementing, several core strategies. These include ensuring that team meetings occur within 30 days of case opening and at critical junctures throughout the life of the case; a strong supervisory structure is in place to verify service needs and service provision, and the Healthy Families Thriving Communities (HFTC) Collaboratives are building their service array capacity to ensure needed housing for families at-risk of entering foster care, youth aging out of foster care and families with whom a child has been or can be reunified.

Using the Quality Service Review (QSR) as the determinant, CFSA is not yet meeting the Exit Standard for this outcome measure to ensure appropriate services are provided to children and families in the District of Columbia.

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<sup>39</sup> A child or family's safety plan addresses concerns of imminent danger to a child and how those concerns will be addressed. Though it may include a plan for safety, as needed, a child or family's case plan is broader and often includes other goals which are related to addressing the permanency and well-being issues that brought the child and family to CFSA's attention and must be addressed prior to safely closing CFSA's case. Both plans are expected to contain objectives, timelines and responsibilities identified by the family and other team members.

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

<b>Reference</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcomes to be Achieved A.3.a-d	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.	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.	65% Jan - June 2011 QSR data <sup>40</sup>	No

***Performance for the period of January 1, 2011 through June 30, 2011:***

The Monitor measures performance on this requirement through case scores from the Quality Service Review (QSR). The QSR is a case-based qualitative review process that requires interviews with as many persons as possible who are familiar with the child and family whose case is under review, synthesizing the information provided and objectively rating the status of the child and status of the system in performing a range of functions or practices on behalf of the child and family. Reviewers provide feedback to social workers, as well as a written summary of findings to expand and justify ratings. The Monitor verifies the data from reviews conducted by CFSA. In 2010, the Monitor conducted reviews and in 2012 will conduct approximately 50

<sup>40</sup> The IEP requires the Monitor to determine performance based on the QSR implementation and pathway to safe case closure indicators for which 80 percent of cases will be rated acceptable on both indicators. For period under review, 88 percent of the cases were determined to be acceptable on the implementation indicator, 68 percent were determined to be acceptable on the safe case closure indicator and 65 percent were acceptable on both indicators.



reviews. Each of the reviews use a structured protocol and an internal process to ensure validity and reliability of scores. CFSA's validation is designed to ensure inter-rater reliability.

As required by the IEP, two indicators from the QSR protocol are used to measure CFSA's performance on the Exit Standard related to appropriate service provision: Implementation and Pathway to Safe Case Closure. A case needs to be rated as acceptable on both of these indicators to be acceptable. Figures 3 and 4 below show the parameters which reviewers are guided to consider in rating performance in the select areas, as well as the descriptions of minimally acceptable performance and marginal/unacceptable performance as contained within the QSR protocol for each of the two indicators.

**Figure 3: QSR Implementation Indicator Parameters<sup>41</sup> to Consider and Description of Acceptable/Unacceptable Performance**

### *QSR Implementation Indicator*

➤ *Parameters Reviewers Consider:*

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

➤ *Description of Acceptable/Unacceptable Performance:*

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

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

<sup>41</sup> <sup>41</sup> Quality Service Review Protocol for Use by Certified Reviewers: A Reusable Guide for a Case-Based Review of Locally Coordinated Children's Services. February, 2008.

**Figure 4: QSR Pathway to Safe Case Closure Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance**

*Pathway to Safe Case Closure Indicator*

➤ *Parameters Reviewers Consider:*

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

➤ *Description of Acceptable/Unacceptable Performance:*

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

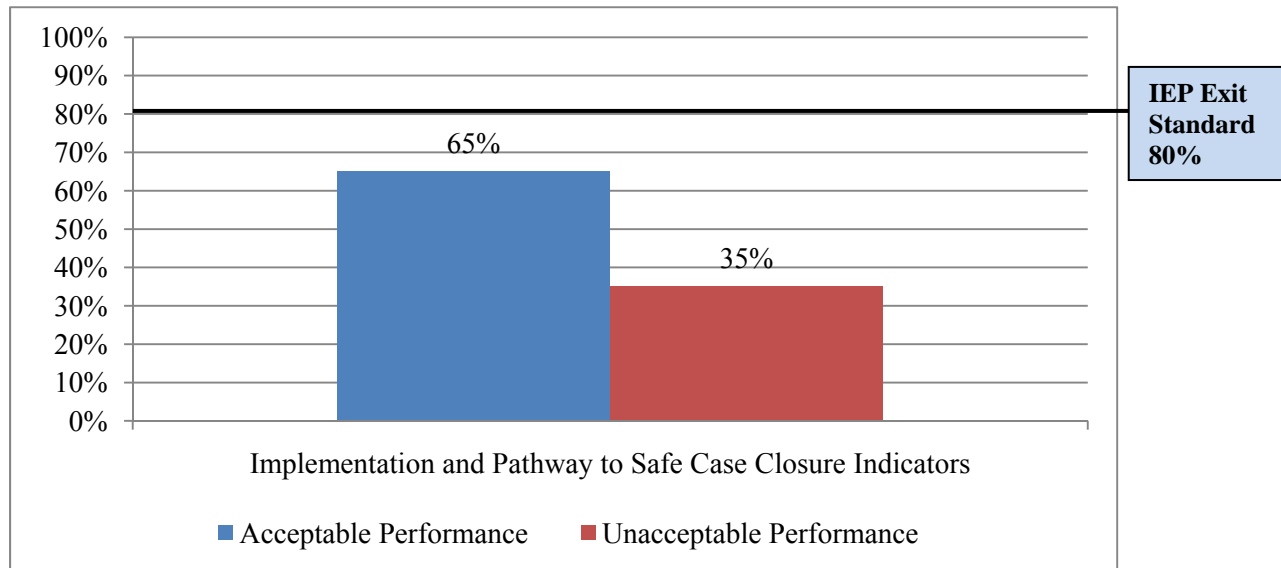
Unacceptable Pathway to Safe Case Closure means few people involved in the case understand or agree with the case goal, including any plan alternatives. Marginal or inconsistent efforts are being made to achieve the permanency goal and to remove any barriers to permanency. Few steps that must be accomplished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

To date, during calendar year 2011, 34 cases were reviewed using the QSR methodology. All of the case reviews were coordinated by CFSA.<sup>42</sup> As Figure 5 below indicates, 22 (65%) of the cases reviewed were rated as acceptable on both the Implementation and Pathway to Safe Case Closure indicators and 12 (35%) were rated as unacceptable. This level of performance does not meet the Exit Standard for services to children and families.

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<sup>42</sup> The Monitor will coordinate QSR reviews in 2012 in collaboration with CFSA and private agencies and will share data with CFSA.

**Figure 5: Services to Children and Families  
to Promote Safety, Permanency and Well-being  
N=34**



Source: CY 2011 Quality Service Review data as of June 30, 2011.

### 3. VISITATION (*Outcomes 4, 5, 6, 10 and 11*)

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

Historically, CFSA has struggled with performance on visitation outcomes, specifically those related to visiting children more frequently when they are in a new placement as well as parent-child and sibling visitation. The IEP modified several of the visitation requirements to allow other team members in addition to the assigned social worker to visit. While there has been steady improvement in worker visits to families with in-home services and worker visits to children in out-of-home care, CFSA has not demonstrated great improvement in performance for worker visits with children in a new placement. Additionally, the Monitor remains concerned about the current low performance with parent-child visitation.

### Worker Visitation to Families with In-Home Services

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcomes to be Achieved A.4.a-b	<p>a. A CFSA social worker or private agency social worker shall make at least one visit monthly to families in their home in which there has been a determination that child(ren) can be maintained safely in their home with services.</p> <p>b. A CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker shall make a second monthly visit at the home, school or elsewhere.</p>	<p>a. 95% of families will be visited monthly by a CFSA social worker or private agency social worker and</p> <p>b. 85% of families will be visited a second time monthly by a CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker.</p>	<p>a. Monthly range of 94 - 95%</p> <p>b. Monthly range of 89 - 91%</p>	<p>a. Yes <sup>43</sup></p> <p>b. Yes</p>
Outcomes to be Achieved A.4.c	Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.	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.	Unable to assess <sup>44</sup>	Unable to determine

***Performance for the period of January 1, 2011 through June 30, 2011:***

In order to satisfy this Exit Standard, 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 and a second monthly visit shall be made at the home, school or elsewhere by a CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker.

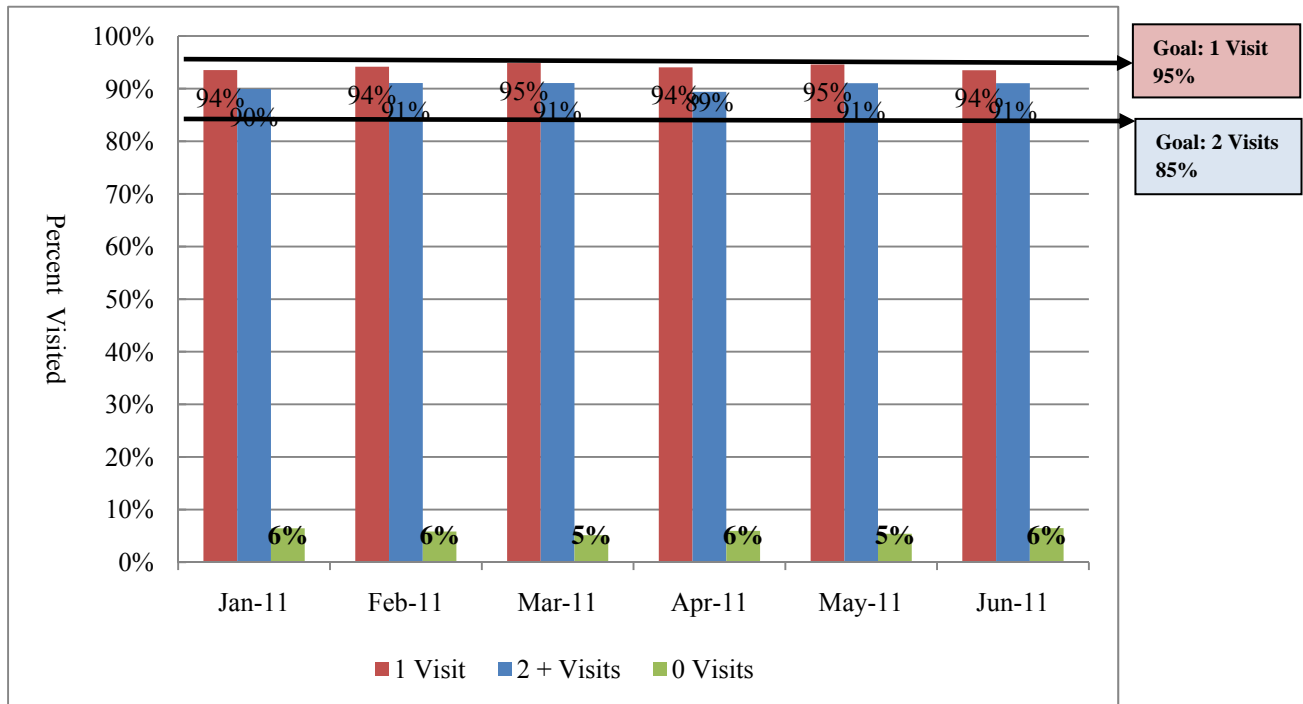
In June 2011, there were 524 families applicable to this measure that were receiving in-home services and in which all the child(ren) were living in the home on the reporting date. Of the 524 families, 490 (94%) had at least one visit by the social worker in-home. Of the 524 families, 477

<sup>43</sup> The Monitor considers this Exit Standard to have been met because performance reached 95% for at least one month during this monitoring period and performance never deviated more than 2% from the Exit Standard for any month during the monitoring period.

<sup>44</sup> CFSA does not currently have information available to determine performance on this measure. A case record review will be required to monitor this Exit Standard.

(91%) had at least two visits with one visit by the social worker in-home. The Agency's performance on the visitation measure for in-home services meets the Exit Standard. See Figure 6 below.

**Figure 6: Worker Visits to Families with In-Home Services  
January – June 2011**



Source: CFSA Administrative Data, FACES.net CMT166 (Jan-June 2011)

As of the date of this report, CFSA is unable to provide information for the Exit Standard regarding the responsibility to assess child safety during all worker visits. A case record review is required to measure this Exit Standard and will be conducted during the next monitoring period.

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

<b>Reference</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcomes to be Achieved A.5.a-c	<p>a. A CFSA social worker or private agency social worker with case management responsibility shall make monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make a second monthly visit to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>c. At least one of the above visits each month shall be in the child’s home.</p>	95% of children should be visited at least monthly and 90% of children shall have twice-monthly visits.	<p>a. Monthly range of 92 - 96%</p> <p>b. Monthly range of 89 - 94%</p> <p>c. Monthly range of 89 – 94%</p>	<p>a. No <sup>45</sup></p> <p>b. Yes</p> <p>c. Yes</p>
Outcomes to be Achieved A.5.d.	d. Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child over two years old must be separately interviewed at least monthly outside of the presence of the caretaker.	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.	Unable to assess <sup>46</sup>	Unable to determine

***Performance for the period of January 1, 2011 through June 30, 2011:***

In order to satisfy the Exit Standard, a CFSA or private agency social worker with case management responsibility shall make monthly visits to each child in out-of-home care and a second monthly visit shall be made by a CFSA social worker, private agency social worker,

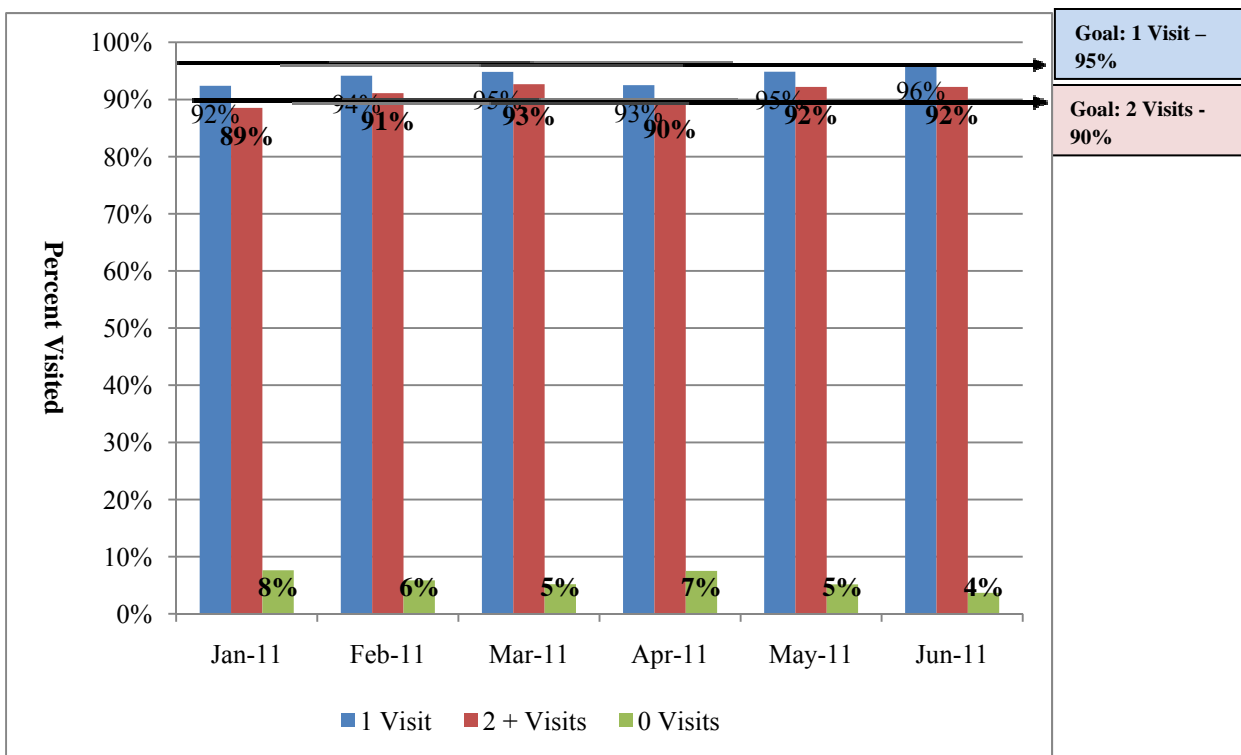
<sup>45</sup> The Monitor does not consider this Exit Standard to have been met because although performance reached 95% for at least one month during this monitoring period, performance deviated more than 2% from the Exit Standard during a month during the monitoring period.

<sup>46</sup> CFSA does not currently have information available to determine performance on this measure. A case record review will be required to monitor this Exit Standard.

family support worker or nurse care manager. Additionally, at least one of the monthly visits must be in the child’s placement.

In June 2011, there were 1,818 children applicable to this measure. Of the 1,818 children, 1,751 (96%) children were visited once during the month within his or her placement by a CFSA or private agency social worker with case management responsibility. A CFSA social worker, private agency social worker, family support worker or nurse care manager visited 1,708 (94%) children a second time during the month (see Figure 7 below).

**Figure 7: Worker Visits to Children in Out-of-Home Care  
January – June 2011**



Source: CFSA Administrative Data, FACES.net CMT165 (Jan-June 2011)

As of the date of this report, CFSA is unable to provide information on performance toward the Exit Standard regarding the responsibility to assess child safety during all worker visits. A case record review is required to measure this Exit Standard and one will be conducted during the next monitoring period.

**Visitation for Children Experiencing a New Placement or a Placement Change**

<b>Reference</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcomes to be Achieved A.6.a-d	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	90% of children newly placed in foster care or experiencing a placement change will have four visits in the first four weeks of a new placement or placement change as described above.	May: 66% <sup>47</sup> June: 57%	No
Outcomes to be Achieved A.6.e	Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.	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.	Unable to assess <sup>48</sup>	Unable to determine

***Performance for the period of January 1, 2011 through June 30, 2011:***

In order to satisfy the Exit Standard, 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. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make two additional visits to each

<sup>47</sup> Due to a substantial logic change for data reporting on this measure occurring in May 2011, January – April 2011 data on performance are not included.

<sup>48</sup> CFSA does not currently have information available to determine performance on this measure. A case record review will be required to monitor this Exit Standard.

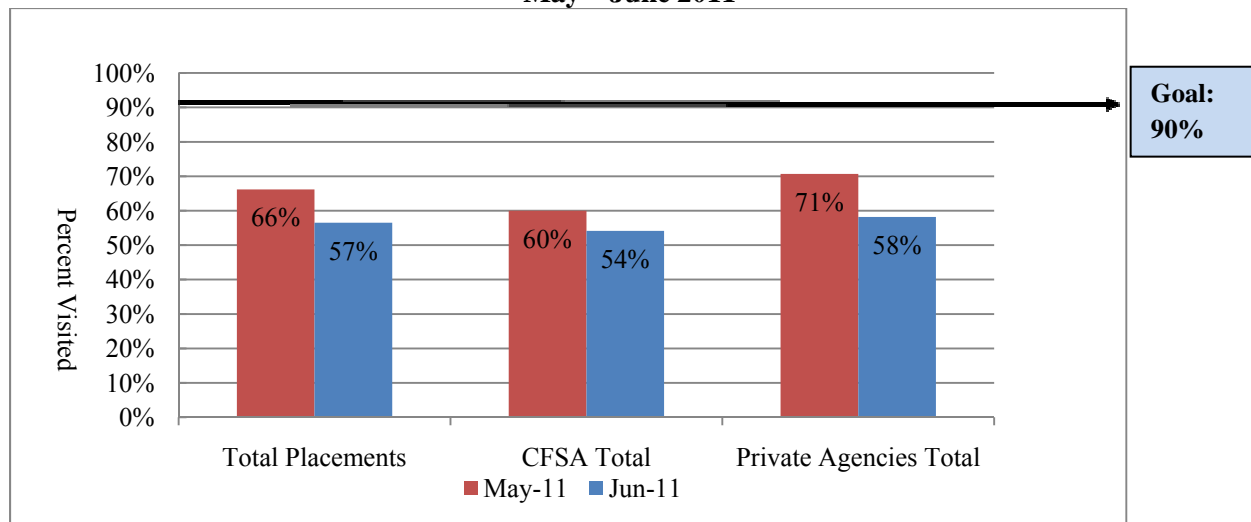


child during the first four weeks of a new placement or placement change. At least one of these visits during the first four weeks of a new placement or a placement change shall be in the child's home and at least one of these visits during the first four weeks of a new placement or a placement change shall include a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency.

There were 230 individual child placements applicable to this measure during the month of June 2011. Of the 230 placements, 130 (57%) had the required number of visits by 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<sup>49</sup> (see Figure 8 below). This performance falls short of meeting the Exit Standard of 90 percent. Of the 230 placements, 172 were placements that lasted four weeks or longer. And although 75 of those 172 children did not have the appropriate number of weekly visits, a number of them were visited two more times. For example 36 of the 172 (21%) children had three visits during the four week placement and 25 of the 172 (15%) children had 2 visits during the four week placement.

The Monitor is concerned about the extremely low performance on this measure. Additionally, with current reporting, the Monitor is unable to assess if a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency occurred in applicable cases.

**Figure 8: Required Number of Visits by Worker to Children in New Placements  
May – June 2011**



Source: CFSA Administrative Data, FACES.net CMT014 (May-June 2011); data on this measure were not available until May 2011.

<sup>49</sup> While the Monitor has not validated that these visits include one monthly visit in the child's home, CFSA reports that the FACES.net report logic for this measure only includes as compliant those cases where at least one visit occurred in the child's home for the children who reached the first full four weeks of placement.

As of the date of this report, CFSA is unable to provide information on performance toward the Exit Standard regarding the responsibility to assess child safety during all worker visits. A case record review is required to measure this Exit Standard and will be conducted during the next monitoring period.

**Visits between Parents and Workers**

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcomes to be Achieved B.10.a-b	<ul style="list-style-type: none"> <li>a. For children with a permanency goal of reunification, in accordance with the case plan, the CFSA social worker or private agency social worker with case-management responsibility shall visit with the parent(s) at least one time per month in the first three months post-placement.<sup>50</sup></li> <li>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.</li> </ul>	80% of parents will have twice monthly visitation with workers in the first three months post-placement as defined above.	Data not available because the FACES.net report is under revision.	Unable to determine

***Performance for the period of January 1, 2011 through June 30, 2011:***

CFSA has changed the logic used in its FACES.net report to more accurately capture data on this measure. The Agency anticipates having the new report available for the next monitoring report.

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<sup>50</sup> This Exit Standard is also satisfied when there is documentation that the parent(s) is (are) unavailable or refuses to cooperate with the Agency.

### Visits between Parents and Children

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcomes to be Achieved B.11	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.	85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.	Data not available because the FACES.net report was under revision during this monitoring period <sup>51</sup>	Unable to determine

***Performance for the period of January 1, 2011 through June 30, 2011:***

In order to meet the Exit Standard, children with the goal of reunification will have weekly visits with the parent with whom reunification is sought 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.

CFSA collected data related to this measure using FACES.net for January through June 2011 but does not believe that these data accurately reflect practice. In July 2011, CFSA changed the logic on the FACES.net report to accurately retrieve data on performance on this measure. Currently, there are reports available for July and August 2011 (that are outside of the January through June 2011 reporting period). For July 2011, 543 children were applicable to this measure and only slightly more than half (284/52%) had weekly visits with the parent with whom reunification is sought.<sup>52</sup> Four hundred children (74%) had at least one visit during the month of July with the parent with whom reunification is sought. Although outside of this report’s monitoring period, data for July 2011 demonstrate additional progress is needed to achieve compliance on this measure.

<sup>51</sup> CFSA began running reports utilizing a new logic to more accurately capture all children included in this category July 2011. Data will be reported in the next monitoring report.

<sup>52</sup> Of the total children who may have been included in this measure, 33 were excluded due to suspended visits by court order and 43 were excluded due to “other suspended visits”, which would include when a parent or child is incarcerated or when a child is placed outside of DC, Maryland, Virginia or placed in a residential treatment facility greater than 100 miles away.

**B. GOAL: PERMANENCY**

**A. RELATIVE RESOURCES (*Outcome 7*)**

Children placed with relatives are more likely to experience placement stability and maintain important connections to family members. CFSA is required to investigate relative resources in all cases requiring removal of children from their own homes. CFSA uses FTMs to identify and engage family members in collaborative planning and decision-making, including those related to kin placement. The Monitor has historically measured investigation of relative resources through data from Family Team Meetings (FTMs), which in accordance with the IEP are to be held prior to removal in 70 percent of applicable cases.

CFSA has taken important steps to invest in the principle of placing children with relative and kin caregivers when children are required to be removed from their family due to substantiated allegations of child abuse and neglect. However, utilization of kin placements in the District is low as compared to other jurisdictions and additional action is needed to more fully afford children and youth in the District timely placement with persons close to them. CFSA policy outlines expectations for family engagement in the planning process, but responsibility for quickly identifying, studying, approving and supporting kin placements is not integrated with the overall placement process. There have been very recent changes to make it easier and quicker to grant non-safety related waivers for kin placement but too often relatives continue to experience the process as slow, bureaucratic and insufficiently supportive.

The Monitor recommends the following for CFSA's 2012 strategy plan. CFSA should establish a clear locus of responsibility for improving performance on kinship placement and define clear benchmarks to track the progress or lack thereof over time. For example, by examining cohorts of children entering placement, CFSA, in addition to tracking whether an FTM is held and who participated for every child who enters foster care, could also watch:

- The number and percent of children and youth initially placed in the home of a relative or kin caregiver upon entry into foster care; and
- The amount of time from application for temporary kin licensure to placement of a child or youth in that home.

### Investigation of Relative Resources

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance <sup>53</sup>	Exit Standard Achievement
Outcomes to be Achieved B.7	CFSA shall identify and investigate relative resources in all cases requiring removal of children from their homes.	a. CFSA will take necessary steps to offer and facilitate pre-removal Family Team Meetings in 70% of applicable cases requiring child removal from home.	Unable to assess <sup>54</sup>	Unable to determine
		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 Family Team Meeting (FTM).	Unable to assess <sup>55</sup>	Unable to determine

<sup>53</sup> These data represent the percentage of meetings held based on referrals made to the FTM unit, not based on the number of cases in which a meeting was applicable.

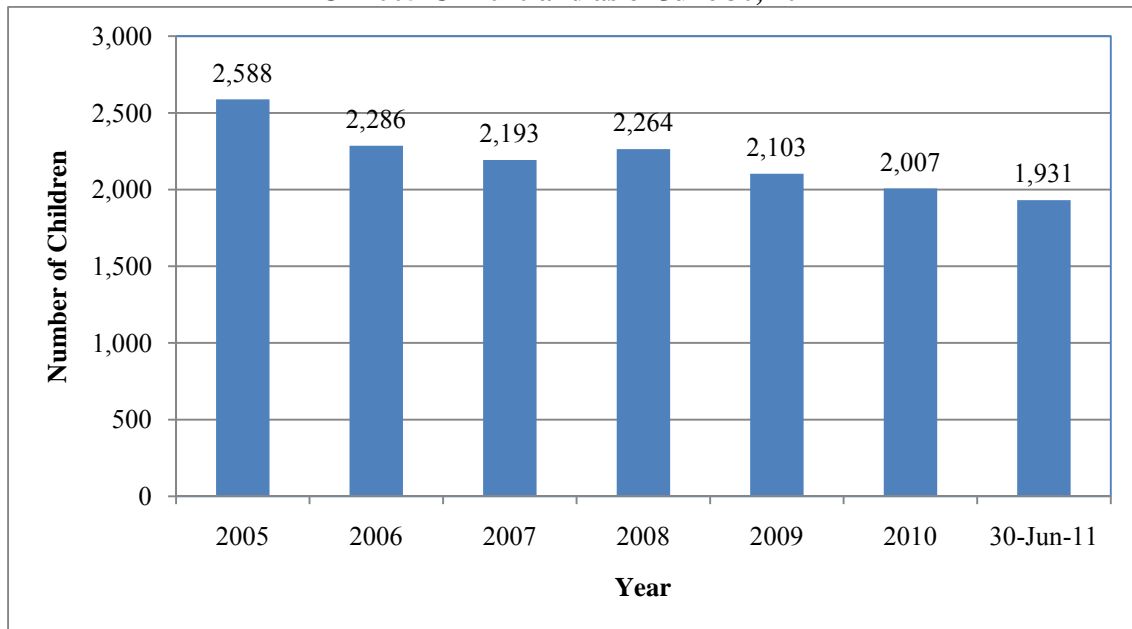
<sup>54</sup> During the reporting period, CFSA defined the universe of cases requiring a pre-removal FTM as a case in which the Structured Decision Making (SDM) risk assessment tool results are “intensive” and where an in-home case has been recommended. Monitoring on this new definition will occur in future reports.

<sup>55</sup> Many families whose children enter foster care in the District of Columbia are offered and are having post-placement Family Team Meetings (FTM).

## 2. PLACEMENT OF CHILDREN (*Outcome 8*)

Figure 9 below shows the number of children in out-of-home placement in the District of Columbia from 2005 to 2010. There has been a steady and significant reduction in the number of children in care from 2005 to the present. The number of children in foster care rose slightly in 2008, but currently remains well below 2005 levels.

**Figure 9: Number of Children in Out-of-Home Placement by Year  
CY2005-CY2010 and as of June 30, 2011**



Source: CFSA Administrative Data, FACES.net report PLC155

Note: 2005-2010 are point in time data taken on the last day of the calendar year.

### ***Demographics of Children in Out-of-Home Care:***

Table 2 below shows the number of children in out-of-home placement in the District of Columbia and basic demographic information. On June 30, 2011, there were 1,931 children between the ages of 0 and 21 in out-of-home placement. The majority of the children are African American (91%) and either age five or younger (22%) or 15 and over (45%).

**Table 2: Demographics of Children in Out-of-Home Placement as of June 30, 2011**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
Male	960	50%
Female	971	50%
<b>Total</b>	<b>1931</b>	<b>100%</b>
<b>Race</b>	<b>Number</b>	<b>Percent</b>
Asian	3	<1%
Black or African American	1765	91%
Native Hawaiian or Other Pacific Islander	2	<1%
Unknown	113	6%
White	48	2%
<b>Total</b>	<b>1931</b>	<b>100%</b>
<b>Age</b>	<b>Number</b>	<b>Percent</b>
1 year or less	115	6%
2-5 years	310	16%
6-8 years	210	11%
9-11 years	199	11%
12-14 years	225	11%
15-17 years	362	19%
18-21 years	510	26%
<b>Total</b>	<b>1931</b>	<b>100%</b>

Source: CFSA Administrative Data, FACES.net report PLC156

**Placement in Most Family-like Setting**

<b>Reference</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcomes to be Achieved B.8.a	Children in out-of-home care shall be placed in the least restrictive, most family-like setting appropriate to his or her needs.	90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs.	Monthly range of 76-78% of children in placement were in a foster home setting <sup>56</sup>	Unable to determine

***Performance for the period of January 1, 2011 through June 30, 2011:***

As of June 30, 2011, of the 1,931 children in out-of-home care, 1,514 (78%) children were placed in family-based settings. The performance on this requirement remained steady between January and June with between 76 and 78 percent of children placed in family-based settings.

The data on the type of placement setting only indicate whether or not it is a family-based setting. A case record or qualitative review is needed to determine the appropriateness of children’s placements in all settings, including whether the setting is the least restrictive based on the child’s needs. The Monitor will work with CFSA to develop a methodology to assess appropriateness, including whether the child is in the least restrictive setting, during the next monitoring period.

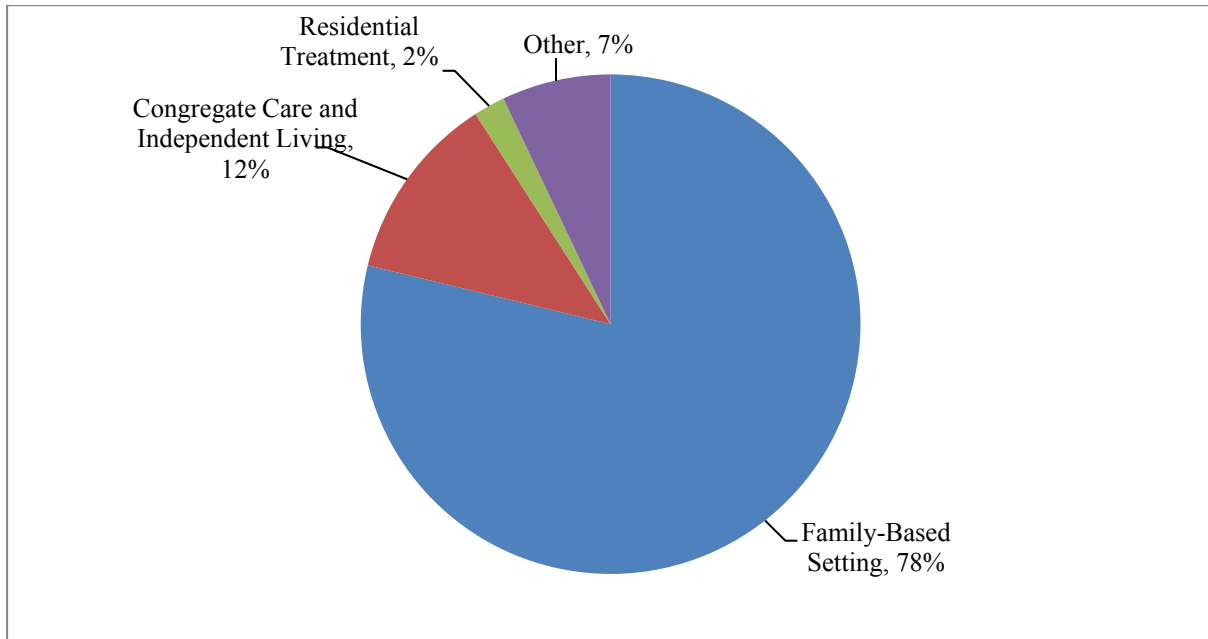
Figure 10 below displays the placement types for children in out-of-home care as of June 30, 2011.

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<sup>56</sup> A child-specific review is needed to assess appropriateness of placement in meeting child’s needs. Such assessment will be completed in a future monitoring report.



**Figure 10: Placement Type for Children in Out-of-Home Care as of June 30, 2011**



Source: CFSA Administrative Data, FACES.net report CMT232

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

**Placement in Emergency Short-term or Shelter Facilities**

<b>Reference</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcomes to be Achieved B.8.b	No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.	No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. Based on individual review, the Monitor's assessment will exclude, on a case-by-case basis, children placed in an emergency, short-term or shelter facility or foster home for more than 30 days where moving them would not be in their best interest.	Monthly range of 6 – 15 children <sup>57</sup>	Unable to determine

***Performance for the period of January 1, 2011 through June 30, 2011:***

In refining the measurement for this outcome, the IEP requires that based on individual review, the Monitor’s assessment will exclude, on a case-by-case basis, children placed in an emergency, short-term, or shelter facility or foster home for more than 30 days when moving them would not be in his or her best interests. The Monitor and CFSA were to develop a working definition to guide the determination of “a child’s best interest” for this measure by April 16, 2011. Following discussion over several months, in July 2011 the Monitor and CFSA agreed that children in the following circumstances will be excluded from this measure:

- 1) To allow a child to remain in the placement pending an imminent return home, defined as not to exceed an additional 10 days;
- 2) To allow a child to remain in the placement pending a relative’s license completion, not to exceed an additional 30 days and with evidence of expedited work to complete the licensure process;
- 3) To allow a child to be placed with a sibling already in a foster home that is expanding its licensed capacity to accommodate another child, not to exceed an additional 30 days and with evidence of expedited work to complete the licensure expansion;
- 4) To allow a sibling group of more than 3 children to stay together to reduce the trauma of separation while the Agency takes diligent steps to find a family setting that can keep the children together;

<sup>57</sup> Exclusion criteria agreed upon in July 2011; future monitoring reports will apply the criteria.

- 5) To allow an identified foster parent(s) additional time to complete training to address a child’s medical, behavioral, and/or cognitive needs, not to exceed an additional 30 days; and
- 6) Where the Court has ordered that the child remain in the emergency setting.

Between January and June 2011, a range of between six and 15 children each month were placed in an emergency, short-term or shelter facility or foster home for more than 30 days. These data do not account for any potential exclusions since the exclusion criteria had not yet been established. For the next monitoring period, the Monitor will review cases of children in congregate settings to determine the appropriateness based on the agreed upon criteria.

### Placement of Young Children

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcomes to be Achieved B.9.a	Children under age 12 shall not be placed in congregate care settings for more than 30 days unless the child has special needs that cannot be met in a home-like setting and unless the setting has a program to meet the child’s specific special needs.	No child under 12 will be placed in congregate care settings for more than 30 days without appropriate justification that the child has special treatments needs that cannot be met in a home-like setting and the setting has a program to meet the child’s specific needs.	Monthly range of 1 - 8 children <sup>58</sup>	Unable to determine
Outcomes to be Achieved B.9.b	CFSA shall place no child under six years of age in a group care non-foster home setting, except for those children with exceptional needs that cannot be met in any other type of care.	No child under 6 years of age will be placed in a group care setting without appropriate justification that the child has exceptional needs that cannot be met in any other type of care. The Monitor will evaluate and report on the placement and needs of any children placed in a group care non-foster home setting where the District has determined the child to have special needs that cannot be met in any type of care.	Monthly range of 3 - 12 children <sup>59</sup>	Unable to determine

<sup>58</sup> Exclusion criteria agreed upon in July 2011; future monitoring reports will apply the criteria.

<sup>59</sup> Exclusion criteria agreed upon in July 2011; future monitoring reports will apply the criteria.

***Performance for the period of January 1, 2011 through June 30, 2011:***

Each month, from January to June 2011, a range of between one to eight children under the age of 12 was placed in congregate care settings for more than 30 days. A range of between three to 12 children under the age of six were placed in a group care setting for any length of time during this same period. As described above, “exclusion criteria” in which it is deemed acceptable for a child to be placed in a congregate setting were established and agreed to by the Monitor in July 2011. They are as follows:

- 1) Medically fragile: where there is evidence in the child’s record and documentation from the child’s physician that the child’s needs can only be met in a hospital or skilled nursing facility or another highly specialized treatment facility.
- 2) Developmentally delayed or specialized cognitive needs: where there is evidence that the child’s condition places the child in danger to himself or others and that insuring the child’s safety or the safety of others requires placement in a congregate treatment program which can meet the child’s needs.
- 3) Court order: where the Court has ordered that the child remain in the group care setting.

Performance on these Exit Standards will be assessed during the next monitoring period and included in the next monitoring report.

**3. APPROPRIATE PERMANENCY GOALS (Outcome 12)**

The IEP requires that children are to have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. There are a number of Exit Standards and strategies associated with this outcome which specifically target older youth in foster care and those children and youth with Another Planned Permanent Living Arrangement (APPLA) goals.

CFSA has made tremendous strides in ensuring that youth between the ages of 18 and 20 have transition plans (90%). The Office of Youth Empowerment has recently awarded a contract for educational, vocational and employment supports for youth in this age category. Also, CFSA continues to provide funding to the Collaboratives for needed transitional services for up to two years after a youth has aged out of foster care.

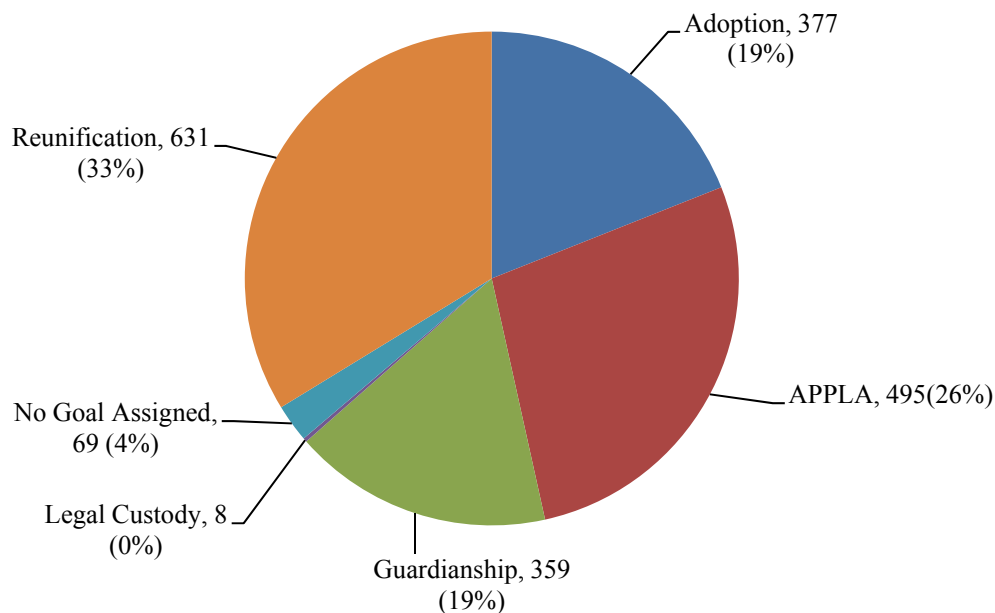
Data for this period indicate there are areas of strength and targeted areas for improvement. Almost one in three children and youth has a goal of reunification on June 30, 2011. The longer children and youth stay in care, the less likely they will reunify, although guardianship and adoption remain possible over time. However, adoption is less likely for older children who have been in custody for long periods of time. Also on June 30, 2011, more than one in four children

and youth in CFSA custody had APPLA goals. The vast majority (84%) of those are youth were between the ages of 18 and 20. Most youth (75%) were assigned APPLA goals before they turned 18, many of them (34%) between the ages of 14 and 15. Most youth (61%) with APPLA goals entered custody well before they became teenagers. Slightly less than half of youth with APPLA goals are not placed with families and, based upon current CFSA data, youth with APPLA goals experience significant placement instability.

As CFSA and its partners develop the 2012 Strategy Plan, these data indicate that improvements need to be made through a combination of strategies to prevent the assignment of APPLA goals for youth who enter custody under the age of 14 and target placement instability of children and youth with APPLA goals, especially within therapeutic foster homes and independent living programs.

Between January and June, 2011, 96 percent of children were assigned permanency planning goals consistent with ASFA and District law and policy guidelines. As seen in Figure 11 below, the majority of children and youth have a goal of either reunification (33%) or Alternative Planned Permanent Living Arrangement (APPLA) (26%).

**Figure 11: Permanency Goals for Children in Foster Care as of June 30, 2011**  
N = 1939

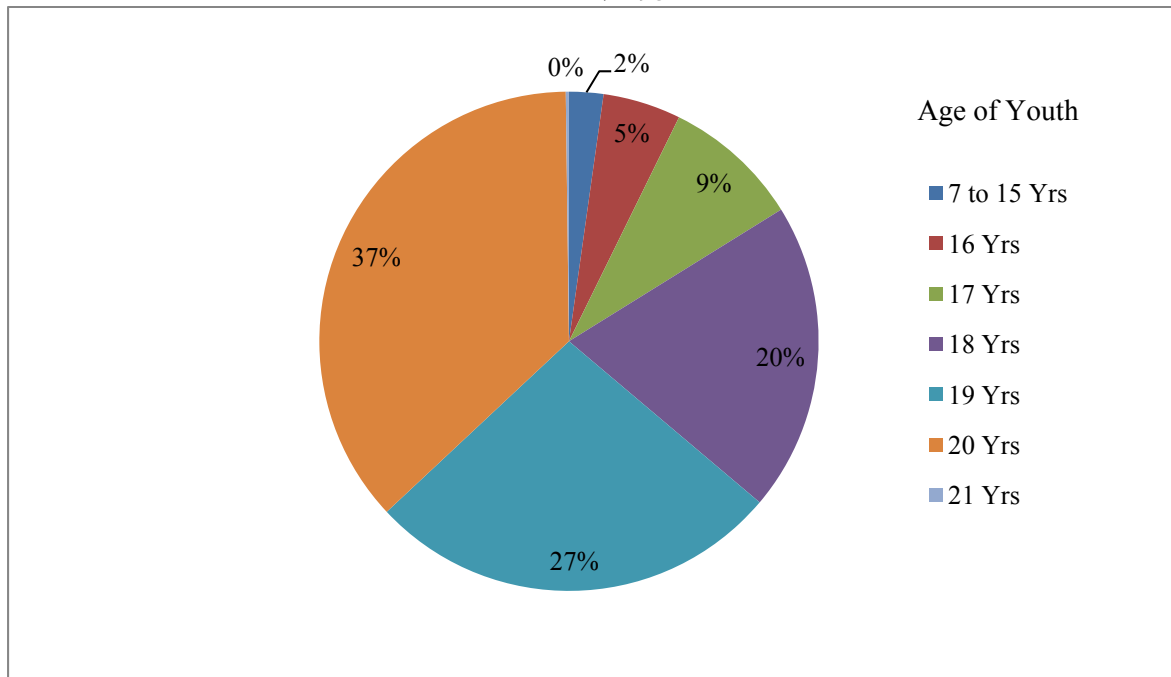


Source: CFSA Administrative Data, FACES.net report PLC010<sup>60</sup>

<sup>60</sup> The data are based on a June 30, 2011 run date (which is considered unofficial data by CFSA as the official run date is July 15). This data include eight additional children and youth.

Most of the children and youth (84%) with APPLA goals on June 30, 2011 were between the ages of 18 and 20 (see Figure 12 below). These youth will likely age out of foster care within the next two years.

**Figure 12: Age of Youth  
with APPLA Goal as of June 30, 2011  
N=495**

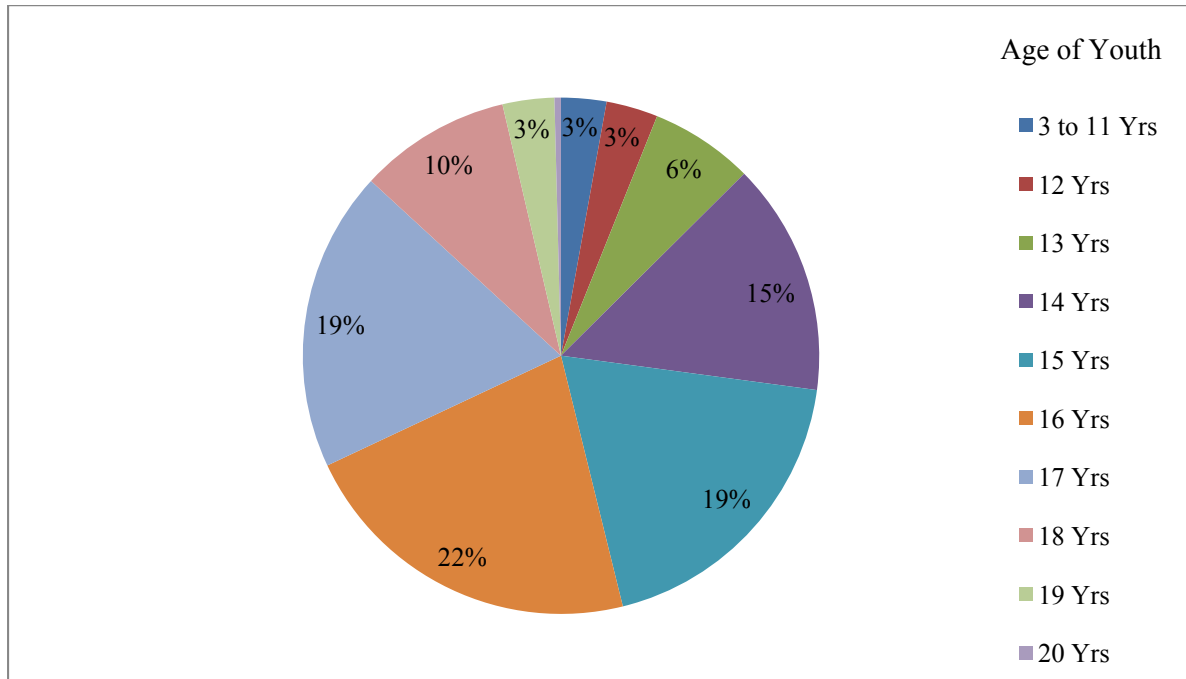


Source: CFSA Administrative Data, FACES.net report PLC010<sup>61</sup>

Most of the children and youth (75%) with APPLA goals on June 30, 2011 were between the ages of 14 and 17 when these goals were assigned (see Figure 13 below). Thirty-four percent of youth with APPLA goals as of June 30, 2011 were assigned these goals between the ages of 14 and 15.

<sup>61</sup> The data are based on a June 30, 2011 run date (which is considered unofficial data by CFSA as the official run date is July 15). This data include eight additional children and youth.

**Figure 13: Age at APPLA Assignment for Youth  
with APPLA Goal as of June 30, 2011  
N=495**

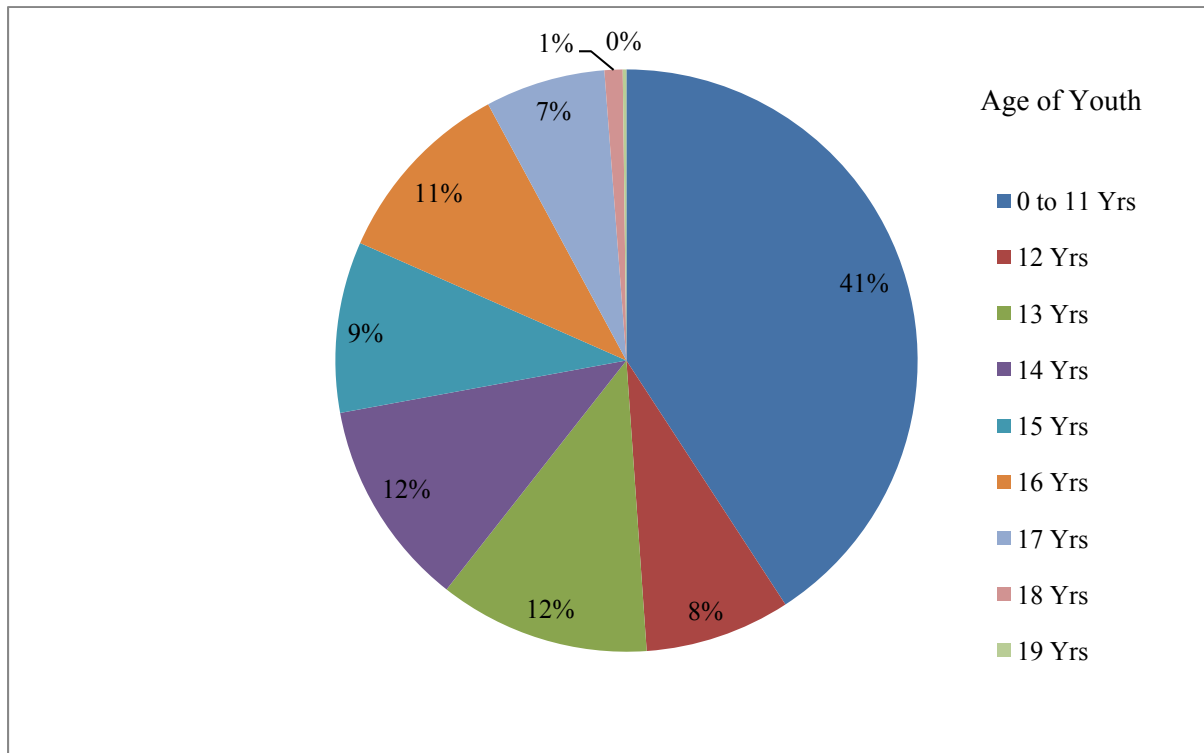


Source: CFSA Administrative Data, FACES.net report PLC010<sup>62</sup>

Most youth (61%) who had APPLA goals on June 30, 2011 entered custody between the ages of 0 and 13, well before becoming teenagers (see Figure 14 below).

<sup>62</sup> The data are based on a June 30, 2011 run date (which is considered unofficial data by CFSA as the official run date is July 15). This data include eight additional children and youth.

**Figure 14: Age at Entry for Youth with APPLA Goal as of June 30, 2011**  
**N=495**



Source: CFSA Administrative Data, FACES.net report PLC010<sup>63</sup>

This same report provides information that permits calculation of the length of time youth with APPLA goals have been in custody, as well as calculation of the length of time these youth have been in their current placement. Over 50 percent of youth with APPLA goals on June 30, 2011 are in foster homes, kinship homes or therapeutic foster homes. Close to 84 percent of youth with APPLA goals have been in their current placement less than one year and of the youth with APPLA goals placed in therapeutic foster homes, 99 percent have been in their current placement less than one year. Only two percent of youth with APPLA goals had been in their current placement for more than 5 years and 6 percent between two and five years. This pattern of placement instability for older youth with APPLA goals is troubling.

<sup>63</sup> The data are based on a June 30, 2011 run date (which is considered unofficial data by CFSA as the official run date is July 15). This data include eight additional children and youth.



**Appropriate Permanency Goals Outcomes to be Achieved**

<b>Reference</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcomes to be Achieved 12	Children shall have permanency planning goals consistent with the Federal Adoptions and Safe Families Act (ASFA) and District law and policy guidelines.	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 19 children and youth whose goal changed to APPLA between January and June, 2011. Thirteen of the 19 had goal changes required by the Court over CFSA's objection. Of the six where recommended for approval, none of these were approved by the Director.	No

***Performance for the period of January 1, 2011 through June 30, 2011:***

Between January and June 2011, CFSA reports that 19 youth newly received an APPLA goal. A Listening to Youth and Families as Experts (LYFE) conference was held for 13 of these youth prior to his or her goal change to APPLA. The CFSA Director did not approve any of these APPLA goal changes. The court ordered a goal of APPLA over CFSA's recommendation for 13 of these youth. Performance for this period does not meet the Exit Standard.

**Appropriate Permanency Goals**

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcomes to be Achieved 12	Children shall have permanency planning goals consistent with the Federal Adoptions and Safe Families Act (ASFA) and District law and policy guidelines.	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. <sup>64</sup>	Of the 527 youth able to participate in a Youth Transition Planning (YTP) meeting, 473 (90%) youth had at least one meeting during that same period of time. <sup>65</sup>	Yes

***Performance for the period of January 1, 2011 through June 30, 2011:***

The Agency has outlined certain expectations for transition planning for older youth. <sup>66</sup>

- Youth Transition Planning (YTP) meetings may include persons who have been identified by the youth including, but not limited to the youth, his or her parents, community-based partners, Independent Living Specialist, youth’s assigned CFSA or private agency social worker and other supportive or significant individuals identified by the youth and his or her family.

<sup>64</sup> This Exit Standard is satisfied if CFSA makes and documents good faith efforts to develop a transition plan but the youth refuses to participate in transition planning.

<sup>65</sup> Forty-nine youth were not able to have a meeting conducted due to being incarcerated, on runaway or too medically fragile to participate.

<sup>66</sup> These expectations are not part of an IEP Exit Standard.

- Formal YTP meetings shall be convened 30 days prior to the youth turning 18 years old and re-convened every six months thereafter until the youth is no longer in foster care.
- A Youth Transition Plan will be developed at the first YTP meeting and be reviewed and updated at each subsequent YTP meeting.
- The Independent Living Specialists facilitate the youth's first YTP at age 20, then six months prior to aging out and usually one additional time before exit. There are times when the IL Specialist will participate in all of the youth's meetings between the ages of 18 and 20.
- YTP meetings must be convened 90 days prior to the date on which the youth will turn 21 years of age or the date the youth will emancipate. Staff persons from the Office of the CFSA Director and the Office of Youth Empowerment Management Team are expected to participate in these meetings.
- Youth Transition Plans should ensure ongoing educational opportunities, access to mentors and life-long supports, employment services, housing, health insurance and health related power of attorney.

During FY 2011, there were 576 youth between the ages of 18 and 21 in CFSA custody with a goal of APPLA. Of these youth, 527 were able to participate in a YTP meeting. Of the 527 youth able to participate in a YTP, 473 (90%) youth had at least one YTP meeting during FY2011.

#### **4. REDUCTION OF MULTIPLE PLACEMENTS FOR CHILDREN IN CARE**

The staff of the now centralized Placement Administration have a focus on maintaining placement stability and bringing together the child and family team to support children and their caretakers. This helps to support the work of program staff (social workers, supervisors and managers) and the overall practice goals of the system. The Placement Administration also engages in an annual placement resource planning process in collaboration with the Agency's Office of Program Planning and Policy Services and Office of Community Services and Programs. Policy changes and future resource development are informed by these analyses.

While social workers and their supervisors have the primary responsibility to attend to stabilizing children in their placement while working on achieving permanency, the Monitor believes that the agency must also strengthen the Placement Administration's ability to function to achieve and sustain placement stability. For instance, as highlighted in this report, as of June 30, 2011 84

percent of youth with an APPLA permanency goal had been in their current placement for less than a year. This outcome requires the attention of staff beyond the social worker and supervisor for greater understanding of the needed practice and systemic fixes.

During the next monitoring period, the Monitor will validate FACES.net data on placement moves through a statistically valid case record review.

### Reduction of Multiple Placements

References	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcomes to be Achieved 13	<i>Reduction of Multiple Placements for Children in Care</i>	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.	81% <sup>67</sup>	No <sup>68</sup>
		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.	59% <sup>69</sup>	No <sup>70</sup>
		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.	76%	Yes <sup>71</sup>

<sup>67</sup> Data are as of June 30, 2011 or to the date of exit on the number of placements from the child’s removal date to June 30, 2011.

<sup>68</sup> Although performance is within 2% of the Exit Standard, performance did not meet 83% during this monitoring period. Therefore, this Exit Standard has not been achieved.

<sup>69</sup> Data are as of June 30, 2011 or to the date of exit on the number of placements from the child’s removal date to June 30, 2011.

<sup>70</sup> Although performance is within 1% of the Exit Standard, performance did not meet 60% during this monitoring period. Therefore, this Exit Standard has not been achieved.

<sup>71</sup> The Monitor will be validating FACES.net data on placement moves through a case record review during the next Monitoring period.

**5. TIMELY APPROVAL OF FOSTER PARENTS (Outcome 14)**

CFSA is responsible for licensing and monitoring foster homes and placement facilities in the District of Columbia, while the state of Maryland and private child placing agencies in Maryland and Virginia are responsible for homes and facilities in that state.

**Timely Approval of Foster/Adoptive Parents**

<b>References</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcomes to be Achieved 14	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.	70% of homes licensed beginning November 1, 2010, will have been approved, and interested parties will have been notified within 150 days.	May – 92% June – 100% <sup>72</sup>	Yes, based on partial data.

***Performance for the period of January 1, 2011 through June 30, 2011:***

According to manual data collected by CFSA, in May 2011, there were 13 new foster or adoptive homes licensed. Of those 13 homes, 12 (92%) were licensed within 150 days. In June 2011, there were six foster or adoptive homes licensed and all six were licensed within 150 days.

CFSA provided additional manual data which demonstrates that throughout the months of December 2010, January and February 2011, CFSA received approximately 40 applications each month from prospective foster, kinship or adoptive parents. For the next monitoring report, the Monitor will analyze data for a full cohort beginning with application submission by the prospective foster, kinship or adoptive parents to determine what happens with those applications that are submitted but not approved. <sup>73</sup>

<sup>72</sup> Data not available for January – April 2011.

<sup>73</sup> CFSA’s position is that this is not part of an Exit Standard and does not need to be monitored.

## **6. LEGAL ACTION TO FREE CHILDREN (*Outcome 15*)**

CFSA, the Court, the Office of the Attorney General (OAG) and their partners have demonstrated a commitment to and focus on permanency for children and youth in the District of Columbia. Working in close partnership with the OAG lawyers who are stationed at CFSA, the District met the Exit Standard of initiating appropriate legal action within 45 days for every child where freeing a child for adoption is necessary for permanency. Ninety-eight percent of applicable cases in this monitoring period met the Exit Standard. The second Exit Standard associated with this outcome requires that the assigned social worker and Assistant Attorney General (AAG) take and document appropriate actions to facilitate the Family Court's timely hearing and resolution of legal actions to terminate parental rights when such action is necessary for a timely adoption. Documentation now verifies that appropriate actions were taken for all of the 29 children for whom a petition to terminate parental rights was filed between January and June 2011, correcting what had been a longstanding problem in the District.

Despite these strong efforts and overall improvements, the length of time between a child being placed in his or her pre-adoptive home and becoming legally free for adoption remains long. Magistrate Judge Rook, Superior Court of the District of Columbia, convened a work group to explore barriers to timely permanency and to propose strategies to improve the timelines to permanency for children and youth in the District. An example of potential strategies under consideration is appointment of counsel for the adoptive parents earlier in the process. The Monitor will provide an update in the next monitoring report on any results from this effort.

**Legal Action to Free Children Outcomes to be Achieved**

<b>References</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcome to be Achieved 15.a	<i>Legal Action to Free Children for Adoption</i>  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.	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.	The OAG filed a motion to terminate parental rights within 45 days of the goal changing to adoption for 98% of eligible children and youth during the reporting period.	Yes

***Performance for the period of January 1, 2011 through June 30, 2011:***

There were 63 children and youth whose permanency goal became adoption between January 1, 2011 and June 30, 2011. For two of the 63 children, the social worker and Assistant Attorney General (AAG) determined that freeing them for adoption was not necessary or appropriate to move them to permanency.<sup>74</sup> For the remaining 61 children, as of June 30, 2011, 60 (98%) children had legal action to free them for adoption within 45 days.<sup>75</sup> This performance meets the Exit Standard requirement.

<sup>74</sup> One of these youth turns 18 less than six months after the goal changed to adoption. At age 18, the youth is legally free and can consent to his or her adoption. CFSA reports that the second youth wants to be adopted by her current foster parent. The foster parent has filed an adoption petition and is moving forward, although the petition was not filed within the 45 day time frame. The case is moving toward adoption.

<sup>75</sup> The one case that was delayed by eight days was an infant whose resource parent had counsel and indicated that a petition for adoption would be filed. The AAG in that case relied on the petitioner’s counsel to file the adoption petition timely. CFSA recognized this was a mistake and moved forward to file the petition, but it did result in a delay.

**Legal Action to Free Children for Adoption**

<b>References</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcome to be Achieved 15.b	<p><i>Legal Action to Free Children for Adoption</i></p> <p>Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court’s timely hearing and resolution of legal action to terminate parental rights.</p>	<p>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.</p>	100%	Yes

***Performance for the period of January 1, 2011 through June 30, 2011:***

There were 29 children for whom a termination of parental rights petition was filed between January 1, 2011 and June 30, 2011.<sup>76</sup> For all 29 children, CFSA has documented 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.

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<sup>76</sup> The discrepancy between the 63 children and youth whose goal changed to adoption between January and June 2011 and the 29 children and youth for whom a petition to terminate parental rights was filed is due to adoption petitions being filed for some of the children, and filings that occurred outside of the reporting period.



## 7. TIMELY ADOPTION (*Outcome 16*)

There are a number of outcomes in the IEP that track timeliness and processes to ensure that children and youth in the District of Columbia exit to permanency in a timely manner.

1. Children and youth shall be in an approved adoptive placement within nine months of their goal becoming adoption.<sup>77</sup>
2. 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.
3. CFSA shall ensure an agreed upon number and percentage of permanent exits through adoption, guardianship and reunification.

Data for this period indicate areas of strength and targeted areas for improvement. There are some delays in placing children in their adoptive homes once they have a goal of adoption. Once placed in an adoptive home, the records document considerable efforts by CFSA to move children toward adoption, even with significant delays in the legal process to free children and youth for adoption. Further, data indicate very little progress towards permanency for children and youth who have been in custody for longer periods of time.

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<sup>77</sup> Based on the IEP, the Monitor is to consider a placement an approved adoptive placement based on documentation of an intent to adopt or filing of an adoption petition or indication in the FACES.net services line of an approved adoptive placement.

### Timeline from Goal Change to Placement in an Adoptive Home

References	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcomes to be Achieved 16.a.i-ii	Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption	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.	89%	Yes
		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.	By December 31, 2010, 16% of children in an approved adoptive placement  By June 30, 2011, an additional 11% of children were in an approved adoptive placement. <sup>78</sup>	No

***Performance for the period of January 1, 2011 through June 30, 2011:***

Data for this period indicate that there are delays in placing children in their adoptive homes once they have a goal of adoption. The Exit Standard had two sub-parts, one of which was met during this period.

➤ *Children and Youth whose Permanency Goal Changed to Adoption July 1, 2010 or Thereafter*

Of the 105 children and youth whose permanency goal changed to adoption July 1, 2010 or thereafter, 66 had the goal for at least nine months by June 30, 2011. Of those 66 children and youth, 59 (89%) were placed in an approved adoptive home by the end of the ninth month. This performance exceeds the IEP standard.

There are an additional 39 children waiting for adoptive homes who have had the goal for less than nine months. Those 39 children and youth have had the goal as follows; 1) seven (11%) have had the goal for less than 45 days, 2) 12 (31%) have had the goal between 45 and 95 days, and 3) 20 (51%) have had the goal for 96 days to eight months.

<sup>78</sup> In total, as of June 30, 2011, 40 children had been moved into a pre-adoptive home; 27 of those children moved by December 31, 2010 and 13 moved by June 30, 2011.

➤ Children and Youth whose Permanency Goal Changed to Adoption Prior to July, 1 2010

With respect to the specific Exit Standard, 16 percent of children were in an approved adoptive placement by December 31, 2010 and an additional 11 percent of children by June 30, 2011. As denoted in Table 3 below, as of June 30, 2011, of the original 215 children who have not been placed in an approved adoptive placement, 8 children had their adoptions finalized, 13 children achieved permanency through reunification or guardianship, two children exited from care for an unknown reason, 46 children had their goal changed from adoption and 106 children are still awaiting placement in a pre-adoptive home. This performance does not meet the Exit Standard.

**Table 3: Timeline from Goal Change to Adoptive Placement for Children and Youth with a Goal Change to Adoption on or after July 1, 2010  
N = 215**

		<b>Total as of July 1, 2010</b>	
<b>Status as of June 30, 2011</b>		<b>Count</b>	<b>Percent</b>
Total Children With Adoption Goal		215	100%
Children Moved Into a Pre-Adoptive Home		40	19%
Children Whose Goal Has Changed		46	21%
	APPLA	19	9%
	Guardianship	18	8%
	Reunification	6	3%
	Unknown	3	1%
Children Who Exited From Care		23	11%
	Adoption	8	4%
	Guardianship	7	3%
	Reunification	6	3%
	Unknown	2	1%
Children Still Awaiting Pre-Adoptive Home		106	49%

Source: CFSA Administrative Data, FACES.net report ADP076

**Reasonable Efforts to Adoption Finalizations occur within  
12 Months of Placement in an Adoptive Home**

References	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcomes to be Achieved 16.b	CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home.	i. By September 30, 2010, 40% of the 203 children in pre-adoptive homes as of October 1, 2009 will achieve permanence.	56%	Yes
		ii. By June 30, 2011, 45% of the children in pre-adoptive homes as of July 1, 2010 will achieve permanence.	42%	No
		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.	96%	Yes

***Performance for the period of January 1, 2011 through June 30, 2011:***

CFSA data indicate for this period that many children and youth are being adopted within one year of being placed in their approved adopted homes or that reasonable efforts have been made to do so. The Exit Standard has three sub-parts, two of which were met during this period.

➤ *Children and Youth in an Approved Adoptive Home on October 1, 2009*

CFSA reports that after some data clean up due to backdated entries into FACES.net of goal changes and/or exits, the universe of children with a goal of adoption placed in an approved adoptive home as of October 1, 2009 is 197 children as compared to 203 children. Of the 197 children applicable to this measure, 110 (56%) children exited foster care to permanency as of September 30, 2010; and an additional three children emancipated on or prior to September 30, 2010. As of February 10, 2011, an additional 22 children had exited to adoption; therefore 62 of the 197 (31%) children remain in foster care. This performance exceeds the Exit Standard performance requirement.

➤ Children and Youth in an Approved Adoptive Home on July 1, 2010

There were 224 children in pre-adoptive homes as of July 1, 2010. As of June 30, 2011, of the 224 children, 93 (42%) children had achieved permanency. This performance falls short of the IEP performance requirement for this Exit Standard.

➤ Finalized Adoptions between January and June 2011

The Monitor and CFSA conducted a reasonable efforts review of 21 applicable cases of adoptions that finalized between January and June 2011. There were a total of 27 children and youth whose adoption finalized between January and June 2011. Six of these adoptions were finalized within one year of placement in the pre-adoptive home.<sup>79</sup>

The review assessed the extent to which reasonable efforts had been taken to finalize the adoption in a timely manner. Per the IEP, reasonable efforts include: 1) ensuring the home is licensed as a pre-adoptive home; 2) requesting an adoption home study if needed; 3) responding to the Order of Reference; 4) preparing the child and biological parents for the adoption; 5) referring adoptive family to Family Intervention Services to assist/support families in their new role; 6) assessing post-permanency needs and families' readiness for adoption; 7) referring and acquainting families with the Post Permanency Family Center; 8) preparing for TPR trial if child is not legally free; 9) preparing ICPC package if needed; and 10) preparing the final adoption report.

It was determined that reasonable efforts had been made to finalize 20 (95%) of the 21 cases reviewed. This meets the IEP performance standard that 90 percent of children in pre-adoptive homes will have his or her adoption finalized within 12 months *or* have documented reasonable efforts to achieve permanency within 12 months of placement in the approved adoptive home. For the one remaining youth, it was determined that there had not been sufficient preparation of the child and his or her biological parents for adoption or for the TPR trial.

This review provided a number of findings that should be useful to CFSA, Family Court, lawyers and other stakeholders as they move forward to achieve timely permanency for all children. Key findings include:

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<sup>79</sup> Two of the records selected were dropped from the case record review after it was determined that the adoption had finalized within one year of placement in the pre-adoptive home.

- *All of the 21 children and youth in the review entered custody before they turned 13 years old.*
- *Receiving approval for an adoptive placement through the ICPC did not delay adoption finalizations.*

Most (64%) children and youth received ICPC approval for their adoptive placement within 30 days of an ICPC referral; the remainder were approved within 90 days of the referral. ICPC approval was not found to be a delay in the process to finalize adoptions for this sample.

- *Very few children became legally free through termination of parental rights.*

Very few (11%) of children and youth were legally freed through termination of parental rights. Most (89%) of the children and youth in the sample became legally free through parental consent or a judicial waiver of parental rights.

- *There were delays in the time between the child's placement in his or her adoptive home and the adoption petition being filed.*

Most (67%) children and youth in this sample were in their pre-adoptive placement between four and 12 months before an adoption petition was filed. One (5%) youth waited over 13 months for an adoption petition to be filed. The remaining six (28%) children and youth had adoption petitions filed within three months of placement in their pre-adoptive home.<sup>80</sup>

- *There were delays in children becoming legally free for adoption from the date he or she was placed in his or her adoptive home.*

Ninety percent of children and youth in the review waited over six months to become legally free for adoption. More specifically, slightly over half (52%) of the children and youth in this sample waited for longer than a year to become legally free for adoption after being placed in their pre-adoptive home and another 38 percent waited over six months.

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<sup>80</sup> Adoption petitions are filed by the adoptive parent(s), not the District of Columbia.

- *Most adoptions were finalized between one and two years of a child's placement in his or her adoptive home.*

Of the 21 children and youth in this review, most (71%) of their adoptions were finalized between 13 and 24 months of placement in their pre-adoptive home. The remainder waited over two years for their adoption to finalize.

#### **Exits to Permanency through Reunification, Adoption or Guardianship**

References	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcomes to be Achieved 16.c	Timely permanency through reunification adoption or legal guardianship	i. Of all children who entered foster care for the first time in FY2010 and who remain in foster care for 8 days or longer, 45% will achieve permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2011.	Not Yet Due <sup>81</sup>	Not Yet Due
		ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2010, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2011.	Not Yet Due <sup>82</sup>	Not Yet Due
		iii. Of all children who are in foster care for 25 months or longer on September 30, 2010, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2011, whichever is earlier.	Not Yet Due <sup>83</sup>	Not Yet Due

***Performance for the period of January 1, 2011 through June 30, 2011:***

Several distinct cohorts have been established within the IEP to assess child and youth progress towards permanency through reunification, adoption or guardianship: 1) the 685 children who entered foster care in Fiscal Year 2010; 2) the 352 children who were in care more than 12 months but less than 25 months on September 30, 2010; and 3) the 1183 children who were in

<sup>81</sup> Data due September 30, 2011.

<sup>82</sup> Data due September 30, 2011.

<sup>83</sup> Data due September 30, 2011.

care 25 or more months on September 30, 2010. The IEP Exit Standard established for measurement is based on permanency achievement as of September 30, 2011, and annually thereafter. Therefore, measurement for this Exit Standard is not yet due.

For the first cohort of 685 children and youth who entered foster care in Fiscal Year 2010, 42 percent exited to permanency through reunification by June 30, 2011. CFSA appears to be on target to achieve the IEP performance standard of 45 percent by September 30, 2011.

Preliminary analyses of the second and third cohorts of children in custody on September 30, 2010 and their progress towards permanency as of June 30, 2011 indicate very little progress towards permanency for these children and youth who have been in custody for longer periods of time.

## **8. CASE PLANNING**

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

CFSA has continued to maintain acceptable performance on developing written case plans within 30 days of a child entering care and modifying the plans at least every six months thereafter. Between January and June 2011, between 92 and 96 percent of child case plans and family case plans for children with a goal of reunification were current. With this performance, CFSA continues to meet the Exit Standard of ensuring that 90 percent of case plans are developed within 30 days of the child entering care and reviewed and modified at least every six months thereafter.

Additionally, CFSA continues to implement Structured Progress Reviews (SPR) to help ensure that social work practice is directed toward the timely achievement of permanency. SPRs are staffed by licensed clinical social workers who perform regular case reviews of children who have been in out-of-home care for at least 180 days. Each case is reviewed within 180 days of a child's removal and every six months thereafter. The primary focus of these reviews is child and family well-being, permanency, ensuring necessary responsiveness from leadership, assess educational progress and remediation of risk and safety issues.



The Exit Standard on the quality of the case planning process is measured using the results of the Safe Case Closure and Case Planning indicators for cases reviewed in Quality Service Reviews<sup>84</sup>. CFSA’s preliminary performance for January to June 2011 based on the cases reviewed to date does not meet the IEP Exit Standard for quality of case planning.

**Case Planning Process**

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcome to be Achieved 17.a-c	<p>17. <i>Case Planning Process</i></p> <p>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.</p> <p>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.</p> <p>c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.</p>	80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.	65% of cases were acceptable based on QSR data Jan - June 2011 <sup>85</sup>	No

***Performance for the Period of January 1, 2011 through June 30, 2011:***

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

<sup>84</sup> A qualitative case review process implemented by CFSA in 2005.

<sup>85</sup> The IEP requires the Monitor to determine performance based on the QSR case planning and pathway to safe case closure indicators for which 80 percent of cases will be rated acceptable on both indicators. For period under review, 82 percent of the cases were determined to be acceptable on the case planning indicator, 68 percent were determined to be acceptable on the safe case closure indicator and 65 percent were acceptable on both indicators.

**Figure 15: QSR Case Planning Process Indicator Parameters<sup>86</sup> to Consider and Description of Acceptable/Unacceptable Performance**

*Case Planning Process (CPP)*

➤ *Parameters Reviewers Consider:*

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

➤ *Description of Acceptable/Unacceptable Performance:*

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

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

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<sup>86</sup> Quality Service Review Protocol for Use by Certified Reviewers: A Reusable Guide for a Case-Based Review of Locally Coordinated Children's Services. February, 2008.

**Figure 16: QSR Pathway to Safe Case Closure Indicator Parameters<sup>87</sup> to Consider and Description of Acceptable/Unacceptable Performance**

*Pathway to Safe Case Closure*

➤ *Parameters Reviewers Consider:*

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

➤ *Description of Acceptable/Unacceptable Performance:*

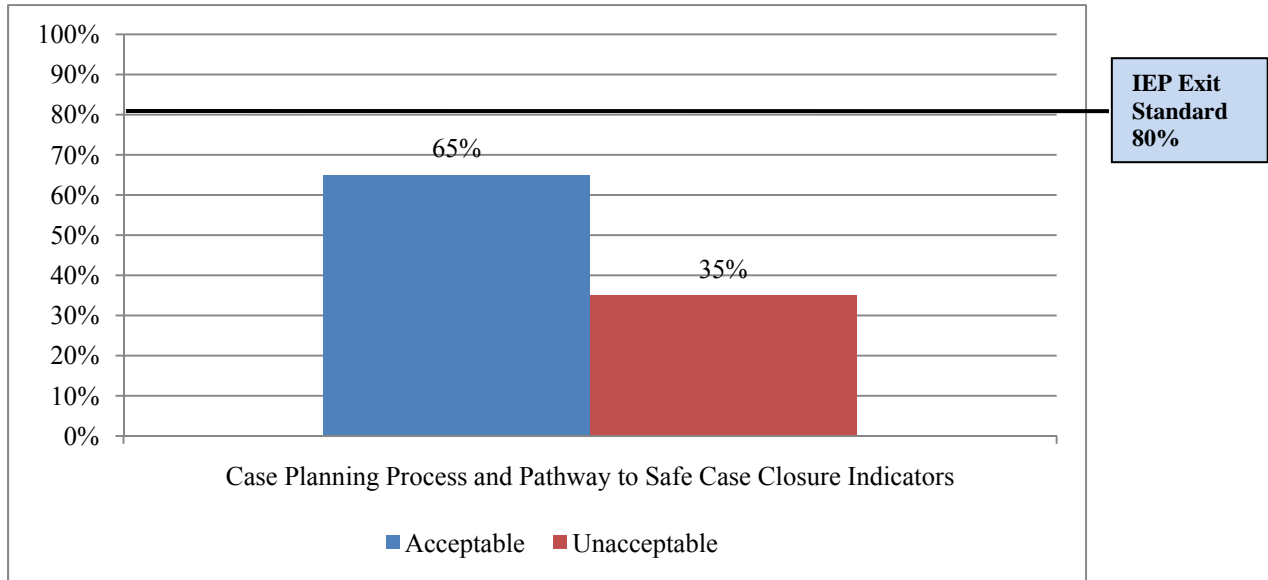
Acceptable Pathway to Safe Case Closure means some people involved in the case understand the case goal, including any plan alternatives. Minimally adequate to fair efforts are being made to achieve the permanency goal and to remove any barriers to permanency. Some people have agreed upon the steps that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

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

During CY2011, 34 cases have been reviewed to date using the QSR methodology; all 34 of the case reviews were coordinated by CFSA. An additional 31 cases are scheduled for review from July and December 2011. As Figure 17 below indicates, 22 (65%) of the cases were rated as acceptable on both the Case Planning and Pathway to Safe Case Closure indicators and the remaining 35 percent were rated as unacceptable. This level of performance does not meet the Exit Standard for an adequate case planning process.

<sup>87</sup> Quality Service Review Protocol for Use by Certified Reviewers: A Reusable Guide for a Case-Based Review of Locally Coordinated Children's Services. February, 2008.

**Figure 17: Case Planning Process**  
N=34



Source: CY2010 Quality Service Review data

**C. GOAL: CHILD WELL-BEING**

**1. SIBLING PLACEMENTS AND VISITATION (*Outcome 20*)**

By placing siblings together, CFSA is able to reduce some of the trauma in children’s lives when they must enter out-of-home care and promote and sustain important lifelong connection and supports for children. In 2010, CFSA’s Quality Assurance Unit reviewed children not placed with siblings and found significant efforts to ensure sibling groups are placed together upon initial entry into care and to maintain sibling connections through visitation when placement together is not possible. However, CFSA’s performance on placing siblings together remains a challenge.

**Sibling Placements**

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcome to be Achieved 20.a	Children in out-of-home placement who enter foster care with their siblings should be placed with some or all of their siblings, unless documented that the placement is not appropriate based on safety, best interest needs of child(ren) or a court order requiring separation	80% of children who enter foster care with their siblings or within 30 days of their siblings will be placed with some of their siblings.	Monthly range of 63 -64% <sup>88</sup>	No

***Performance for the period of January 1, 2011 through June 30, 2011:***

In order to satisfy this Exit Standard, 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. With the execution of the IEP, the outcome includes all siblings in out-of-home care and requires that performance be based on placing siblings together who enter out-of-home care on the same day as well as within 30 days of each other. CFSA does not yet have an updated FACES.net report with this new logic and anticipates that the report will be finalized for the next monitoring period.

As of June 30, 2011, there were 1,016 children applicable to this measure. Of the 1,016 children, 645 (63%) were placed with one or more sibling regardless of child’s time of entry into custody. This performance falls short of meeting the Exit Standard.

<sup>88</sup> Based on logic from the AIP outcome which was revised by the IEP. The old logic does not exclude siblings who entered care more than 30 days apart as the current IEP outcome requires.

### Sibling Visits

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcome to be Achieved 20.b	Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings unless documented that the visitation is not in the best interest of the child(ren).	80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.	Unable to assess <sup>89</sup>	Unable to determine

***Performance for the period of January 1, 2011 through June 30, 2011:***

In order to satisfy this Exit Standard, 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).

CFSA’s data reflected in the June 2011 FACES.net report excludes 258 children from a universe of 667 applicable children due to “suspended visits”. The Monitor has asked for rationale regarding why over a third (39%) of the population has suspended sibling visits and cannot determine Exit Standard achievement until this is reviewed.

**2. ASSESSMENTS FOR CHILDREN EXPERIENCING PLACEMENT DISRUPTIONS (*Outcome 21*)**

A new structure to manage placements in non-relative and congregate care is in place with a goal to maintain children in a placement that matches their needs and to have children experience only planned placement changes. This outcome relates to children whose placement is disrupted and requires the child’s team to comprehensively assess the reason for the disruption and focus on supporting and stabilizing the child.

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<sup>89</sup> The Monitor is unable to assess using the FACES.net report provided for this measure due to concerns regarding the exclusion of over a third (39%) of otherwise applicable children from the universe due to “suspended visits”.

**Assessment and Planning to Increase Placement Stability for Children**

<b>References</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcome to be Achieved 21	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.	90% of children experiencing a placement disruption will have a comprehensive assessment as described above and an action plan to promote stability developed.	Unable to assess	Unable to determine

***Performance for the period of January 1, 2011 through June 30, 2011:***

Changing a child’s placement now requires approval from the newly centralized Placement Administration. CFSA’s Placement and Matching policy dated March 2011 provides guidance to workers on the importance of the child and family’s team’s involvement in assessing and planning for children who experience a disruption. Data on this outcome were not available during the monitoring period. The Monitor will report on the status of implementation of this requirement in a future report.

**3. HEALTH AND DENTAL CARE (*Outcome 22*)**

During this monitoring period, CFSA took steps to produce reliable data on health screening for children experiencing a placement change and medical and dental evaluations for those children who remain in foster care for more than 30 days. CFSA convened a work group to reconcile data for the period from April to June 2011. The work group established a standing reconciliation process across the various data sources to immediately address and correct discrepancies in the screening (initial and re-placement) data on the FACES.net management report and implemented processes for improved communication to assure that screenings are being completed consistently. The group highlighted recurring themes among those clients that do not have a

comprehensive evaluation within 30- or 60-days, and identified the practice issues to be addressed by staff. While only one of the IEP Exit Standards on health care has been met, there has been considerable improvement in this area.

**Provision of Health and Dental Care**

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcome to be Achieved 22 <sup>90</sup>	22. <i>Health and Dental Care</i>  a. Children in foster care shall have a health screening prior to placement	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: range of 91 - 100%  Re-entry: range of 80 - 100%  Replacements: range of 58 - 75%	No
	b. Children in foster care shall receive a full medical and dental evaluation within 30 days of placement	Medical 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.	67% within 30 days  88% within 60 days	No

<sup>90</sup> Reliable data available for April - June 2011 only.



		Dental 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	57% within 30 days  78% within 60 days  82% within 90 days	Yes
	c. Children in foster care shall have timely access to health care services to meet identified needs	80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable.	97% Jan - June 2011 QSR data	Yes
	d. CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates, and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement	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.	Unable to assess	Unable to determine

***Performance for the period of January 1, 2011 through June 30, 2011:***

Data from this period demonstrate substantial progress in reconciling data and achieving goals for health screening prior to an initial placement. Many (88%) children received a full medical evaluation within 60 days of entry or re-entry into foster care and (82%) had a full dental evaluation within 90 days of placement. In only one of the 34 cases reviewed from January - June 2011 for the Quality Service Review was a child's health status rated as unacceptable.

**D. GOAL: RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY**

**1. FINANCIAL SUPPORT FOR COMMUNITY-BASED SERVICES (*Outcome 24*)**

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcome to be Achieved 24	24. <i>Financial Support for Community-Based Services</i>	The District shall provide evidence each year of financial support for community- and neighborhood-based services to protect children and support families.	FY2012 funding for the HFTC Collaboratives is \$10,201,318  FY2011 funding for prevention activities was \$1,139,600	Yes for FY2012; Exit Standard to be re-assessed annually. <sup>91</sup>

➤ *Prevention Activities*

Since 2005, CFSA has received and disseminated dedicated prevention dollars to support primary and secondary child abuse and neglect prevention programs and activities targeting at-risk children and families in the District of Columbia. The array of CFSA grant-funded prevention programs over the past year includes home visiting programs for families with children age 0-5, parent-teen conflict resolution, parenting education and support, a father-child attachment program, and implementation of a city-wide prevention plan.<sup>92</sup> To meet the specific needs of different populations, programs include both out-of-home and home-based services, and range from direct skill training to parents in child behavior management and home safety to prevent child maltreatment, enhancing parent-child communication to reduce risk for adolescent substance abuse, building nurturing parenting skills and culturally-specific interventions.

As the District’s lead agency designated to receive and disseminate Community-Based Child Abuse Prevention (CBCAP) funds, CFSA has continued to support the expansion of an array of prevention resources in the District of Columbia. One program funded through the Parent Education and Support Project (PESP) is targeting low income parents in Wards 1 and 2 whose children attend public schools, public charter schools or child development programs. These

<sup>91</sup> This Exit Standard and the sufficiency of resources and budget will be reassessed annually by the Monitor.

<sup>92</sup> District of Columbia Citywide Child Abuse and Neglect Prevention Plan (available online at <http://cfsa.dc.gov>)

parents are receiving specialized violence prevention training, parenting workshops and solution focused therapy as may be needed.

The Safe and Sound Project is a newly funded initiative targeting non-court involved families who have come to the attention of CFSA. This joint effort between CFSA and the Family Court engages families in a teaming process in which a Family Court Judge is a member of the team, developing action plans and working together to track progress. The program’s results are being tracked to determine its impact on reducing entries into foster care.

➤ Funding and Service Delivery Targets for the Collaboratives in Fiscal Year 2012

Funding for the Collaboratives for FY2012 reflects \$637,838.00 in budget reductions overall from the previous year and a reduction of 807 families targeted to be served in FY 2012. The scope of services for each Collaborative has been modified to allow more flexibility to serve families no matter the service type as long as the Collaborative operates within its budget allocation.

These targets and funding allocations for FY2012 are outlined in Table 4 below.

**Table 4: Funding and Source Delivery Targets for Healthy Family Thriving Communities Collaboratives FY2012**

	<b>Target Number of Families to be Served in Fiscal Year 2012</b>	<b>Total Amount of Contract for Fiscal Year 2012</b>
Columbia Heights\Shaw	1,735	\$1,581,184.00
East River	2,810	\$1,741,914.00
Edgewood/Brookland	2,680	\$2,812,030.00
Far Southeast	3,760	\$2,581,645.00
Georgia Avenue	1,352	\$940,490.00
Collaborative Council		\$ 544,055.00
<b>TOTAL</b>	<b>12,337</b>	<b>\$10,201,318.00</b>

Source: CFSA

Whether through investments in local neighborhoods and communities, partnerships with the educational system or targeting service needs of a sub-set of the population, the Collaborative partnership represents the desire to serve children and their families in their communities. The Far Southeast Collaborative, for example, invests a total of \$85,000 per year through mini-grants to community organizations in Anacostia that have creative ideas for promoting child and family safety and well-being and has begun engaging young people and their parents through the establishment of Middle School Centers in partnership with the Office of Mayor Gray. The East River Collaborative is targeting the service needs of fathers through a support group, Quenching Father's Thirst, educating institutions to become father friendly and advocating for children and youth to be reunified with their own fathers.

The Collaboratives are continuing to improve the teaming process, deepen their clinical practice, strengthen community capacity and diversify funding. Housing and employment are the greatest needs for families within their communities.

The joint Implementation Committee completed a work plan to address the core recommendations from the *PCBS Year One Implementation Report*. The members of the Joint Implementation Committee have been working for the past six months to revise the May 2007 Partnership for Community Based Services Practice Protocol to address the lack of clarity among the Collaboratives regarding teaming with children and their own families and supports. This Practice Protocol is also intended to clarify the roles and responsibilities of staff persons for the Collaboratives, CFSA and private agencies to ensure practice expectations are clear and standardized. This draft has been sent to Collaborative Council and CFSA leadership for review, editing and approval. An update from the Joint Implementation Committee on the Practice Protocol and other strategies in the work plan is currently pending.

## **2. TRAINING (*Outcomes 27 and 28*)**

Training is a core function of any child welfare agency and is a primary mechanism to ensure that social workers, supervisors, managers and foster parents have the competencies necessary to ensure the safety, permanency and well-being of children and families. On April 18, 2011, CFSA adopted a new training services policy. In addition to policy implementation, CWTA has instituted a number of initiatives to continuously improve the quality of both pre-service and in-service training impact and delivery. These initiatives include: assisting in curriculum development and training facilitation for Differential Response; collaborating with the Office of Clinical Practice in offering domestic violence training to staff; assisting in revisions to the Investigations Practice Guide and execution of training on its content; and, revising the pre-service training curriculum to include attention to the impacts of trauma on children and families.

### Pre-Service Training

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcome to be Achieved 27.a	New direct service staff <sup>93</sup> shall receive the required 80 hours of pre-service training through a combination of classroom, web-based and/or on-the-job training.	90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training	79% of staff completed pre-service training within 90 days of hire.	No

***Performance for the period of January 1, 2011 through June 30, 2011:***

***Pre-Service Training for Direct Service Staff***

Pre-service training for direct service staff incorporates both classroom training as well as applied professional training. Every new staff member from CFSA and the private agencies must attend the CFSA pre-service training unless they can provide evidence of having completed the training within the last 24 months. This ensures that all new hires have a common core curriculum, a consistent knowledge base and the same foundation for implementing CFSA’s Practice Model. Additionally, new supervisors must also complete the CFSA supervisory pre-service training.

At CFSA, pre-service training has two tiers lasting a total of approximately 10 weeks. During Tier I, there are 12 days of classroom training (six hours each day) and three days of FACES.net training (seven hours each day), totaling 93 hours. The remaining six weeks of pre-service training consists of classroom training and Applied Professional Training (which is similar to On-the-Job training), totaling 69 hours. Depending on the trainee’s assignment within the Agency, a trainee will complete between one and three days of FACES.net training. Nurse care managers and family support workers complete one day of FACES.net training, totaling seven hours. Child Protective Services (CPS) social workers complete two days of FACES.net training and other social workers complete three days of FACES.net training.

The IEP requires that 90 percent of newly hired CFSA and private agency direct service staff receive 80 hours of pre-service training. The IEP defines direct service staff to include social workers, nurse care managers and family support workers who provide direct services to children, youth and families. CFSA’s training policy does not specify how much time a new employee has to complete pre-service training, although the Training Academy Guide to Tracking and Monitoring provide the expectation that staff complete pre-service training within three months of hire. Training is offered on a monthly basis, making it possible for an employee

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<sup>93</sup> Direct service staff includes social workers, nurse care managers, and family supports workers who provide direct services to children, youth and families.

to complete 93 hours training during Tier 1, lasting approximately four weeks. In order to analyze whether direct service staff were in fact completing pre-service training (i.e., before assuming a caseload), the Monitor conducted a secondary analysis of FACES.net data on staff hired between July 1, 2010 and April 1, 2011<sup>94</sup> who had completed 80 hours of pre-service training within 90 days of the date of their hire.<sup>95</sup>

Of the 102 applicable direct service staff<sup>96</sup>, 81 (79%) completed 80 hours of pre-service training within 90 days of hire.<sup>97</sup> The Monitor compared CFSA to private agency staff with regard to pre-service training completion. Of the 102 applicable staff, 60 staff were employed by CFSA. Forty-nine (82%) of the 60 CFSA staff completed 80 hours of training within 90 days of hire. The remaining 42 staff were employed by a private agency. Of the 42 private agency staff, 32 (76%) completed 80 hours of training within 90 days of hire.

#### *Pre-Service Training for Nurse Care Managers*

Although the nurse care managers were included in the totals discussed above, the Monitor also examined how many nurse care managers had completed 80 hours of pre-service training within 90 days of hire. Of the five nurses applicable to this measure,<sup>98</sup> two (40%) completed 80 hours of pre-service training within 90 days of hire.

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<sup>94</sup> Employees hired after April 1, 2011 would not have been employed for 90 days by June 30, 2011 and were excluded from the universe used in this measure.

<sup>95</sup> CFSA's Child Welfare Training Academy Guide to Tracking & Monitoring Training states, "within three months of hire all direct service staff shall complete pre-service training."

<sup>96</sup> 140 direct service staff were hired between July 1, 2010 and June 30, 2011. 38 staff were excluded from the universe including three staff who left CFSA or a private agency prior to being employed 90 days and 35 staff who had not yet been employed 90 days by June 30, 2011. Although excluded from the universe for this calculation, of those 35 staff who had not yet been employed 90 days, 11 completed training within four to six weeks of hire.

<sup>97</sup> Of the 21 staff who did not complete pre-service training within 90 days of hire, ten staff completed pre-service training courses after 90 days had passed. One of these staff completed pre-service training shortly after 90 days from hire, four staff completed pre-service training within 5-6 months of hire and five staff completed pre-service training within 7-11 months of hire.

<sup>98</sup> Five of the direct service staff hired between July 1, 2010 and April, 2011 were nurse case managers. An additional five nurse care managers were hired after April 1, 2011 and would not have been employed for 90 days by June 30, 2011, so they were excluded from the universe in this measure.

### New Supervisors Training

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcome to be Achieved 27.b	New supervisors shall complete a minimum of 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility	90% of newly hired CFSA and private agency supervisors shall complete 40 hours of pre-service training on supervision of child welfare worker within eight months of assuming supervisory responsibility.	93%	Yes

***Performance for the period of January 1, 2011 through June 30, 2011:***

Of the 15 newly-hired supervisors applicable to this measure<sup>99</sup>, 14 (93%) supervisors completed 40 hours of pre-service training on supervision within eight months of assuming supervisory responsibility.<sup>100</sup> Only one of the 15 (7%) supervisors had not completed 40 hours of pre-service training on supervision within eight months of becoming a supervisor. CFSA informed the Monitor that this employee was on extended personal leave during the period under review. CFSA has met this Exit Standard.

### In-Service Training for Previously Hired Social Workers

Reference	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcome to be Achieved 28.a	Previously hired direct service staff <sup>101</sup> shall receive annually a minimum of 5 full training days (or a minimum of 30 hours) of structured in-service training geared toward professional development and specific core and advanced competencies.	80% of CFSA and private agency direct service staff shall receive the required annual in-service training.	57%	No

<sup>99</sup> There were 21 supervisors hired at CFSA and the private agencies between July 1, 2010 and June 30, 2011. Six were removed from the universe, including five supervisors who were recently hired and eight months since the hire date had not yet passed and one additional supervisor ceased employment before eight months from the hire date had passed.

<sup>100</sup> The Monitor conducted secondary analysis of CFSA raw data to determine compliance. CFSA's FACES.net summary report provides information that differs from calculations made by the Monitor.

<sup>101</sup> 12 of the 30 hours required for the nurse care managers may be met with continuing education requirements of the licensing board.

The IEP requires 80 percent of CFSA and private agency direct service staff to receive a minimum of five full training days (or 30 hours) of structured in-service training annually. Of the 265 direct service staff applicable to this measure, 150 (57%) staff had completed at least 30 hours of in-service training annually. This performance does not meet the Exit Standard.

The Monitor compared CFSA staff to private agency staff with regard to annual in-service training completion rates. One-hundred and seventy-seven of the 265 direct service staff were employed by CFSA. Of the 177 CFSA staff, 112 (63%) completed at least 30 hours of in-service training annually. Eighty-eight of the 265 direct service staff were employed with a private agency. Of the 88 private agency staff, 38 (43%) completed at least 30 hours of in-service training annually.

#### **In-Service for Supervisors and Administrators**

<b>References</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcome to be Achieved 28.b	Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training.	80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive annual in-service training	69%	No

The IEP requires 80 percent of CFSA and private agency supervisors and administrators receive a minimum of 24 hours of structured in-service training annually. Of the 71 supervisors eligible for 24 hours of in-service training in 12 months, 49 (69%) supervisors had completed at least 24 hours of in-service training annually.<sup>102</sup> This performance falls short of meeting the Exit Standard.

The Monitor compared CFSA supervisors to private agency supervisors with regard to in-service training completion rates. Forty-six of the 71 supervisors were employed by CFSA. Of the 46 CFSA supervisors, 31 (67%) completed at least 24 hours of in-service training annually. Twenty-five of the 71 supervisors were employed by private agency. Of the 25 private agency staff, 18 (72%) completed at least 24 hours of in-service training annually.

<sup>102</sup> These calculations are based upon raw data provided by CFSA to the Monitor. CFSA’s FACES.net summary report provides information that differs from calculations made by the Monitor.



## *Training Strategy Implementation*

The IEP includes several strategies linked to staff training outcomes. These strategies include requiring CFSA to review and revise their pre- and in-service curriculum to ensure it builds the skills that CFSA believes are needed to implement the case Practice Model and protocol by September 2010.<sup>103</sup> An additional strategy requires CFSA, by August 2010, to complete a revised Training Academy Plan with an enhanced focus on the Practice Model and incorporate additional training on teaming and improving the quality of visitation.<sup>104</sup> CFSA launched a new Child Welfare Training Academy (CWTA) in August 2010 and a new Administrator for CWTA began on January 24, 2011. The Administrator reviewed both the pre- and in-service training curriculums to ensure they build the skills that CFSA believes are needed to implement the case Practice Model and protocol.

### ➤ *Pre-Service Training*

The Monitor worked in collaboration with a child welfare training expert to assess CFSA's achievement of the pre- and in-service training strategies as well as the revisions to the new Training Academy Plan. The review found many strengths within CWTA's pre-service program, including its focus on the Practice Model.

Specifically, the Monitor's assessment found:

- Materials focus on the tenets associated with the Practice Model.
- The classroom curriculum for Tier 1 is organized around the tenets associated with the Practice Model.
- Each training module begins with a discussion about where the Practice Model was seen and demonstrated during trainees' work or observation in the field. For example, each module states, "interpret the parallelisms between best practice principles and the Agency Practice Model."
- Applied Professional Training (APT), which builds on the classroom component of Tier 1, provides trainees with observation and work with live cases under close supervision, and these experiences are tied to the Practice Model e.g., "read a case record; identify and record indicators of effective child-centered practice." (APT Handbook, pg 11).

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<sup>103</sup> IEP Strategy Plan 16.a.i., 16.b.i.

<sup>104</sup> IEP Strategy Plan 16.d.i.

- The Pre-Service Training Performance Evaluation (Self-Assessment) contains a section for the trainee, trainer and supervisor to assess the trainee’s knowledge and skill relative to each tenet associated with the Practice Model.
- The CFSA’s Quality Assurance (QA) Unit evaluated CWTA’s training program and provided a summary report dated July 2011. Among other things, the evaluation found, “the Child Welfare Training Academy is effectively training staff on risk and safety and on the provisions of the Agency Practice Model.”

In addition to the strengths listed above, the Monitor’s assessment identified some areas needing improvement. First, while there are some opportunities within the training curriculum for skill development, both Tier 1 and Tier 2 materials are information heavy and provide limited activities designed to build the essential skills. For example, many of the objectives are knowledge or attitude based (e.g. explain, take ownership, identify, recognize, express, embrace or summarize).

Secondly, an overarching theme identified throughout the Monitor’s assessment was a difficulty in clearly identifying the definition and consistent components or elements of the Practice Model and Protocol. For example, the Facilitators Guide has a Power Point slide in Module 1 and Module 7 that introduces eight components of the Practice Protocol, but there is no reference throughout how or where the Protocol is applied to both support the Practice Model and to demonstrate best practice. Additional inconsistent references to the Practice Model Protocol throughout CWTA and CFSA written materials include:

- The Pre-Service Program describes the Protocol as: Respond and Engage, Assess, Plan, Coordinate and Lead, Serve, Monitor and Evaluate, Adjust, and Reassess and Close.
- *In-home Partnership for Community-Based Services* describes the Protocol as: Engaging Families, Assessing Families, Case Planning, Quality Home Visitation, Safe Case Closure, Supervision and Training.
- *Out-of-home Practice Model* describes the Protocol as: Teaming, Engagement, Assessment, Case Planning, Placement, Visitation, Permanence and Court.

While there are commonalities throughout the materials, the inconsistency in language makes it difficult to identify the core skills and competencies essential to demonstrating the Practice Model and Protocol and challenging to determine the rationale for the content within each Module and how the selected information ties to the core skills needed to demonstrate the Practice Model. While CFSA has reviewed and revised its pre-service training curriculum as

required by the Strategy Plan, based upon the analysis above, the Monitor considers the Strategy Plan item related to ensuring the curriculum builds the skills needed to implement the case Practice Model and Protocol only to be partially achieved. Once there is more clarity and consistency in the descriptions and components of the Practice Model in the pre-service training curriculum, training materials and other Agency material, the Monitor will consider this Strategy Plan item met.

➤ *In-Service Training*

CWTA's in-service training program includes a selection of over 50 courses that range from two hours to two days. The courses cover a broad span of topics relevant to child welfare, including LGBTQ, substance abuse, mental health, empowering fathers, promoting family and sibling visits, etc. Each course has a written description defining its content and the intended audience. Most of the in-service training is delivered by non-CWTA trainers and most of the material used in their training is proprietary. Due to its proprietary nature, the Monitor was not allowed access to the in-service training curricula and was therefore unable to assess them in relation to the skills that CFSA believes are needed to implement the Case Practice Model.

➤ *Training Academy Plan*

The Monitor reviewed the revised Training Academy Plan in order to assess the degree to which it incorporates an enhanced focus on the Practice Model and additional training on teaming and improving the quality of visitation. The 2011-2012 Training Academy Plan is a useful document with content that covers several areas and conveys a comprehensive approach to training, including identification of audience, training competencies, training approach and training evaluations. The Plan lists courses offered with an accompanying description and categorizes the courses based on staff development, including Tier 1 for learners, Tier 2 for master, Tier 3 for advanced master and Tier 4 for practice leader.

Included within Tier 2 and 3 courses, there are three training courses offered for teaming and improving quality of visitation, titled: Teaming: Role of Family Support Worker with CFSA; Teaming with the Legal System; and Parenting Partnership: Promoting Family and Sibling Visits. Two of the courses for teaming focus on teaming with formal providers rather than the intention of teaming which relies on a worker's ability to empower the family to build a team with allies from their own community. Teaming with both formal and informal resources are important, therefore additional training is needed to assure skill development that focuses on accessing and building the family's informal resources.

The description of the Practice Model in the 2011-2012 Training Plan differs from other descriptions, thus it is hard to confirm whether the training offered compliments, supports and commits to the professional development of staff regarding the Practice Model. Additionally, it

is difficult to determine if the courses purposefully develop the skills in staff from a learner level to an expert. Therefore, the Monitor considers the Strategy Plan item related to the incorporation of the Practice Model and additional training on teaming and improving the quality of visitation to be partially achieved. Once there is more clarity and consistency in the descriptions and components of the Practice Model within the Training Plan and other Agency material, the Monitor will consider this Strategy Plan item met.

### 3. TRAINING FOR FOSTER PARENTS (*Outcome 29*)

#### Pre-Service Training for Foster Parents

References	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcome to be Achieved 29.a	CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training	95% of CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training	Unable to assess <sup>105</sup>	Unable to determine

#### *Performance for the period of January 1, 2011 through June 30, 2011:*

The IEP requires CFSA and contract agency foster parents to receive 15 hours of pre-service training. The Monitor was provided with new and substantially different data regarding performance on this Exit Standard on November 14, 2011. The Monitor was therefore unable to validate this data for this report but will provide information related to this Exit Standard in a supplemental report or within the next monitoring period.

#### In-Service Training for Foster Parents

References	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2011 Performance	Exit Standard Achievement
Outcome to be Achieved 29.b	CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training	Unable to assess <sup>106</sup>	Unable to determine

<sup>105</sup> The Monitor was provided with new and substantially different data regarding this measure on November 14, 2011. Previous data produced by CFSA indicate performance of 70% on this measure, and new data indicate 91% performance.

<sup>106</sup> The Monitor was provided with new and substantially different data regarding this measure on November 14, 2011. Previous data produced by CFSA indicate performance of 54% on this measure, and new data indicate 77% performance.

***Performance for the period of January 1, 2011 through June 30, 2011:***

The IEP requires CFSA and contract agency foster parents to receive 30 hours of in-service training every two years. The Monitor was provided with new and substantially different data regarding this Exit Standard on November 14, 2011. The Monitor was therefore unable to validate this data for this report and will provide information related to this Exit Standard in a supplemental report or within the next monitoring period.

**4. SPECIAL CORRECTIVE ACTION (*Outcome 30*)**

**Special Corrective Action**

<b>References</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcome to be Achieved 30	<p>a. CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the following categories:</p> <ul style="list-style-type: none"> <li>i. All cases in which a child has been placed in four or more different placements, with the fourth or additional placement occurring in the last 12 months and the placement is not a permanent placement;</li> <li>ii. All cases in which a child has had a permanency goal of adoption for more than one year and has not been placed in an adoptive home;</li> <li>iii. All children who have been returned home and have reentered care more than twice and have a plan of return home at the time of the report;</li> <li>iv. Children with a permanency goal of reunification for more than 18 months;</li> <li>v. Children placed in emergency facilities for more than 90 days;</li> <li>vi. Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license</li> <li>vii. Children under 14 with a permanency goal of APPLA; and</li> <li>viii. Children in facilities more than 100 miles from the District of Columbia</li> </ul> <p>b. CFSA shall conduct a child-specific case review by the Director or Director’s designee(s) for each child identified and implement a child-specific corrective action plan, as appropriate.</p>	For 90% of children identified in corrective action categories, required reviews will occur and corrective action plans will be developed and implemented as appropriate.	<p>CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable case reviews.</p> <p>CFSA has provided partial information to the Monitor regarding child-specific case reviews for each child identified in a special corrective action category.</p>	No

***Performance for the period of January 1, 2011 through June 30, 2011:***

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

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

Table 5 provides the number of children/families in each of the above categories by month from January through June 2011.

**Table 5: Children in Special Corrective Action Categories by Month  
January – June 2011**

Special Corrective Action Category	Number of Children/Families					
	Jan. 2011	Feb. 2011	March 2011	April 2011	May 2011	June 2011
CFSA Children with 4 or More Placements with a Placement Change in the Last 12 Months and the Placement is not a Permanent Placement	171	170	164	160	156	153
Children in Care who Returned Home twice and Still have Goal of Reunification	3	1	1	1	1	1
Children with Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home	144	141	142	138	123	122
Children under 14 with a Goal of APPLA	2	2	2	2	4	3
Children Placed in Emergency Facilities Over 90 Days	1	1	2	3	4	2
Children Placed in Foster Homes without Valid Permits/Licenses or Foster Homes that Exceed their Licensed Capacity	142	152	159	154	161	167
Children with Goal of Reunification for More than 18 Months	131	128	118	121	118	107
Children in Residential Treatment More than 100 Miles from DC	51	46	44	40	40	31

Source: CFSA Administrative Data, FACES.net report COR013

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

CFSA is also required to conduct child-specific case reviews for each child identified in the above categories and to implement a child-specific corrective action plan as appropriate. CFSA reports that during the months of January through June 2011, 194 children who fell into one of more corrective action categories were reviewed through a Structured Progress Review (SPR). The Monitor was not provided with the information necessary to validate this information until November 11, 2011. Additionally, the Monitor has not received any information from the

Agency regarding child-specific reviews for all children who fell into one or more corrective action category and how the results of the reviews are being used to address relevant concerns and track resolution.

The strategy actions associated with this outcome are long overdue. CFSA reports that a draft of the Corrective Action Categories Administrative Issuance (AI) was presented to its internal Executive Policy Team on November 2, 2011, and will be finalized and implemented in early 2012. A work group has made recommendations regarding the process and time frames for required action steps and documentation into FACES.net. The Agency plans for this work group to support outreach to staff at CFSA and in the private agencies in an effort to provide clarity on how to accurately document required reviews in FACES.net.

## **5. PERFORMANCE-BASED CONTRACTING (*Outcome 31*)**

The Monitor has assessed the implementation of the performance-based contracts, and the newly implemented performance monitoring plans and quarterly site visits with congregate care and family-based foster care service agencies. The assessment focused on both the Congregate Care Contracts Management Division (CCCMD) and the Family Based Contracts Division (FBCD). CFSA's Contracts Management and Performance Improvement Administration (CMPIA) provide performance-based monitoring and oversight of all family-based private agencies and congregate care providers. CMPIA conducts a series of activities to assess private agency performance and identify areas in need of improvement, as well as to provide support and technical assistance to ensure delivery of quality care and services.

CMPIA's supervisory staff and employees follow a standardized monitoring system, which includes but is not limited to the following;

- observation and evaluation of individual of service delivery,
- onsite visits,
- child and employee record reviews,
- interviews with age-appropriate children and youth, employees and resource parents,
- safety checks,
- development and implementation of Program Improvement Plans (PIP), and
- a periodic review of performance outcomes.

With newly awarded Human Care Agreements (HCA) for congregate care and family-based services in place, CFSA is better positioned than in the past to move toward full implementation of a performance based contracting system.



### Performance-Based Contracting

References	Implementation and Exit Plan Requirement	Exit Standard	January – June, 2010 Performance	Exit Standard Achievement
Outcome to Be Achieved 31	<i>Performance-Based Contracting</i>  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.	Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis.	Family-based Providers – system has been implemented.  Congregate Care Providers – planning is occurring for system for implementation.	No/In process.

***Performance for the period of January 1, 2011 through June 30, 2011:***

CFSA’s performance-based contracting designed to address long standing concerns about oversight of the private agencies in the District of Columbia is now underway with the family-based agencies and is a work in progress for the congregate care providers.

The Family Based Contracts Division is responsible for the oversight of 15 Family Based Providers and will soon be taking over primary responsibility for each of the Healthy Families Thriving Communities Collaboratives and home study contracts. The newly executed family-based Human Care Agreements have linked meeting performance standards in the areas of pre-placement health screening, visitation, placement stability, permanency and re-entry into foster care, to some portion of the monthly payment to providers. Under the Human Care Agreement, each Family-based Provider has a budget line item for reimbursement based on an agreed upon per diem rate for each child or youth served. There is a second budget line item, the “Combined Services” line item, which is paid based on the calculated average performance for each the identified outcome areas. Modest financial incentives are attached to the Combined Services line item.

CFSA reports that the financial incentives being used to reward provider performance are applied in concert with other actions including decisions to shift referrals to higher performing agencies or the utilization of certain providers when decisions are made during the Agency’s Quarterly Utilization Review.

CFSA has taken steps to rebuild its contract monitoring capacity to ensure staff have the needed educational background as well as prior work experience to be effective in their positions. In May 2010, CFSA changed its congregate care monitoring division to enhance staff qualifications

and job expectations. New job descriptions were developed and staff were hired with the intention of improving CFSA's ability to effectively monitor private contractor performance.

There is one Administrator who oversees the work of the Contracts Management and Performance Improvement Administration, including both congregate care and family-based care private agencies. Congregate care private agency performance monitoring is the responsibility of one program manager and 10 contract management supervisors, specialists and secretarial support staff. Family-based private agency performance monitoring is the responsibility of one program manager and 17 staff including data assessment specialists, program monitors, program evaluation specialists, supervisors and a data management assistant. There are four positions that are currently not filled in the Administration with current authorization to fill one of the four vacancies.

**6. INTERSTATE COMPACT FOR THE PLACEMENT OF CHILDREN (ICPC)**  
*(Outcome 32)*

The backlog of cases of children placed without ICPC approval has been reduced. CFSA is better able to track the status of preparing ICPC packets and provides assistance to private agencies in preparing packets when needed. Although there is a centralized Placement Administration at CFSA, there continue to be delays in notification of some of the children's moves by several private agencies. These delays affect the accuracy of ICPC data until the data can be reconciled. The ICPC Unit within the Placement Administration is responsible for ensuring that Maryland is immediately notified upon placement of a CFSA child or youth and that the ICPC packets are submitted to Maryland in a timely fashion. The ICPC Unit works with the Placement Administration Reconciliation Unit to verify the placement data reported from private providers and complete the FACES.net data reconciliation.

**Interstate Compact for the Placement of Children**

<b>References</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcome to be Achieved 32	CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care.	Elimination of the backlog of cases without ICPC compliance.	Number of children placed without ICPC approval  Monthly range of 112 - 142	In process.

***Performance for the period of January 1, 2011 through June 30, 2011:***

CFSA reports that the backlog of children placed in Maryland without ICPC approval ranged from 112 to 142 children during January to June 2011. During those same months, the total number of children placed in Maryland ranged from 1,035 to 1,078 and included a number of youth over the age of 18 for whom ICPC approval was not needed.

## **7. DATA AND TECHNOLOGY**

CFSA has the opportunity to significantly upgrade its ability to communicate progress and performance on outcomes and processes that are of critical interest to both internal and external stakeholders. Not only does FACES.net contain a vast amount of information on key indicators in the system, but also CISA staff has demonstrated both willingness and expertise in extracting information from FACES.net to provide information required for the IEP. Additionally, as part of their engagement with Casey Family Programs, CFSA has been introduced to analytic methods that rely on entry cohort analysis and has indicated their interest in using this methodology to support their work.

While there has been significant progress on the part of CFSA to develop the capacity to produce accurate data on commitments made in the 2010 – 2011 IEP, there are several outcomes for which accurate data is not yet available.

During the last reporting period, needed changes were made to a number of management reports to ensure their accuracy and validity.

- To understand the practice of visits between workers and children and youth in foster care, the *Worker Visits to Children in Foster Care (CMT165)* report now accounts for whether or not at least one of the two required visits were made by the CFSA social worker or private agency social worker assigned case management responsibility.
- The *Visits to Children/Families In-Home (CMT166)* report has been modified to reflect the required number of visits that must be made by the CFSA social worker or private agency social worker with case management responsibility.
- New goal logic was established to better understand permanency rates for children already placed in pre-adoptive homes, *Children's Progress Towards Permanency in Pre-Adoptive Homes (ADP074 and ADP073)*, by including adoption, guardianship and reunification as qualifying permanency reasons.
- To track permanency through adoption, guardianship and reunification by cohort, several new reports, *Children's Progress Towards Permanency (CMT384 and*

CMT385) were developed to track permanency rates over time and categorize monthly progress towards permanency.

- The report, *Status of Foster Parent Pre-Service Training (TRN008)*, was modified to count only workshops completed prior to the license start date and remove temporary or provisional licensure from this measure.
- Minor modifications were made to *Pre-service and In-service Training reports for direct service employees and direct service supervisors (TRN030, TRN032, TRN031, TRN033)* to comply with the new reporting periods identified in the IEP. A similar minor modification was made to the *Health Screening for Children who had Placement Activity in the Month (HTH004)*.
- The previous version of the *Weekly Visits to Children Placed in the Month (CMT014)* counted children instead of placements and visits by any staff were considered compliance. The report has been modified to account for all placements in a month and whether or not visits were conducted by the social worker, FSW or Nurse Care Manager. This logic more accurately captures weekly visits within the first four weeks of a new placement or re-placement.
- Some important changes were made to report, *Parent-Child Visits to Foster Children with Goal of Reunification (CMT012)*, to ensure visits were happening between the child and youth and the parent(s) with whom the reunification is planned. This report also expanded the universe of children and youth to include those with a goal of reunification and those without a court ordered goal but have been in foster care for less than 180 days.

However, there remains basic IEP outcomes for which CFSA is still unable to produce required data and will be working to produce accurate data over the next couple of months. These areas include:

- The extent to which relative resources have been identified and investigated in all cases requiring removal of children from their homes.
- Assessment of safety by social worker during visit with child.
- Sibling placement and visits.
- Social worker visits to parents of foster children with a goal of reunification.
- Assessments for children experiencing a placement disruption.
- Special corrective action reviews.

**8. FEDERAL REVENUE CLAIMING (*Outcome 35*)**

**Federal Revenue Claiming**

<b>Reference</b>	<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January – June, 2011 Performance</b>	<b>Exit Standard Achievement</b>
Outcomes to be Achieved 35	<u><i>Federal Revenue Claiming</i></u> CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development.	Evidence of consistent and appropriate claiming of all appropriate and available federal revenue	In process	No

The Monitor previously reported on the District’s longstanding challenges related to federal revenue claiming, primarily through failure to aggressively pursue federal funding options through Medicaid and Title IV-E.<sup>107,108</sup> While CFSA has been actively engaged in work over the past year to remediate these problems and there have been some very recent improvements, major, unresolved issues to Medicaid and, to a lesser degree, Title IV-E remain.

The District made a decision in 2009 to halt CFSA’s federal Medicaid claiming for Targeted Case Management (TCM) for social workers until an infrastructure could be strengthened and institutionalized to ensure an accurate billing methodology coupled with a well-functioning internal quality assurance process to verify the accuracy and consistency of documentation of the billing process. Originally, Medicaid claiming was to be resumed by July 2010, however, to date, Medicaid claiming has resumed in only a very limited way for the Healthy Horizons Assessment Center (HHAC) and the work between CFSA and the Department of Health Care Finance to determine parameters for billing the nurse care managers under the Medicaid Targeted Case Management option has been moving forward very slowly. Steps to begin claiming federal funds under the Medicaid rehabilitation option are also on hold for the time being.

<sup>107</sup> Federal Title IV-E reimbursement can be obtained for two categories of costs; 1) Maintenance Costs and 2) Administrative Costs. Maintenance claims cover basic costs for the care of a child, such as room, board, board payments to foster parents, clothing and transportation. Maintenance costs can be claimed on a child specific basis if the child meets all Title IV-E eligibility requirements.

<sup>108</sup> Federal Medicaid reimbursement can be obtained for Targeted Case Management (TCM). TCM is considered to be the process of referral, coordination and monitoring of medical, social, educational and other services. TCM can not include payment for direct medical, educational or social services to which a Medicaid-eligible individual has been referred. Research gathering and completion of documentation, assessing adoptive placements, recruiting or interviewing potential foster parents, serving legal papers, conducting home investigations, providing transportation, administering foster care subsidies and making placement arrangements are prohibited

DHCF and CFSA have chartered a work group to develop and implement a plan to more comprehensively access federal Medicaid resources to support the needs of children and youth in foster care in the District of Columbia. With short-term and longer-term goals in mind, this work group is initially focused on claiming and documentation to support Medicaid claims for CFSA's Healthy Horizons Assessment Center (HHAC) and Nurse Care Manager Program.

In view of the District's overall budget climate and limited local funds, there is strong support from the Mayor's office, the Department of Health Care Finance (DHCF) and CFSA leadership to successfully claim federal revenue and increase the availability of federal fund resources. The CFSA Interim Director convenes a bi-weekly meeting with members of the leadership team to track actions underway to gain appropriate federal approvals and to put in place the documentation and quality assurance systems needed to be successful in gaining additional federal revenue.

As a result, there are some recent, notable accomplishments related to Title IV-E.<sup>109</sup> CFSA has increased the amount of Title IV-E revenue during the last three years through a concerted effort to increase the Title IV-E penetration rate. CFSA has recently made progress by beginning to claim for 18, 19 and 20 year olds who meet Title IV-E eligibility criteria under the federal Fostering Connections amendments. While a revised Public Assistance Cost Allocation Plan (PACAP) has not been approved, recent deferrals and disallowances for foster care and adoption claims have been rescinded.

Specific actions during this monitoring period include:

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

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

Between January and June 2011, CFSA worked closely with all of the congregate care providers to gather needed expenditure information to be able to successfully negotiate an updated, standardized Title IV-E rate for reimbursement with the federal government's Administration for Children and Families (ACF) that is more representative of the services being provided, specifically those that are eligible for federal reimbursement.

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<sup>109</sup> Some of these accomplishments related to Title IV-E are directly related to the development and implementation of a joint work strategy with ACF to resolve remaining issues coupled with follow up from top level leadership. The CFSA Interim Director has been in twice monthly contact with ACF to assess outstanding matters and develop the required corrective strategies.

This proposed rate setting methodology in the form of revised *Standard Operating Procedures for Reporting and Allocating Expenditures of Congregate Care Providers* (SOP) was submitted to ACF on July 26, 2011. As of the writing of this report, there has been no approval.

CFSA has developed a *Rate Setting Methodology Work Plan* for family-based private agencies with a target date of December 31, 2011 to obtain official, written approval from ACF.

➤ *Title IV-E State Plan Amendment: Guardianship Subsidies, Extend Foster Care Eligibility to Age 21 and Foster Care Candidacy*

CFSA submitted a State Plan amendment to ACF to allow additional federal claiming for guardianship subsidies and to extend foster care eligibility to the age of 21, both now permissible under the *Fostering Connections to Success and Increasing Adoptions Act*<sup>110</sup>. Included in this State Plan amendment was a proposal to begin claiming pre-placement administrative costs for those children and youth at imminent risk of entering foster care.

The District was approved to begin claiming for guardianship subsidies prior to this monitoring period. In June 2011, CFSA was notified of State Plan approval to extend the age of foster care, adoption and guardianship eligibility to cover youth aged 18 to 21 who are enrolled in a secondary education program, vocational or other program to promote employment, employed 80 hours per month or incapable of doing so as a result of a medical condition. As a result, \$1.7 million has been claimed in Federal Fiscal Year 2011 (October 1, 2010 – September 30, 2011) for youth between the ages of 18 and 21.

In July 2011, CFSA was notified by ACF that the State Plan amendment to seek reimbursement for those children and youth who are at risk of entering foster care or candidates for foster care was not approved. ACF noted concerns about the lack of appropriate documentation from CFSA and the Family Court to indicate whether or not the child or youth would be placed in foster care absent prevention services in the Family Case Plan and court order. CFSA submitted claims for the period October through December 2010 in the amount of \$73,799.00, which have been disallowed. Claiming for foster care candidacy will remain on hold until this portion of the State Plan amendment is approved.<sup>111</sup>

CFSA, with assistance from a consultant, submitted a revised Public Assistance Cost Allocation Plan (CAP) to ACF on September 30, 2010 and more recently on March 31, 2011.

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<sup>110</sup> HR 6893: Fostering Connections to Success and Increasing Adoptions Act of 2008 amended parts B and E of Title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, improve incentives for adoption, and for other purposes.

<sup>111</sup> As of November 17, 2011, CFSA reports that they have received verbal notification of ACF approval for this change.

As of this report, the CAP has not been approved. Additional work is needed to resolve these federal claiming issues with ACF.

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

As mentioned earlier, CFSA and DHCF have chartered a work group to develop a plan to address Medicaid reimbursement issues, including the implementation of CFSA's Nurse Care Manager Program, CFSA's partnership with the Administrative Services Organization (ASO) to conduct quality assurance on potential claims for the HHAC, and the re-establishment of the Medicaid Rehabilitation option. Longer term goals for this workgroup include; 1) improving services for older youth with developmental disabilities, 2) obtaining Medicaid reimbursement for the DMH wraparound program, and 3) considering the role of Managed Care Organizations (MCO's) in providing health care for children in foster care are longer term goals of this workgroup.

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

To address long standing unresolved policy differences between CFSA and DHCF, the workgroup is working to more clearly define the role of the nurse care manager in providing targeted case management services and the resulting documentation through the provision of DHCF guidance and Targeted Case Management Nurse Care Management regulations.

Federal claiming for the costs of the Nurse Care Manager Program will remain on hold until this portion of the State Plan amendment is approved. It is currently funded with local funds.

➤ *Partnering with the Administrative Services Organization (ASO) to conduct quality assurance for potential Medicaid claims for the Healthy Horizons Assessment Center (HHAC).*

CFSA bills Medicaid for the direct service costs of the HHAC Nurse Practitioners who provide pre-placement screening and health assessments and has been doing so since December 2009. Medicaid claims for the services totaled approximately \$364,000 for Fiscal



Year 2011. CSFA is working closely with the ASO to finalize the regulatory framework for the Clinic and develop documentation guidelines.

➤ *Re-establishing the Medicaid Rehabilitation Option*

Before resuming Medicaid Rehabilitation claiming, the District has determined that issues regarding Medicaid funded Targeted Case Management must first be resolved. DHCF and CFSA have set a goal to resolve these issues internally and with CMS within the next six to twelve months.

#### IV. IMPLEMENTATION OF 2011 STRATEGY PLAN

Implementation of 2011 Strategy Plan through September 30, 2011				
Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
<b>A. GOAL: CHILD SAFETY</b>				
1. INVESTIGATIONS (Strategy Plan to Achieve Outcomes 1 and 2)				
Strategy Plan A.1.a	a. <u>Policy</u> i. CFSA will review and modify, if necessary, its investigations policy to ensure clarity on the definition of quality investigations consistent with DC statute (including reasonable efforts to prevent removal and investigations of relative resources) and the definition included in the 2010-2011 Implementation and Exit Plan.	September 30, 2010	Yes	CFSA finalized the Investigations Policy in April 2011. The policy acceptably defines roles, responsibilities and activities required during an investigation.
	ii. CFSA will complete a CPS investigations practice guide consistent with CFSA policy.	September 30, 2010	Yes	CFSA finalized the CPS Investigations Practice Manual in April 2011. <sup>112</sup> The document is comprehensive in scope, creating clear standards to help improve the quality and timeliness of investigations. It also expands on, and is consistent with, the Investigations Policy.
	iii. CFSA in collaboration with the Child Advocacy Center (CAC) and the Metropolitan Police Department (MPD) will review the current memorandum of Understanding (MOU) and existing policy to modify policy as necessary to increase appropriate utilization of the CAC. Practices to implement the policy and MOU on the use of the CAC will be reflected in the CPS investigations practice guide.	September 30, 2010	Partially	CFSA's Investigations Practice Operations Manual references both the District of Columbia's 2003 Memorandum of Understanding on Child Physical Abuse Investigation, Prosecution and Prevention (2003 MOU) which established a multidisciplinary team (MDT) of

<sup>112</sup> The CPS Investigation Practice Manual can be found at:  
<http://cfsa.dc.gov/DC/CFSA/About+CFSA/Who+We+Are/Publications/CPS+Investigation+Practice+Manual>

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
				professionals to “work in concert” to address the needs of child victims of sexual abuse and the 2003 District of Columbia Memorandum of Understanding and Inter-Agency Agreement on Child Maltreatment and Joint Investigations (2003 IAA). The Manual outlines the role of the CFSA social worker, police officer and multidisciplinary team of professionals in both joint and CFSA investigations.
	iv. In consultation with the Children’s Research (CRC), CFSA will recalibrate the risk assessment tool to address reliability of risk assessment process, pending available budgetary resources.	September 30, 2010	No	During FY2011, the CRC completed a preliminary study. CFSA reports they do not have the budgetary resources to complete a more comprehensive study.
Strategy Plan A.1.b	b. <u>Practice</u> i. CFSA will develop the capacity (in-house or contracted) to ensure that Family Team Meetings (FTMs) occur prior to a child’s removal unless the child is at imminent risk of harm or prior to filing a petition for removal with Superior Court. <sup>113</sup>	December 31, 2010	Partially	CFSA has the staffing capacity to conduct pre-removal FTMs that are currently requested. However, CFSA has not yet implemented systems and practices to fully identify families with a child who is at risk of removal and use FTMs in advance of emergency removals. Once the family identification referral process is improved, FTM facilitation capacity will need to be re-assessed.

<sup>113</sup> Exclusions to the FTM exit standard includes cases where criminal charges are pending, the Children’s Advocacy Center is involved or the family refuses to participate. (IEP Section I.B.7.a.)

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
	ii. CFSA will identify any additional action steps necessary to implement the investigative practice recommendations from the Monitor's report <sup>114</sup> and implement such action steps or provide rationale as to why the Agency is choosing not to implement the recommendations.	September 30, 2011	Yes	No additional action steps have been identified.
	iii. CFSA will develop and define the process for comprehensive reviews of families with four or more reports of abuse and neglect which may include the investigations program manager, the current investigative worker, the Office of Clinical Practice, Collaborative workers and others who have prior familiarity with the family.	November 1, 2010 <sup>115</sup>	Partially	CFSA did not meet the proposed November 1, 2010 due date and requested a modification to March 2011. However, this strategy is still in testing phase and CFSA reported on September 23, 2011 that is has not yet been institutionalized. The plan is that an investigations supervisor review a family's history with CFSA to determine whether the current report is the family's fourth or greater report and conduct a review during one of the already established meetings within the Child Protective Services Administration, including: 1) enhanced grand rounds <sup>116</sup> ; 2) 18-day review <sup>117</sup> ; or 3) transfer staffing.

<sup>114</sup> Center for the Study of Social Policy, *An Assessment of the Quality of Child Abuse and Neglect Investigative Practices in the District of Columbia* (May 24, 2010).

<sup>115</sup> CFSA requested an extension to March 2011 because they intended to include guidance on this requirement in the revised Investigations Policy which was not due until September 30, 2011. The Monitor did not concur with this date change because the need to implement comprehensive reviews of families with four or more reports of abuse and neglect dates back to the original MFO and still had not been implemented at the time of the request.

<sup>116</sup> Representatives including Child Protective Services, In and Out of Home care workers, supervisors, program managers, the Office of Clinical Practice, Office of the General Counsel and Quality Assurance review a random selection of three open investigations per month for the purpose of ensuring and assessing the quality of these investigations.

<sup>117</sup> Supervisors and the Program Manager are involved in these weekly reviews to improve the timeliness and quality of investigations.

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
	iv. CFSA will implement the comprehensive reviews of families with four or more reports of abuse and neglect which may include the investigations program manager, the current investigative worker, the Office of Clinical Practice, Collaborative workers and others who have prior familiarity with the family.	November 1, 2010	Partially	See Strategy Plan A.1.b.iii
	v. Investigators will seek the assistance of the CPS-assigned nurses and the Office of Clinical Practice professionals when needed for all investigations that present medical or mental health needs for the child(ren) and/or caregivers.	September 30, 2011	Yes	Both nursing and mental health professionals are available to investigators and are reportedly consulted as needed. Through planned focus groups and meetings with investigators and CFSA's Office of Clinical Practice staff, the Monitor will provide information on accessibility, utilization and effectiveness of these specialized services in a subsequent report.
Strategy Plan A.1.c	c. <u>Services During an Investigation</u> i. CFSA will identify and address current barriers to referrals for supportive services during an investigation in order to increase utilization of such services by families.	September 30, 2011	Unable to determine	CFSA reports that during an investigation, social workers work with OCP, HTFC and other community providers to identify resources, and that barriers to accessing services are addressed during supervision and 18-day reviews.

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
	ii. CFSA will develop a working group to determine an accurate baseline of potential referrals to the Collaboratives from CPS.	September 30, 2011	No	CFSA previously reported that as part of the FY2011 contracts, the Collaboratives provide CFSA with monthly data documenting each case opened and the services provided to each family. Further, effective July 15, 2011, the Collaboratives were to submit status reports on the following outcomes: the percentage of families receiving family supportive services whose children remain in the home at case closure and the percentage of services provided as requested by the referring CFSA social worker or the family. The Monitor has not received this information. Data provided to the Monitor by CFSA does not specifically track referrals by CFSA workers and data provided by the Collaboratives does not provide the information previously reported to be included in contracting.
	iii. CFSA will conduct a case review of children who are removed from their home for short periods of time to determine alternative strategies for keeping children safely in their homes.	September 30, 2011	Yes	CFSA's review of cases with short stays was completed. CFSA reports the review found that more than half of removals with short stays were due to absence or unavailability of a parent or guardian, due to incarceration,

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
				hospitalization, abandonment or intoxication. <sup>118</sup> Strategies for addressing findings are under development.
Strategy Plan A.1.d	<p><i>d. Supervision of Practice</i></p> <p>i. CFSA will ensure supervisory consultation in advance of the investigative worker going into the field to guide the social worker prior to initiating the investigation.</p>	September 30, 2011	Partially	As required by policy, supervisory social workers consult with investigation social workers prior to the social worker going into the field. The Monitor has found documentation of such consultation and, though not yet fully consistent, this appears to be an emerging practice.
	<p>ii. CFSA will ensure that program managers and supervisors review open investigations at the 18<sup>th</sup> day to discuss and resolve barriers to timely and safe closure, and document those efforts in the investigation file.</p>	September 30, 2011	Partially	The 18-Day Review process was institutionalized in 2009 and is an ongoing strategy of CFSA's CPS Administration to improve the timeliness and quality of investigations. The Monitor has found increasing evidence in case records of documentation of these supervisory reviews.

<sup>118</sup> The District's Citizen's Review Panel, mandated by the Child Abuse Prevention and Treatment Act, is composed of concerned District residents who want to ensure that children and families are receiving appropriate services and supports to ensure their safety and general well-being. The Panel completed a review of 27 records regarding 41 children removed from the custody of his or her parent/caretaker between January 1, 2009 and June 30, 2009 and who returned to their caretaker within 120 days of their removal. The Panel released a report of findings in September 2011. The Panel found that CFSA was generally correct in having significant concerns about the families but was often wrong to conclude that removing children from their families on an emergency basis was necessary to address those concerns. Additionally, the Panel found the majority of children safely returned to their families and did not suffer repeat maltreatment, a fact that the Panel concluded attests to the need for significant reforms to prevent unnecessary removals. As of the writing of this report, CFSA is preparing a formal response to the Panel's final report. CFSA's internal review of cases with short stays found that 50 percent were due to parental arrest (sometimes short-term) and inability to quickly identify family resources.

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
	iii. CFSA will ensure that investigations that exceed the 30-day time frame for completion have just cause, approved by a supervisor, reflected in FACES.NET.	Beginning in June 2010	Yes	CFSA is closely tracking investigations opened for more than 30 days and documenting reasons for extensions. The Monitor has been able to review and is satisfied with documentation related to extensions on investigations.
	iv. CFSA will ensure that investigations that exceed the 30-day time frame for completion are reviewed weekly by supervisors and program managers to ensure safe closure as soon as possible.	September 30, 2011	Yes	The 18-day review process is an ongoing strategy within CPS to improve the timeliness and quality of investigations. This weekly process is utilized by supervisors and program managers to review investigations exceeding the 30-day timeframe to identify barriers and ensure safe and timely closures.
Strategy Plan A.1.e	e. <u>Training</u> i. The Child Protection Services (CPS) pre-service training curriculum will be completed and will reflect any changes to policy as well as the CPS practice guide.	By November 2010	Yes	The CPS Investigations Practice Guide was revised and incorporated into pre-service training in December 2010. All new incoming staff are exposed to aspects of investigations practices in the classroom with staff assigned to conduct investigations receiving on-the-job training while assigned to a training unit. CFSA reports CPS staff were trained on the Investigations Practice Guide in April 2011, however, this has not been verified by the Monitor.



**Implementation of 2011 Strategy Plan through September 30, 2011**

<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
	ii. The CPS pre-service training curriculum will be used for any new staff or supervisors assigned to investigations.	Beginning Dec 2010 & on-going.	Yes	
	iii. All investigators and supervisors will be trained on the CPS Investigations Practice Guide.	By May 2011	Yes	CFSA reports that the CPS Investigations Practice Manual has been incorporated into pre-service training since December 2010. The Monitor is not aware of supervisor training on the Practice Manual.
Strategy Plan A.1.f	f. <u>Quality Assurance</u> i. CFSA will ensure the effective, continuing use of CPS quality assurance measures: ChildStat (at least one investigation every six months), Grand Rounds (two open investigations reviewed per month) and the validation of five hotline call reviews per month.	Ongoing	Yes	Child Stat and Grand Rounds continue on a routine basis. Between January and June 2011, 38 hotline calls were reviewed.
	ii. Quality Assurance (QA) staff will complete 10 reviews of randomly selected investigations each quarter for 12 months using a shortened version of the tool used by the Court Monitor. The sample will consist of investigations that have been closed within 15 days of the review date. The QA staff will work with the Court Monitor to validate these findings.	Beginning in July 2010	Yes	CFSA's QA Division continues to review 10 randomly selected records of investigations completed each quarter; the Monitor conducts a secondary review of each instrument and presents any discrepancies to QA in order to determine a final response to each question. The Monitor intends to use the validated data from this process to report on the quality of investigative practice until a review of another statistically valid sample of investigations is undertaken.

**Implementation of 2011 Strategy Plan through September 30, 2011**

<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
	<p>iii. CFSA will ensure that through weekly case reviews, program managers and supervisors will identify barriers and practice concerns related to the timeliness and quality of the investigations. This will include reviewing documented efforts to obtain information from collateral contacts and documentation of case staffing held with ongoing social workers, when applicable, to inform the investigation regarding the immediate safety of all children and the risk factors present for the child and family and to address safety issues identified by the investigator.</p>	Ongoing	Yes	CFSA reports that CPS uses weekly supervision with supervisors and program managers, weekly 18-day reviews, Grand Rounds and case staffing transfers to identify barriers, enhance practice, and ensure quality, safe and timely completion of investigations.
<b>2. SERVICES TO FAMILIES AND CHILDREN TO PROMOTE SAFETY, PERMANENCY AND WELL-BEING (Strategies to Achieve Outcome 3)</b>				
Strategy Plan A.2.a	<p>a. <u>Practice</u></p> <p>i. CFSA will ensure that a team comprised of the assigned social worker, family support worker, and nurse care manager (for children in foster care) will in each case:</p> <p>a. assess and properly and timely identify service needs,</p> <p>b. make referrals for identified community-based services, and</p> <p>c. take any follow-up action to confirm access to and provision of identified services.</p>	Beginning July 1, 2010	Yes	CFSA reports that they have begun implementation of this strategy although they do not have a process in place at this time to track consistent implementation and have determined that creating a system to track this would not be an effective use of resources.
	<p>ii. CFSA will ensure that team meetings are held with the family and other team members within the first 30 days of case opening to identify service needs and to plan for service provision.</p>	Beginning July 1, 2010	Unable to determine	CFSA reports that they have begun implementation of this strategy although they do not have a process in place at this time to track consistent implementation. There is no data report currently available to capture whether team meetings are held with the family and other team members within the first 30 days of a case opening.

**Implementation of 2011 Strategy Plan through September 30, 2011**

<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
	iii. CFSA will ensure that team meetings are held with the family and other team members at critical decision points throughout the life of the case (i.e., placement changes, significant life changes; permanency decision-making).	Beginning October 1, 2010	Unable to determine	CFSA reports that they have begun implementation of this strategy although they do not have a process in place at this time to track consistent implementation. There is no data report currently available to capture whether team meetings are held with the family and other team members at critical decision points throughout the life of the case.
Strategy Plan A.2.b	b. <u>Supervision</u> i. CFSA will conduct verification of the identification of service needs and service provision through weekly supervision and through monthly continuous quality improvement case reviews completed by supervisors and program managers. Program managers will complete three reviews a month per program area and supervisors will complete two reviews a month per unit.	By July 1, 2010	Partially	CFSA has begun implementation. The Monitor has been unable to verify the extent to which this strategy plan item has been implemented. <sup>119</sup>
Strategy Plan A.2.c	c. <u>Community-Based Services</u> i. CFSA will develop targets of the number of families to be served in FY2011.	September 30, 2010	Partially	This was done as a part of contract negotiations. Targets were set based on allocation of available resources, not an assessment of need.
	ii. CFSA, based on the targets developed, will ensure that resources and protocols are in place to meet the targets.	September 30, 2010	Yes	Funding for the Collaboratives for FY2012 reflects \$637,838.00 in budget reductions overall from the

<sup>119</sup> FACES.net report CMT369 Supervisory Case Consultations for Foster Care Cases and CMT284 Supervisory Case Consultations for Family Cases indicate a limited number of cases with documented case consultations during the month of September 2011. The Monitor needs to explore this issue further with CFSA to better understand the extent of implementation of this Strategy Plan item.

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
	<p>iii. CFSA will convene the joint Implementation Committee and develop a plan and begin to implement, pending available budgetary resources, the findings of the recently completed Partnership for Community Based Services (PCBS) <i>First Year Evaluation Report</i> to enhance and sustain the functioning of the PCBS.</p>	September 30, 2010	Partially	<p>previous year and a reduction of 807 families targeted to be served in FY 2012.</p> <p>An update from the Joint Implementation Committee on the Practice Protocol and other strategies in the work plan is currently pending.</p>
<p>Strategy Plan A.2.d</p>	<p>d. <u>Service Array</u></p> <p>i. CFSA will maintain the Rapid Housing program for families at risk of entering foster care or in need of housing assistance for reunification.</p>	September 30, 2011	Yes	<p>The Rapid Housing Program for families at-risk of entering foster care or in need of housing assistance for reunification is currently in place. The Program is funded in the amount of \$1,047,000 for FY2012, which is the same amount as in FY2011. The Program is well-utilized by youth who have aged-out of foster care.</p>
	<p>ii. The District will seek possible federal grants available to support housing assistance/ housing choice vouchers to support family reunification.</p>	September 30, 2011	Yes	<p>In partnership with the District of Columbia Housing Authority, CFSA reapplied for Federal Family Unification Program funding on December 1, 2010.</p>

**Implementation of 2011 Strategy Plan through September 30, 2011**

<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
<b>3. VISITATION (Strategy Plan to Achieve Outcomes 4, 5, 6, 10 and 11)</b>				
Strategy Plan A.3.a	a. <u>Policy</u> i. CFSA will develop policy regarding the responsibilities of social workers and other team members charged with visiting families and children to assess the safety of children at every visit involving families receiving in home services and children in out of home care.	April 2011	(Policy developed; implementation in process.)	CFSA adopted a new visitation policy in April 2011. The policy highlights the importance of the social worker assessing the safety and risk of children who remain in their parent's home. Implementation of the policy is in process.
	ii. CFSA will develop visitation schedule template(s) to be used in worker and team member visits to families with children in out-of-home placement, visits to parents and parent-child visits.	September 30, 2011	Partially, template developed and being tested	CFSA is testing implementation of draft visitation schedule templates.
	iii. CFSA will re-examine the current rules governing the use of supervised parent-child visitation to determine if a broader array of staff, contractors, relatives and foster parents could provide supervision and make revisions as needed. Based on that review, CFSA will, develop a policy on criteria guiding the appropriate use of supervised and unsupervised visitation.	September 30, 2011	No	CFSA is working to update the visitation policy.
Strategy Plan A.3.b-c	b. <u>Worker Visitation to Families Receiving In-Home Services</u> i. For all new in-home cases, the CFSA social worker will discuss the purpose and frequency of visits with the family, will schedule one of the two monthly visits with the family and will review the visitation schedule with their supervisor. The scheduled visit does not preclude the ability of social workers to make unannounced visits.	February 2011	In process	CFSA adopted a new visitation policy in April 2011. CFSA is currently testing implementation of draft visitation schedule templates.

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
	<p>c. <u>Worker Visits to Children in Out-of-Home Placement</u></p> <p>i. For all initial placements and re-entries into foster care, social workers will engage parents and foster parents in the development of written visitation schedules outlining when and where caseworker-child visits will occur and the purpose of the visits. Social workers will document the discussion and the refusal or inability of parents or foster parents to participate in this conversation.</p>	February 2011	In process	CFSA adopted a new visitation policy in April 2011. CFSA is currently testing implementation of draft visitation schedule templates.
Strategy Plan A.3.d.	<p>d. <u>Parent-Child Visitation</u></p> <p>i. For all initial placements and re-entries into foster care, social workers will engage parents in the development of written visitation schedules outlining when and where parent-child visits will occur and the purpose of the visits. Social workers will document the discussion and the refusal or inability of parents to participate in this conversation.</p>	February 2011	In process	CFSA is currently testing implementation of draft visitation schedule templates.
	<p>ii. CFSA will explore the feasibility, make recommendations and develop strategies to increase visitation between children and their parents. These strategies may include, but are not limited to, permitting visitation to occur in the parent's home, expansion of community-based visitation centers, utilization of foster parents and/or relatives to supervise visitation, and utilization of contracted service providers to supervise visitation.</p>	December 31, 2010	No	CFSA reports that the visitation template which is being tested now and will be fully implemented in 2012 includes discussion with families about the location of visits. To the Monitor's knowledge, other strategies to increase visitation have not been fully explored. <sup>120</sup>

<sup>120</sup>During the Monitor's site visit to one of the local Collaboratives, it was reported that the community-based visitation center available through the Collaborative was greatly underutilized.

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
Strategy Plan A.3.e.	<p>e. <u>Visits to Parents</u></p> <p>i. For all initial placements and re-entries into foster care, social workers will engage parents in the development of written visitation schedules outlining when and where caseworker-parent visits will occur during the first three months post-placement and the purpose of the visits. Social workers will document the discussion and the refusal or inability of parents to participate in this conversation.</p>	February 2011	In process	CFSA is currently testing implementation of draft visitation schedule templates.
	<p>ii. CFSA will use a case review process to analyze data and contact information regarding the parent and social worker visits to ensure that the visitation is supportive of the permanency goal and issues identified in the visits are addressed and documented in the case plan. Program managers will conduct monthly three (3) case reviews and supervisors will conduct two (2) case reviews on a random selection of cases. Programs managers and supervisors will meet on a weekly basis or more frequently as necessary with workers to address quality and non-compliance issues.</p>	May 2011	Unable to determine	CFSA has begun implementation. The Monitor has been unable to verify the extent to which this strategy plan item has been implemented. <sup>121</sup>
	<p>iii. The social worker, Nurse Care Manager<sup>122</sup>, and/or Family Support Workers will update notes in FACES.NET providing a status of the visit or state why the visit did not occur. At every visit, workers will discuss permanency goals, visitation requirements, and required action steps in the case plan during each parent/worker visitation and reflect the progress in the case notes.</p>	February 2011	No	The visitation template, which is currently being tested by staff, includes this requirement.

<sup>121</sup> FACES.net report CMT369 Supervisory Case Consultations for Foster Care Cases and CMT284 Supervisory Case Consultations for Family Cases indicate a limited number of cases with documented case consultations during the month of September 2011. This Monitor needs to explore this issue further with CFSA to better understand the extent of implementation of this Strategy Plan item.

<sup>122</sup> CFSA reports that due to changes to the NCM program, NCMs do not routinely make home visits.

**Implementation of 2011 Strategy Plan through September 30, 2011**

<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
Strategy Plan A.3.f-h	f. <u>Supervision</u> i. CFSA will ensure that through weekly supervision or review of contact notes, supervisors are ensuring that workers are assessing for safety at every visit and documenting their findings.	September 30, 2011	No	The visitation template, which is currently being tested by staff, includes this requirement.
	ii. CFSA will ensure that supervisors and program managers will complete monthly continuous quality activities to ensure documentation of the assessment of safety at each visit. Program managers will complete three reviews a month per program area and supervisors will complete two reviews a month per unit.	September 30, 2011	Unable to determine	CFSA has begun implementation. The Monitor has been unable to verify the extent to which this strategy plan item has been implemented. <sup>123</sup>
	iii. CFSA will ensure supervisory review of every child with a goal of reunification to ensure there is a written visitation plan and clear understanding among the family's team as to the visitation plan.	September 30, 2011	In process	The visitation template, which is currently being tested by staff, includes this requirement.
	g. <u>Training</u> i. As part of training on the implementation of CFSA's Practice Model, social workers and supervisors will be trained on the use of the protocol for assessing a child's safety at every visit; the use of the visitation templates; and the purpose of visits and how to connect each visit to the overall case and permanency plans.	September 30, 2011	No	A pilot training on the template was held in July and August 2011.

<sup>123</sup> FACES.net report CMT369 Supervisory Case Consultations for Foster Care Cases and CMT284 Supervisory Case Consultations for Family Cases indicate a limited number of cases with documented case consultations during the month of September 2011. This Monitor needs to explore this issue further with CFSA to better understand the extent of implementation of this Strategy Plan item.



**Implementation of 2011 Strategy Plan through September 30, 2011**

<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
	<p><i>h. <u>Quality Assurance</u></i></p> <p>i. CFSA will assure that private agencies develop and implement internal quality assurance systems for monitoring and evaluating their program performance on all visitation requirements and regularly develop and implement improvement strategies where necessary.</p>	July 2010	Yes	CFSA reports that QA systems were implemented in private agencies in December 2010.
<b>B. GOAL: PERMANENCY</b>				
<b>4. RELATIVE RESOURCES (Strategy Plan to Achieve Outcome 7)</b>				
Strategy Plan B.4.a.	<p><i>a. <u>Policy</u></i></p> <p>i. CFSA will implement the requirements of the Fostering Connections Act relating to the engagement of relatives as part of the routine Agency response to allegations of abuse or neglect in the family home.</p>	October 31, 2010	Yes	The requirements of the Fostering Connection to Success and Increasing Adoptions Act of 2008 were included in the Investigations Practice Operational Manual (IPOM) effective April 2011 and the Investigations Policy effective August 2011. CPS staff received training on the Act in April and August 2011.
	<p>ii. CFSA will develop policy (1) defining, consistent with federal law, which foster care licensing standards are “non-safety” in nature and, therefore, eligible for the exercise of waiver authority in relation to licensing kinship placements; (2) permitting temporary kinship licensing to be utilized in circumstances in which relative placement is determined to be in the best interest of the child and safety can be maintained; (3) age appropriate policy and age appropriate licensing standards for ensuring kinship placements for 18 to 20 year olds under Family Court jurisdiction who wish to live with identified and qualified kin. In developing these policies, CFSA shall reassess 29 D.C.M.R §6000.5 and whether its assignment of waiver authority to the Director remains appropriate.</p>	April 2011	Partially	The District’s newly revised and issued policy now includes the ability to waive non-safety requirements for relative and kin caregivers and permit temporary kin licensing. However, it does not delineate age appropriate licensing standards for kin placements for 18 to 20 year olds.

**Implementation of 2011 Strategy Plan through September 30, 2011**

<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
	iii. CFSA will develop and promulgate policy regarding full implementation of the temporary kin licensing agreement with Maryland.	September 30, 2011	No	CFSA reports that an agreement with Maryland has continued implementation of temporary kin licensing of relatives through this reporting period. A workgroup is using this agreement as the basis for full policy development.
Strategy Plan B.4.b.	<p><i>b. Practice</i></p> <p>i. CFSA will immediately and on an ongoing basis ensure that social workers take reasonable action to identify and assess relative resources, including, but not limited to:</p> <p>a. coordinating the initial FTM for families experiencing a removal, identifying relatives and inviting them to attend the FTM; and</p> <p>b. submitting a referral to the Diligent Search Unit when further assistance is needed, to expand the search to locate additional family members.</p>	September 30, 2011	Yes	Social workers are making referrals to the FTM unit. However, the rate of referrals for both at-risk and post-removal FTMs cannot be determined by the Monitor without additional data. There is no evidence that there is a process to ensure all reasonable actions to place children with relatives are being taken. The Diligent Search Unit has trained social workers on conducting searches for relatives and is available to receive referrals for such requests. Social workers attempt to identify relatives for placement but this is an area the Monitor believes needs additional attention.
<b>5. PLACEMENT OF CHILDREN (Strategy Plan to Achieve Outcomes 8 and 9)</b>				
Strategy Plan B.5.a. - c.	<p><i>a. Policy</i></p> <p>i. Consistent with CFSA policy on placement of children and youth in the least restrictive, most family-like setting, placement of a child in a congregate care facility will require documentation of the absence of an available family placement and CFSA will develop a transition plan for all children placed in congregate care.</p>	September 30, 2011	Partially	Efforts are made to place children in the least restrictive setting and there is documentation of the reason(s) a child is placed in a congregate setting. Plans to guide a child's transition from group care are expected to be an

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<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
				integral part of each child's case plan, but the Monitor has not seen evidence of consistent development of such plans.
	<p><i>b. <u>Placement Array</u></i></p> <p>i. A quarterly utilization review of available placement beds will be developed and implemented by the end of 2010, categorized by provider, type of placement, and access patterns. Commensurate modifications will then be made to contracts to ensure consistent access to placements appropriate to each child's needs.</p>	September 30, 2011	Yes	CFSA continues to conduct quarterly Placement Resources Utilization Reviews to help ensure that private agency contracts reflect the placement needs of children and youth entering care and will use this process to inform contracting.
	<p>ii. CFSA will reduce traditional congregate care placements by 30% as compared with the number of placements in January 1, 2010.</p>	December 31, 2010	Yes	As of December 31, 2010, 65 children and youth were placed in traditional group homes, compared with 77 children and youth in traditional group homes on January 1, 2010. This represented a 16 percent reduction in traditional congregate care placements. As of June 30, 2011, there were 41 children and youth placed in a traditional group home. This represents a 47 percent reduction from January 1, 2010. <sup>124</sup>
	<p><i>c. <u>Quality Assurance</u></i></p> <p>i. CFSA will prepare a monthly report of all children under the age of 12 in congregate settings reflecting the needs of each</p>	Beginning July 1, 2010	No	CFSA is able to produce a monthly report listing all children under the age of 12 placed in a congregate care

<sup>124</sup> The Strategy Plan was accomplished but not within the timeframe originally anticipated.

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Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
	child and whether they meet the established criteria for this placement. For those that do not meet the criteria, corrective actions will be taken to immediately place the child in a more appropriate setting.			facility for more than 30 days. As previously stated, in July 2011 the Monitor and CFSA came to agreement on the criteria under which children may remain in such placements. CFSA has not yet developed a process to assess those placements that are not appropriate and implement and track corrective actions to identify and move children to appropriate placements.
<b>6. APPROPRIATE PERMANENCY GOALS (Strategy Plan to Achieve Outcome 12)</b>				
Strategy Plan B.6.a.	<p><i>a. Policy</i></p> <p>i. CFSA will develop policies and protocols/MOUs for linking transitioning youth, as appropriate, to adult services (e.g., Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), and workforce supports and employment services, and local opportunities for mentors.</p>	January 10, 2011	Yes	By January 10, 2011, CFSA completed Administrative Issuance (AI) <i>Transition Planning for Youth</i> , which provides guidance related to transition planning for youth. Detailed in this AI are expectations related to the completion of the Ansell-Casey Life Skills Assessment, the role of the YTP Team, Individual Transition Independent Living Plans, and data entry requirements for the Office of Youth Empowerment database.
Strategy Plan B.6.b.	<p><i>b. Practice</i></p> <p>i. CFSA independent living specialists will provide consultation to social workers managing cases of youth ages 16 – 17 to complete the Ansell-Casey Life Skills Assessment.</p>	June 1, 2010	Partially	As of September 30, 2011, there were 722 youth ages 16 years and older. 338 of those 722 youth (47%) completed the Ansell-Casey Life Skills Assessment.

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Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
	ii. The Office of Youth Empowerment in partnership with CFSA and private agency social workers will begin facilitating Youth Transition conferences to plan for transition to adulthood and to explore other appropriate permanency goals for youth ages 18 to 20 that currently have an APPLA goal and no permanent or potential connection to an adult.	June 30, 2010	Yes	Close to 90 percent of youth between the ages of 18 and 20 have had Youth Transition Planning meetings. The impact of the specific efforts to explore other permanency goals for and with these youth is not clear. The Monitor will look more closely into this issue and provide an update to the next monitoring report.
	iii. CFSA will examine permanency options for youth ages 14 – 20 with an APPLA goal using best practices, e.g., permanency roundtables.	September 30, 2010	Yes	Youth aged 18 and older with any permanency goal are connected with a consultative social worker (i.e. Independent Living Specialist) to help support the transition planning. Youth between the ages of 14 and 18 still participate in semi-annual reviews through CFSA's Structured Progress Review (SPR) process. <sup>125</sup> Both processes aim to identify needs and strengths as youth begin transition planning, whether or not there are more appropriate permanency goals, and identify persons who, if engaged, would be willing and able to become lifelong supports.

<sup>125</sup> The Structured Progress Review (SPR) process replaced the Administrative Review process. Through the SPR process, there is an internal feedback mechanism between every case reviewed and the parties responsible for moving the case towards the achievement of permanency and safe case closure.

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<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
	iv. CFSA will issue an Request for Quotation (RFQ) for services not currently available to provide for the comprehensive, effective child-specific transitional services and support for youth with an APPLA goal. Contract(s) to provide these services will be in place by March 31, 2011.	March 2010	Yes	A solicitation was released in March 2011. Contracts were awarded on August 31, 2011 to Synergistic and Sasha Bruce Youthworks totaling approximately \$500,000. Services began in July 2011.
Strategy Plan B.6.c.	c. <u>Quality Assurance</u> i. CFSA will track and monitor the educational, employment, health and housing outcomes for youth with an APPLA goal.	December 31, 2010	No	The Office of Youth Empowerment tracks youth exiting care and identifies trends and areas of need. OYE staff enter information into the database, including but not limited to, where the youth is living, whether the youth is employed, whether the youth is connected to a life-long support or a Collaborative, and if the youth had health insurance when he or she aged out of foster care. The data is captured in a manual aging-out report. A formal report is not yet available, although CFSA reports it is in the process of analyzing the data.
	ii. CFSA, in partnership with Family Court through the Child Welfare Leadership Team, will monitor the number of youth given the goal of APPLA and will work with the Family Court to change the permanency goal for youth when guardianship and/or adoption opportunities are identified.	June 1, 2010	Yes	The Child Welfare Leadership Team (CWLT) is composed of leadership from CFSA, the Department of Mental Health, the Family Court and the Office of the Attorney General. They meet quarterly to review data on child welfare system performance and the necessary interfaces between CFSA and the Family Court in producing outcomes for children and youth. The

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Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
				Monitor participates in the CWLT meetings.
<b>7. REDUCTION OF MULTIPLE PLACEMENTS FOR CHILDREN IN CARE (Strategy Plan to Achieve Outcome 13)</b>				
Strategy Plan B.7.a.	<p><i>a. Policy</i></p> <p>i. CFSA will centralize all placement decisions within the CFSA Placement Administration eliminating all moves between and within private agencies without CFSA approval.</p>	December 2010 <sup>126</sup>	Partially	<p>As of March 2011, CFSA launched a centralized Placement Administration with systems and processes in place to manage placements of children from their own homes to non-relative foster homes and congregate care as well as replacements to non-relative foster homes and congregate care while children are in foster care.<sup>127</sup> The Placement Administration does not include kinship placements.</p> <p>In the Monitor's view, the centralization of placement decisions is not yet complete because it does not include kinship placements and not all of the private agencies are reporting placement moves.</p> <p>In addition, CFSA continues to work on bringing all of the private agencies into the process of consistently and fully collaborating on and sharing information about changes in placements with the Placement</p>

<sup>126</sup> CFSA requested an extension to March 2011 but the Monitor did not concur.

<sup>127</sup> Placements in residential treatment settings are managed between CFSA's Office of Clinical Practice and the District's Department of Mental Health.

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Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
				Administration. The Placement Administration works closely with Contracts Monitoring staff to understand the status of CFSA's private agency partners and plan for meeting the needs of the population of children and families currently being served.
	ii. CFSA will review and modify as appropriate, existing policy on placement to reflect all changes from the <i>LaShawn A.</i> Implementation and Exit Plan and current practice, and describing how children are to be initially assessed and placed.	September 30, 2011	Yes	In September 2011, the Placement and Matching policy was finalized to reflect changes from the <i>LaShawn</i> IEP.
Strategy Plan B.7.b.	b. <u>Licensure</u> i. CFSA will dually license foster homes to serve as both traditional and therapeutic placements.	September 30, 2011	No (Strategy modified; a new strategy is in process.)	The strategy to dually license homes as traditional and therapeutic placements has been modified. CFSA has developed competencies for therapeutic and traditional foster homes and is working to complete a training curriculum. The new plan will be for families to become certified to care for children and youth with traditional and therapeutic needs.
Strategy Plan B.7.c.	c. <u>Training</u> i. CFSA will explore the feasibility of using foster parents as co-trainers in the pre-service training for workers.	September 30, 2011	No	The Monitor is not aware that CFSA has explored the feasibility of using foster parents as co-trainers in the pre-service training for workers.



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<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
	ii. CFSA, in collaboration with DMH and the Resource Parent Training Coalition, will develop and implement a skill-based curriculum for training all foster parents to provide therapeutic placements.	September 30, 2011	Partially	CFSA reports that a workgroup including representatives from the Department of Mental Health (DMH), the Foster and Adoptive Parent Advocacy Center (FAPAC), private agencies and the training and placement units and chaired by a representative from CFSA's Community Services Administration will develop a specialized training curriculum to ensure all foster parents are offered training needed to care for children with therapeutic needs to permit foster parents to be dually certified. CFSA has not proposed a date for completion of the curriculum or training or for a certification process.
	iii. CFSA, in collaboration with DMH and the Resource Parent Training Coalition, will develop therapeutic foster parent competencies and ensure all training activities build these competencies.	September 30, 2011	Partially	The workgroup has developed competencies and curriculum is under development.
<b>8. TIMELY APPROVAL OF FOSTER PARENTS (Strategy Plan to Achieve Outcome 14)</b>				
Strategy Plan B.8.a-b	a. <u>Policy</u> i. CFSA will review and seek to modify applicable regulations to better facilitate timely licensure, and to eliminate or waive the fire inspection fee.	September 30, 2011	Partially	Emergency rules became effective on August 2, 2011 which amend 29 DCMR § 6026 and require CFSA to notify a prospective foster parent applicant in writing within 150 days of the applicant beginning training of its decision whether to recommend the

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Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
				<p>applicant be approved as a foster parent and to issue or deny the application.</p> <p>CFSA reports that they have had an agreement with the DC Fire Department since 2009 that exempts foster parents from paying the fire inspection fee. The fee has not been waived for foster homes in Maryland and CFSA reports that they do not have the authority to influence that.</p>
	<p><i>b. Licensure</i></p> <p>i. CFSA will modify and update administrative processes to facilitate a more timely licensing process. These include:</p> <p>a. beginning the home studies process earlier during pre-service training;</p> <p>b. beginning 30/60/90 day reviews of each applicant completed by the licensing supervisor and worker; and</p> <p>c. streamlining the required documents.</p>	<p>September 30, 2010</p>	<p>Yes</p>	<p>In an effort to expedite the licensure process, prospective resource parent(s) are assigned to a worker who will be responsible for conducting their home study shortly after they begin pre-service training. Data provided by CFSA demonstrates that the vast majority of prospective resource parent(s) enrolled in pre-service training classes for the months of August and September 2011 were assigned to a worker less than 30 days after beginning training. Throughout pre-service training, a prospective resource parent(s) is given documents to complete related to the home study in order for both processes to occur simultaneously.</p>

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Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
				<p>Supervisors are required to conduct 30, 60, and 90 day reviews of applications with workers and to document such reviews in a form that CFSA has created for this purpose. CFSA reports that these meetings are occurring and are recorded within FACES.net. The Monitor has not validated this information.</p> <p>As previously reported, CFSA completed a year-long program sponsored by the District government for public agency managers to streamline the administrative process of licensing prospective resource parent(s). The workgroup examined over 40 documents and forms and eliminated those that did not add value to the process.</p>
<p><b>9. LEGAL ACTION TO FREE CHILDREN (Strategy Plan to Achieve Outcome 15)</b></p>				
<p>Strategy Plan B.9.</p>	<p>9. Beginning with petitions to Terminate Parental Rights (TPRs) filed in January, 2010, the Office of the Attorney General will review all pending TPRs regularly and will provide data quarterly to the CFSA Director for use in collaboration with the Court on cases that have not been resolved. For any TPR pending more than six months without appropriate court action scheduled to move the matter forward, OAG will take appropriate action to attempt to move the case to disposition.</p>	<p>September 30, 2011</p>	<p>Yes</p>	<p>Each of the section chiefs within the Family Services Division of the Office of the Attorney General prepare an update on all pending TPRs and provide this update to the CFSA Interim Director on a quarterly basis. This report is then reconciled on a quarterly basis with the court.</p>

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Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
10. TIMELY ADOPTION (Strategy Plan to Achieve Outcome 16)				
Strategy Plan B.10.a.	<p><i>a. Policy</i></p> <p>i. CFSA will formulate and publish official Agency policy by describing how permanency planning is to be undertaken and how permanency goals are to be facilitated and achieved including clarifying the roles of permanency specialists, social workers with case management responsibility, private agency social workers and adoptions workers.</p>	April 2011	Yes	CFSA's permanency planning policy went into effect on May 24, 2011.
Strategy Plan B.10.b.	<p><i>b. Practice</i></p> <p>i. CFSA will immediately and on an ongoing basis assure the effective and routine use of the Permanency Opportunities Project model to achieve timely permanency for children.</p>	December 17, 2010 and Ongoing	Yes	
	<p>ii. For children not in an approved adoptive placement, CFSA shall convene a permanency planning team meeting to develop a child-specific recruitment plan, which may include contracting with a private adoption agency for those children without an adoptive resource.</p>	September 30, 2011	Yes	When assigned, the recruiters are responsible for ensuring that permanency planning teams occur within 95 days of a goal changing to adoption. Between January 1, 2010 and December 31, 2010, there were 70 children whose goal changed to adoption. <sup>128</sup> Of the 68 children of whom were applicable to this measure, 31 (46%) had a permanency planning team staffing within 95 days of the goal change. CFSA reports and the Monitor agreed after reviewing documentation that a child-specific recruitment plan was not needed,

<sup>128</sup> For two children it has not yet been 95 days since their goal was changed.

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<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
				therefore a permanency planning team staffing was unnecessary for remaining 37 children. <sup>129</sup>
	iii. CFSA social workers will provide the referral package to the matching unit to determine if a waiting family is a good match for the child; CFSA will ensure the matching unit sends the referral package to the recruitment unit if no available match for child specific recruitment.	September 30, 2011	Yes	The recruiters ensure that the Matching Unit <sup>130</sup> has all the information needed to assess whether or not there is a potential match with a family already approved and waiting for an adoptive child or youth to be placed.
	iv. CFSA recruitment staff will use web-based technology (e.g. social network sites) to locate potential adoption resources.	June 1, 2011	Yes	There is currently an online community and resource center for current and future foster and adoptive parent(s) in the District of Columbia, which provides up-to-date information on orientation sessions for prospective foster and adoptive parents as well as upcoming community events. The site can be found using the following web address: <a href="http://www.facebook.com/kidsneedfamilies">www.facebook.com/kidsneedfamilies</a> .
	v. CFSA recruitment staff will conduct case mining and Family Finding activities to locate family member.	October, 2010	Yes	CFSA reports this is the practice of the recruitment staff.

<sup>129</sup> Reasons for which a child-specific recruitment plan would not be needed include: an adoption petition was already filed, a letter of intent to adopt was already signed or the child's goal has since been changed. CFSA provided the Monitor with documentation of these reasons for the 37 children for whom a staffing was not held.

<sup>130</sup> The matching unit is housed within CFSA's Out-of-Home Permanency Administration and is responsible for providing information to social workers about the availability of adoptive families for waiting children and youth in the District of Columbia.

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<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
Strategy Plan B.10.c.	<p>c. <u>Service Array</u></p> <p>i. CFSA will assess the current array of post-adoptive services. In making this assessment, CFSA will review internal performance and program data and will consult with the Foster and Adoptive Parent Advocacy Center (FAPAC), the Post-Permanency Center and others, as appropriate, to identify priority needs and develop plans to meet them.</p>	Dec. 1, 2010	Yes	CFSA has completed an assessment of the current array of post-adoption services. <sup>131</sup>
Strategy Plan B.10.d.	<p>d. <u>Supervision</u></p> <p>i. The CFSA Out of Home and Permanency Administrators will conduct individual meetings with social workers and permanency specialists as needed to assess barriers and identify strategies to remove barriers that prevent permanence for those children with a goal of adoption and with an identified resource. Permanency specialists will track and follow-up actions steps from the permanency barrier staffing every 30 days.</p>	September 30, 2011	Yes	Permanency Barrier staffings are occurring.
	<p>ii. CFSA recruitment supervisors will review a daily management information system report to track children newly assigned the goal of adoption and working with social workers to complete the referral package if no adoptive resource is identified.</p>	September 30, 2011	Yes	CFSA recruitment supervisors review a weekly management report to track children newly assigned the goal of adoption.

<sup>131</sup> CFSA's assessment found that additional therapists must be trained in post-adoptive challenges to better meet the needs of children and youth with mental health needs or who may have experienced the trauma of multiple placement disruptions. CFSA needs to increase and expand the opportunities for families to have access to needed respite care. CFSA needs to expand the availability of community based in-home services, specifically for older kin caregivers who may have certain physical challenges related to caring for younger children. CFSA needs to ensure the availability of meeting and training sites in counties where many District children and youth currently reside, including Southern Prince George's County and Charles County, Maryland. CFSA needs to provide information on available services and supports to families in counties outside the District of Columbia.

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<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
Strategy Plan B.10.e.	e. <u>Training</u> i. CFSA recruitment staff will be trained in case mining and family engagement to enhance capacity for identifying and engaging potential permanency resources.	June 2011	Yes	Training in case mining and family engagement was completed in March 2011. Two supervisors and seven staff participated.
Strategy Plan B.10.f.	f. <u>Quality Assurance</u> i. CFSA will track reasonable efforts to ensure children placed in an approved adoptive home have their adoption finalized within 12 months of the placement in the approved adoptive home.	September 30, 2011	No	Through the process of reviewing adoption cases in the reasonable efforts case record review, CFSA identified a next step toward improving practice was to develop a checklist with all of the key dates and reasonable efforts to ensure children placed in an approved adoptive home have their adoption finalized within 12 months of the placement in the approved adoptive home. This is not yet implemented, although CFSA achieved the related Exit Standard.
	ii. CFSA will review the status of any child with the goal of adoption without a current pre-adoptive placement to create or review and implement a child specific recruitment plan. Follow up meetings will occur every 60 days until a permanent resource is identified.	September 30, 2011	Yes	CFSA's recruitment team reviews the status of any child with the goal of adoption without a current pre-adoptive placement in order to create or review and implement a child specific recruitment plan. The team reviews the status every 90 days.

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Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
11. CASE PLANNING (Strategy Plan to Achieve Outcome 17)				
Strategy Plan B.11.a.	<p>a. <u>Quality Assurance</u></p> <p>i. CFSA will immediately and on an ongoing basis ensure that existing case review processes (i.e. QSR's, Structured Progress Reviews, CQI Case Reviews) are utilized for children in foster care to ensure social work practice is directed toward the timely achievement of permanency (i.e. parent/child visitation, sibling visitation, access to services required to remediate risk to children in the home). (Strategy Plan 11.a.)</p>	August 1, 2010	Yes	Individual case reviews are utilized for children in foster care to ensure social work practice is directed toward the timely achievement of permanency.
<b>C. GOAL: CHILD WELL-BEING</b>				
13. SIBLING PLACEMENTS AND VISITS (Strategy Plan to Achieve Outcome 20)				
Strategy Plan C.13.a.	<p>a. <u>Policy</u></p> <p>i. For all initial placements and re-entries into foster care, social workers will engage parents, foster parents and kinship caregivers in the development of written visitation schedules outlining when and where sibling visits will occur.</p>	February 2011	In process	CFSA is currently testing implementation of draft visitation schedule templates.
	<p>ii. CFSA will explore the feasibility of and begin to implement strategies to increase visitation between siblings placed apart. These strategies may include, but are not limited to, permitting visitation to occur in the parent's home, expansion of community-based visitation centers, utilization of foster parents to supervise visitation, and utilization of contracted service providers to supervise visitation. CFSA shall prepare and provide a brief report of its research and findings.</p>	May 2011	In process	CFSA reports that this requirement is included in the visitation template which is being tested by staff. In January 2011, CFSA's QA Division completed a review of barriers to placement for sibling groups. Visitation was one of the components of this review. The Monitor is unaware of how any strategies recommended in this report are currently being implemented.



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<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
Strategy Plan C.13.b.	b. <u>Practice</u> i. Social workers and/or family support workers will follow-up weekly with caregivers to document sibling visitation that occurs outside of CFSA supervision (i.e. contacts children have in the school or community).	September 30, 2011	No	CFSA is currently testing implementation of draft visitation schedule templates which include this requirement.
Strategy Plan C.13.c.	c. <u>Supervision</u> i. CFSA will ensure supervisory review of every child in foster care with siblings to ensure there is a written visitation plan and clear understanding among the family team as to the visitation plan.	September 30, 2011	In process	CFSA is currently testing implementation of draft visitation schedule templates as well as a supervisory tool.
Strategy Plan C.13.d.	d. <u>Quality Assurance</u> i. CFSA will complete an evaluation of sibling groups to understand the barriers to placement and to determine how best to address these barriers.	February 2011	Yes	As previously reported, CFSA's QA Division completed a review of barriers to placement for sibling groups in September 2010. Based on the preliminary findings, additional cases were reviewed and an updated report was completed in January 2011. CFSA has not yet indicated how it intends to move forward to address the recommendations of this study.
<b>14. ASSESSMENTS FOR CHILDREN EXPERIENCING PLACEMENT DISRUPTIONS (Strategy Plan to Achieve Outcome 21)</b>				
Strategy Plan C.14.a.	a. <u>Policy</u> i. CFSA will complete an Administrative Issuance that sets forth the actions to be taken when a placement disruption occurs, including the elements of a required replacement child assessment. The Administrative Issuance will include, but not be limited to, the following:	April 2011 <sup>132</sup>	Yes	The Placement and Matching policy was finalized in September 2011. This policy includes each of these elements.

<sup>132</sup> CFSA requested an extension from the original due date of November 1, 2010. The Monitor concurred.

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Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
	<ul style="list-style-type: none"> <li>a. Prior to replacement, children will receive a pre-placement health screening.</li> <li>b. Beginning July 2010, the social worker and the Nurse Care Manager, and the family support worker will be provided a record of the medical and behavioral health screening and any other information emanating from the replacement screening.</li> <li>c. Beginning July 2010, the social worker and/or family support worker will schedule a case consultation with the nurse care manager and placement services to conduct a comprehensive assessment of the child within 30 days of the disrupted placement to provide information on the social, behavioral, medical, dental and educational needs of the child.</li> <li>d. The social worker with the support of the nurse care manager and family support worker will identify appropriate services to address any outstanding medical, social, behavioral, dental or educational services required by the child and inform placement services.</li> <li>e. As part of the assessment, the social worker or other designated CFSA staff will consult with the former caregiver to assess reasons for placement disruption and the extent to which support services could have prevented the disruption.</li> <li>f. The social worker with the support of the nurse care manager family support workers and placement services will complete a follow-up action plan in the case notes.</li> </ul>			
	<ul style="list-style-type: none"> <li>ii. The Administrative Issuance will be used to develop CFSA policy on assessments for children experiencing placement disruptions.</li> </ul>	May 2011	Not applicable	
Strategy Plan C.14.b.	<ul style="list-style-type: none"> <li>b. <u>Quality Assurance</u> <ul style="list-style-type: none"> <li>i. CFSA will ensure that through monthly, random continuous quality improvement case record reviews, program managers and supervisors will determine if the assessments and plans are occurring and are addressing the child's needs. This is to be in addition to weekly supervision.</li> </ul> </li> </ul>	September 30, 2011	Yes	CFSA reports that this process has been implemented through CQI reviews.

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
15. HEALTH AND DENTAL CARE (Strategy Plan to achieve Outcome 22)				
Strategy Plan C.15.a.	<p><i>a. Policy</i></p> <p>i. CFSA will develop and promulgate administrative issuances regarding the Healthy Horizons Assessment Center and Nurse Care Management Model. This administrative issuance, among other things, will define the roles of the assigned social worker, nurse care manager and case aide in ensuring the provision of timely and appropriate medical, dental and mental health care for children in foster care.</p>	October 31, 2010	Yes	<p>The Healthy Horizons Assessment Center Administrative Issuance was completed on November 1, 2010.</p> <p>The Nurse Care Manager Administrative Issuance was completed on November 1, 2010.</p>
	<p>ii. CFSA will develop and promulgate policy based on the administrative issuance and their practice experience.</p>	September 30, 2011	Partially	<p>CFSA has drafted policy related to Healthy Horizons Assessment Center and Nurse Care Management Model and submitted to the Monitor for review on September 8, 2011. The Monitor provided comments on September 16, 2011 and was not prepared to approve the draft policy. CFSA notified the Monitor that additional time was required to revise the policy. No new date for policy completion has been provided.</p>
Strategy Plan C.15.b.	<p><i>b. Healthy Horizons Clinic</i></p> <p>i. The Healthy Horizons clinic will be staffed and operational. CFSA will operate an on-site screening center with licensed nurse practitioners for the completion of pre-placement screenings and comprehensive medical evaluations. The full array of responsibilities to be implemented are:</p>	September 30, 2011	Yes	<p>CFSA's Healthy Horizon Clinic is staffed and operates to meet these responsibilities.</p>

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
	<ul style="list-style-type: none"> <li>a. Provision of medical and behavioral health screening services;</li> <li>b. Engagement of families to complete comprehensive medical, mental, and developmental biological family history;</li> <li>c. Comprehensive mental health screenings completed by co-located mental health professionals, except for those under age 1 and only with the involvement of the biological parent for those under age 8;</li> <li>d. Provision of medical, mental health and developmental information to social workers, family support workers, and co-located mental health professionals to provide a baseline history for providers;</li> <li>e. Serving as a medical information resource within the first month of placement; and</li> <li>f. Medical assistants and/or nurse case managers will work with or follow-up with foster parents and social workers to make dental evaluation appointments.</li> </ul>			
Strategy Plan C.15.c.	<ul style="list-style-type: none"> <li>c. <u>Nurse Care Managers</u> <ul style="list-style-type: none"> <li>i. Nurse care managers and/or medical assistants will follow up with foster parents and social workers to document the completion of the dental evaluations and to advocate for the dental healthcare of children.</li> </ul> </li> </ul>	July 2010	Yes	Healthy Horizon staff follow up with foster parents and social workers to document the completion of the dental evaluations and to advocate for the dental healthcare of children.
	<ul style="list-style-type: none"> <li>ii. Nurse care managers will be assigned to children in foster care at a ratio of 1:100. Nurse care managers are required to facilitate the provision of appropriate services to meet healthcare needs. In collaboration with the assigned social worker, the Nurse Care Manager will be responsible for:</li> </ul>	July 1, 2010	Yes	CFSA established a Nurse Care Manager Program (NCMP) which is managed by the Office of Clinical Practice. CFSA is working with the District's Department of Health Care

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
	<ul style="list-style-type: none"> <li>a. Coordinating and monitoring health care services over the life of the case;</li> <li>b. Ensuring active Medicaid coverage for the entire time the child is in foster care or otherwise facilitating needed health care;</li> <li>c. Teaming with foster parents and social workers to ensure compliance with required and necessary health care services;</li> <li>d. Engaging in systematic communication, education and coordination of care among health care providers, child welfare professionals and family supports; and</li> <li>e. Ensuring medical plans are integrated into permanency case plans.</li> </ul>			<p>Financing to finalize the billing process for this program.</p> <p>The current client to nurse ratio is 40:1.</p> <p>CFSA continues to work closely with DHCF to clearly delineate the responsibilities of the nurse and social worker.</p>
<p>Strategy Plan C.15.d.</p>	<p>d. <u>Needs Assessment and Implementation</u></p> <ul style="list-style-type: none"> <li>i. CFSA, with DMH, will review the availability of mental health services as identified in the 2007 Children's Mental Health Needs Assessment and determine, based on current needs and current capacity, the additional services that are required. Based on that review, by February 2011, CFSA, with DMH, will release a solicitation to provide the services identified. Services to be in place by August 2011.</li> </ul>	<p>July 2011</p>	<p>Partially</p>	<p>DMH and CFSA report that determinations were made to: 1) Provide training for Parent-Child Interactive Therapy and Child-Parent Psychotherapy for Family Violence. DMH has contracted Evidence Based Associates to conduct training and work with individual agencies to provide support in sustaining the implemented services; 2) Train four additional Choice Providers to offer Functional Family Therapy in FY11; 3) Schedule training for three additional providers of Trauma Focused Community-Based Treatment in the 4th quarter of FY11; and 4) Recruit providers to offer Intensive Day Treatment. Therapy for Attachment Disorder, Sexual Abuse</p>

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
				victims and offenders continue to be needed. CFSA issues direct contracts for these services for which the District's low Medicaid reimbursement rate is a disincentive for clinicians.
<b>D. GOAL: RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY</b>				
16. TRAINING (Strategy Plan to achieve Outcomes 27 and 28)				
Strategy Plan D.16.a.i.	<p>a. <u>Pre-Service Training</u></p> <p>i. CFSA will review and revise the pre-service curriculum to ensure it builds the skills that CFSA believes are needed to implement the case Practice Model and protocol.</p>	September 1, 2010	Partially	CFSA has reviewed and revised its pre-service training curriculum. However, the Monitor's review of the curriculum and related materials demonstrated a lack of consistency in the definition and components of the Practice Model and Protocol. While there are common themes throughout the materials, the inconsistency makes it difficult to identify the core skills and competencies essential to demonstrating the Practice Model and Protocol and challenging to determine the rationale for the content within each Module and how the selected information ties to the core skills needed to demonstrate the Practice Model. Once there is more clarity and consistency in the descriptions and components of the Practice Model pre-service training curriculum, training materials and other Agency material, the Monitor will consider this Strategy Plan

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
				<p>item met.</p> <p>See Training discussion in Section III of this report for further analysis.</p>
<p>Strategy Plan D.16.b.i.</p>	<p><i>b. In-Service Training</i> i. CFSA will review and revise in-service training to ensure it builds the skills that CFSA believes are needed to implement the case Practice Model and protocol.</p>	<p>March 2010</p>	<p>Unable to assess</p>	<p>Most of in-service training is delivered by non-CWTA trainers and the material used in their training is proprietary. The Monitor was not allowed access to the in-service training curricula and is therefore unable to assess.</p>
<p>Strategy Plan D.16.a.ii. &amp; b.ii.</p>	<p>a.ii. &amp; b.ii. CFSA will institute a quarterly quality assurance and reconciliation process of CFSA and private agency staff pre-service and in-service training data to ensure that staff pre-service and in-service training hours are being accurately tracked and monitored.</p>	<p>March 2011</p>	<p>Yes</p>	<p>Monthly pre-service training management reports are generated by CWTA and distributed to CFSA and private agency administrators. If pre-service classes are missed, CWTA staff informs employees and their chain of command and provide a list of potential make-up dates. Additionally, CWTA works directly with Agency Programs, CMPIA, and the Child Information Systems Administration to verify and reconcile training data on a quarterly basis.</p>

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
<p>Strategy Plan D.16.c.</p>	<p>c. <u>Supervisory Training</u></p> <p>i. CFSA will modify its existing training tracking and monitoring system to better ensure:</p> <p>a. all newly hired CFSA supervisors complete the required training on child welfare supervision within eight months of assuming supervisory responsibility; and</p> <p>b. training hours are accurately tracked and monitored.</p>	<p>September 30, 2010</p>	<p>Yes</p>	<p>CFSA has developed a FACES.net report to track and monitor supervisory training for CFSA and private agency.</p>
	<p>ii CFSA, in collaboration with the private agencies, will strengthen and standardize the existing notification, tracking and monitoring system to ensure:</p> <p>a. timely notification of new private agency supervisor hires or internal promotions;</p> <p>b. timely enrollment of private agency supervisory staff in pre-service training;</p> <p>c. completion of supervisory pre-service training within eight months of assuming supervisory responsibilities; and</p> <p>d. accurate tracking and monitoring of training hours.</p>	<p>September 30, 2010</p>	<p>Yes</p>	<p>In January 2011, CWTA developed a detailed protocol for tracking and monitoring training. The protocol establishes concrete steps for pre-service training of new direct service staff, pre-service training for supervisors, in-service training for staff, and in-service training for resource parents. While each has slight variations, the core components, which are accompanied by required timeframes, include using FACES.net to monitor and track enrollment, attendance, validate completion, offer make-up class(es), generate monthly reports and graduation/training completion. This is a relatively new protocol and the Monitor plans to validate its implementation once practice has been fully established.</p>



**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
Strategy Plan D.16.d.	<p>d. <u>Practice Model</u></p> <p>i. By August 1, 2010, CFSA will complete a revised Training Academy Plan with an enhanced focus on the Practice Model and incorporate additional training on teaming and improving the quality of visitation.</p>	August 1, 2010	Partially	<p>The description of the Practice Model in the 2011-2012 Training Plan differs from other descriptions, thus it is hard to confirm whether the trainings offered compliment, support and commit to the professional development of staff regarding the Practice Model. Additionally, it is difficult to determine if courses provided purposefully develop the skills in staff from a learner level to an expert. Once there is more clarity and consistency in the descriptions and components of the Practice Model within the Training Plan and other Agency material, the Monitor will consider this Strategy Plan item met.</p> <p>See the Training discussion in Section III of this report for further analysis.</p>
17. TRAINING FOR FOSTER PARENTS (Strategy Plan to Achieve Outcome 29)				
Strategy Plan D.17.a.	<p>a. <u>Policy</u></p> <p>i. CFSA will propose changes to 29 DCMR § 6026 to align the training requirements to the licensing period.</p>	March 31, 2011	Yes	<p>Emergency rules became effective on August 2, 2011 which amend 29 DCMR § 6026 to require foster parents to participate in 30 hours of in-service training every two years before expiration of their license. Additionally, the emergency rules require foster parents to attend 30 hours of pre-service training.</p>

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
Strategy Plan D.17.b.	<p>b. <u>Training Curriculum</u></p> <p>i. CFSA will develop a specialized training curriculum to ensure all foster parents are offered training necessary to accept children with therapeutic needs per the action step to permit dual licensure for all foster placements.</p>	September 30, 2011	Partially	CFSA reports that a workgroup including representatives from the Department of Mental Health (DMH), the Foster and Adoptive Parent Advocacy Center (FAPAC), private agencies and the training and placement units and chaired by a representative from CFSA's Community Services Administration will develop a specialized training curriculum to ensure all foster parents are offered training needed to care for children with therapeutic needs to permit foster parents to be dually certified. CFSA has not proposed a date for completion of the curriculum or training
Strategy Plan D.17.c.	<p>c. <u>Quality Assurance</u></p> <p>i. CFSA will institute a quarterly quality assurance and reconciliation process of foster parent training data to ensure that pre-service and in-service training hours for CFSA and private agency foster parents are being accurately tracked and monitored.</p>	December 31, 2010	Unable to determine <sup>133</sup>	CFSA reports that a quarterly quality assurance and reconciliation process of resource parent training data to ensure that CFSA and private agency resource parents are receiving the required number of pre-service and in-service training hours has been institutionalized. However, based upon current outcome performance on this measure, CFSA is currently reexamining this process.

<sup>133</sup> CFSA is currently re-examining the effectiveness of the process they have institutionalized.

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
18. SPECIAL CORRECTIVE ACTION (Strategy Plan to Achieve Outcome 30)				
Strategy Plan D.18.a.	<p>a. <u>Quality Assurance</u></p> <p>i. CFSA will develop and implement a plan to review all children and families in special corrective action categories. The plan will include a timeframe for when these reviews will commence.</p>	October 15, 2010 <sup>134</sup>	No	CFSA reports that a Corrective Action Categories Administrative Issuance (AI) has been drafted and will be presented to the Executive Policy Team in November 2011, for finalization and implementation in early 2012.
19. PERFORMANCE-BASED CONTRACTING (Strategy Plan to Achieve Outcome 31)				
Strategy Plan D.19.a.	<p>a. <u>Congregate Care Contracts</u></p> <p>i. CFSA will award Congregate Care Human Care Agreements/Task Orders that include performance indicators and outcomes. (Strategy Plan 19.a.i)</p>	August 1, 2010	Yes	This is a requirement of DC Human Care Agreements.
	<p>ii. CFSA will conduct quarterly site visits [to congregate care facilities] including:</p> <p>a. record reviews;</p> <p>b. physical plant inspections;</p> <p>c. surveys and interviews with staff and child/youth; and</p> <p>d. semi- annual evaluations of performance-based contracts/human care agreements for congregate care services.(Strategy Plan 19.a.ii)</p>	December 1, 2010 <sup>135</sup>	Yes	The Monitor observed two quarterly site visits and confirmed each of the required components were utilized.

<sup>134</sup> The Monitor previously reported that CFSA intended to revisit whether their initial plan to conduct the reviews of children and families in special corrective action categories through SPR and meetings facilitated by Independent Living and Permanency Specialists. However, CFSA has reported that 194 children who fell in one or more special correction category through the months of January and June 2011 were reviewed using the SPR process. CFSA has not provided the Monitor with any information regarding what special corrective action category these cases fall in or if there were corrective action plans developed as a result of these reviews.

<sup>135</sup> CFSA requested an extension to April 2011 because they needed to update the monitoring tools to reflect final Human Care Agreements signed into place on January 31, 2011. The Monitor did not agree with this extension.

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
Strategy Plan D.19.b.	<p><i>b. Foster Care Contracts</i></p> <p>i. CFSA will conduct a technical review of the business plan submissions for case management and family-based foster care services. (Strategy Plan 19.b.i)</p>	August 1, 2010	Yes	This is a requirement before entering into DC Human Care Agreements.
	<p>ii. CFSA will award Case Management and Family-Based Foster Care Human Care Agreements/Task Orders that include performance indicators and outcomes. (Strategy Plan 19.b.ii)</p>	January 31, 2010	Yes	Performance indicators and outcomes are included in the Human Care Agreements.
	<p>iii. CFSA will conduct quarterly site visits [to child-placing agencies] including:</p> <p>a. record reviews;</p> <p>b. surveys and interviews with staff, foster parents and child/youth; and</p> <p>c. semi-annual evaluations of performance-based contracts for case management and family-based foster care services. (Strategy Plan 19.b.iii)</p>	April 1, 2011	Yes	<p>Quarterly assessment process is in place and the Monitor has observed this process.</p> <p>The Monitor was able to confirm that record reviews, surveys and interviews with staff, foster parents and children and youth are a part of quarterly site visits.</p>
	<p>iv. CFSA will take all necessary action, including any necessary hiring and training, to assure that adequate contract monitoring capacity exists to oversee private contractor performance. (Strategy Plan 19.b.iv)</p>	September 30, 2011	Partial	<p>Contracts Management and Performance Improvement Administration has one Administrator who oversees both congregate care and family-based care private agencies. Congregate care private agency performance monitoring is staffed by one program manager and 10 contract management supervisors, specialists and secretarial support staff. Family-based private agency performance monitoring is staffed by one program manager and 17 staff including data assessment specialists,</p>

**Implementation of 2011 Strategy Plan through September 30, 2011**

Reference	Strategy	Due Date	Strategy Implemented	Monitor's Comments
				program monitors, program evaluation specialists, supervisors and a data management assistant. There are four positions with the Administration that are currently not filled. While one of the four positions is available to fill, the other positions are on hold. This is an area of concern for the Monitor.
Strategy Plan D.19.c.	<p>c. <u>Quality Assurance</u></p> <p>i. CFSA will require private agencies to develop internal quality assurance systems for monitoring and evaluating their program performance and to regularly develop and implement improvement strategies. (Strategy Plan 19.c.i)</p>	<p>Private Agency Implementation December 31, 2010</p> <p>CFSA Report June 1, 2011</p>	<p>Yes</p> <p>Yes</p>	<p>The <i>Program Improvement Strategies and Summary of Private Agencies' Quality Assurance Systems June 1, 2011 Report</i>, CFSA noted that all agencies had submitted their first month of data (April 2011) using the new QA reporting template.</p>
	<p>ii. CFSA will assure that, as part of its semi-annual assessment, the Contract Monitoring and Program Improvement Administration (CMPIA) provides feedback, technical assistance, and next step recommendations to private agencies to ensure continuous quality improvements are obtained and/or sustained. (Strategy Plan 19.c.ii)</p>	<p>January 2011</p>	<p>In process<sup>136</sup></p>	<p>The Family-Based Contracts Division staff have begun to quality check data to ensure it is accurate and, in response, provide technical assistance to help agencies collect accurate data and implement next steps to improve performance in areas where the agencies are not meeting the benchmarks. By June 2011, each of the agencies reported at least once on all 28 IEP outcomes that involve private provider performance.</p>
20. INTERSTATE COMPACT FOR THE PLACEMENT OF CHILDREN (Strategy Plan to Achieve Outcome 32)				

<sup>136</sup> CFSA proposed changing the strategy from semi-annual assessments to annual assessments due to budgetary struggles. The Monitor did not concur.

**Implementation of 2011 Strategy Plan through September 30, 2011**

<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
Strategy Plan D.20.a.	<p><i>a. <u>Policy</u></i></p> <p>i. CFSA will seek written agreement with the Maryland Department of Human Resources designed to hold providers serving children in both jurisdictions accountable to complying with ICPC requirements.</p>	December 1, 2010	In process	CFSA and Maryland resumed regular meetings and have a verbal agreement to hold providers accountable. The Maryland Licensing Division is teaming with CFSA's Placement Administration to document compliance methodologies.
	<p><i>b. <u>Placement</u></i></p> <p>i. Centralize all placement moves within the CFSA Placement Administration.</p>	December 2010	Partially	<p>As of March 2011, CFSA launched a centralized Placement Administration with systems and processes in place to manage placements of children from their own homes to non-relative foster homes and congregate care as well as replacements to non-relative foster homes and congregate care while children are in foster care.<sup>137</sup> The Placement Administration does not include kinship placements.</p> <p>In the Monitor's view, the centralization of placement decisions is not yet complete because it does not include kinship placements and not all of the private agencies are reporting placement moves.</p>
	<p><i>c. <u>Contracts</u></i></p> <p>i. CFSA will execute performance-based contracts and monitoring for Case Management and Family-based Foster</p>			See Strategy Plan 19.b.ii

<sup>137</sup> Placements in residential treatment settings are managed between CFSA's Office of Clinical Practice and the District's Department of Mental Health.

**Implementation of 2011 Strategy Plan through September 30, 2011**

<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
	Care Services, which include the expectation of timely licensing of foster homes and submission of documents for ICPC approval.	January 31, 2011	Yes	
	<p><i>d. <u>Quality Assurance</u></i></p> <p>i. CFSA will ensure all documentation is submitted for approval of CFSA children currently placed in Maryland.</p>	January 31, 2011	In process	CFSA has worked to centralize placement decision-making and daily data. The Placement Administration is working with the private agency monitoring unit to improve communication and notification around placement changes and to provide technical assistance to individual agencies in tracking ICPCs needed and in process.
<b>21. DATA AND TECHNOLOGY (Strategy Plan to Achieve All Outcomes)</b>				
Strategy Plan D.21.a.	<p><i>a. <u>Data Capacity</u></i></p> <p>i. Within 180 days of the Court's Order approving the Implementation and Exit Plan, CFSA in consultation with the Monitor, will develop the capacity to produce accurate data on commitments made in the 2010 – 2011 Implementation and Exit Plan. (Strategy Plan 21.a.i)</p>	June 2011	Partially	See Section III, Data and Technology section of report for discussion.

**Implementation of 2011 Strategy Plan through September 30, 2011**

<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
Strategy Plan D.21.b.	<p><i>b. <u>Data Sharing</u></i></p> <p>i. CFSA will publish on its website an expanded array of data relating to commitments in the Implementation and Exit Plan. (Strategy Plan 20.b.i)</p>	April 2011	Yes	<p>CFSA published on its website an expanded array of data relating to commitments in the IEP, federal standards and basic demographic information of the families and children served by CFSA.</p> <p>CFSA's performance in the areas of investigations, visits, permanency rates, family team meetings, caseload sizes are highlighted on this website. Some data on the website is inconsistent with data provided to the Monitor. The Monitor will work with CFSA to insure accuracy of publicly released data.</p> <p>CFSA reports that the website will be updated every six months and new data points will be added over time.</p>
<b>22. FEDERAL REVENUE CLAIMING (Strategy Plan to Achieve Outcome 35)</b>				
Strategy Plan D.22.a.	<p>a. CFSA, with assistance from the federal revenue consultant, will submit a revised cost allocation plan to federal officials. (Strategy Plan 22.a)</p>	September 30, 2010	Yes	<p>CFSA, with assistance from a consultant, submitted a revised Public Assistance Cost Allocation Plan (CAP) to the federal Administration for Children and Families (ACF) on September 30, 2010 and a further revision on March 31, 2011. As of this report, the CAP has not been approved.</p>



**Implementation of 2011 Strategy Plan through September 30, 2011**

<b>Reference</b>	<b>Strategy</b>	<b>Due Date</b>	<b>Strategy Implemented</b>	<b>Monitor's Comments</b>
Strategy Plan D.22.b.	b. CFSA, in consultation with DHCF, will assess the feasibility and desirability of submitting a revised Medicaid state plan amendment to federal officials to permit additional appropriate Medicaid plans in placement settings and make formal recommendations to the City Administrator. (Strategy Plan 22.b)	TBD	Partially	DHCF has submitted a Medicaid Targeted Case Management (TCM) State Plan amendment in order to claim Medicaid for the newly implemented TCM Nurse Care Management program, but this has not been approved by the Center for Medicaid and Medicare (CMS). No action has been taken on the Medicaid rehabilitation option.

## V. SUMMARY TABLES ON *LaSHAWN A. v. GRAY* IMPLEMENTATION AND EXIT PLAN (IEP)

### 1. PERFORMANCE ON IEP EXIT OUTCOMES TO BE ACHIEVED BETWEEN JANUARY 1 AND JUNE 30, 2011

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011					
Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
1. <i>Investigations</i> a. Investigations of alleged child abuse and neglect shall be initiated or documented good faith efforts shall be made to initiate investigations within 48 hours after receipt of a report to the hotline of child maltreatment.	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.	73-78% <sup>138</sup>	Monthly range of 73 – 75% <sup>139</sup>	No	↔
c. For families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months, CFSA will conduct a comprehensive review of the case history and the current circumstances that bring the family to CFSA's attention	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.	CFSA has not produced data on this requirement as of the date of this report.	Unable to assess	No <sup>140</sup>	NA

<sup>138</sup> Documented good faith efforts are not included in this performance, as FACES.net data does not capture this information. FACES.net currently documents “attempts to initiate” the investigation. Based on data from FACES.net, between 14% and 19% of investigations had documented attempts to initiate the investigation. The Monitor has consistently found that attempts as documented in FACES.net do not encompass all required good faith efforts. Further validation is necessary to determine whether documented attempts constitute good faith efforts. The Monitor intends to look at good faith efforts through secondary review of the Quality Assurance Division’s quarterly review of investigations.

<sup>139</sup> Data does not include an account of applicable good faith efforts. Monitor’s case review of good faith efforts for a statistically valid sample of investigations during July 2011 found that in 19% of applicable cases all required and applicable good faith efforts were made.

<sup>140</sup> On September 23, 2011, CFSA reported that a plan has been developed for these reviews and is in the testing phase of initial implementation within CPS.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>2. <i>Acceptable Investigations</i></p> <p>CFSA shall routinely conduct investigations of alleged child abuse and neglect. Evidence of acceptable investigations includes:</p> <ul style="list-style-type: none"> <li>a. Use of CFSA’s screening tool in prioritizing response times for initiating investigations;</li> <li>b. Interviews with and information obtained from the five core contacts – the victim child(ren), the maltreater, the reporting source (when known), medical resources, and educational resources (for school-aged children);</li> <li>c. Interviews with collateral contacts that are likely to provide information about the child’s safety and well-being;</li> <li>d. Interviews with all children in the household outside the presence of the caretaker, parents or caregivers, or documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child;</li> </ul>	<p>80% of investigations will be of acceptable quality.</p>	<p>Not newly assessed in this report.</p>	<p>50% of investigations of acceptable quality.<sup>141</sup></p>	<p>No</p>	<p>NA</p>

<sup>141</sup> Results of a review of 40 investigations closed between July 2010 and June 2011.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>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);</p> <p>f. Use of risk assessment protocol in making decisions resulting from an investigation; and</p> <p>g. Initiation of services during the investigation to prevent unnecessary removal of children from their homes.</p>					

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>3. <i>Services to Families and Children to Promote Safety, Permanency and Well-Being</i></p> <p>Appropriate services, including all services identified in a child or family’s safety plan or case plan shall be offered and children/families shall be assisted to use services to support child safety, permanence and well-being.</p> <p>CFSA shall provide for or arrange for services through operational commitments from District of Columbia public agencies and/or contracts with private providers. Services shall include:</p> <ul style="list-style-type: none"> <li>a. Services to enable children who have been the subject of an abuse/neglect report to avoid placement and to remain safely in their own homes;</li> <li>b. Services to enable children who have or will be returned from foster care to parents or relatives to remain with those families and avoid replacement into foster care;</li> <li>c. Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and</li> <li>d. Services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement.</li> </ul>	<p>In 80% of cases, appropriate services, including all services identified in a child’s or family’s safety plan or case plan shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. The Monitor will determine performance-based on the QSR Implementation and Pathway to Safe Closure indicators.</p>	<p>Based on CY2010 data: Implementation 60% Pathway to Safe Case Closure 58%</p>	<p>65% Jan - June 2011 QSR data<sup>142</sup></p>	<p>No</p>	<p>↑</p>

<sup>142</sup> The IEP requires the Monitor to determine performance based on the QSR implementation and pathway to safe case closure indicators for which 80 percent of cases will be rated acceptable on both indicators. For period under review, 88 percent of the cases were determined to be acceptable on the implementation indicator, 68 percent were determined to be acceptable on the safe case closure indicator and 65 percent were acceptable on both indicators.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>4. <i>Worker Visitation to Families with In-Home Services</i></p> <p>a. A CFSA social worker or private agency social worker shall make at least one visit monthly to families in their home in which there has been a determination that child(ren) can be maintained safely in their home with services.</p> <p>b. A CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker shall make a second monthly visit at the home, school or elsewhere.</p>	<p>95% of families will be visited monthly by a CFSA social worker or private agency social worker and 85% of families will be visited a second time monthly by a CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.<sup>143</sup></p>	<p>a. Monthly range of 94 – 95%</p> <p>b. Monthly range of 89 – 91%</p>	<p>a. Yes<sup>144</sup></p> <p>b. Yes</p>	<p>NA</p>
<p>c. Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.</p>	<p>90% of cases will have documentation verifying each child was visited and seen outside the presence of the caretaker and that safety was assessed during each visit.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.</p>	<p>Unable to assess<sup>145</sup></p>	<p>Unable to determine</p>	<p>NA</p>

<sup>143</sup> Based on the old logic, which includes the requirement that twice monthly visits be conducted by the assigned CFSA or private agency social worker, between July and December 2010, between 79 and 87 percent of families were visited by their assigned caseworker twice monthly with one visit occurring in the family’s home.

<sup>144</sup> The Monitor considers this Exit Standard to have been met because performance reached 95% for at least one month during this monitoring period and performance never deviated more than 2% from the Exit Standard for any month during the monitoring period.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>5. <i>Worker Visitation to Children in Out-of-Home Care</i></p> <p>a. A CFSA social worker or private agency social worker with case management responsibility shall make monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make a second monthly visit to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>c. At least one of the above visits each month shall be in the child’s home.</p>	<p>95% of children should be visited at least monthly and 90% of children shall have twice-monthly visits.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.<sup>146</sup></p>	<p>a. Monthly range of 92 – 96%</p> <p>b. Monthly range of 89 - 94%</p> <p>c. Monthly range of 89 – 94%</p>	<p>a.No<sup>147</sup></p> <p>b.Yes</p> <p>c.Yes</p>	<p>NA</p>

<sup>145</sup> CFSA does not currently have information available to determine performance on this measure. A case record review will be required to monitor this Exit Standard.

<sup>146</sup> Based on the old logic, which includes a more stringent requirement that two visits be conducted by the assigned CFSA or private agency social worker, between July and December 2010, between 89 and 93 percent of children were visited by a CFSA or private agency social worker twice monthly.

<sup>147</sup> The Monitor does not consider this Exit Standard to have been met because although performance reached 95% for at least one month during this monitoring period, performance deviated more than 2% from the Exit Standard during a month during the monitoring period.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
5.d. Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child over two years old must be separately interviewed at least monthly outside of the presence of the caretaker.	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.	CFSA has not produced data on this requirement as of the date of this report.	Unable to assess <sup>148</sup>	Unable to determine	NA

<sup>148</sup> CFSA does not currently have information available to determine performance on this measure. A case record review will be required to monitor this Exit Standard.



**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>6. <i>Visitation for Children Experiencing a New Placement or a Placement Change</i></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>90% of children newly placed in foster care or experiencing a placement change will have four visits in the first four weeks of a new placement or placement change as described above.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.<sup>149</sup></p>	<p>May: 66%<sup>150</sup> June: 57%</p>	<p>No</p>	<p>NA</p>

<sup>149</sup> Based on the old logic, which includes a more stringent requirement that all four weekly visits be conducted by the assigned CFSA or private agency social worker, between July and December 2010, between 66 and 81 percent of children were visited by a CFSA or private agency social worker four times in the first four weeks of a new placement or placement change.

<sup>150</sup> Due to a substantial logic change for data reporting on this measure occurring in May 2011, January – April 2011 data on performance are not included.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
6.e. Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.	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.	CFSA has not produced data on this requirement as of the date of this report.	Unable to assess <sup>151</sup>	Unable to determine	NA
7. <i>Relative Resources</i>  CFSA shall identify and investigate relative resources in all cases requiring removal of children from their homes.	a. CFSA will take necessary steps to offer and facilitate pre-removal Family Team Meetings in 70% of applicable cases requiring child removal from home.	Unable to Determine	Unable to assess <sup>152</sup>	Unable to determine	NA
	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 Family Team Meeting (FTM).	CFSA has not produced data on this requirement as of the date of this report.	Unable to assess <sup>153</sup>	Unable to determine	NA

<sup>151</sup> CFSA does not currently have information available to determine performance on this measure. A case record review will be required to monitor this Exit Standard.

<sup>152</sup> During the reporting period, CFSA defined the universe of cases requiring a pre-removal FTM as a case in which the Structured Decision Making (SDM) risk assessment tool results are “intensive” and where an in-home case has been recommended. Monitoring on this new definition will occur in future reports.

<sup>153</sup> Many families whose children enter foster care in the District of Columbia are offered and are having post-placement Family Team Meetings (FTM).

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>8. <i>Placement of Children in Most Family-like Setting</i></p> <p>a. Children in out-of-home care shall be placed in the least restrictive, most family-like setting appropriate to his or her needs.</p>	<p>90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs.</p>	<p>74-75%</p>	<p>Monthly range of 76-78% of children in placement were in a foster home setting<sup>154</sup></p>	<p>Unable to determine</p>	<p>NA</p>
<p>b. No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.</p>	<p>No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. Based on individual review, the Monitor's assessment will exclude, on a case-by-case basis, children placed in an emergency, short-term or shelter facility or foster home for more than 30 days where moving them would not be in their best interest.</p>	<p>Range of 3-11 children each month</p>	<p>Monthly range of 6 – 15 children<sup>155</sup></p>	<p>Unable to determine</p>	<p>NA</p>
<p>9. <i>Placement of Young Children</i></p> <p>a. Children under age 12 shall not be placed in congregate care settings for more than 30 days unless the child has special needs that cannot be met in a home-like setting and unless the setting has a program to meet the child's specific needs</p>	<p>No child under 12 will be placed in congregate care settings for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a home-like setting and the setting has a program to meet the child's specific needs.</p>	<p>Range of 4-10 children each month</p>	<p>Monthly range of 1 - 8 children<sup>156</sup></p>	<p>Unable to determine</p>	<p>NA</p>

<sup>154</sup> A child-specific review is needed to assess appropriateness of placement in meeting child's needs. Such assessment will be completed in a future monitoring report.

<sup>155</sup> Exclusion criteria agreed upon in July 2011; future monitoring reports will apply the criteria.

<sup>156</sup> Exclusion criteria agreed upon in July 2011; future monitoring reports will apply the criteria.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>9.b. CFSA shall place no child under six years of age in a group care non-foster home setting, except for those children with exceptional needs that cannot be met in any other type of care.</p>	<p>No child under 6 years of age will be placed in a group care non-foster home setting without appropriate justification that the child has exceptional needs that cannot be met in any other type of care. The Monitor will evaluate and report on the placement and needs of any children placed in a group care non-foster home setting where the District has determined the child to have exceptional needs that cannot be met in any type of care.</p>	<p>Range of 8-14 children each month</p>	<p>Monthly range of 3 - 12 children<sup>157</sup></p>	<p>Unable to determine</p>	<p>NA</p>
<p>10. <i>Visits between Parents and Workers</i></p> <p>a. For children with a permanency goal of reunification, in accordance with the case plan, the CFSA social worker or private agency social worker with case-management responsibility shall visit with the parent(s) at least one time per month in the first three months post-placement.<sup>158</sup></p> <p>b. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first three months post-placement.</p>	<p>80% of parents will have twice monthly visitation with workers in the first three months post-placement as defined above.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.</p>	<p>Data not available because the FACES.net report is under revision.</p>	<p>Unable to determine</p>	<p>NA</p>

<sup>157</sup> Exclusion criteria agreed upon in July 2011; future monitoring reports will apply the criteria.

<sup>158</sup> This exit standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>11. <i>Visits between Parents and Children</i></p> <p>There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency shall demonstrate and there shall be documentation in the case record that visitation was not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.</p>	<p>85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.</p>	<p>Data not available because the FACES.net report was under revision during this monitoring period<sup>159</sup></p>	<p>Unable to determine</p>	<p>NA</p>
<p>12. <i>Appropriate Permanency Goals</i></p> <p>a. Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines.</p>	<p>a. 95% of children shall have permanency planning goals consistent with ASFA and District law and policy guidelines.</p>	<p>97%</p>	<p>Monthly range of 91 – 93%</p>	<p>Yes</p>	<p>↓</p>

<sup>159</sup> CFSA began running reports utilizing a new logic to more accurately capture all children included in this category July 2011. Data will be reported in the next monitoring report.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>12.b.Children shall have permanency planning goals consistent with the Federal Adoptions and Safe Families Act (ASFA) and District law and policy guidelines.</p>	<p>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.</p>	<p>Of the 5 youth whose goal changed to APPLA between July and December 2010 at CFSA’s recommendation, four youth had a LYFE conference. Two of the four youth who had a LYFE conference had the LYFE conference prior to their goal being changed by the Court and one of them had the Agency Director’s approval.<sup>160</sup></p>	<p>There were 19 children and youth whose goal changed to APPLA between January and June, 2011. Thirteen of the 19 had goal changes required by the Court over CFSA’s objection. Of the six where recommended for approval, none of these were approved by the Director.</p>	<p>No</p>	<p>↔</p>

<sup>160</sup> There was one additional youth whose goal changed to APPLA between July and December 2010 at CFSA’s recommendation. For this youth, CFSA determined that a LYFE conference of Family Team meeting was not in his best interest as it would be detrimental to his mental health. LYFE conferences and FTMs are voluntary for the family and are not held when it’s not in the best interest of the child or the family. Additionally, there were fifteen additional youth whose goal changed to APPLA between July and December 2010 by Court Order against the recommendation of CFSA. Seven of these fourteen youth had a LYFE conference prior to the Court ordering the change in goal.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
12.b.Children shall have permanency planning goals consistent with the Federal Adoptions and Safe Families Act (ASFA) and District law and policy guidelines. <i>(continued)</i>	b. 90% of youth ages 18 and older will have a plan to prepare them for adulthood that is developed with their consultation. No later than 180 days prior to the date on which the youth will turn 21 years old (or on which the youth will emancipate), an individualized transition plan will be created that includes as appropriate connections to specific options on housing, health insurance, and education and linkages to continuing adult support services agencies (e.g., Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), work force supports, employment services, and local opportunities for mentors. This Exit Standard is satisfied if CFSA makes and documents good faith efforts to develop a transition plan but the youth refuses to participate in transition planning.	50% <sup>161</sup>	Of the 527 youth able to participate in a Youth Transition Planning (YTP) meeting, 473 (90%) youth had at least one meeting during that same period of time. <sup>162</sup>	Yes	↑

<sup>161</sup> CFSA began the process to create individualized transition plans in June 2010.

<sup>162</sup> Forty-nine youth were not able to have a meeting conducted due to being incarcerated, on runaway or too medically fragile to participate.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
13. <i>Reduction of Multiple Placements for Children in Care</i>	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.	Not Assessed	81% <sup>163</sup>	No <sup>164</sup>	NA
	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.	Not Assessed	59% <sup>165</sup>	No <sup>166</sup>	NA
	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.	Not Assessed	76%	Yes	NA

<sup>163</sup> Data are as of June 30, 2011 or to the date of exit on the number of placements from the child’s removal date to June 30, 2011.

<sup>164</sup> Although performance is within 2% of the Exit Standard, performance did not meet 83% during this monitoring period. Therefore, this Exit Standard has not been achieved.

<sup>165</sup> Data are as of June 30, 2011 or to the date of exit on the number of placements from the child’s removal date to June 30, 2011.

<sup>166</sup> Although performance is within 1% of the Exit Standard, performance did not meet 60% during this monitoring period. Therefore, this Exit Standard has not been achieved.



**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>14. <i>Timely Approval of Foster/Adoptive Parents</i></p> <p>CFSA shall have in place a process for recruiting, studying and approving families, including relative caregivers, interested in becoming foster or adoptive parents that results in the necessary training, home studies and decisions on approval being completed within 150 days of beginning training.</p>	<p>70% of homes licensed beginning November 1, 2010, will have been approved, and interested parties will have been notified within 150 days.</p>	<p>72%</p>	<p>May – 92% June – 100%<sup>167</sup></p>	<p>Yes, based on partial data.</p>	<p>↑</p>
<p>15. <i>Legal Action to Free Children for Adoption</i></p> <p>Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court’s timely hearing and resolution of legal action to terminate parental rights.</p>	<p>a. For 90% of children with a permanency goal of adoption, where freeing the child for adoption is necessary and appropriate to move the child more timely to permanency, OAG, on behalf of CFSA shall file a motion to terminate parental rights or confirm that appropriate legal action has been taken within 45 days of their permanency goal becoming adoption.</p>	<p>100%</p>	<p>The OAG filed a motion to terminate parental rights within 45 days of the goal changing to adoption for 98% of eligible children and youth during the reporting period.</p>	<p>Yes</p>	<p>↔</p>

<sup>167</sup> Data not available for January – April 2011.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>15. <i>Legal Action to Free Children for Adoption (Continued)</i></p> <p>Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court’s timely hearing and resolution of legal action to terminate parental rights.</p>	<p>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.</p>	100%	100%	Yes	↔
<p>16. <i>Timely Adoption</i></p> <p>a. Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption</p>	<p>i.. For children whose permanency goal changed to adoption July 1, 2010 or thereafter, 80% will be placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption.</p>	Not Yet Due	89%	Yes	NA

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>16. <i>Timely Adoption</i></p> <p>a. Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption (<i>continued</i>)</p>	<p>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.</p>	<p>16% of children placed by December 31, 2010</p>	<p>By December 31, 2010 – 16%</p> <p>By June 30, 2011 – additional 11%<sup>168</sup></p>	<p>No</p>	<p>NA</p>
<p>b. CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home.</p>	<p>i. By September 30, 2010, 40% of the 203 children in pre-adoptive homes as of October 1, 2009 will achieve permanence.</p>	<p>56%</p>	<p>56%</p>	<p>Yes</p>	<p>NA</p>
	<p>ii. By June 30, 2011, 45% of the children in pre-adoptive homes as of July 1, 2010 will achieve permanence.</p>	<p>Not Yet Due</p>	<p>42%</p>	<p>No</p>	<p>NA</p>

<sup>168</sup> In total, as of June 30, 2011, 40 children had been moved into a pre-adoptive home; 27 of those children moved by December 31, 2010 and 13 moved by June 30, 2011. In addition, of the original 215 children, 8 had their adoptions finalized, 13 children achieved permanency through reunification or guardianship, and 46 children had their goal changed from adoption. As of June 30, 2011, 106 children are still awaiting placement in a pre-adoptive home.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
16.b. CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home. <i>(continued)</i>	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	33%	96%	Yes	NA
16.c. Timely permanency through reunification adoption or legal guardianship	i. Of all children who entered foster care for the first time in FY2010 and who remain in foster care for 8 days or longer, 45% will achieve permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2011.	Cannot be assessed until after 9/30/2011.	Not Yet Due <sup>169</sup>	Not Yet Due	NA
	ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2010, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2011.	Cannot be assessed until after 9/30/2011.	Not Yet Due <sup>170</sup>	Not Yet Due	NA

<sup>169</sup> Data due September 30, 2011.

<sup>170</sup> Data due September 30, 2011.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
16.c. Timely permanency through reunification adoption or legal guardianship ( <i>continued</i> )	<i>iii.</i> Of all children who are in foster care for 25 months or longer on September 30, 2010, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2011, whichever is earlier.	Cannot be assessed until after 9/30/2011.	Not Yet Due <sup>171</sup>	Not Yet Due	NA

<sup>171</sup> Data due September 30, 2011.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p><i>17. Case Planning Process</i></p> <p>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.</p> <p>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.</p> <p>c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.</p>	<p>80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.</p>	<p>CY2010: Case Planning Process - 64% Pathway to Safe Case Closure - 58%</p>	<p>65% of cases were acceptable based on QSR data January - June 2011<sup>172</sup></p>	<p>No</p>	<p>↑</p>

<sup>172</sup> The IEP requires the Monitor to determine performance based on the QSR case planning and pathway to safe case closure indicators for which 80 percent of cases will be rated acceptable on both indicators. For period under review, 82 percent of the cases were determined to be acceptable on the case planning indicator, 68 percent were determined to be acceptable on the safe case closure indicator and 65 percent were acceptable on both indicators.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
19. <i>Community-based Service Referrals for Low &amp; Moderate Risk Families</i>	90% of families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who are in need of and agree to additional supports shall be referred to an appropriate Collaborative or community agency for follow-up. Low and moderate risk cases for which CFSA decides to open an ongoing CFSA case are excluded from this requirement.	As reported by CFSA, in December 2011, 33% of families for whom CFSA determined services were needed were referred to a Collaborative. <sup>173</sup>	26-59%	No	↑
20. <i>Sibling Placement and Visits</i>  a. Children in out-of-home placement who enter foster care with their siblings should be placed with some or all of their siblings, unless documented that the placement is not appropriate based on safety, best interest needs of child(ren) or a court order requiring separation	80% of children who enter foster care with their siblings or within 30 days of their siblings will be placed with some of their siblings.	CFSA has not produced data on this requirement as of the date of this report. <sup>174</sup>	Monthly range of 63 -64% <sup>175</sup>	No	NA

<sup>173</sup>The Monitor does not think that the data provided above supplies enough information to assess whether or not the families who need community-based services are being referred.

<sup>174</sup> Based on old logic, which includes all siblings placed in care regardless of time of entry, needs or permanency goals, between July and December 2010, a range from 61 to 64 percent of children with siblings in out-of-home placement were placed with some or all of their siblings.

<sup>175</sup> Based on logic from the AIP outcome which was revised by the IEP. The old logic does not exclude siblings who entered care more than 30 days apart as the current IEP outcome requires.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
20.b. Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings unless documented that the visitation is not in the best interest of the child(ren).	80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.	CFSA has not produced data on this requirement as of the date of this report. <sup>176</sup>	Unable to assess <sup>177</sup>	Unable to determine	NA
21. <i>Assessment for Children Experiencing a Placement Disruption</i>  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.	90% of children experiencing a placement disruption will have a comprehensive assessment as described above and an action plan to promote stability developed.	Assessment process not fully developed or tracked.	Unable to assess	Unable to determine	NA

<sup>176</sup> Based on the old logic, between July and December 2010, between 65 and 68 percent of children had twice monthly visits with their separated siblings.

<sup>177</sup> The Monitor is unable to assess using the FACES.net report provided for this measure due to concerns regarding the exclusion of over a third (39%) of otherwise applicable children from the universe due to “suspended visits”.



**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>22. <i>Health and Dental Care</i></p> <p>a. Children in foster care shall have a health screening prior to placement</p>	<p>95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care.</p> <p>90% of children in foster care who experience a placement change shall have a replacement health screening.</p>	<p>Initial Placements and Re-entries: monthly range of 39-69%</p> <p>Replacements: monthly range of 47-66%</p>	<p>Initial: range of 91 - 100%</p> <p>Re-entry: range of 80 - 100%</p> <p>Replacements: range of 58 - 75%</p>	No	↑
<p>b. Children in foster care shall receive a full medical and dental evaluation within 30 days of placement</p>	<p>85% of children in foster care shall receive a full medical evaluation within 30 days of placement.</p> <p>95% of children in foster care shall receive a full medical evaluation within 60 days of placement.</p>	<p>Within 30 days: Monthly performance ranges from 22-52%</p> <p>Within 60 days: Monthly performance ranges from 32-66%</p>	<p>Within 30 days: 67%</p> <p>Within 60 days: 88%</p>	No	↑

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
22.b. Children in foster care shall receive a full medical and dental evaluation within 30 days of placement	25% of children shall receive a full dental evaluation within 30 days of placement. 50% of children shall receive a full dental evaluation within 60 days of placement. 85% of children shall receive a full dental evaluation within 90 days of placement.	Within 30 days: Monthly performance ranges from 6-35% Within 60 days: Monthly performance ranges from 12-41% Within 90 days: Monthly performance ranges from 15-43%	Apr.-June data: Within 30 days: 57% Within 60 days: 78% Within 90 days: 82%	Yes	↑
c. Children in foster care shall have timely access to health care services to meet identified needs	80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable.	97% CY 2010 QSR data	97% Jan - June 2011 QSR data	Yes	↔

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>22.d. CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates, and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement</p>	<p>90% of children’s caregivers shall be provided with documentation of Medicaid coverage within 5 days of placement and Medicaid cards within 45 days of placement.</p>	<p>CFSA has not produced data on this requirement as of the date of this report.</p>	<p>Unable to assess</p>	<p>Unable to determine</p>	<p>NA</p>
<p>24. <i>Financial Support for Community-Based Services</i></p>	<p>The District shall provide evidence each year of financial support for community- and neighborhood-based services to protect children and support families.</p>	<p>FY2011 Budget for the Collaboratives had service reductions of \$623,000. The Mayor’s proposed FY2012 budget for the Collaboratives recommends a reduction of \$635,000 from the FY2011 budget of \$10,839,156.</p>	<p>FY2012 funding for the HFTC Collaboratives is \$10,201,318. FY2011 funding for prevention activities was \$1,139,600.</p>	<p>Yes<sup>178</sup> for FY 2012; Exit Standard to be reassessed annually.</p>	<p>NA</p>

<sup>178</sup> This Exit Standard and the sufficiency of resources and budget will be reassessed annually by the Monitor.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>27. <i>Training for New Social Workers and Supervisors</i></p> <p>a. New direct service staff<sup>179</sup> shall receive the required 80 hours of pre-service training through a combination of classroom, web-based and/or on-the-job training.</p>	90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training	89%	79% of staff completed pre-service training within 90 days of hire.	No	↓
<p>b. New supervisors shall complete a minimum of 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility</p>	90% of newly hired CFSA and private agency supervisors shall complete 40 hours of pre-service training on supervision of child welfare worker within eight months of assuming supervisory responsibility.	Not Yet Assessed <sup>180</sup>	93%	Yes	NA
<p>28. <i>Training for Previously Hired Social Workers, Supervisors and Administrators</i></p> <p>a. Previously hired direct service staff<sup>181</sup> shall receive annually a minimum of 5 full training days (or a minimum of 30 hours) of structured in-service training geared toward professional development and specific core and advanced competencies.</p>	80% of CFSA and private agency direct service staff shall receive the required annual in-service training.	Not Yet Due	57%	No	NA

<sup>179</sup> Direct service staff includes social workers, nurse care managers and family supports workers who provide direct services to children, youth and families.

<sup>180</sup> There were 12 supervisors hired at CFSA and the private agencies between July and December 2010. As of February 6, 2011, 2 of the 12 supervisors (17%) had completed 40 hours of pre-service training on supervision of child welfare workers.

<sup>181</sup> Twelve of the 30 hours required for the nurse care managers may be met with continuing education requirements of the licensing board.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
28.b Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training.	80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive annual in-service training	Not Yet Due	69%	No	NA
29. <i>Training for Foster Parents</i> a. CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training	95% of CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training	Not Assessed	Unable to assess <sup>182</sup>	Unable to determine	NA
b. CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training	Not Assessed	Unable to assess <sup>183</sup>	Unable to determine	NA

<sup>182</sup> The Monitor was provided with new and substantially different data regarding this measure on November 14, 2011 which will need to be validated. Previous data produced by CFSA indicated performance of 70% on this measure, and new data indicate 91% performance.

<sup>183</sup> The Monitor was provided with new and substantially different data regarding this measure on November 14, 2011, which will need to be validated. Previous data produced by CFSA indicated performance of 54% on this measure, and new data indicate 77% performance.

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>30. <i>Special Corrective Action</i></p> <p>a. CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the following categories:</p> <ul style="list-style-type: none"> <li>i. All cases in which a child has been placed in four or more different placements, with the fourth or additional placement occurring in the last 12 months and the placement is not a permanent placement;</li> <li>ii. All cases in which a child has had a permanency goal of adoption for more than one year and has not been placed in an adoptive home;</li> <li>iii. All children who have been returned home and have reentered care more than twice and have a plan of return home at the time of the report;</li> <li>iv. Children with a permanency goal of reunification for more than 18 months;</li> <li>v. Children placed in emergency facilities for more than 90 days;</li> <li>vi. Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license</li> <li>vii. Children under 14 with a permanency goal of APPLA; and</li> <li>viii. Children in facilities more than 100 miles from the District of Columbia</li> </ul>	<p>For 90% of children identified in corrective action categories, required reviews will occur and corrective action plans will be developed and implemented as appropriate.</p>	<p>CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable case reviews. However, documentation about the process and conduct of the required reviews was not provided for review by the Monitor.</p>	<p>CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable case reviews.</p> <p>CFSA has provided partial information to the Monitor regarding child-specific case reviews for each child identified in a special corrective action category.</p>	<p>No</p>	<p>↔</p>

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
30.b CFSA shall conduct a child-specific case review by the Director or Director’s designee(s) for each child identified and implement a child-specific corrective action plan, as appropriate.					
<p>31. <i>Performance-Based Contracting</i></p> <p>CFSA shall have in place a functioning performance-based contracting system that (a) develops procurements for identified resource needs, including placement and service needs; (b) issues contracts in a timely manner to qualified service providers in accordance with District laws and regulations; and (c) monitors contract performance on a routine basis</p>	Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis.	The new Human Care Agreements with performance expectations were negotiated.	<p>Family-based Providers – PBC has been implemented. See discussion in text.</p> <p>Congregate Care Providers – planning is occurring for implementation.</p>	No/ In process	NA
<p>32. <i>Interstate Compact for the Placement of Children (ICPC)</i></p> <p>CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care.</p>	Elimination of the backlog of cases without ICPC compliance.	110 children in the ICPC backlog as of December 31, 2010	<p>Number of children placed without ICPC approval:</p> <p>Monthly range of 112 - 142</p>	No/ In process	NA

**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p>33. <i>Licensing Regulations</i></p> <p>CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.</p>	<p>CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.</p>	<p>The Contracts Management and Performance Improvement Administration has 28 FTEs of which 25 are filled. The Family Licensing Division has 31 FTEs of which 28 are filled. The Office of Facility Licensing is responsible for licensing congregate care facilities. There are 7.5 FTEs for the Office of Facility Licensing of which 5.5 are filled.</p>	<p>Unable to determine based on current vacancies</p>	<p>Unable to determine based on current vacancies</p>	<p>NA</p>



**Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between January 1 and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	July through December 2010 Performance	January – June, 2011 Performance	Exit Standard Achievement	Direction of Change
<p><i>34. Budget and Staffing Adequacy</i></p> <p>The District shall provide evidence that the Agency’s annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</p> <p>The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide Agency budget and/or personnel reductions that may be otherwise imposed.</p>	<p>The District shall provide evidence that the Agency’s annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</p>	<p>FY2011 budget provides required adjustments in foster parent payments and has sufficient funds for staff to meet caseload standards.</p>	<p>Continued maintenance through June 2011. Monitor is concerned about possible impacts of FY 2012 budget reductions and will continue to assess.</p>	<p>Yes<sup>184</sup> for FY2012 Budget; the Monitor will reassess adequacy of budget annually.</p>	<p>NA</p>
<p><i>35. Federal Revenue Maximization</i></p> <p>CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development.</p>	<p>Evidence of consistent and appropriate claiming of all appropriate and available federal revenue.</p>	<p>In process</p>	<p>In process</p>	<p>No</p>	<p>NA</p>

<sup>184</sup> Budget and staffing adequacy to be reassessed on an annual basis.

## PERFORMANCE ON IEP EXIT STANDARDS BETWEEN JANUARY 1 AND JUNE 30, 2011

<b>Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011</b>			
<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January through June Performance</b>	<b>Exit Standard Maintained</b>
<p><i>1. Entering Reports Into Computerized System</i></p> <p>CFSA shall immediately enter all reports of abuse or neglect into its computerized information systems and shall use the system to determine whether there have been prior reports of abuse or neglect in that family or to that child.</p>	Ongoing Compliance	Ongoing Compliance	Yes
<p><i>2. Maintaining 24 Hour Response System</i></p> <p>CFSA shall staff and maintain a 24-hour system for receiving and responding to reports of child abuse and neglect, which conforms to reasonable professional standards.</p>	Ongoing Compliance	Ongoing Compliance	Yes
<p><i>3. Checking for Prior Reports</i></p> <p>Child abuse and/or neglect reports shall show evidence that the investigator checked for prior reports of abuse and/or neglect.</p>	Ongoing Compliance	Ongoing Compliance	Yes
<p><i>4. Investigations</i></p> <p>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.</p>	90% of investigations will be completed and a final report of findings shall be entered in FACES.net within 30 days.	Monthly range of 89 – 93%	Yes

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p>5. <i>Reviewing Child Fatalities</i></p> <p>The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate.</p>	<p>Ongoing Compliance</p>	<ul style="list-style-type: none"> <li>• All committee vacancies should be filled.</li> <li>• Senior leadership from all relevant city agencies should attend each Committee meeting prepared to discuss the cases under review.</li> <li>• At each meeting, Committee members should be given a full case report for each case under review.</li> <li>• The number of Committee staff should be restored to the level required for all reviews to be done in a timely manner and for an annual report to be produced each year.</li> <li>• The backlog in case reviews and in the production of annual reports should be addressed.</li> <li>• A mechanism to track Committee recommendations, agencies responses and implementation should be instituted.</li> <li>• There should be a review of the database used to record historical data to ensure it is designed, maintained and used effectively.</li> <li>• The Committee should be relocated to the Mayor’s Office or to the Office of the Inspector General.</li> </ul>	<p>No <sup>185</sup></p>

<sup>185</sup> The Monitor is concerned about the current practices of the City-wide Child Fatality Committee and sent a Memorandum to CFSA leadership on February 14, 2011 listing those concerns identified in January through June performance column above. Most notably, the Committee has failed to issue an annual public report since 2008, in direct violation of the *LaShawn* IEP requirements (IEP Section II). The Monitor recommends this requirement be moved to “Outcomes to be Achieved.”

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p>6. <i>Investigations of Abuse and Neglect in Foster Homes and Institutions</i></p> <p>Reports of abuse and neglect in foster homes and institutions shall be comprehensively investigated; investigations in foster homes shall be completed within 35 days and investigations involving group homes, day care settings or other congregate care settings shall be completed within 60 days.</p>	<p>90% of reports of abuse and neglect in foster homes shall be completed within 35 days and within 60 days for investigations involving group homes, day care settings or other congregate settings.</p>	<p>Foster Homes Monthly range of 89 - 93%</p> <p>Institutions 100%</p>	<p>Yes</p>
<p>7. <i>Policies for General Assistance Payments</i></p> <p>CFSA shall have in place policies and procedures for appropriate use of general assistance payments for the care of children by unrelated adults, including provision of any applicable oversight and supervision.</p>	<p>Ongoing Compliance</p>	<p>Ongoing Compliance</p>	<p>Yes</p>
<p>8. <i>Use of General Assistance Payments</i></p> <p>CFSA shall demonstrate that District General Assistance payment grants are not used as a substitute for financial supports for foster care or kinship care for District children who have been subject to child abuse or neglect.</p>	<p>Ongoing Compliance</p>	<p>Ongoing Compliance</p>	<p>Yes</p>
<p>9. <i>Placement of Children in Most Family-Like Setting</i></p> <p>No child shall stay overnight in the CFSA Intake Center or office building.</p>	<p>Ongoing Compliance</p>	<p>No child has been reported staying overnight at CFSA during this monitoring period.</p>	<p>Yes</p>

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

<b>Implementation and Exit Plan Requirement</b>	<b>Exit Standard</b>	<b>January through June Performance</b>	<b>Exit Standard Maintained</b>
<p><i>10. Timely Approval of Foster/Adoptive Parents</i></p> <p>CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry</p>	<p>Ongoing Compliance</p>	<p>Monitor verified that training is offered monthly, except for the month of December.</p>	<p>Yes</p>
<p><i>11. Placement within 100 Miles of the District</i></p> <p>No more than 82 children shall be placed more than 100 miles from the District of Columbia. (Children placed in college, vocational programs, correctional facilities, or kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.)</p>	<p>Ongoing Compliance</p>	<p>Monthly range of 49 – 67 children</p>	<p>Yes</p>

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p>12. <i>Licensing and Placement Standards</i></p> <ul style="list-style-type: none"> <li>a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards.</li> <li>b. Children in foster home placements shall be in homes that (a) have no more than three foster children or (b) have six total children including the family’s natural children; (c) have no more than two children under two years of age or (d) have more than three children under six years of age. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed these limits.</li> <li>c. No child shall be placed in a group-care setting with a capacity in excess of eight (8) children without express written approval by the Director or designee based on written documentation that the child’s needs can only be met in that specific facility, including a description of the services available in the facility to address the individual child’s needs.</li> <li>d. Children shall not be placed in a foster care home or facility in excess of its licensed capacity. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed the limits.</li> </ul>	<p>Ongoing compliance for 95% of children</p>	<ul style="list-style-type: none"> <li>a. Monthly range of 99% or greater.</li> <li>b. During January through June 2011, no children were in foster placements exceeding the licensing and placement standards required in 11.b.</li> </ul>	<p>Yes</p>

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p><i>13. Case Planning Process</i></p> <p>Case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter, and shall show evidence of appropriate supervisory review of case plan progress.</p>	<p>90% of case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter.</p>	<p>Monthly range of 92 – 96% of case plans current<sup>186</sup></p>	<p>Yes</p>
<p><i>14. Appropriate Permanency Goals</i></p> <p>No child under the age of 12 shall have a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child’s best interest to remain in the home of the relative rather than be considered for adoption by another person. No child under the age of 12 shall have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, and to place the child for adoption, and CFSA has considered and rejected the possibility of the child’s foster parents assuming legal custody as permanent caretakers of the child.</p>	<p>Ongoing Compliance</p>	<p>As of June 30, 2011:</p> <p>One child under the age of 12 with APPLA goals.</p> <p>Seven children under the age of 12 with a goal of legal custody with permanent caretakers.</p>	<p>Yes<sup>187</sup></p>

<sup>186</sup> A case plan is defined as "current" if the case plan date is less than or equal to 180 days old. These percentages do not account for whether or not the case plan was developed within 30 days of the child entering care and included evidence of supervisory review.

<sup>187</sup> There was one child under age 12 on June 30, 2011 with an APPLA goal. This is a seven-year-old with severe developmental delays, a genetic disorder and congenital heart disease in the care of long-term foster parents. All seven children with goal of legal custody with caretakers have plans to achieve permanency through custody with formerly non-custodial fathers.

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p><i>15. Timely Adoption</i></p> <p>Within 95 days of a child’s permanency goal becoming adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource.</p>	<p>For 90% of children whose permanency goal becomes adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource</p>	<p>For CY 2010, 70 children had a goal change to adoption. The Monitor received documentation that 31 of these children had a permanency planning team staffing within 95 days of the goal change.</p> <p>CFSA has provided documentation regarding the 39 remaining children. All have documentation of a petition to adopt being filed or letter of intent signed.</p>	<p>Yes</p>
<p><i>16. Post-Adoption Services Notification</i></p> <p>Adoptive families shall receive notification at the time that the adoption becomes final of the availability of post-adoption services.</p>	<p>Ongoing compliance for 90% of cases.</p>	<p>For January to June 2011, CFSA has provided documentation of 223 new inquiries.</p> <p>Reasonable efforts case record review validated referrals to the Post Permanency Family Center in 15 (74%) of the 21 cases reviewed.<sup>188</sup></p>	<p>Yes<sup>189</sup></p>
<p><i>17. Family Court Reviews</i></p> <p>A case review hearing will be conducted in Family Court at least every six months for every child as long as the child remains in out-of-home placement, unless the child has received a permanency hearing within the past six months.</p>	<p>Ongoing Compliance for 90% of cases.</p>	<p>Ongoing compliance</p>	<p>Yes</p>

<sup>188</sup> Not based on statistically valid sample.

<sup>189</sup> Performance based on reasonable case review does not meet 90% standard. However, this was not a statistically valid sample of all adoptions. The Monitor will continue to reassess this performance in the next period to see if this finding is valid for the entire population.



**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p><i>18. Permanency Hearings</i></p> <p>CFSA shall make every reasonable effort to ensure that children in foster care have a permanency hearing in Family Court no later than 14 months after their initial placement.</p>	<p>Ongoing compliance for 90% of cases.</p>	<p>In June 2011, for all applicable children and youth, 92% had a permanency hearing in Family Court no later than 14 months after their initial placement.</p> <p>Monthly range 92% - 97%</p>	<p>Yes</p>
<p><i>19. Use of MSWs and BSWs</i></p> <p>Unless otherwise agreed, all social worker hires at CFSA shall have an MSW or BSW before being employed as trainees.</p>	<p>Ongoing compliance for all social work hires.</p>	<p>Ongoing compliance</p> <p>CFSA only hires MSWs for social worker positions.</p>	<p>Yes</p>
<p><i>20. Social Work Licensure</i></p> <p>All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units.</p>	<p>Ongoing compliance for all social workers.</p>	<p>The Board of Social Work was allowing CFSA to hire social workers who are not licensed as long as they are being supervised by a licensed supervisor and working toward licensure. This was only allowable for up to one year. CFSA stopped this practice over 2 years ago. At this juncture, CFSA is asking providers to no longer hire unlicensed social workers. This has already been incorporated into the Human Care Agreements.<sup>190</sup></p>	<p>Yes</p>

<sup>190</sup> This has not been independently verified by the Monitor.

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p><i>21. Training for Adoptive Parents</i></p> <p>Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process.</p>	<p>Ongoing compliance for 90% of adoptive parents.</p>	<p>Unable to assess<sup>191</sup></p>	<p>Unable to determine</p>
<p><i>22. Resource Development Plan</i></p>	<p>The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in Subpart b. of Item 21b of “Outcomes to be Maintained” Needs Assessment and Resource Development Plan.</p>	<p>Ongoing Achievement</p> <p>Resource Development Plan June 30, 2011</p> <p>Needs Assessment set for Completion December 2011</p>	<p>Yes</p>

<sup>191</sup> The Monitor was provided with new and substantially different data regarding this measure on November 14, 2011. The Monitor will validate data and report on this measure in the next monitoring report.

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p>23. <i>Needs Assessment and Resource Development Plan</i></p> <p>a. CFSA shall complete a needs assessment every two years, which shall include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO. The needs assessment shall be a written report. The needs assessment, including the report, shall be repeated every two years. CFSA shall provide evidence of adequate Resource Development capacity within the Agency, with sufficient staff and other resources to carry out MFO resource development functions</p> <p>b. The District shall develop a Resource Development Plan, which shall be updated annually by June 30th of each year. The Resource Development Plan shall: (a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; (b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; (c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; (d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and (e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of adoptive families based on the annual assessment. The Plan shall specify the quantity of each category of resources and services, the time period within which they shall be developed, and the specific steps that shall be taken to ensure that they are developed. CFSA shall then take necessary steps to implement this plan.</p>	<p>Ongoing Compliance</p>	<p>Needs Assessment due December 2011</p> <p>Resource Development Plan Completed June 30, 2011</p>	<p>Yes</p>

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p><i>24. Foster Parent Licensure</i></p> <p>CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements</p>	<p>Ongoing Compliance</p>	<p>CFSA continues to license relatives in accordance with District law, District licensing regulations and ASFA requirements.</p>	<p>Yes</p>
<p><i>25. Placement Licensing</i></p> <p>Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards and have a current and valid license.</p>	<p>95% of foster homes and group homes with children placed will have a current and valid license.</p>	<p>Monthly range for resource homes 90 – 93%</p> <p>Monthly range for group homes 96 – 100%</p>	<p>Yes</p>
<p><i>26. Quality Assurance</i></p> <p>CFSA shall have a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system must annually review a sufficient number of cases to assess compliance with the provisions of the MFO and good social work practice, to identify systemic issues, and to produce results allowing the identification of specific skills and additional training needed by workers and supervisors.</p>	<p>Ongoing Compliance</p>	<p>CFSA has an extensive QA monitoring system. The Monitor is concerned however about the diminishing number of QSRs being conducted annually.</p>	<p>Yes</p>

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p>27. <i>Maintaining Computerized System</i></p> <p>a. CFSA shall develop and maintain a unitary computerized information system and shall take all reasonable and necessary steps to achieve and maintain accuracy.</p> <p>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.</p>	Ongoing Compliance	Ongoing Compliance	Yes
<p>28. <i>Contracts to Require the Acceptance of Children Referred</i></p> <p>CFSA contracts for services shall include a provision that requires the provider to accept all clients referred pursuant to the terms of the contract, except for a lack of vacancy.</p>	Ongoing Compliance	Requirement included in Human Care Agreements	Yes
<p>29. <i>Provider Payments</i></p> <p>CFSA shall ensure payment to providers in compliance with DC's Quick Payment Act for all services rendered.</p>	90% of payments to providers shall be made in compliance with DC's Quick Payment Act for all services rendered.	Monthly performance ranges from 95 - 98%	Yes
<p>30. <i>Foster Parent Board Rates</i></p> <p>There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south</p>	Ongoing Compliance	New Foster Care Board Rates effective January 1, 2011, included an annual adjustment that was equal to USDA annual adjustments.	Yes

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p><i>31. Post-Adoption Services</i></p> <p>CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA</p>	<p>Ongoing Compliance</p>	<p>Ongoing Compliance</p> <p>FY2012 budget provides \$760,372 for the Post-Permanency Family Center. This is the same funding level as in FY 2011.</p>	<p>Yes</p>
<p><i>32. Caseloads</i></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.</p> <p>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</p>	<p>90% of investigators and social workers will have caseloads that meet the above caseload requirements. No individual investigator shall have a caseload greater than 15 cases. No individual social worker shall have a caseload greater than 18 cases. No individual worker conducting home studies shall have a caseload greater than 35 cases</p>	<p>Partial Compliance</p> <p>a. As of June 30, 2011, all (100%) investigative social workers had caseloads that met the IEP caseload standard.</p> <p>b. &amp; c. As of June 30, 2011, there were 275 case-carrying social workers at CFSA and the private agencies. Of the 275 workers, 266 (97%) had caseloads that met the IEP requirement. There were three (1%) workers with caseloads greater than 18 cases, which does not meet the Exit Standard that no worker have more than 18 cases.</p> <p>d. Between the months of January through June 2011, no worker conducting home studies had a caseload exceeding 30 cases.</p> <p>e. As of June 30, 2011, 23 (less than one percent of the overall caseload) were unassigned for greater than five days.</p>	<p>Yes</p>

**Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between January and June 30, 2011**

Implementation and Exit Plan Requirement	Exit Standard	January through June Performance	Exit Standard Maintained
<p><i>33. Supervisory Responsibilities</i></p> <p>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. No supervisor shall be responsible for the on-going case management of any case.</p>	<p>i. 90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker</p> <p>ii. 95% of cases are assigned to social workers</p>	<p>i. As of June 30, 2011, there were 76 supervisors at CFSA and the private agencies. Of the 76 supervisors, 74 (97%) supervisors were responsible for supervising no more than five caseworkers.</p> <p>ii. As of June 30, 2011, there were 89 cases assigned to supervisors or program managers or unassigned therefore requiring ongoing case management to fall to the supervisor or program manager. These 89 (3% of the overall caseload) cases were assigned to 24 supervisors or program managers.</p>	<p>Yes</p>