LaShawn A. v. Fenty

An Assessment of the District of Columbia's Child Welfare System
(as of January 31, 2009)

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LaShawn A. v. Fenty
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I. INTRODUCTION

This report on performance of the District of Columbia's child welfare system as of January 31, 2009 is provided to the Court in preparation for the May 7, 2009 *LaShawn A. v. Fenty* omnibus hearing.

A. Current Context

This report comes to the Court subsequent to the expiration of the *LaShawn* Amended Implementation Plan (AIP) on December 31, 2008.[1] As agreed upon by the Parties and ordered by the Court, the District was to have met the requirements of the AIP by the end of 2008. In March 2008, the Monitor reported to the Court that a joint decision had been made by the Parties to request an extension by six months of the agreed upon compliance date for achieving *LaShawn* outcomes and benchmarks, until June 30, 2009. At that time, the Parties asked the Court to approve a six-month stabilization plan (covering January 1 to June 30, 2008) with the contingency that by June 30, 2008, the Parties and the Monitor would develop a 12-month Strategy Plan (covering the time period from July 1, 2008 to June 30, 2009) on the key areas where District progress has been insufficient, thereby extending the expiration of the Amended Implementation Plan. This Strategy Plan was to be presented to the Court by the Monitor no later than July 1, 2008. The Parties were however unable to come to agreement on the annual Strategy Plan. As this report documents, as of January 31, 2009, the District has not met the expected performance set forth by the Court in the AIP.

The past 18 months have been difficult for the District's child welfare system. The Jacks/Fogle tragedy, which began in January 2008, created a crisis within the Child and Family Services Agency (CFSA). Many of the service delivery and management systems in place at that time did not effectively handle the large increase in the number of families reported to the CFSA hotline in the months that followed. The management problems that followed left the District ill-positioned to engage in developing the required 2008 Strategy Plan. Instead, as mentioned above, with the assistance of the Court Monitor, the parties agreed in early 2008 on a six-month Strategy Plan whose main goal was to stabilize CFSA operations. In July 2008, the CFSA Director resigned and an Interim Director was appointed by Mayor Adrian Fenty. In July 2008, Plaintiffs filed a Motion for Contempt citing the considerable gap that remained between the requirements of the AIP and District performance. On October 6, 2008, with the active assistance of the Court Monitor, the parties reached agreement on a Stipulated Order including a range of

[1] *LaShawn A. v. Fenty* Amended Implementation Plan, February 2007.

additional stabilization activities through December 31, 2008 that were designed to put the District back on a path of positive reform.

As the Monitor reported to the Court on January 5, 2009,[2] the District met the requirements of the October 2008 Stipulated Order with the exception of (1) developing a 2009 Strategy Plan in consultation with Plaintiffs and approved by the Monitor and (2) at that time, selecting a permanent CFSA Director in consultation with Plaintiffs and the Monitor. On February 10, 2009, Mayor Fenty nominated Dr. Roque Gerald as the new Director of CFSA. Dr. Gerald is currently Acting Director of CFSA, pending confirmation by the Council of the District of Columbia.[3]

In December 2008, a decision was made by the parties to postpone the development of the *LaShawn* 2009 Strategy Plan until receiving an assessment report from Public Catalyst Group[4] and until a permanent Director and leadership team could be put into place. Negotiations on this plan were initiated in January 2009, but never concluded. On January 26, 2009, the District submitted their proposed Strategy Plan directly to the Court for approval without receiving the approval of the Court Monitor, as is required by both the AIP and the October Stipulated Order. On February 24, 2009, the District submitted a revised Strategy Plan to the Court for the Court's approval without receiving input from Plaintiffs or the approval of the Court Monitor. Attachment A to this report is a March 4, 2008 memorandum from the Monitor to District officials outlining reasons why the proposed CFSA 2009 Strategy Plan (dated February 24, 2009) is insufficient and would not be approved by the Monitor.

Since January 2009, multiple motions have been filed with the Court by both Plaintiffs and the District, with Plaintiffs renewing their earlier motion seeking a Contempt ruling and the District seeking exit from the *LaShawn* decree. The Court set a hearing for May 7, 2009 to review parties' positions and to receive current information from the Court Monitor on compliance with the *LaShawn* Decree. At the Court's specific request, also included in this report is a summary of the organizational assessment of CFSA that was conducted by the Public Catalyst Group (PCG) as a requirement to the October 2008 Stipulated Order (Attachment B).

B. Overall Performance

On the whole, CFSA's basic operations have become more stable in the past six months, beginning with the Agency's work to clear the backlog of investigations of reports of alleged child abuse or neglect and its efforts to fill many front-line staff vacancies. Dr. Roque Gerald was named Interim Director, and then Acting Director, and has worked to improve morale of front-line staff, re-engage private providers and community partners and re-energize the Agency's reform focus and accountability for outcomes for children and families. CFSA performance data in several key areas are once again headed in the right direction, although there is still a considerable gap in many areas between current performance and court-ordered benchmarks and outcomes. Overall, the Agency's performance is back to performance levels

[2] *LaShawn A. v. Fenty* Court Monitor Letter to Judge Thomas F. Hogan, January 5, 2009.
[3] A confirmation hearing before the Committee on Human Services is scheduled for May 11, 2009.
[4] *Report and Recommendations Pursuant to LaShawn A. v. Fenty Stipulated Order of October 2008*. Public Catalyst Group. Submitted to the Court as Appendix A to Monitor's January 5, 2009 Meeting the Requirements of the October 6, 2008 *LaShawn A. v. Fenty* Stipulated Order Report.

prior to spiraling down after the Jacks/Fogle tragedy in so far as there is improved stability across most of the major functional areas and management attention has returned to the broad spectrum of work rather than focusing solely on investigations. Current performance and practice at CFSA and the private agencies could well be described in similar terms as when the Monitor wrote the below paragraph in the June 2007 report the Court:

> *…there remains significant work to improve the quality of both practice and decision making with children, families, resource parents and contractors. The majority of the work completed since the establishment of CFSA as a Cabinet level agency within District government has been devoted to building the infrastructure of a functional child welfare agency (a stable workforce, quality assurance capacity, policy development and promulgation, etc.) as the building blocks for improved quality of practice with individual families and children. While there is evidence that child welfare practice has and continues to improve, the desired level of effective child welfare practice is not consistently evident within CFSA and across its contracted providers. Many children and families continue to receive less than optimal services and supports. High quality planning, decision making and service delivery is not yet the norm.*[5]

There are many areas of practice where the District continues to fall far short of the standards required in the *LaShawn* Amended Implementation Plan (AIP). Additionally, as is documented in this report, there are multiple examples of inconsistent performance over time, suggesting that long-term sustainability of progress has not been achieved. The Quality Service Reviews (QSRs), which assess the quality of case practice, continue to show inconsistent results.

At the request of the Court, Public Catalyst Group (PCG), the contractor who was hired by the District in October 2008 pursuant to the Stipulated Order, has provided the Monitor with a summary of its assessment of the current status of reform and what is needed to achieve the goals of the Court's Orders. Attachment B provides the PCG summary. Relevant excerpts from the PCG summary include:

> *…Based on our 90 day engagement from October 15, 2008 through January 15, 2009, we concluded that CFSA was at a critical crossroads. The leadership team appointed by Mayor Fenty oversees an agency with much potential, but one which is still in the process of delivering on the promise of sound case practice and good outcomes for children and families. Last year was a particularly troubling one for CFSA with its crisis in investigations followed by significant turnover in leadership and throughout the agency, setting back even further its progress on well-being and permanency outcomes for children and youth. Shortly before our period of engagement, CFSA's interim leadership, which has subsequently been made permanent, took the helm and the agency began regaining its feet, aggressively reducing the investigations backlog, beginning training in good practice, and expanding services, all important steps to abate the crisis that had developed. CFSA resolved the stipulation period having made important progress, but we emphasized to the parties that substantial and significant work was still ahead.*

[5] *LaShawn A. v. Fenty* An Assessment of the District of Columbia's Child Welfare System. June 2007. Center for the Study of Social Policy.

It is not reasonable to expect that CFSA will be able to achieve comprehensive success in a matter of 6 or even 12 months, as measured by its commitments in the February 2007 Amended Implementation Plan (AIP). It was our considered judgment as of January 2009 that CFSA requires ample time and a planful strategy to move from its focus on crisis abatement to the delivery of genuine and sustained reform, as mutually described by the parties in the AIP. We recommended the work be structured in order to allow CFSA time to build on the successes of the stipulation period with a strong focus on improving outcomes for children and families…

… Even before the 2008 investigations crisis, the fact that CFSA's case practice needs sustained attention is well documented in the federal CFSR, the most recent Quality Service Review (QSR), the federal monitoring reports and the reports of many of the other experts and consultants deployed in DC over the past several years. Suffice it to say that there is consensus among these experts that DC needs to improve its safety outcomes, the quality of its investigations, its provision of health and mental health services to children in care, improve stability while children are in placement, and ensure many more of its children and youth achieve permanency and achieve it in a timely fashion.

Tackling challenges of this magnitude is an enormous undertaking, but this work is essential to any reasonable construction of a successful reform of child welfare. It goes to the heart of how a functional system operates to improve the lives of the children and families which it serves…[6]

C. CFSA Leadership and Management

CFSA has had great instability in top leadership and since its creation in 2001, there have been five Directors. On February 10, 2009, Mayor Fenty nominated Dr. Roque Gerald as the new Director of CFSA. Dr. Gerald has been CFSA's Deputy for Clinical Practice and has served as the Interim and then the Acting Director since July 2008. In these roles, he has helped to lead CFSA from a period of severe crisis to more stability. Dr. Gerald has begun recently to rebuild an executive leadership team and has charged them to work collaboratively with other District agencies, private providers, community Collaboratives, families, children's and family's attorneys and the Family Court to improve performance and outcomes.

Until very recently, CFSA had several key management positions filled with staff in acting positions. A new Contracts Administrator started on March 31, 2009 and a new Human Resources Administrator started on November 10, 2008. The prior permanent Contracts Administrator left the agency in late December 2007. The HR administrator resigned in July 2008 and the position was filled in November 15, 2008. Four positions on Dr. Gerald's leadership team are currently serving in acting positions and the key Deputy position for Program Operations remains unfilled despite extensive recruitment efforts.

Dr. Gerald has decided to postpone filling of the Deputy Director for Administration position and has proposed that the administrative managers (e.g., Contracts, Human Resources, Facilities, Fiscal) be supervised directly by Dr. Gerald or by the Director for External and Interagency

[6] Memo to Judith Meltzer, Court Monitor, from Kevin Ryan, President of Public Catalyst Group, April 15, 2009.

Affairs. The Monitor has not yet reviewed a revised organizational chart reflecting this new structure.

The Monitor believes Dr. Gerald's leadership and the commitment of many talented CFSA staff have the potential, despite significant needs and serious challenges, to move the Agency toward renewed growth and improved outcomes. In recent weeks, the Agency has begun to engage a wide range of stakeholders through open information sharing and collaborative work to identify and move ahead to reach shared outcomes for improved performance.

D. Report Structure

Using Benchmarks to Measure Progress

Wherever possible, this monitoring report uses the last quantitative benchmark from the 2003 Implementation Plan against which to assess current progress. These benchmarks were initially set as interim benchmarks as the parties had not agreed on measures of full compliance and decided to put off that negotiation until a later date. There are some requirements, however, where the benchmarks from the Amended Implementation Plan (AIP) vary slightly from the 2003 Implementation Plan and a few instances where new requirements were substituted or modified by the AIP and where no previous benchmark existed. These changes are noted in the text.

1. Using January 2009 (or More Recent) Data to Determine Progress

Multiple sources of information, as detailed throughout this report, have been used to determine the direction of progress and provide objective information for the Monitor's findings.

With few exceptions, data from January 2009, as verified by the Monitor, are used to determine compliance with the AIP requirements. Wherever possible, more recent data, when verified, has been provided. CFSA management reports on performance measures are typically made available to the Monitor 60 days after the end of the reporting month.

While this monitoring report provides data on most *LaShawn* requirements, there remain requirements where CFSA is still unable to routinely track and/or provide reliable data on performance. The lack of solid tracking mechanisms for these measures is of concern to the Monitor as it is clear that the Agency will not be successful in these areas if it is unable to routinely assess and track progress and make necessary adjustments to improve practice. These include:

- Investigating Relative Resources in All Cases Requiring Removal of Children from Their Homes
- Social Worker Visits to Children in the First Four Weeks of a New Placement

- Pre-Service and In-Service Training Requirements for Social Workers, and Supervisors[7]
- Pre-Service and In-Service Training Requirements for Foster and Adoptive Resources
- Conducting Assessments for Children Experiencing a Placement Disruption
- Maintenance of Medicaid Coverage for Children in Foster Care.

Throughout this report, the Monitor has highlighted those areas where the data are not currently available or existing data are believed by both the Monitor and CFSA to not reliably measure progress.

2. Organization of Report

Tables 1 and 2 in Section II below provides the Court with an update of District's performance as of January 31, 2009, on the *LaShawn* AIP Outcomes to be Achieved and Outcomes to be Maintained, [8] and an assessment of whether the District currently meets the established interim benchmarks.

Section III of the report provides a narrative on each of the AIP requirements and a comparison to previous performance when indicated.

Section III of the report is organized as follows:

A. Child Protective Services
B. In-Home Services to Children and Families
C. Placement of Children in Out-of-Home Care
D. Service to Children and Families
E. Permanency and Exits from Out-of-Home Care
F. System Accountability

[7] Data on the provision of Pre-Service and In-Service training to workers and supervisor for CY2008 was provided by CFSA to the Monitor on April 28, 2009. This left insufficient time for validation and inclusion in the report.
[8] Outcomes to be Maintained were requirements that the District had met as of February 2007 when the AIP was developed and approved. The Monitor continues to track whether these outcomes have been sustained. 5 of 23 requirements are either partially maintained or no longer maintained as of January 31, 2009.

II. *LASHAWN A.* PERFORMANCE ON AIP OUTCOMES AS OF JANUARY 2009

Tables 1 and 2 below summarize performance on AIP benchmarks as of January 2009 and where possible show comparative data from April 2008.

Table 1: Performance on *LaShawn* AIP Outcomes to be Achieved as of January 31, 2009

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
1. *Investigations* a. Investigations of alleged child abuse and neglect shall be initiated within 48 hours. Initiation of an investigation includes seeing the child and talking with the child outside the presence of the caretaker. When children are not immediately located, documented good faith efforts to see the child within the first 48 hours shall include visiting the child's home, school and day care in an attempt to locate the child as well as contacting the reporter, if known, to elicit additional information about the child's location; contacts with the police shall be made for all allegations that involve moderate and high risk cases.	90%	56%	75%	No
b. Investigations of alleged child abuse and neglect shall be completed within 30 days.	90%	17%[10]	Of investigations opened in January 2009, 73% completed within 30 days. Of investigations closed in January 2009, 74% had been open 30 days or less.	No

[9] These interim benchmarks were established in the *LaShawn* Implementation Plan dated April 2003 and were originally to be achieved by December 2006 with full compliance 6 to 12 months later. Final benchmarks for compliance have never been established by the parties.

[10] Reflects practice at the height of the Jacks/Fogle crisis.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
c. Reports of abuse and neglect in foster homes and institutions shall be comprehensively investigated; i. investigations in foster homes shall be completed within 30 days and ii. investigations involving group homes, day care settings or other congregate care settings shall be completed within 60 days.	95%	20%	Of investigations opened in January 2009, 100% completed within 30 days. Of foster home investigations closed in January 2009, 100% had been open 30 days or less. Of group home, day care settings or other congregate care setting investigations closed in January, 100% had been open 60 days or less.	Yes
2. *Acceptable Investigations*[11] CFSA shall routinely conduct investigations of alleged child abuse and neglect. Evidence of acceptable investigations shall include: a. Use of CFSA's screening tool in prioritizing response times for initiating investigations, and use of risk assessment protocol in making decisions resulting from an investigation; b. A full and systematic analysis of a family's situation and the factors placing a child at risk; c. Appropriate interviews with needed collateral contacts and with all children in the household outside the presence of the caretaker, parents or caregivers, or shall include documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child; and d. Medical and mental health evaluations of the children or parents when the worker determines that such evaluations are needed to complete the investigation.	80%	No new data provided.	Measured through qualitative review; a qualitative review will be completed in summer 2009.	*Unable to Determine* pending Qualitative Review.

[11] Acceptable investigations are measured through case record reviews or other data collection methods by the Monitor.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
3. *Services to Families and Children* Appropriate services, including all services identified in a child or family's case plan, shall be offered and children/families shall be assisted to use services, to support child safety, permanence and well-being	80%	73%	47% (QSR Implementation Indicator) 42% (QSR Pathways to Safe Case Closure Indicator)	No
4. *Social Worker Visits to Families with In-Home Services* A CFSA worker or a qualified worker from a service provider authorized by CFSA shall make twice-monthly visits to families in which there has been substantiated abuse or neglect, with a determination that each child can be maintained safely in the home with services. At least one visit per month shall be in the home, but the second can be at the child's school, day care or elsewhere. Workers are responsible for assessing the safety of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.	50% 2x monthly[12] 90% monthly[12]	68% 2x monthly 83% monthly	67% 2x monthly 81% monthly	Interim benchmark for twice monthly visits: Yes Interim benchmark for monthly visits: No Final benchmarks for social work visits have not been set.
5. *Social Worker Visits to Children in Out-of-Home Care* a. CFSA or contract social workers with case management responsibility shall make twice-monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.). At least one visit per month shall be in the home, but the second can be at the child's school, day care or elsewhere. b. Workers are responsible for assessing the safety of each child ate every visit and each child must be separately interviewed at least monthly outside the presence of the caretaker.	a. 80%[13] b. *Unable to Determine*	a. 85% b. *Unable to Determine*	a. 87% b. *Unable to Determine*	Interim benchmark: Yes Final benchmarks for social work visits have not been set.

[12] Final benchmarks need to be established.
[13] Final benchmarks need to be established.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
6. *Social Worker Visits to Children Experiencing a New Placement or a Placement Change* a. CFSA or contract agency social workers with case responsibility shall make weekly visits during the first four weeks of placement and twice monthly visits thereafter to each child newly placed in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.) or moved to a new placement. b. Workers are responsible for assessing the safety of each child ate every visit and each child must be separately interviewed at least monthly outside the presence of the caretaker.	a. 80%[14] b. *Unable to Determine*	a. 65%[15] b. *Unable to Determine*	a. *Unable to Determine*[15] b. *Unable to Determine*[15]	Interim benchmark: *Unable to Determine* Final benchmarks for social work visits have not been set.
7. *Relative Resources* CFSA shall investigate relative resources in all cases requiring removal of children from their homes.	75%	No new data provided.	282 FTMs held, 775 children removed – *Unable to Determine* number of children placed with relatives based on FTM.	*Unable to Determine*
8. *Placement of Children in Most Family-like Setting* a. Children in out-of-home placement shall be placed in the least restrictive, most family-like setting appropriate to his or her needs.	80%	71% of children in family based settings.	70% of children in family based settings.	No
b. No child shall stay overnight in the CFSA Intake Center or office building.	Full Compliance	No children reported in previous 6 months.	No children reported in 2008.	Yes
c. No child shall remain in an emergency, short-term, or shelter facility or foster home for more than 30 days.	No more than 25 children	17 children	18 children	Yes
9. *Placement of Young Children* a. Children under 12 shall not be placed in congregate care settings for more than 30 days unless the child has special treatment needs that cannot be met in a homelike setting and unless the setting has a program to treat the child's specific needs.	No more than 20 children	13 children	14 children	Yes
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 more than 5 children	7 children	9 children	No

[14] Final benchmarks need to be established.

[15] The Monitor believes there are data discrepancies and is working with CFSA to ensure the visitation data being reported by FACES are an accurate reflection of the visits occurring.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
10. *Visits Between Parents and Workers or Providers* For children with a permanency goal of reunification, in accordance with the case plan, the assigned worker or designated family services provider should meet with the parent(s) no less frequently than twice a month in the first three months post-placement unless there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.	80%[16]	50%	45%	Interim benchmark: No Final benchmarks for visits have not been set.
11. *Visits Between Parents and Children* There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency shall demonstrate and there shall be documentation in the case record that visitation was not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.	85%	33%	46%	Interim benchmark: No Final benchmarks for visits have not been set.
12. *Appropriate Permanency Goals* Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines.	90%	94% of children have goals consistent with ASFA categories; however data supports that APPLA goal is inappropriately used for many youth.	97% of children have goals consistent ASFA categories; however, data supports that APPLA goal is inappropriately used for many youth.	No[17]
13. *Reduction of Multiple Placements for Children in Care* a. Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care at least 8 days and less than 12 months, 88 percent shall have two or fewer placements.	88%	81%	78%	No
b. Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care for at least 12 months but less than 24 months, 65% shall have had two or fewer placement settings.	65%	56%	53%	No
c. Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care for at least 24 months, 50% shall have had two or fewer placement settings since October 1, 2004 or entry into care (if entry was after October 1, 2004).	50%	37%	31%	No

[16] Final benchmarks need to be established.

[17] Approximately one-third of youth in foster care have APPLA goals. Work to review these children's history and permanency plans is an intensive focus for CFSA.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
14. *Timely Approval of Foster/Adoptive Parents* a. CFSA shall have in place a process for recruiting, studying and approving families interested in becoming foster or adoptive parents that results in the necessary training, home studies, and decisions on approval being completed within 120 days of beginning training.	85%	No new data provided.	55%	No
b. CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry.	Not Applicable	Training opportunities available within 30 days of inquiry.	Training opportunities available within 30 days of inquiry.	Yes
15. *Legal Action to Free Children for Adoption* Children with a permanency goal of adoption shall have legal action initiated to free them for adoption within 45 days of their permanency goal becoming adoption.	75%	No new data provided.	84%	Yes
16. *Timely Adoption* a. Children with a permanency goal of adoption should be in an approved adoptive placement within nine months of their goal becoming adoption.	85%	18 (53%) of 34 children in first quarter of 2008 with goal change were in pre-adoptive within 9 months.	42%	No
b. 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.	90%	100%[18]	100%[19]	Yes
c. CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within twelve (12) months of placement in the approved adoptive home.	85%	10% of 58 children adopted between October 2007 and April 2008 were adopted within 12 months of being placed in a pre-adoptive home[20]	26%	No

[18] This data has not yet been validated by the Monitor.
[19] There were 5 children whose permanency goal changed to adoption in September 2008 for whom the 95 day time period has now elapsed. None of the five children required child specific recruitment because they all had permanency resources identified.
[20] There are 18 children included in this count for whom no data are available regarding pre-adoptive home placements prior to adoption.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
17. *Case Planning Process* a. CFSA shall, with the family, develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect family and children's needs, are updated as family circumstances or needs change, and CFSA shall deliver services reflected in the current case plan. b. Every reasonable effort shall be made to locate family members and to develop case plans in partnership with youth and families, the families' informal support networks, and other formal resources working with or needed by the youth and/or family. c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.	90%	57%[21] QSR Case Planning Process Indicator 71%[21] QSR Pathway to Safe Case Closure Indicator[22]	42% QSR Case Planning Process Indicator 42% QSR Pathway to Safe Case Closure Indicator[22]	Interim benchmark: No
d. 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.	95%	95%	97%	Yes
18. *Placement Licensing* Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards and have a current and valid license	Full Compliance	91% foster homes with children placed are licensed. 85% congregate care facilities with children placed are licensed.	90% foster homes with children placed are licensed. 90% congregate care facilities with children placed are licensed.	No No

[21] This was preliminary data and had not been validated by the Monitor's office.

[22] The Quality Service Review Case Planning Process and Pathway to Safe Case Closure indicators were used for measuring performance in this area. The Case Planning Process indicator explores how well the case plan addresses the child and family needs, the degree to which the child and family are involved in the development of the plan and whether all service providers are aware of and working towards the plan goals. The Pathway to Safe Case Closure indicator explores if there is a reasonable and attainable goal and plan for achieving the goal and whether sufficient progress is being made by the child and family to ensure success.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
19. *Community-based Service Referrals for Low & Moderate Risk Families* Families who have been the subject of a report of abuse and/or neglect that is determined to be low or moderate risk and needing additional supports shall be referred to an appropriate Collaborative or community agency for services and supports.	70%	No new data provided.	373 families referred to the Collaboratives of which 210 families were engaged in services.[23]	*Unable to Determine*
20. *Sibling Placement and Visits* a. Children in out-of-home placement should be placed with some or all of their siblings.	80%	57%	60%	Interim benchmark: No Final benchmarks for visits have not been set.
b. Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings.	75%	59%	65%	Interim benchmark: No Final benchmarks for visits have not been set.
21. *Placement within 100 Miles of the District* No more than 82 children shall be placed more than 100 miles from the District of Columbia. (Children placed in kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.)	No more than 82 children	126	93	No
22. *Assessments for Children Experiencing a Placement Disruption* CFSA shall ensure that children in its custody whose placements are disrupted are provided with a comprehensive and appropriate assessment and follow-up action plans to determine their service and re-placement needs no later than within 30 days of re-placement.	85%	Data Not Available	Data Not Available	No

[23] The Monitor cannot currently assess whether this rate of referral is sufficient as the Agency has not provided information on the total number of families determined by an investigation during the same time period to be at low or moderate risk of maltreatment and needing services and supports.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
23. *Services to Promote Stability* CFSA shall provide for or arrange for services required by the MFO through operational commitments from District 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 been 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.	80%	73%[24] 2008 QSR Implementation Indicator	47% QSR Implementation Indicator 42% QSR Pathway to Safe Case Closure Indicator	Interim benchmark: No
24. *Health and Dental Care* a. Children in foster care shall have a health screening prior to placement.	90%	No new data provided.	*Unable to Determine*[25]	*Unable to Determine*
b. Children in foster care shall receive a full medical and dental evaluation within 30 days of placement.	90%	No new data provided.	*Unable to Determine*[25]	*Unable to Determine*
c. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 30 days.	95%	No new data provided.	11% received Medicaid cards within 30 days.	No
d. Medicaid coverage shall remain active for the entire time a child is in foster care.	95%	No new data provided.	Data Not Available	*Unable to Determine*
25. *Financial Support for Community-Based Services* The District shall provide evidence of financial support for community-and neighborhood-based services to protect children and support families.	Not Applicable	Financial support was provided in FY08 and FY09 budgets.	FY2010 budget not yet approved.	Yes
26. *Resource Development Plan* The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in Item 15b of the Outcomes to be Maintained section of this document.	Not Applicable	Not Applicable	Resource Development Plan due in June 2009.	
27. *Post-Adoption Services* CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA.	Not Applicable	CFSA has contracted with Adoptions Together to create the Post-Permanency Family Center.		Yes

[24] This is preliminary data and is being validated by the Monitor's office.

[25] The Monitor has requested back-up data to determine CFSA's performance on the medical and dental AIP standards. It is anticipated that these data will be made available by CFSA shortly and the Monitor will provide a memo to the Court prior to May 7 with the findings.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
28. *Caseloads*[26] 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.	12 investigations per worker	63 of 85 (74%) workers and supervisors with more than 12 investigations (as of June 30, 2008)	7 of 58 (12%) workers with more than 12 investigations (as of March 31, 2009)	No
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.	15 families per worker	50 of 288 workers (17%) with more than 15 total cases Highest number of cases per worker (Private Agency): 30 Highest number of cases per worker (CFSA): 21	25 of 272 (9%) workers with more than 15 total cases Highest number of cases per worker: 21	No
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.	15 children per worker			
d. The caseload of each Permanency Specialist shall not exceed 30 children with the goal of adoption/guardianship. An implementation assessment shall be completed to determine effectiveness.	30 children per worker	No new data provided.	No new data provided.[27]	*Unable to Determine*; CFSA has discontinued plan to use permanency specialists.
e. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.	30 home studies per worker	No new data provided.	0 of 9 workers with more than 30 cases[28]	No[28]

[26] Caseload data are for period ending January 9, 2009.
[27] Caseloads for adoptions workers included in data in 28(b) and (c) on caseloads of workers for children in their own homes or in placement.
[28] The two supervisors of the units of workers conducting home studies both have responsibility for conducting home studies in addition to supervision. One is responsible for a full caseload of 30 home studies and the other is responsible for 6 home studies.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
f. 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.	No unassigned cases for more than 5 days	46 cases in on-going units unassigned for more than 24 hours. 40 cases in Intake unassigned for more than 24 hours. 129 cases being carried inappropriately in Intake[29]; 13 cases in Intake awaiting transfer to In-home services for more than 5 business days (as of July 15, 2008).	35 cases in on-going units unassigned for more than 5 days.	No
29. *Supervisory Responsibilities* a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aides, or five caseworkers.	No more than 5 workers and a case aide	5 supervisors are responsible for more than 5 caseworkers.	6 supervisors responsible for more than 5 social workers.	No
b. No supervisor shall be responsible for the on-going case management of any case.	Supervisors or Managers are not to carry cases	13 supervisors carrying cases.	17 of 101 (17%) supervisors and program managers are responsible for ongoing case management.	No
30. *Training for New Workers and Supervisors* a. New workers shall receive the required 80 hours of pre-service training through a combination of classroom and on-the-job training in assigned training units.	90%	CY2008 data not yet available	Data provided on 4/28/2009; not yet validated by the Monitor.	No
b. New supervisors shall receive a minimum of 40 hours of pre-service training on supervision of child welfare workers within three months of assuming supervisory responsibility.	95%	CY2008 data not yet available	Data provided on 4/28/2009; not yet validated by the Monitor.	No

[29] Monitor is still validating this data.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
31. *Training for Previously Hired Workers, Supervisors and Administrators* a. Previously hired workers 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.	85%	CY2008 data not yet available.	Data provided on 4/28/2009; not yet validated by the Monitor.	No
b. Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training.	85%	CY2008 data not yet available.	Data provided on 4/28/2009; not yet validated by the Monitor.	No
32. *Training for Foster Parents* a. CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training.	95%	Foster parents cannot be licensed prior to completing 30 hours of pre-service training. Available data are not accurate.	Foster parents cannot be licensed prior to completing 30 hours of pre-service training. Data Requested, Not Provided	*Unable to Determine*
b. CFSA and contract agency foster parents shall receive annually a minimum of 15 hours of in-service training	90%	Available data are not accurate.	Data Requested, Not Provided	*Unable to Determine*
33. *Quality Assurance* CFSA shall have a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system must annually review a sufficient number of cases to assess compliance with the provisions of the MFO and good social work practice, to identify systemic issues, and to produce results allowing the identification of specific skills and additional training needed by workers and supervisors.	Development of QA system to meet agency needs	Quality Assurance restructuring to begin in 2008	Current number of QA staff not sufficient.	No

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
34. *Special Corrective Action* a. CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the following categories: i. All cases in which there have been four or more reports of neglect or abuse for a single child or family with the fourth report occurring in the last 12 months ii. 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 iii. 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 iv. 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 v. Children with a permanency goal of reunification for more than 18 months vi. Children placed in emergency facilities for more than 90 days vii. Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license viii. Children under 14 with a permanency goal of APPLA ix. Children in facilities more than 100 miles from the District of Columbia b. CFSA shall conduct a child-specific case review by the Director or Director's designee for each child identified and implement a child-specific corrective action plan as appropriate	Not Applicable	No new data provided	a. As of February 28, 2009[30]: i. 69 children ii. 223 children iii. 193 children iv. 0 children v. 61 children vi. 3 children vii. 264 children viii. 9 children ix. 83 children b. CFSA reports Administrative Reviewers are now provided with a list of children in these categories on a bi-weekly basis and social workers are notified of children in corrective action categories with upcoming Administrative Reviews.	a. Yes b. *Unable to Determine*
35. *Performance Based Contracting* CFSA shall have in place a functioning performance based contracting (PBC) 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 monitors contract performance on a routine basis.	PBC system in place	Proposed RFP shared with Monitor and Plaintiffs, but was never released.	On hold; New plan for PBC in development.	No
36. *ICPC* CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care.	Comply with ICPC	209 children in the backlog.	212 children in the backlog.	No

[30] This is the first time CFSA has provided the Monitor with this information. The Monitor has not yet verified the data.

Outcomes to be Achieved AIP Requirement	Interim Benchmark[9]	April 2008 Performance	January 2009 Performance	Benchmark Achievement
37. *Licensing Regulations* CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.	Necessary resources to license and monitor foster homes and facilities	No new data provided.	There are currently 7 FTEs and 1 contractor approved for the direct work of the Office of Facility Licensing. There are no vacancies at this time. There are 14 FTEs for facility monitoring. There is 1 vacancy at this time. There are 14 FTEs for the foster parent licensing unit. There are 3 vacancies at this time with candidates selected.	No
38. *Provider Payments* CFSA shall ensure payment to providers in compliance with DC's Quick Payment Act for all services rendered.	Comply with DC Quick Payment Act	95% of payments made within 39 days between June 15 and July 13 2008.	94% of payments made within 39 days between March 13, 2009 and April 12, 2009.	No
39. *Budget and Staffing Adequacy* The District shall provide evidence that the Agency's annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources. The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide agency budget and/or personnel reductions that may be otherwise imposed.	Not Applicable	Not Applicable	Not Applicable	Yes, through 2009; Proposed 2010 Budget not final. Yes

Table 2: Performance on *LaShawn* AIP Outcomes to be Maintained as of January 31, 2009

Outcomes to be Maintained AIP Requirement	Status as of January 31, 2009	Outcome Maintained
1. *Entering Reports into Computerized System* CFSA shall immediately enter all reports of abuse or neglect into its computerized information systems and shall use the system to determine whether there have been prior reports of abuse or neglect in that family or to that child.	CFSA immediately enters all reports of abuse or neglect into FACES.	Yes
2. *Maintaining 24 Hour Response System* CFSA shall staff and maintain a 24-hour system for receiving and responding to reports of child abuse and neglect, which conforms to reasonable professional standards.	CFSA maintains a 24-hour Hotline in its Child Protective Services (CPS) Administration to receive reports of alleged child maltreatment.	Yes
3. *Checking for Prior Reports* Child abuse and/or neglect reports shall show evidence that the investigator checked for prior reports of abuse and/or neglect	FACES automatically performs a search for prior reports.[31]	Yes
4. *Reviewing Child Fatalities* The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate.	Both a City-wide Child Fatality Committee and an Internal CFSA Committee are operational as required.[32]	Partially Met
5. *Policies for General Assistance Payments* CFSA shall have in place policies and procedures for appropriate use of general assistance payments for the care of children by unrelated adults, including provision of any applicable oversight and supervision.	The Amended Implementation Plan requirements related to Emergency Care and General Assistance have been met.	Yes
6. *Use of General Assistance Payments* CFSA shall demonstrate that District General Assistance payment grants are not used as a substitute for financial supports for foster care or kinship care for District children who have been subject to child abuse or neglect.	CFSA demonstrates that general assistance payments are not used as a substitute for financial supports for foster care or kinship care.	Yes

[31]The Monitor is concerned about inconsistent use of information about prior reports of abuse and/neglect involving the child/family during the investigative process. In the next few months, the Monitor will conduct another in-depth review of the quality of investigative practice, in partnership with CFSA, to assess whether the problems raised many times in the past have been corrected and whether there are processes and supports in place to sustain any improvements detected.

[32] As of March 31, 2009, there was a backlog of 26 2008 fatalities without a completed internal child fatality review.

Outcomes to be Maintained AIP Requirement	Status as of January 31, 2009	Outcome Maintained
7. *Licensing and Placement Standards* a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards. b. Children in foster home placements shall be in homes that (i) have no more than three foster children or (ii) have six total children including the family's natural children; (iii) Have no more than two children under two years of age, or (iv) have more than three children under six years of age. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed these limits. c. No child shall be placed in a group-care setting with a capacity in excess of eight (8) children without express written approval by the Director or designee based on written documentation that the child's needs can only be met in that specific facility, including a description of the services available in the facility to address the individual child's needs. d. Children shall not be placed in a foster care home or facility in excess of its licensed capacity. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed the limits.	b. (i) 5% children in foster homes with more than 3 foster children; (ii) 0 children placed in home with more than 6 children; (iii) less than 1% of children are in homes with more than two children under age two; (iv) 0 children are in homes with more than three children under age six. c. 22% of children placed in group homes are placed in group homes with more than 8 children placed. d. 39 children are placed in group homes with more than 8 children placed.	b. Yes c. No d. No
8. *Appropriate Permanency Goals* No child under the age of 12 shall have a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person. No child under the age of 12 shall have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, and to place the child for adoption, and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent caretakers of the child.	No children 12 and younger with a goal of legal custody or continued foster care.	Yes

Outcomes to be Maintained AIP Requirement	Status as of January 31, 2009	Outcome Maintained
9. *Post-Adoption Services Notification* Adoptive families shall receive notification at the time that the adoption becomes final of the availability of post-adoption services.	Post-Permanency Center is open and operational. In CY2008, 640 children were matched with services.	Yes
10. *Administrative Reviews* a. By September 30, 2005, CFSA shall have implemented an Administrative Case Review Process, as defined by Section X.B.1(a-c) of the MFO, with sufficient staff resources to review foster care cases within 180 days of a child's entry into foster care and every 180 days thereafter. b. Foster care cases shall have had an Administrative Case Review within 180 days of the child entering care and every 180 days thereafter. The Administrative Case Review process shall: (i) be staffed by qualified social workers, (ii) provide advance notification to social workers, parents, foster parents, youth, Guardians ad litem, and involved service providers as appropriate, (iii) be efficiently and conveniently scheduled to ensure maximum participation of involved parties, especially parents, as appropriate, (iv) provide for a comprehensive review of case progress, the appropriateness of permanency goals and placement, and adequacy of services to meet permanency goals and to promote the safety, permanence and well-being of the child; and (v) be structured to provide feedback to CFSA management on compliance with agency policies and procedures, District of Columbia law and the MFO.	96%	Yes
11. *Permanency Hearings* CFSA shall make every reasonable effort to ensure that children in foster care have a permanency hearing in Family Court no later than 14 months after their initial placement.	91% within 14 months.[33]	No
12. *Use of MSWs and BSWs* Unless otherwise agreed, all social worker hires at CFSA shall have an MSW or BSW before being employed as trainees.	CFSA hires only social workers with an MSW or BSW. CFSA has recently made an agreement with the DC Board of Social Workers to allow the Agency to hire unlicensed MSWs and BSWs under the expectation that they become licensed within the year.	Yes
13. *Social Work Licensure* All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units.	CFSA social work staff meet D.C. licensing requirements (see above).	Yes

[33] Source of this data is the Family Court Administrative Data; CFSA reports that 94% of children had a permanency hearing in Family Court within 14 months after initial placement.

Outcomes to be Maintained AIP Requirement	Status as of January 31, 2009	Outcome Maintained
14. *Training for Adoptive Parents* Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process.	Data Requested, Not Provided	*Unable to Determine*
15. *Needs Assessment and Resource Development Plan* a. CFSA shall complete a needs assessment every two years, which shall include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO. b. 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.	CFSA has developed the necessary internal capacity to perform a needs assessment and has completed a thorough analysis of the information gathered in the 2007 Needs Assessment 2007 Resource Development Plan update completed as required and 2009 Resource Development Plan is expected to be complete in June 2009.	Yes
16. *Foster Parent Licensure* CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements.	CFSA licenses relatives as foster parents.	Yes
17. *Maintaining Computerized System* a. CFSA shall develop and maintain a unitary computerized information system and shall take all reasonable and necessary steps to achieve and maintain accuracy. b. CFSA shall provide evidence of the capacity of FACES 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.	CFSA maintains a web-based computerized system and produces monthly management reports.	Yes

Outcomes to be Maintained AIP Requirement	Status as of January 31, 2009	Outcome Maintained
18. *Contracts to Require the Acceptance of Children Referred* CFSA contracts for services shall include a provision that requires the provider to accept all clients referred pursuant to the terms of the contract, except for a lack of vacancy.	Each of CFSA's family based contracts contains a clause stating: "The Contractor shall accept all children referred for placement by CFSA when a vacancy exists in one of its licensed homes.	Yes
19. *Federal Revenue Maximization* CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development.	CFSA has temporarily discontinued use of Medicaid claiming to clear up documentation and processing issues. In the Interim, costs are being covered with local dollars and additional Title IV-E claiming. CFSA has begun to get assistance from a revenue consultant to review the District's efforts to maximize appropriate federal claims. The District has also filed a state plan amendment to obtain federal support for guardianship subsidy pursuant to the new federal Fostering Connections Act.	Partially Met
20. *Foster Parent Board Rates* There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south.	Foster parent board rates are adjusted annually to keep current with U.S. Department of Agriculture standards for raising a child in the urban south. Latest rate increase in January 2009.	Yes

III. DISCUSSION OF PROGRESS IN MEETING *LaSHAWN* AIP REQUIREMENTS

A. Child Protective Services

1. Hotline

CFSA is required to maintain a 24 hour a day, 7 day per week hotline to accept reports of alleged abuse and neglect. In the past the Monitor has expressed concern about the quality of practice at the hotline. The October 2008 Stipulated Order required the long-planned for purchase, installation and deployment of a new child abuse and neglect hotline telephone system with added functionality for supervision and quality assurance. The phone system was installed and became fully operational in January 2009.

CFSA reports that it has begun to implement some of the added features of its new hotline system to augment its quality improvement process, but to the Monitor's knowledge, it has not yet fully implemented the intended quality assurance activities at the hotline. The Monitor has reviewed the draft Hotline Quality Assurance Form to be used by hotline workers for self-assessment, by all shifts of hotline supervisors and by the program managers and the program administrators to measure the customer service, information gathering and documentation skills of the hotline workers. The draft tool was tested in early March 2009, however technical issues arose delaying further testing of the review tool and requiring a change in computers for hotline staff to be able to navigate the software. CFSA reports it started testing the tool in April 2009 and intends to implement regular reviews in May 2009.

The Monitor has asked for and has not received monthly data that the telephone system is capable of producing regarding, for example, the number of calls received, the number of dropped calls, the timeliness of answering the phone at the hotline, the length of calls, and the use of the supervisory oversight capabilities.

2. Mandated Reporter Training

One of the key findings from the Jacks/Fogle tragedy was that mandated reporters[34] did not know their legal responsibilities with regard to reporting suspected child abuse or neglect. In response to this finding, in March 2009, the District launched a new online mandated reporter training.[35] The interactive website provides the information mandated reporters need to recognize the signs of abuse and neglect and provides information on how and under what circumstances to make a report to the CFSA hotline. The training contains definitions and examples with links to resources, DC legal codes, and helpful tips for mandated reporters.

This new training is an important outreach tool to support mandated reporters.

[34] Mandated reporters of suspected child abuse and neglect include: chiropractors, day care workers, dentists, domestic violence counselors, law enforcement officers, licensed nurses, medical examiners, mental health professionals, persons involved in care/treatment of patients, physicians, psychologists, registered nurses, school officials, teachers, and social services workers.

[35] See http://dc.mandatedreporter.org.

After completion of the online training, users are expected to understand their legal obligations as mandated reporters; be able to define the types of child abuse and neglect; be able to recognize signs of child abuse and neglect and identify groups of children who may be at a higher risk for abuse or neglect; know how to prepare for and make a report of child abuse/neglect; and understand the process that occurs after a report is made. The average completion time of the training is two hours with pre- and post-training tests.

CFSA has the ability to track the number of users and their performance on the pre- and post-tests. During registration, users are asked their professions and a drop down menu is available so that users can indicate the government agency or Collaborative where they work.

After the fatalities of the Jacks/Fogle girls in January 2009, the Mayor and City Administrator also requested that the District's Office of the Inspector General (OIG) conduct a systemic review and assessment of the services rendered to assist the Jacks/Fogle family and to make recommendations for corrective actions as appropriate. The OIG's April 2009 report makes several recommendations with regard to mandated reporter training including that DCPS and other District agencies and partners ensure that all mandated reporters receive annual training regarding how to detect abuse and neglect, and develop uniform policies and procedures for reporting suspected cases of abuse or neglect.[36] The new online mandated reporter training is one important part of implementing these recommendations.

When the website training was launched, an all-staff message was sent to CFSA staff and an announcement was sent to the CFSA external email list. The training has also been publicized via recent press conferences with the Executive Office of the Mayor and has been discussed at City Council hearings. CFSA also intends to ask government agencies including the District of Columbia Public Schools and the Office of the State Superintendent for Education as well as community-based partners to make mandated reporter training a requirement for their staff.

3. Investigations of Alleged Child Abuse and Neglect

A basic child protective services function is the responsibility to timely and comprehensively investigate reports of alleged or suspected child abuse or neglect. There has been considerable progress in the past six months in the timely initiation and completion of child protective services (CPS) investigations. The initiation and completion rates for January 2009 show improvement towards meeting the *LaShawn* Amended Implementation Plan (AIP) standards and since January 2009, CFSA has maintained timely performance.

[36] See *Report of Special Evaluation: Interactions Between An At-Risk Family, District Agencies, and Other Service Providers (2005-2008)*. District of Columbia Office of the Inspector General. April 2009. Found at http://oig.dc.gov/main.shtm

a. Investigation Initiation

- *Amended Implementation Plan Requirement 1(a): Investigations of alleged child abuse and neglect shall be initiated within 48 hours.*
- *Interim Benchmark: By June 30, 2005, 90% of all investigations are to be initiated within 48 hours.*

Initiation of an investigation includes seeing all alleged victim children and talking with them outside the presence of the caretaker, or making good faith efforts to locate a child within the 48-hour time frame. In January 2009, there were 533 referrals to the hotline accepted for investigation. Of the 533 investigations (both institutional and non-institutional), 400 (75%) investigations were initiated within 48 hours.

CFSA's data system also captures information about attempts to initiate investigations. In January 2009, CFSA reports it attempted to initiate the investigation within 48 hours in 95 (18%) of the 533 investigations. The Monitor is not yet able to determine if these attempts met the criteria for good faith efforts established in the AIP. Figure 1 shows the number of investigations initiated within 24 and 48 hours and those for which attempts were made within 48 hours.

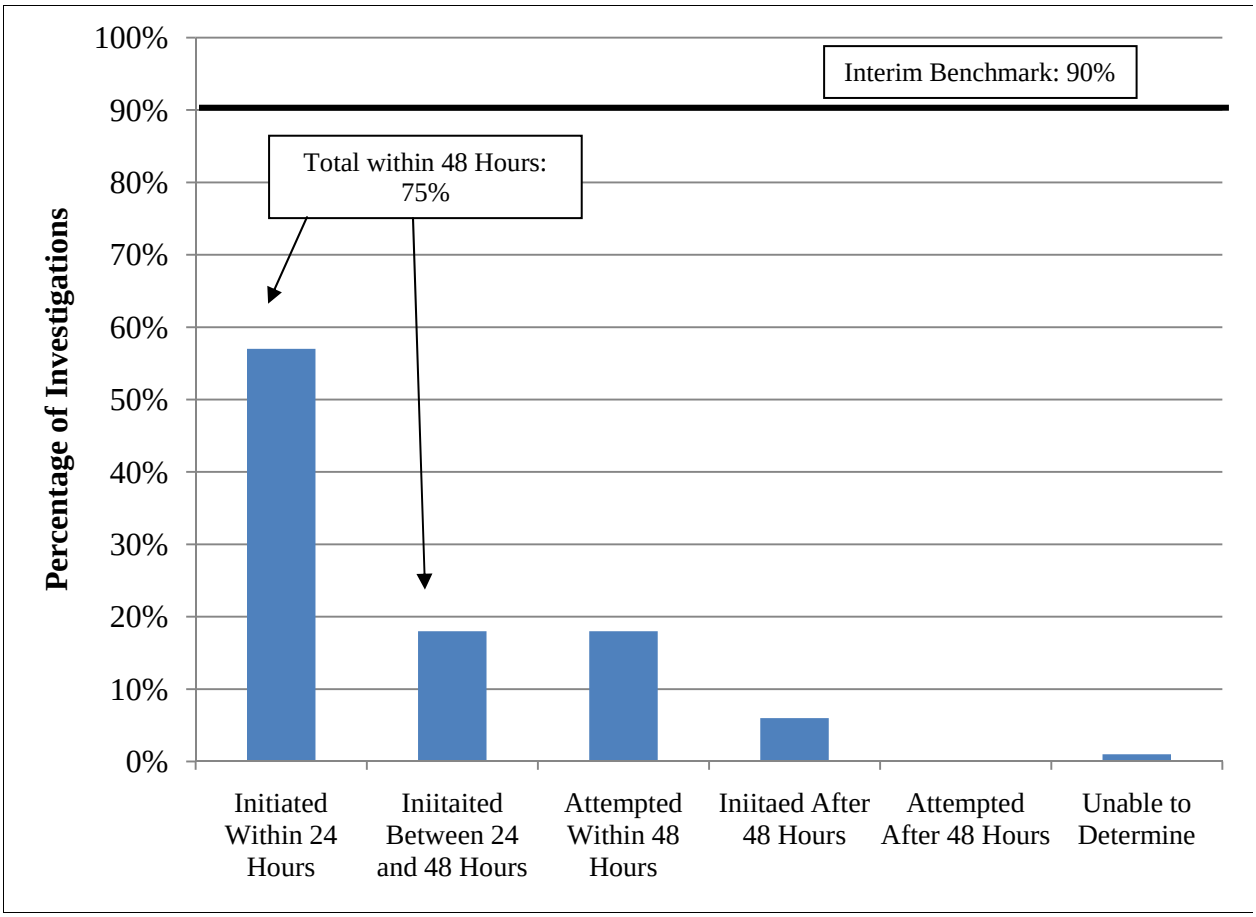
CFSA has also improved performance in initiation of investigations within 24 hours, the more stringent standard that District law requires. In April 2007, CFSA initiated 35% of investigations within 24 hours. In January 2009, CFSA initiated 57% of investigations within 24 hours.

The Monitor completed an assessment of the quality of investigations practice[37] in November 2007 and looked specifically at good faith efforts to initiate an investigation. At that time, of the 40 investigations reviewed, 31 investigations were initiated within 48 hours, 3 investigations included sufficient good faith efforts to meet the AIP initiation standard and 6 investigations did not meet the standard of being initiated within 48 hours.

In the next few months, the Monitor will conduct another in-depth review of the quality of investigative practice, in partnership with CFSA Quality Assurance staff. As part of this assessment, the Monitor will again review specific cases of good faith efforts to initiate within 48 hours. When the assessment is complete, the Monitor will submit this information to the Court.

[37] *An Assessment of the Quality of Child Abuse and Neglect Investigative Practice in the District of Columbia*. November 2007.
http://www.cssp.org/uploadFiles/FINAL%20CPS%20Review%20Report%2011%2013%202007.pdf

Figure 1: Percentage of Investigations Initiated within 24 and 48 Hours as of January 31, 2009



Source: CFSA Administrative Data March 20, 2009.

b. Investigation of Alleged Abuse and Neglect

- *Amended Implementation Plan Requirement 1(b): Investigations of alleged child abuse and neglect shall be completed within 30 days.*
- *Interim Benchmark: By December 31, 2005, 90% of all investigations are to be completed within 30 days.*

CFSA is required to complete all non-institutional investigations of abuse and neglect within 30 days. Beginning January 2008, CFSA experienced an extreme increase in the number of investigations, resulting in a backlog of investigations open more than 30 days. To date, the backlog of investigations open more than 30 days has been dramatically reduced from the high of over 1700 investigations in July 2008. Completion of investigations within 30 days is now occurring for most investigations.

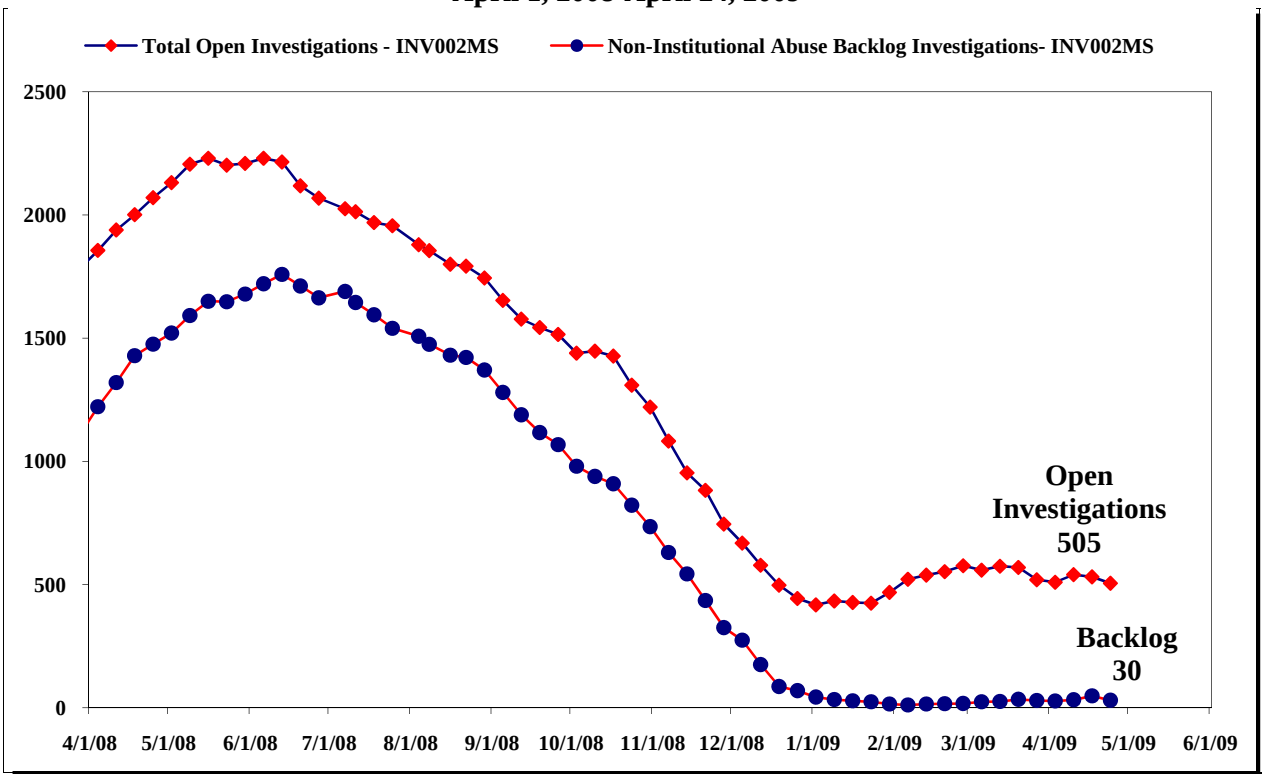
As of January 30, 2009, 97% of open investigations were open less than 30 days; there were 15 investigations (3%) in the backlog at that time. On April 24, 2009, the backlog included 30 investigations (see Figure 2). While the total number of hotline calls and the number of

investigations have remained higher than before the publicity surrounding the Jacks/Fogle children's deaths and have been increasing recently, CFSA has retained the backlog below 40 investigations incomplete within 30 days since the beginning of January 2009 through April 2009. This is a major accomplishment.

Current performance on the AIP requirement to complete investigations within 30 days is as follows: of the 439 non-institutional investigations completed in January 2009, 324 (74%) were open 30 days or less prior to closure.

There were 520 non-institutional investigations and 11 institutional investigations opened in January 2009.[38] Of the 520 non-institutional investigations, 382 (73%) were completed within 30 days. The Agency has not met the AIP requirement in this area.

Figure 2: Backlog and Open Investigations
April 1, 2008-April 24, 2009



Source: CFSA Administrative Data April 24, 2009.

CFSA has stated there were many lessons learned from their efforts to reduce the backlog of investigations in the summer and fall of 2008. Several issues and concerns were raised related to investigation practice, including the need for more oversight of investigations by the Program Manager; review of intake and investigations policies to ensure each policy supports good practice; specific training needs on substantive issues encountered by child protective services

[38] The total number of investigations opened in January 2009 is 531. An additional two cases were screened out and this creates the difference between the universe of investigations initiated (n = 533) and the universe of investigations closed (n = 531).

staff during an investigation (i.e., substance abuse, mental health, medical neglect, etc.); staff development on all levels; and a need for greater strategic planning to prepare for increases in intake volume, staffing changes, etc. CFSA has begun to take steps to respond to these lessons.

c. Investigation of Alleged Institutional Abuse and Neglect

- *Amended Implementation Plan Requirement 1(c): Reports of abuse and neglect in foster homes and institutions shall be comprehensively investigated; investigations in foster homes shall be completed within 30 days and investigations involving group homes, day care settings or other congregate care settings shall be completed within 60 days.*
- *Interim Benchmark: By December 31, 2005, 95% of institutional abuse allegations are to be investigated within the timeframes.*

CFSA is required to complete investigations of alleged abuse and neglect in foster homes within 30 days and investigations of alleged abuse and neglect in group homes, day care settings or other congregate care settings within 60 days. There were 11 institutional investigations opened in January 2009. Of the 11 institutional investigations initiated in January 2009, all (100%) were completed within 30 days. CFSA is now meeting the interim AIP standard for timely investigation of abuse or neglect in foster homes, group homes, day care settings or other congregate care settings.

d. Investigations of Acceptable Quality

- *Amended Implementation Plan Requirement 2: CFSA shall routinely conduct investigations of alleged child abuse and neglect which are acceptable.*
- *Interim Benchmark: By December 31, 2005, 80% of investigations are to be acceptable.*

The Monitor has not yet re-assessed the quality of investigative practice and thus cannot report on whether it has recently improved. In the recent past, the Monitor consistently found problems in the quality of decision-making and service linkage during the investigative process and inconsistent use of information about prior reports of abuse and/neglect involving the child/family during the investigative process. In the next few months, the Monitor in partnership with CFSA Quality Assurance staff will conduct another in-depth review of the quality of investigative practice. The Monitor will use this review to, among other things, assess whether the problems raised in the past have been corrected and whether there are processes and supports in place to sustain any improvements detected.[39]

In 2009, CFSA intensified internal efforts to review the effectiveness and quality of its investigative practice. In the last few months, internal quality improvement activities have been implemented within the Child Protective Services (CPS) administration. These include carrying

[39] The Monitor's last review of quality was in 2007. *An Assessment of the Quality of Child Abuse and Neglect Investigative Practice in the District of Columbia*. November 2007. http://www.cssp.org/uploadFiles/FINAL%20CPS%20Review%20Report%2011%2013%202007.pdf

out a revised "Grand Rounds" approach, which reviews a small number of selected pending investigations, providing a real-time review of investigative practice, including a review of the quality of documentation and decision-making. CFSA has also begun requiring a supervisory review of all pending investigations on or around the 18-day mark to determine what additional steps are needed to make high quality decisions during an investigation.

Based on the lessons learned while completing the backlog of investigations in 2008, CFSA has implemented new activities like the 18-day review meeting and planned additional policy development and training activities for CPS practice, all designed to improve performance and the quality of investigations.

4. Referral for Services to Protect Children and Support Families

- *Amended Implementation Plan Requirement 19: Families who have been the subject of a report of abuse and/or neglect that is determined to be low or moderate risk and needing additional supports shall be referred to an appropriate Collaborative or community agency for services and supports.*
- *Interim Benchmark: By December 31, 2005, 70% of families who have been the subject of a report of abuse and/or neglect that is determined to be of low or moderate risk and needing additional supports will be referred to an appropriate Collaborative of community agency for services and supports.*

Referrals are made to community-based organizations for families when an investigation does not result in a finding of abuse or neglect, but family needs are identified or when an investigation is supported, but the risk for additional child maltreatment is assessed at a low or moderate level. CFSA reports between October 2008 and January 2009, 373 families who were the subject of a report of abuse and/or neglect for whom it was determined that there is low or moderate risk of maltreatment were referred to the Healthy Families Thriving Communities (HFTC) Collaboratives (see Table 3). CFSA reports that of the 373 families, 210 (56%) families engaged in services with the Collaboratives.[40] The Monitor cannot currently assess whether this rate of referral is sufficient as the Agency has not provided information on the total number of families determined by an investigation during the same time period to be at low or moderate risk of maltreatment and needing services and supports. The Monitor is not clear how CFSA tracks this internally and measures their own progress against the standard without looking routinely at the number of referrals in relation to the total assessed population.

In June 2007, the Monitor expressed concern about the Agency and Collaboratives' performance on this requirement and recommended an immediate assessment of the referral process and service provision. In its April 2009 report on the Jacks/Fogle fatalities, the OIG recommended that CFSA work with the District's Healthy Families/Thriving Communities Collaboratives on improving their data capture procedures and the ability of District agencies and service providers

[40] The Monitor has not yet verified this data. CFSA is working with the Collaborative Council to reconcile data through monthly meetings.

to share real-time information regarding their interactions with clients.[41] The Monitor remains concerned about the effectiveness of the feedback loop for ensuring that appropriate families with low or moderate risk are referred and, as importantly, are effectively connected to the services and supports they need to maintain their children safely in their own homes.

Table 3: Community-based Service Referrals for Low/Moderate Risk Families October 2008-January 2009

Collaborative	October 2008	November 2008	December 2008	January 2009	Total Referrals	Number of Referrals Opened
Columbia Heights	10	10	11	8	**39**	21
East of the River	9	16	16	11	**52**	32
Edgewood/Brookland	16	21	25	11	**73**	21
Far Southeast	40	28	43	21	**132**	111
Georgia Avenue	5	4	12	10	**31**	10
North Capitol	4	0	5	5	**14**	6
South Washington	7	12	7	6	**32**	9
Total	**91**	**91**	**119**	**72**	**373**	**210**

Source: CFSA Administrative Data and HFTC Collaborative ETO data.

B. In-home Services to Children and Families

1. Partnership for Community-Based Services: Co-Location of CFSA In-Home Units with the Healthy Family/Thriving Communities Collaboratives

CFSA currently serves 2402 children through In-Home services. This is an increase from January 2007 when CFSA was serving 2315 children remaining in their homes. The goal is to safely maintain children with their families through the provision of intensive In-Home services rather than placement in foster care.

Important progress has been made during the past year in the delivery system for In-Home services to children and families in which there has been child abuse or neglect. CFSA and its Collaborative partners are working towards a family-centered, teaming approach for serving families. A practice model, *The Partnership for Community-Based Services*, was developed jointly and guides CFSA and Collaborative workers to "team" to meet the needs of families and children.

As of November 2008, all 10 of CFSA's In-Home services units[42] were collocated with the seven neighborhood Healthy Families/Thriving Communities Collaboratives (HFTC/C) in order to better serve families closer to where they live. Each of the Collaboratives was provided one family support worker position to implement the intensive teaming approach under the *Partnership*. Currently, the *Partnership* approach is used for only a portion (approximately 10%) of the families identified as having intensive or high safety risk during an investigation of

[41] See *Report of Special Evaluation: Interactions Between An At-Risk Family, District Agencies, and Other Service Providers (2005-2008)*. District of Columbia Office of the Inspector General. April 2009. Found at http://oig.dc.gov/main.shtm.

[42] CFSA In-Home Services staff include 2 managers, 10 supervisors, 50 social workers, 10 social service assistants.

child maltreatment. Family support workers are typically assisting on cases that involve families with large numbers of children (more than 4), families with children with special needs (e.g., medical, mental health, developmental, etc.), and families that have been difficult to locate or engage. Both CFSA and the Collaboratives are maximizing the limited resources, but in the Monitor's view, additional family support workers are needed to provide intensive support to families receiving In-Home services and to fully achieve the intended benefits of the *Partnership* approach.

Beyond the intensive teaming with a portion of the families, there is work underway to provide training and support to all of the out-stationed CFSA workers and the family support workers. Practice coaches from the Child Welfare Policy and Practice Group began working with the In-Home services staff in March 2009 to ensure the effective implementation of the practice model and strength-based work with families. Multiple training opportunities are scheduled this year including modules on Leading Effective and Inclusive Teams, Solution-Focused Approaches to Working with Families and the Family Development Training.

Ensuring there are adequate resources to support the effectiveness of the teaming approach and In-Home services is an important challenge for both CFSA and the Collaboratives. As mentioned above, only 10% of the CFSA In-Home services caseload (families identified at high or intensive risk of future maltreatment) is being served through the teaming approach. A decision was made to focus the strategy on those families determined to have the most intensive needs, therefore warranting a "teaming effort". CFSA is beginning to track trends in this area to assist in planning for future staffing and other resource needs for these families.

An additional challenge has been securing quick access to flexible funding to support the concrete needs of families. Minimal flexible funding is available through the Collaboratives, but community-based CFSA workers must requisition and obtain flexible funding resources from the centralized CFSA location, sometimes creating unnecessary delays. CFSA reports the Agency Fiscal Officer and Deputy for Community Services are now working with managers to review this issue, track the completed requests and response times and determine what more is needed to ensure quick access to flexible funding.

The quality of case practice and the results achieved through this In-Home work will be assessed this year through Quality Service Reviews. The Monitor will provide this information to the Court once it is available. CFSA is also conducting an evaluation of the Partnership for Community-Based Services, which will include, but not be limited to, information from QSRs of teamed cases. This evaluation, examining process and outcomes, is being conducted in partnership with the Collaborative Council and is a component of the District's Performance Improvement Plan (PIP) monitored by the Federal government.

2. Visits to Families with In-Home Cases

- *Amended Implementation Plan Requirement 4: A CFSA worker or a qualified worker from a service provider authorized by CFSA shall make twice-monthly visits to families in which there has been substantiated abuse or neglect, with a determination that each child can be maintained safely in the home with services.*
- *Interim Benchmark: By June 30, 2006, 95% of families in which there has been substantiated abuse or neglect are to be visited monthly and 50% of families are to be visited twice monthly.*[43] *At least one visit per month shall be in the home, but the second can be at the child's school, day care or elsewhere.*

In order to ensure the safety of children who remain in their home, CFSA or other providers are required to visit families with In-Home cases twice monthly. Two interim benchmarks were set: one for monthly visits on the assumption that this is an absolute minimum threshold to monitor safety, and a less rigorous standard for the number of families needing twice monthly visits. Additionally, one of the visits must occur in the child's home while the other visit can occur in a day care, school or other setting.

As of January 31, 2009, 67% of families with open In-Home cases received twice-monthly visits from a CFSA worker or qualified service provider with one visit occurring in the child's home. This meets the interim benchmark of 50% of families receiving twice monthly visits with at least one visit in the child's home. Seventy percent (70%) of families received two visits without either of these visits occurring in the child's home.

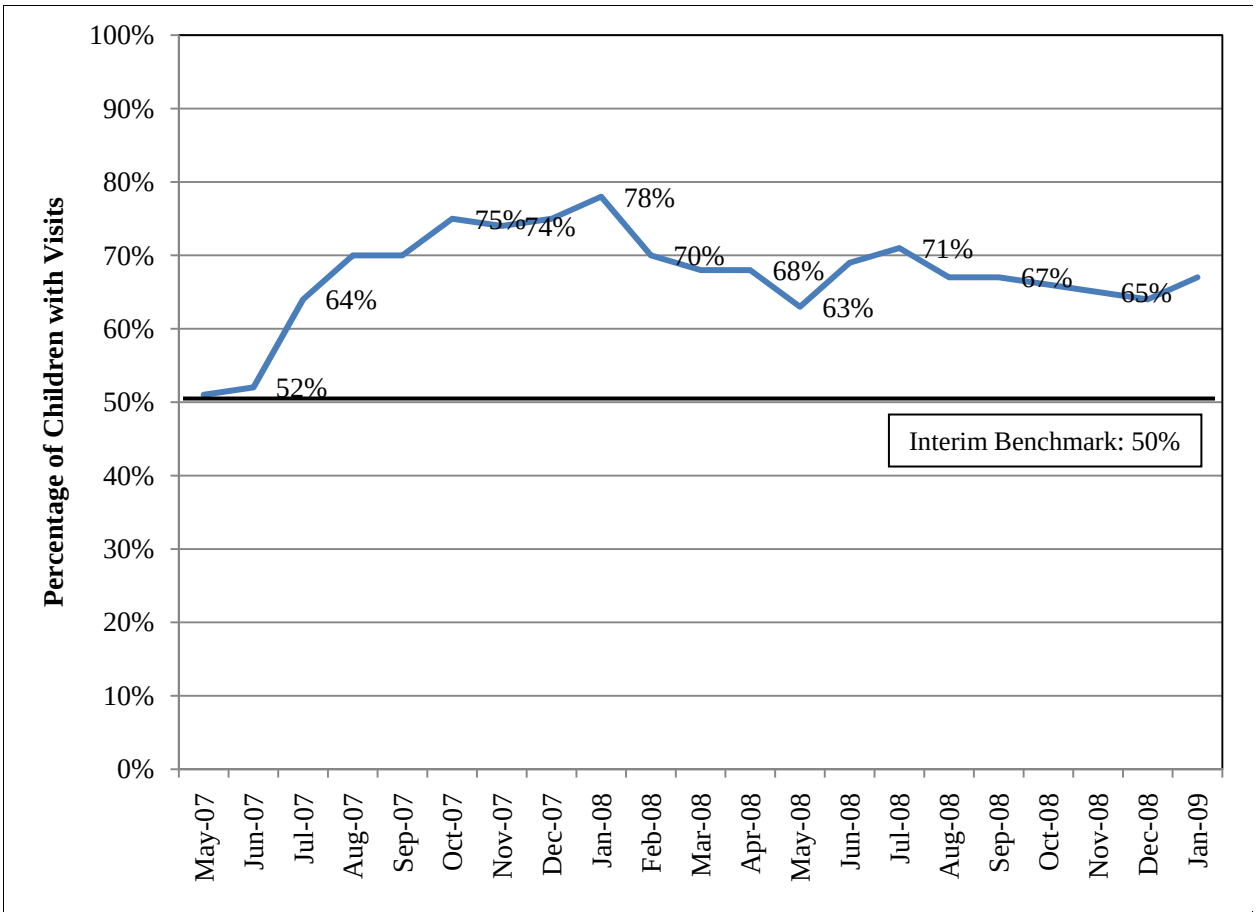
As of January 31, 2009, 75% of families received one visit with this visit occurring in the family's home. This performance does not meet the 95% interim benchmark for monthly social worker visits.[44]

Performance on the benchmark on twice monthly visit with one visit occurring in the child's home declined over the course of 2008. CFSA believes this is due to increased worker caseloads due to the high volume of investigations that transferred to the In-Home units. Additionally, there was a high social worker vacancy rate within the In-Home program, which began to improve in January 2009. It is important to note that the January 2009 data reflects performance two months after the completion of the co-location of the In-Home staff to the Collaboratives.

Figure 3 below shows the performance for calendar year 2007 and calendar 2008 on twice-monthly visits to children with open In-Home cases with one visit occurring in the home. Figure 4 provides data on monthly visits that occurred in the home. Significant progress occurred between January 2007 and January 2008, but there was a decline in performance throughout 2008 that began to show modest improvement in January 2009.

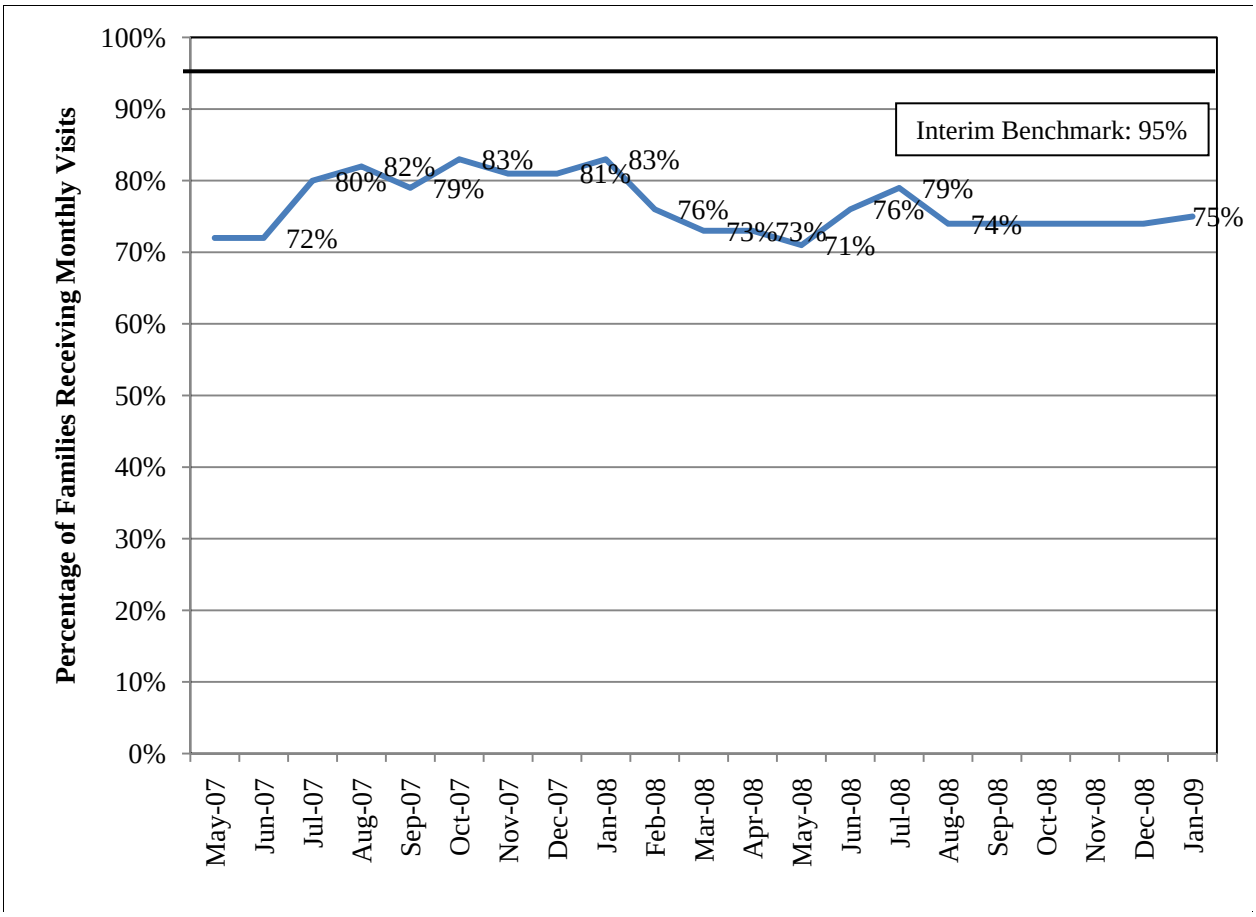
[43] Final benchmark for compliance has not been set for this measure.
[44] Eighty-one percent (81%) of families received one visit regardless of the location of the visit.

Figure 3: Twice-Monthly Visits to Families with In-Home Cases with One Visit Occurring in the Home May 2007-January 2009



Source: CFSA Administrative Data

Figure 4: Monthly Visits to Families with In-Home Cases with that Visit Occurring in the Home May 2007-January 2009



Source: CFSA Administrative Data

C. Placement of Children in Out-of-Home Care

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

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

Table 4 below shows the number of children in out-of-home placement in the District of Columbia and some basic demographical information. On January 31, 2009, there were 2237 children between the ages of 0-21 in out-of-home placement.

Table 4: Demographics of Children in Out-of-Home Placement
As of January 31, 2009

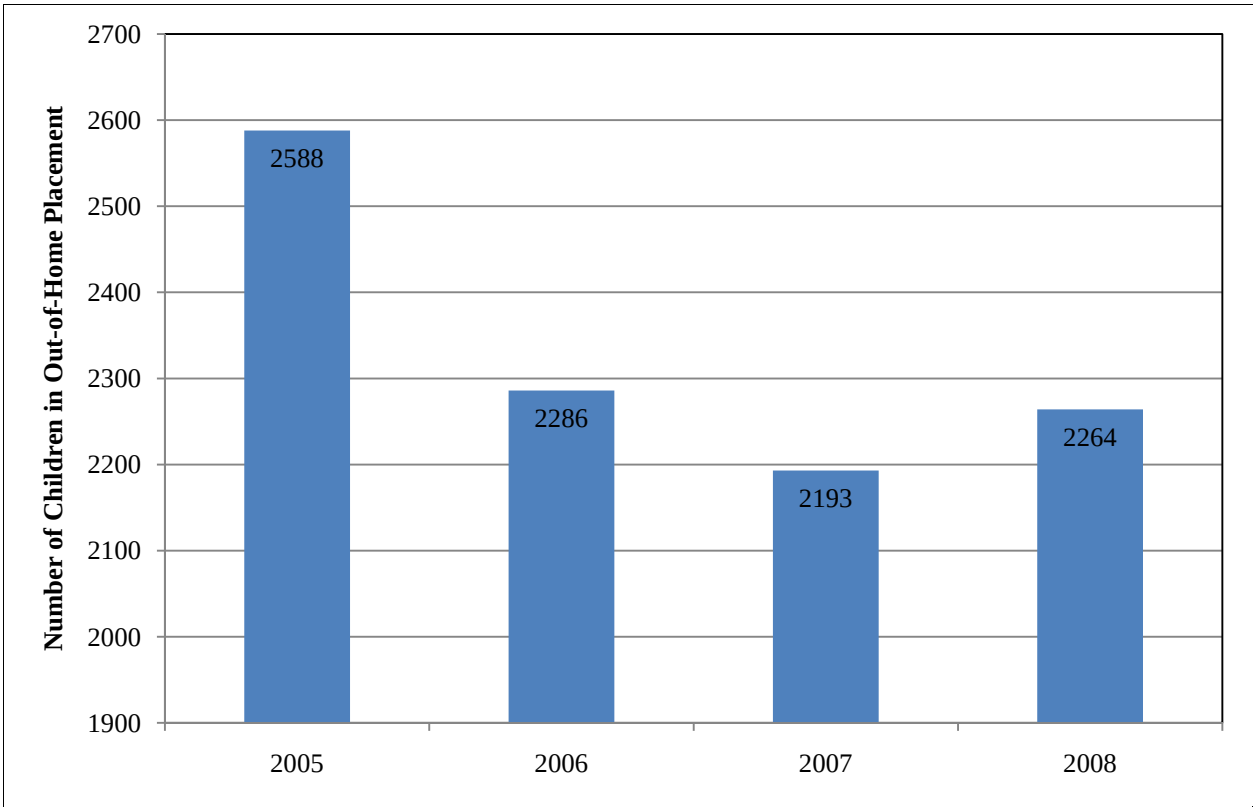
Gender	Number	Percent
Male	1072	48%
Female	1165	52%
Total	**2237**	**100%**
Race	**Number**	**Percent**
American Indian/Alaskan Native	1	<1%
Asian	3	<1%
Black or African American	1964	88%
Native Hawaiian or Other Pacific Islander	2	<1%
Unknown	227	10%
White	40	2%
Total	**2237**	**100%**
Age	**Number**	**Percent**
1 year or less	138	6%
2-5 years	336	15%
6-8 years	210	9%
9-11 years	198	9%
12-14 years	302	14%
15-17 years	502	22%
18-21 years	549	24%
unknown	2	<1%
Total	**2237**	**100%**

Source: CFSA Administrative Data

a. Comparison of Children in Out-of-Home Placement

Figure 5 below shows the number of children in out-of-home placement in the District of Columbia from 2005 to 2008. There was a steady and large reduction in the number of children in care from 2005 to 2007. The number of children in foster care rose slightly in 2008, but currently remains below 2005 levels.

Figure 5: Number of Children in Out-of-Home Placement by Year CY2005-CY2008

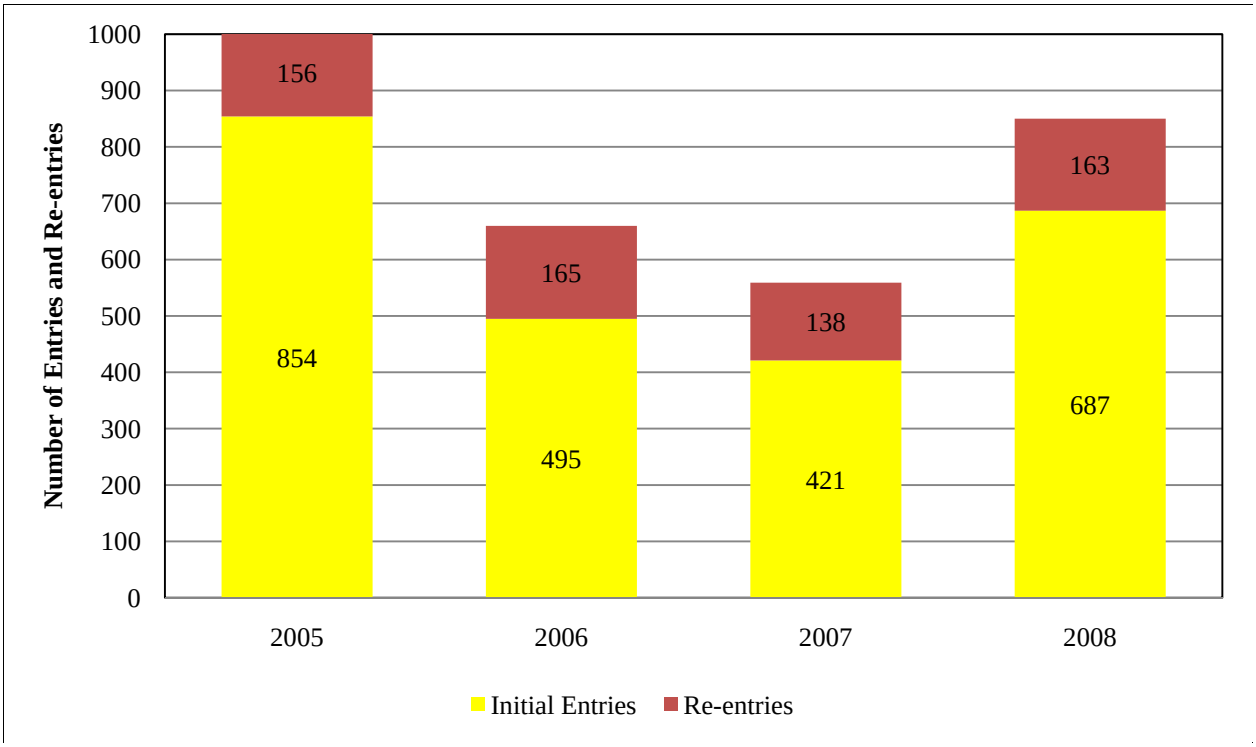


Source: CFSA Administrative Data
Note: These are point in time data taken on the last day of the calendar year.

b. Comparison of Children Entering and Re-entering Out-of-Home Placement

Figure 6 below shows the number of children who entered or re-entered out-of-home placement from 2005 to 2008. Again, there were significant declines in the number of entries and re-entries from 2005 to 2007. There was an increase in entries and re-entries in 2008, but the total is still below 2005 levels.

Figure 6: Entries and Re-entries into Out-of-Home Placement by Year CY2005-CY2008



Source: CFSA Administrative Data

2. *Ensuring Children in Out-of-Home Placement Have Safe, Appropriate and Family-based Placements*

a. Investigation of Relative Resources

- *Amended Implementation Plan Requirement 7: CFSA shall investigate relative resources in all cases requiring removal of children from their homes.*
- *Interim Benchmark: By June 30, 2006, 85% of cases requiring removal of children from their homes will have investigation of relative resources.*

Research supports that out-of-home placement is less traumatic, children have greater stability and better long-term outcomes if children can be safely cared for by extended family members. Consequently, CFSA is required to investigate relative resources in all cases requiring removal of children from their own homes. As a proxy, the Monitor measures investigation of relative resources through data from Family Team Meetings (FTMs), which are held whenever a child is at risk of removal or has been removed from their home. FTM coordinators are responsible for doing intensive outreach to family members whenever a child has been removed. It is the practice of the Agency to use these meetings to help identify kin who may be able to become a placement resource for their relatives.

The policy regarding use of FTMs requires use of meetings when a child is at risk of removal, when a child has been removed from home, and, until recently, FTMs also were to be held when a placement change was likely or had occurred.[45]

In FY 2008, 282 FTMs were held with families when their child(ren) were removed from home. These 282 removal FTMs addressed 474 children. CFSA reports that in 180 of these removal FTMs, kin agreed to be kinship placement resources, although the Monitor does not know how many of these kin applied for and were licensed as providers. During this period, approximately 775 children were removed from their homes. The Monitor is unable to report how many of the 775 children removed from their homes were placed with kin based on resources identified at the removal FTMs.

Eighty FTMs were held in FY2008 when a child or children were *at-risk* of a removal, which according to CFSA, resulted in 75 children being able to remain at home with services and supports identified during the meeting. These data suggest far more families could benefit if the practice was to routinely hold FTMs prior to children being removed from their homes rather than holding the majority of meetings post-placement. It is important for the Agency to assess its practice in this area to determine what more can be done to ensure families have the benefit of an FTM whenever they are at-risk of having their children removed.[46] Holding these meetings in good faith serves to engage families and their supports in a working relationship to keep children safely in their homes and reduce risk of harm. Also, these meetings serve as reasonable efforts to prevent removal as required by Federal law.

When possible relative resources are identified, District policy requires them to be licensed prior to a child's placement. CFSA can issue temporary licenses to relatives residing in the District after a safety check of the home has been completed and initial criminal record and child abuse clearances are obtained. Temporary kinship licenses must be converted to full foster parent licenses in order for relatives to continue providing placement services. For children with kin residing in Maryland, an agreement on emergency temporary kin licensure is in place as part of the Interstate Compact on the Placement of Children (ICPC) pilot procedures negotiated between the District and Maryland in early 2008. Since this agreement was initiated in April 2008, 118 relatives have applied for the temporary kin license in Maryland. Of the 118 applications, 70 (59%) emergency licenses have been approved[47] and 97 children were placed with their relative resources in Maryland.

[45] Including all three types of meetings (at-risk for removal, removal, placement changes), there were 712 FTMs held in FY2008. These meetings included 1954 family participants. This is an increase from FY2007 in the number of FTMs held (from 661 to 712) and a decrease in the number of family members in attendance (from 2075 to 1954).

[46] CFSA has reported that beginning in May, they will pilot a practice change for a number of families residing in Wards 7 and 8 who are referred to In-Home Services Units with an "intensive" score for risk of maltreatment from the CPS investigation. Workers will use the FTM process to quickly engage the family in case and service planning in order to decrease risk factors that could lead to eventual child removal.

[47] Some families are unable to obtain the emergency license due to criminal histories, an inability to receive a child protective services clearance, and insufficient space (housing) for children. The Agency is able to waive certain licensure requirements if child safety will not be compromised.

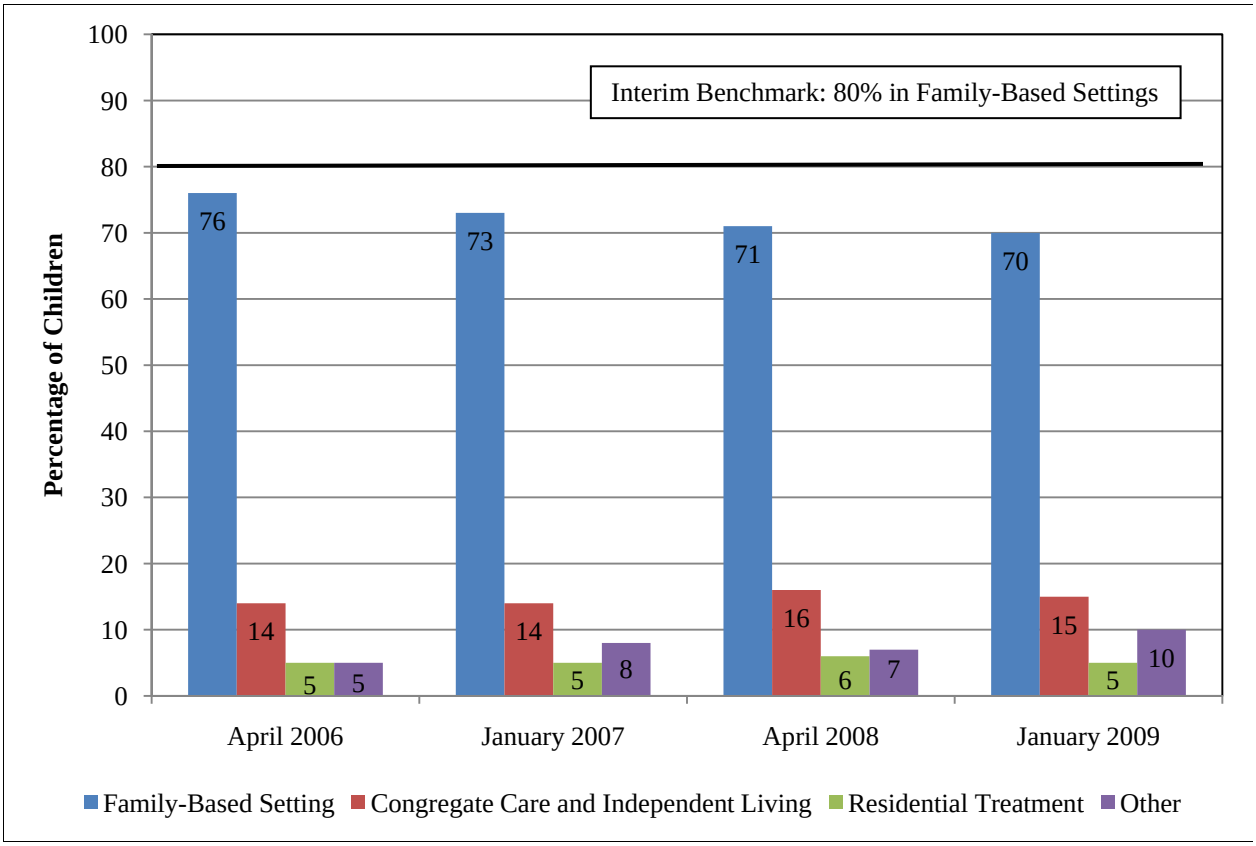
b. Placement in Least Restrictive, Most Family-Like Setting

- *Amended Implementation Plan Requirement 8(a): Children in out-of-home placement shall be placed in the least restrictive, most family-like setting appropriate to his or her needs.*
- *Interim Benchmark: By December 31, 2005, 80% of children in out-of-home placement will be placed in the least restrictive, most family-like settings appropriate to their needs.*

Children removed from their homes are required to be placed in the least restrictive, most family-like setting appropriate to their needs. As of January 31, 2009, of the 2237 children in out-of-home care, 1575 (70%) children were placed in family-based settings. This represents a slight decrease from prior performance as shown in Figure 7 below. The AIP expectation and the stated goal of the Agency is that the percentage of children in family-like settings would be increasing, not decreasing.

As of January 31, 2009, a substantial and unacceptably high number of children and youth in the District (442 children: 178 in group homes, 163 in independent living facilities, 101 in residential treatment facilities) are placed in congregate care or independent living facilities, which is contrary to best practice (unless the child has documented health or mental health needs that can only be met in a facility that has a program and services to meet those needs). Current performance does not meet the *LaShawn* interim benchmark that 80% of children in out-of-home placement will be placed in the least restrictive, most family-like settings appropriate to their needs.

Figure 7: Placement Type
April 2006, January 2007, April 2008, January 2009[48]

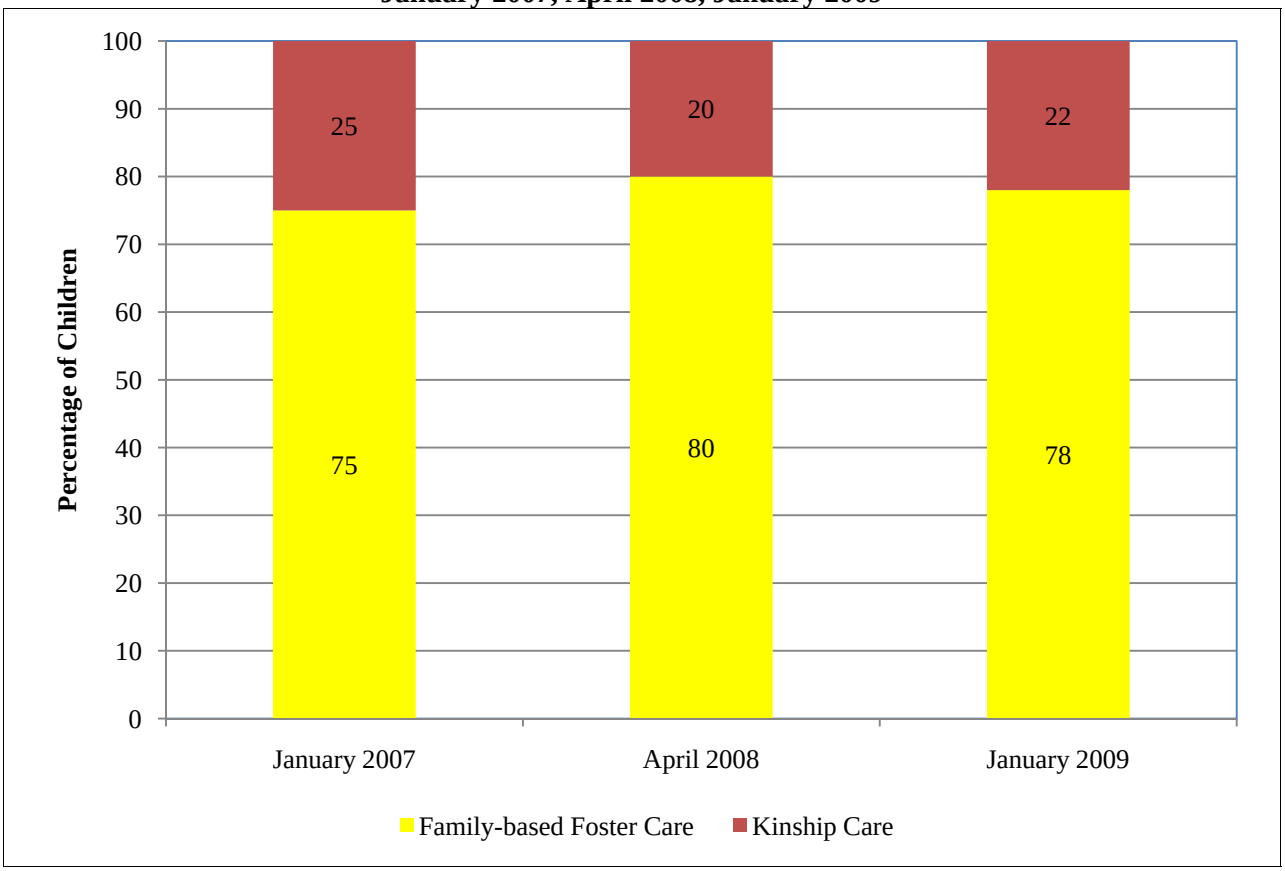


Source: CFSA Administrative Data
Note: Family-Based settings include non-relative foster care and kinship care homes. The Other category includes abscondence, college/vocational, correctional facilities, hospitals, transitional living programs and respite care.

The decline in the placement of children and youth in family-based settings has been accompanied by a slight overall reduction in the use of kinship care placements (see Figure 8 below). This trend indicates a lack of progress towards the AIP standard of placing a child in the most family-like setting and is contrary to a goal of CFSA's practice model, which emphasizes a preference for kin placements when appropriate. Further, research evidence both nationally and in the District shows that kin placements improve stability for children. For example, the District's placement stability ratio for kin placements is 0.17:1 (i.e., 0.17 placement disruptions for every kin placement), which is far more stable as compared to 0.64:1 for non-relative foster care and 0.85:1 for congregate care. The failure to fully explore and utilize all possible kin placements likely is a contributing factor in the high and unacceptable number of placement moves for children in CFSA foster care.

[48] The data points in the chart were chosen as these have been reported previously to the Court by the Monitor.

Figure 8: Family Based Foster Care and Kinship Care
January 2007, April 2008, January 2009[49]



Source: CFSA Administrative Data

[49] The data points in the chart were chosen as these have been reported previously to the Court by the Monitor.

c. Overnight Stays in the CFSA Intake Center or Office Building

- *Amended Implementation Plan Requirement 8(b): No child shall stay overnight in the CFSA Intake Center or office building.*
- *Interim Benchmark: By June 30, 2003, no children will stay overnight in the CFSA Intake Center or office building.*

During 2008, there were no reports to the Monitor of children staying overnight at the CFSA office building.

d. Placement in Emergency, Short-term or Shelter Facilities

- *Amended Implementation Plan Requirement 8(c): No child shall remain in an emergency, short-term, or shelter facility or foster home for more than 30 days.*
- *Interim Benchmark: By June 30, 2006, no more than 25 children will remain in an emergency, short-term or shelter facility or foster home for more than 30 days.*

Children do best when they are placed with families and experience few placement moves. The use of emergency placements in shelters is detrimental to children's well-being and increases placement instability. As of January 31, 2009, there were 18 children who had been in an emergency, short term or shelter facility for more than 30 days. Of the 18 children, 1 child had been in an emergency, short term or shelter facility for 91 or more days. Nine of these 18 children were under the age of six.

This inappropriate use of emergency placements for children and especially for young children is, in the Monitor's view, one consequence of the lack of a sufficient number and array of family-based resources for children.

e. Placement of Young Children in Congregate Care

- *Amended Implementation Plan Requirement 9: (a) Children under 12 shall not be placed in congregate care settings for more than 30 days unless the child has special treatment needs that cannot be met in a home-like setting and unless the setting has a program to treat the child's specific needs. (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.*
- *Interim Benchmark: (a) By December 31, 2004, no more than 20 children under the age of 12 will be placed in congregate care settings for more than 30 days. (b) By December 31, 2004, no more than 5 children under the age of 6 will be placed in a group care non-foster home setting.*

In accordance with the AIP, children under age 12 are not to be placed in congregate care settings for more than 30 days. This requirement conforms to research evidence of poorer

outcomes for children, especially young children, in congregate care settings. As of January 31, 2009, 14 children under age 12 were placed in a congregate care setting for more than 30 days.[50]

The AIP also requires that no children under six be placed in a group-care non-foster home setting for any amount of time. As of January 31, 2009, nine children under six were placed in a group-care non-foster home setting.

The Monitor recently reviewed a case of 10 year-old twins who were placed at a congregate setting for five months while the Agency processed the licensure application of willing relatives. Although there were barriers to licensing the relatives which needed resolution, in the Monitor's view, the work to expedite the process and get the children quickly to a stable family placement took too long and contributed to the children's emotional or behavioral difficulties in the interim.

While CFSA has made important progress since five or six years ago when infants and young children were frequently placed in group care facilities, this practice needs to be completely eliminated for young children.

f. Placement within 100 Miles from the District of Columbia

- *Amended Implementation Plan Requirement 21: No more than 82 children shall be placed more than 100 miles from the District of Columbia.*
- *Interim Benchmark: No more than 82 children will be placed more than 100 miles from the District of Columbia.*

In order to facilitate reunification and family visitation, the AIP requires that children in out-of-home care are placed within 100 miles from the District of Columbia unless they are placed in kinship or pre-adoptive family-based settings under the Interstate Compact for the Placement of Children (ICPC). As of January 31, 2009, there were 104 children placed more than 100 miles from the District of Columbia. Of the 104 children, 11 were appropriately placed more than 100 miles from the District[51] for a total of 93 children placed more than 100 miles from the District. This represents an increase from February 2007 when the interim AIP measure was set based on 82 children who were then placed more than 100 miles from the District.

[50] There are two additional children under age 12 who are placed in a congregate care setting for more than 30 days who CFSA believes are appropriately placed. The Monitor has not yet verified the appropriateness of these placements.

[51] Six of these children were attending college, one youth was in a correctional facility at that time, one youth is in a kin placement, and 3 children were placed in pre-adoptive homes.

3. Placement Stability: Reduction of Multiple Placements

- *Amended Implementation Plan Requirement 13:*
  - *(a) Of all children served in foster care during the fiscal year and who were in care at least 8 days and less than 12 months, 88% shall have two or fewer placements,*
  - *(b) Of all children served in foster care during the fiscal year and who were in for at least 12 months, but less than 24 months, 65% shall have had two or fewer placement settings, and*
  - *(c) Of all children served in foster care during the fiscal year and who were in care for at least 24 months, 50% shall have had two or fewer placement settings since October 1, 2004 or entry into care.*

The AIP established specific outcomes for improving placement stability for children in foster care. Children in foster care continue to experience far too many placement changes, often leading to disruption in school attendance and access to services, and diminished interest in and ability to form and sustain lasting positive relationships. This continues to be an area of District performance that is unacceptable. In the Monitor's view, there remain structural and management issues related to the placement process and with the recruitment, licensure, monitoring and retention of foster parents which contribute to placement instability for children to meet the placement stability outcomes, CFSA must correct longstanding problems with the placement process and the placement array, as well as the training and ongoing support provided to caregivers.

As of January 31, 2009, of all children served in foster care who were in care at least 8 days and less than 12 months, 78% had two or fewer placements, compared to the required 88%. Additionally, of children who were in care for at least 12 months but less than 24 months, slightly more than half (53%) had two or fewer placements, compared to the required 65%. Of children who were in care more than 24 months, less than one third (31%) had two or fewer placement settings, compared to the required 50%. The high degree of instability in these children's lives contributes to less than optimal outcomes for their development and futures.

The existing placement array provides too limited options for matching children's needs with caregivers who have the skills and supports necessary to meet their needs. CFSA has been working to correct this problem. Over the past nine months, the number and array of foster care placements has grown by the addition of 65 placements: 22 traditional foster care placements; 28 specialized placements; nine emergency foster homes (STAR placements); two placements for two medically fragile children; and placements caring for four teen parents and their babies.[52]

CFSA believes that the additional foster care placements and the expansion of specialty population resources has allowed them to begin to more appropriately match children with placement resources and meet their immediate and longer term needs. CFSA reports that it continues to use the Needs Assessment and Resource Development Plan to adjust and expand their array of placement services to ensure an adequate placement array and sufficient number of

[52] These placement expansions were a requirement of the October 2008 Stipulated Order.

placements to meet the needs. Caregiver skill development and child-specific supports of caregivers must also accompany the increase in possible placements.

An approach to increase placement stability is outlined in the Monitor's July 2006 assessment of children with multiple placements, which was written in partnership with CFSA.[53] Recommendations from that study with regard to careful and thorough matching, tracking data on types of placement changes and using Family Team Meetings to promote placement stability have yet to be satisfactorily addressed by CFSA. Achieving greater stability requires understanding the issues that District children who enter CFSA custody present and assessing individual children to determine their placement needs and matching them with appropriate caregivers, and consistently implementing a "first placement-best placement" philosophy.

4. *Assessments for Children Experiencing Placement Disruptions*

- *Amended Implementation Plan Requirement 22: 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.*
- *Interim Benchmark: By December 31, 2005, 85% of children whose placements disrupt will be provided a comprehensive and appropriate assessment to determine service and replacement needs within 30 days of replacement.*

Research shows that every placement disruption is a traumatic experience for a child. CFSA is therefore required to comprehensively assess each child experiencing a placement disruption to determine his/her service and re-placement needs. Currently, the required assessment for each child experiencing a placement disruption does not routinely occur.

Initially, CFSA's plan was to provide assessments through clinical consultation as part of a Family Team Meeting (FTM), with follow-up assessment for children for whom additional mental health or other assessments were needed. This approach was not successful and CFSA has discontinued the use of mandatory FTMs for placement disruptions. FTMs continue to be held for placement changes when requested by the social worker but an alternate strategy to assure appropriate assessment for any child experiencing a placement disruption has not been developed. The current FTM process will remain in place as a voluntary option while an alternate strategy is developed by the Agency.

[53] *An Assessment of Multiple Placements for Children in Foster Care in the District of Columbia.* Center for the Study of Social Policy. July 2006.

5. Interstate Compact for the Placement of Children (ICPC)

- *Amended Implementation Plan Requirement 36: CFSA shall continue to maintain responsibility for managing and complying with the Interstate Compact for the Placement of Children (ICPC) for children in its care.*

The District of Columbia is in a unique position because many of its foster homes and relative resources are located in Maryland and to a lesser extent in Virginia. CFSA is required by the Federal government and the AIP to maintain responsibility for managing and complying with the Interstate Compact for the Placement of Children (ICPC) for children in its care. Several years ago, CFSA had few functional procedures and limited accountability for complying with ICPC regulations, resulting in strained relationships with its neighboring counties in Maryland and Virginia. An intensive focus occurred in the fall of 2007 to clean up the backlog and get current with ICPC approvals. Considerable progress was made, but then stalled prior to full compliance. As of February 28, 2009, there remains a sizeable number (212) of children placed in Maryland for whom CFSA does not have ICPC approval. This includes the homes for which appropriate documentation has not been submitted by private contract agencies to complete the ICPC approval process.

CFSA reports that the Contract Monitoring and Performance Improvement Administration (CMPIA) is working to implement a performance monitoring approach that includes ICPC compliance for the private providers in hopes of reducing the ICPC backlog.

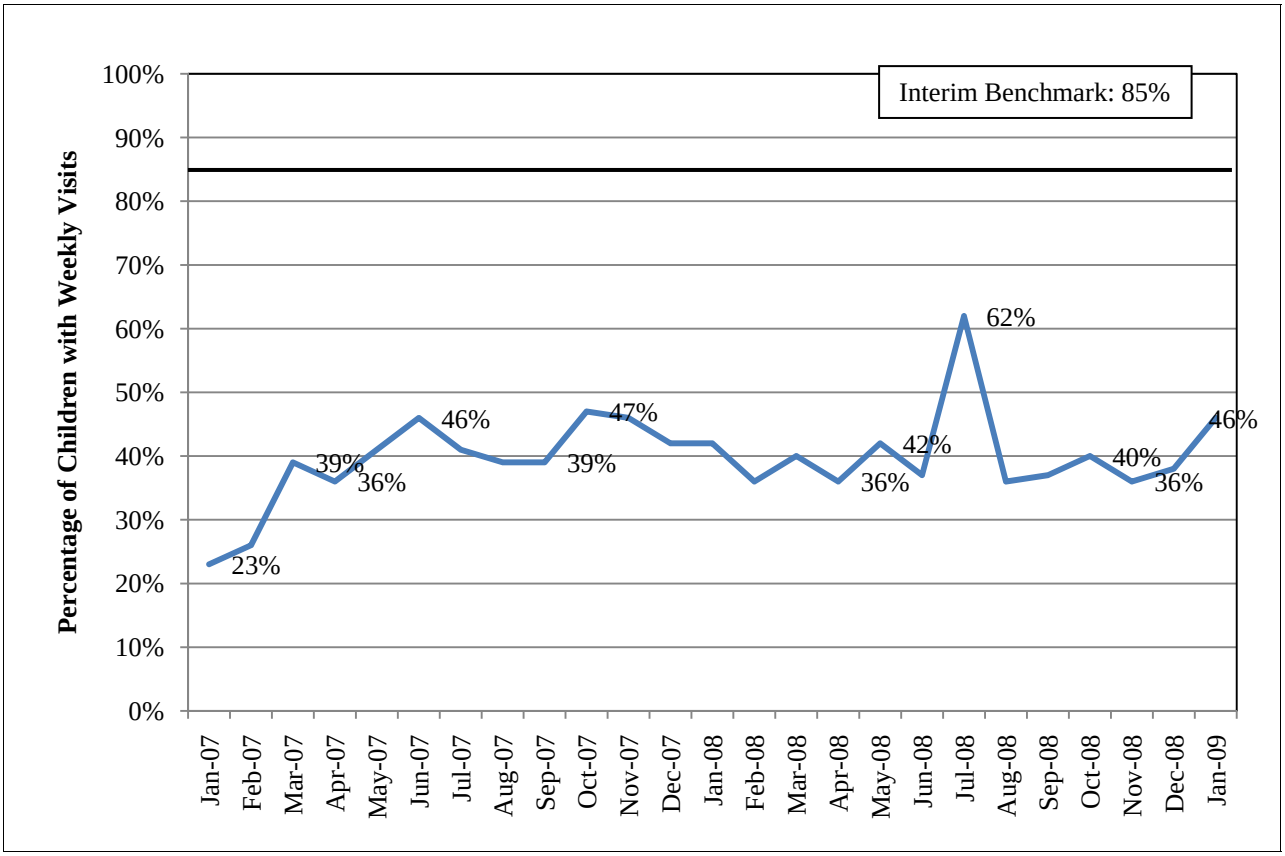
6. Maintaining Family Connections

a. Parent-Child Visitation

- *Amended Implementation Plan Requirement 11: There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court.*
- *Interim Benchmark: By June 30, 2005, 85% of children and their parents will have weekly visits when the goal is reunification.*

In order to facilitate reunification and maintain family connections, children in out-of-home care are to visit weekly with their parents, be placed with their siblings and have visits with those siblings with whom they are not placed. In January 2009, 46% of children in out-of-home care had weekly visits with their parents, far below the interim benchmark of 85% performance. Additionally, Figure 9 below shows that the Agency's performance for weekly visitation between children and their parents has been inconsistent throughout calendar years 2007 and 2008.

Figure 9: Weekly Parent-Child Visitation
CY2007 & CY2008



Source: CFSA Administrative Data

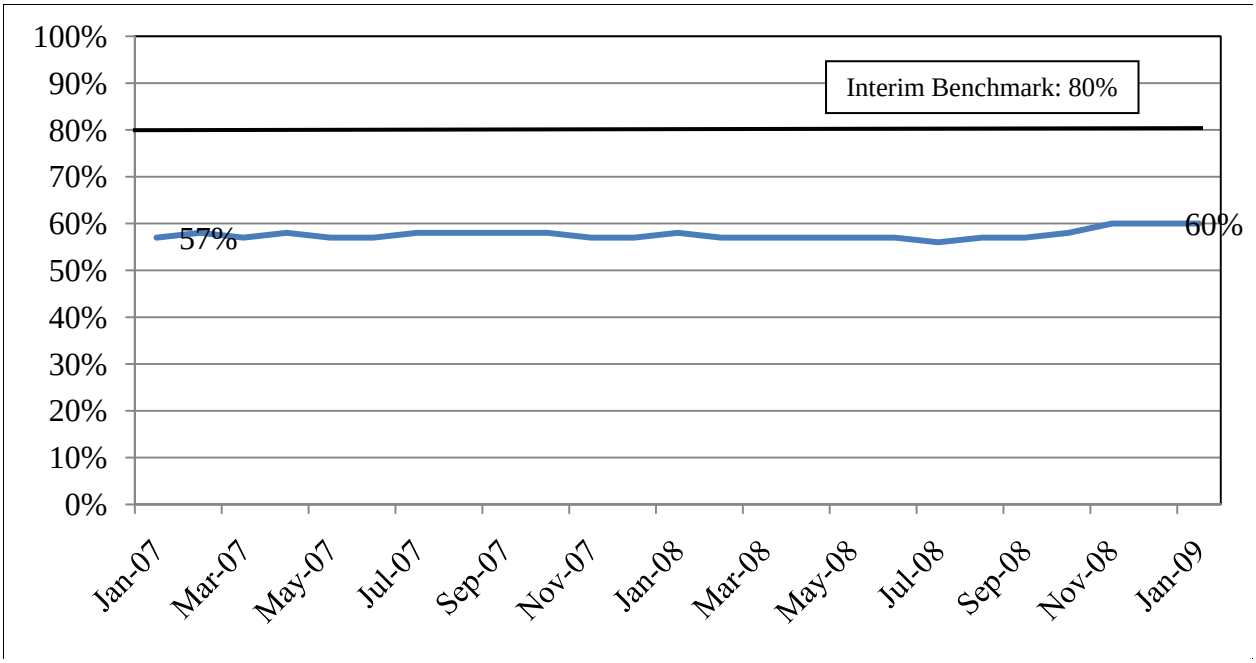
b. Placing Siblings Together

- *Amended Implementation Plan Requirement 20(a): Children in out-of-home placement should be placed with some or all of their siblings.*
- *Interim Benchmark: By June 30, 2006, 80% of children in out-of-home placement with siblings will be placed with some or all of their siblings.*

The AIP requires CFSA to place children with some or all of their siblings. Family connections are incredibly important for children's sense of security and well-being. By placing siblings together, CFSA is able to reduce some of the trauma in children's lives when they must enter placement. In January 2009, 60% of children with siblings in out-of-home placement were placed with some or all of their siblings, significantly below the interim benchmark for performance. Figure 10 below shows that progress on placing siblings together has stalled for some time at a level where far too many children in foster care continue to be separated from their siblings.

The Monitor has previously recommended strategies to facilitate kinship placements capable of keeping siblings together including implementing appropriate and safe licensing waivers regarding space requirements and using flexible funds to assist kinship or foster families prepared to accommodate sibling groups. Further, CFSA needs to increase the pool of non-kin placement resources for children to include additional homes for placing large sibling groups together.

Figure 10: Siblings Placed Together
CY2007 & CY2008



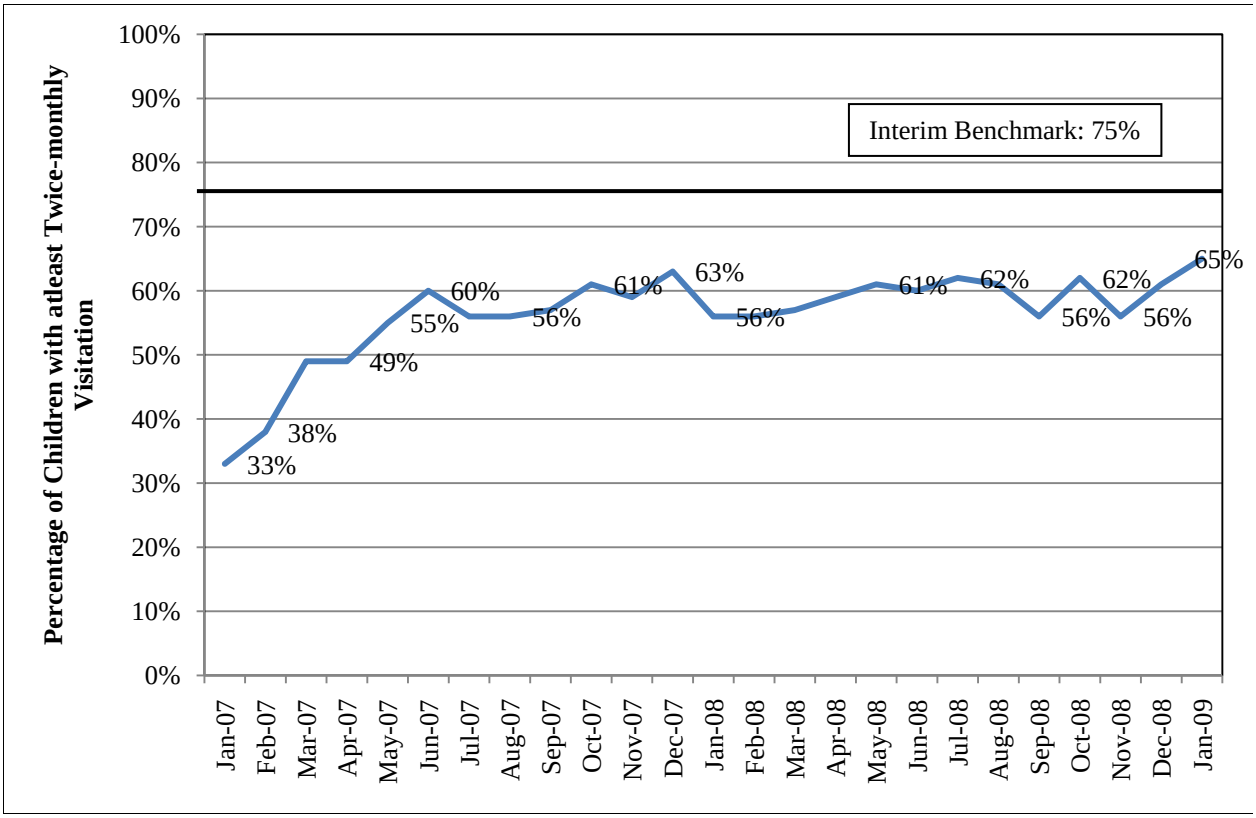
Source: CFSA Administrative Data

c. Sibling Visitation

- *Amended Implementation Plan Requirement 20(b): Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings.*
- *Interim Benchmark: By June 30,2006,75% of children placed apart from their siblings will have at least twice monthly visitation with some or all of their siblings.*

The AIP requires children placed apart from their siblings to have at least twice monthly visitation with some or all of their siblings. Maintaining connections among siblings who are separately placed in foster care is critical for child well-being. When siblings cannot be placed together, regular visitation between siblings can promote stability and help maintain relationships. For children in out-of-home placement who were placed apart from their siblings, 65% had twice monthly visitation with some or all of their siblings as of January 31, 2009. As shown in Figure 11 below, performance on visitation for siblings placed apart has remained at near 60% since June 2007.

Figure 11: Sibling Visitation for Siblings Placed Apart
CY 2007 & CY 2008



Source: CFSA Administrative Data

7. Social Worker Visitation

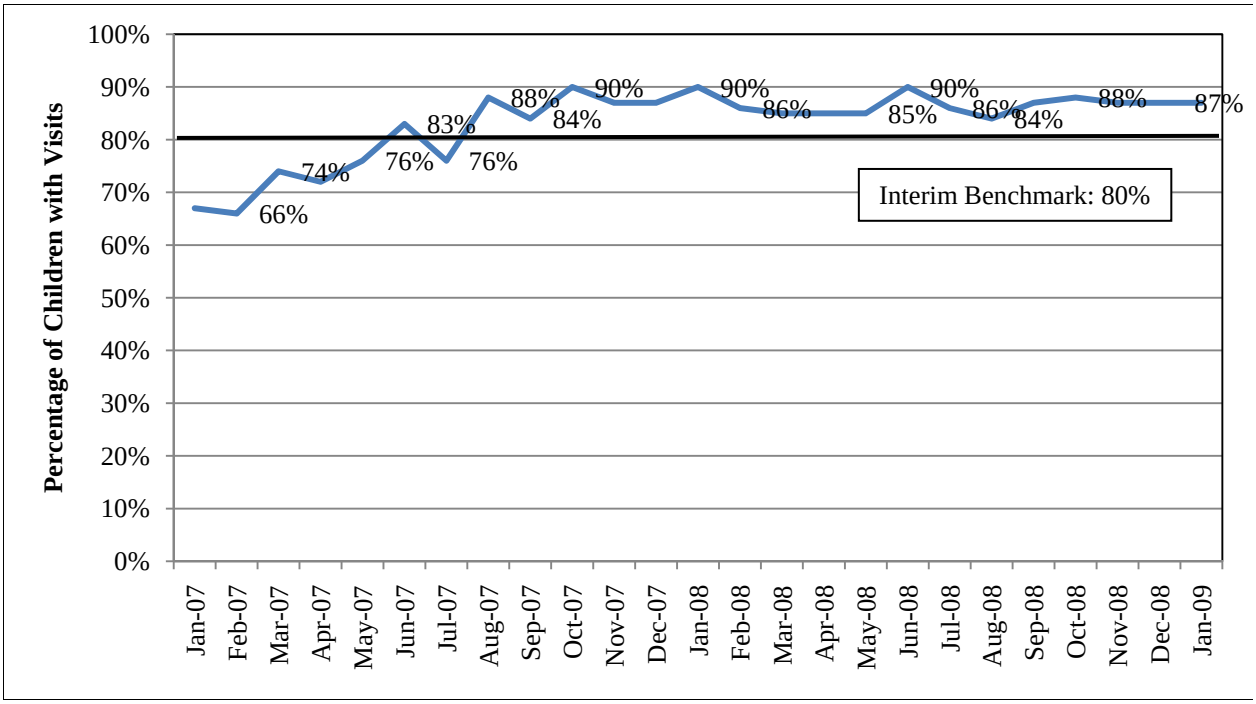
Social worker visits with children in out-of-home placement and with their families help ensure safety, promote placement stability and increase the likelihood that reunification will occur. Social worker visits also allow social workers to assess safety and progress, link children and families to needed services and make adjustments to case plans as indicated. Additionally, research shows that regular visitation to children in out-of-home care promotes retention of foster parents. Ensuring that social worker visits occur with required frequency for children receiving in-home or out-of-home care and that social workers are prepared to make these visits meaningful to their work on behalf of children and families is among the most basic and most critical service required of child welfare systems both to ensure children's safety and promote their well-being.

a. Twice-Monthly Social Worker Visits to Children in Out-of-Home Care

- *Amended Implementation Plan Requirement 5: A CFSA or contract social worker with case management responsibility shall make twice-monthly visits to each child in out-of-home care.*
- *Interim Benchmark: By June 30, 2005, 80% of children in out-of-home care will receive twice monthly visits.*

As required by the AIP, CFSA or contract social workers with case management responsibility are to make twice-monthly visits to each child in out-of-home care. Figure 12 below shows progress on twice-monthly visitation to children in out-of-home care for calendar year 2007 and calendar year 2008. In January 2009, 87% of children in out-of-home care were visited by their social workers twice-monthly. CFSA has met the interim benchmark established as of June 30, 2005. Performance has remained approximately the same on this standard for over eighteen months.

Figure 12: Twice-Monthly Social Worker Visits to Children in Out-of-Home Care
CY 2007 and CY 2008



Source: CFSA Administrative Data

b. Weekly Social Worker Visits to Children during the First Four Weeks of Placement

- *Amended Implementation Plan Requirement 6: CFSA or contract agency social workers with case responsibility shall make weekly visits during the first four weeks of placement.*
- *Interim Benchmark: 80% of children experiencing a placement change will be visited weekly during the first four weeks of placement.*[54]

The *LaShawn* Modified Final Order required CFSA social workers to visit children weekly for the first eight weeks of their placement. With the AIP, the standard was relaxed to require weekly visitation only for the first four weeks of placement and twice monthly visits thereafter. The rationale for the more frequent visits upon placement is to facilitate a child's transition and support a new caregiver in meeting the child's needs.

The Monitor is not able to provide reliable data at this time on CFSA's performance on this requirement. CFSA has been attempting to extract data from FACES to measure worker visits upon initial placement and replacement, but challenges remain. The Monitor and CFSA met numerous times in 2008 to discuss the FACES logic used to calculate this measure and to determine if there is a more appropriate means of measuring performance. All are in agreement that the logic of this report is no better or worse than any of the multiple options discussed and that a case record review is the best means to fully determine if visits are occurring weekly. The

[54] The 2003 Implementation Plan set the benchmark at 90% by June 30, 2005. It was later changed to 80%.

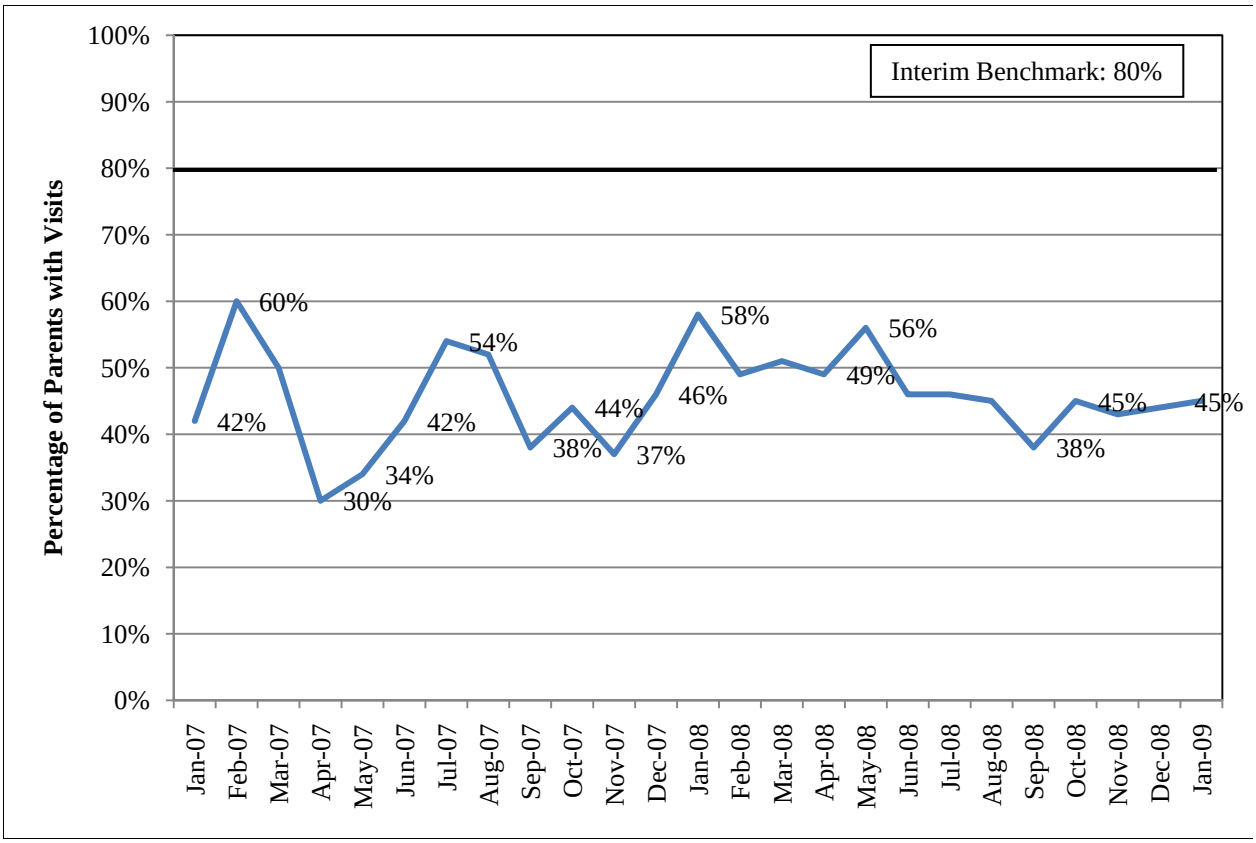
Monitor will, therefore, measure performance on this requirement through a case record review this summer.

c. Twice-Monthly Social Worker Visits to Parents

- *Amended Implementation Plan Requirement 10: For children with a permanency goal of reunification, in accordance with the case plan, the assigned worker or designated family services provider should meet with the parent(s) no less frequently than twice a month in the first three months post-placement.*
- *Interim Benchmark: By June 30, 2005, 80% of parents will be visited by a social worker no less frequently than twice a month.*

For children with a permanency goal of reunification, social workers are to meet with the parent(s) no less frequently than twice a month during the first three months of the child's placement in foster care. The purpose of such visits is to support parents in meeting the expectations of their case plan and to facilitate progress toward safely returning children home. In January 2009, 45% of parents with a goal of reunifying with their child(ren) had two or more visits with a social worker during the first three months of the child's foster care placement. Figure 13 below shows inconsistent performance since January 2007 and decreased performance since January 2008.

Figure 13: Visits to Parents of Children in Foster Care with a Goal of Reunification
CY 2007 & CY 2008



Source: CFSA Administrative Data

D. Services to Children and Families

1. Medical and Dental Care for Children in Out-of-Home Placement

The Monitor is currently validating the data on the provision of medical and dental care to children in accordance with AIP requirements. This is a labor-intensive process requiring CFSA review of multiple records for children in care. While CFSA has mechanisms to track children's receipt of health screening exams prior to placement and comprehensive medical and dental exams within 30 days of placement, these tracking mechanisms without the validation review do not provide sufficiently reliable data to determine current performance.

Multiple concerns are evident when reviewing the medical and dental data produced on CFSA reports including incorrect FACES logic to determine when children are receiving medical evaluations; children who require medical care not being included on all of the necessary tracking reports; and lack of effective use of tracking data by CFSA to manage the provision of medical care.

The Monitor has requested back-up data to determine CFSA's performance on the medical and dental AIP standards, which are noted below. CFSA has indicated that the necessary backup will be provided to the Monitor within the next week. The Monitor did not want to delay this report for that information, despite its importance. Consequently, a separate memo on performance on the health and dental care benchmarks will be provided as an addendum to this report prior to the Court's May 7, 2009 hearing.

a. Health Screening Prior to Placement

- *Amended Implementation Plan Requirement 24(a): Children in foster care shall have a health screening prior to placement.*
- *Interim Benchmark: By December 31, 2005, 90% of children in foster care will have a health screening prior to placement.*

[To be addressed in addendum report to be filed prior to May 7, 2009.]

b. Full Medical and Dental Evaluations within 30 Days of Placement

- *Amended Implementation Plan Requirement 24(b): Children in foster care shall receive a full medical and dental evaluation within 30 days of placement.*
- *Interim Benchmark: By December 31, 2005, 90% of children in foster care will have a full medical and dental evaluation within 30 days of placement.*

[To be addressed in addendum report to be filed prior to May 7, 2009.]

c. Medicaid Cards and Coverage

- *Amended Implementation Plan Requirement 24: (c) CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 30 days and (d) Medicaid coverage shall remain active for the entire time a child is in foster care.*

Medical, dental and mental health services for children in foster care are funded through Medicaid fee-for-service provisions. The provision of a Medicaid number and the Medicaid card allows foster parents to access medical services and prescription drugs for children in their care, including prescription drugs. Between October and December 2008, 136 requests for Medicaid fee-for-service coverage were made or should have been made for children newly entering or re-entering placement. Requests to the Medicaid agency were made by social workers for 108 (79%) of children, but for only 15 (11%) of the children were Medicaid cards given to the foster care providers within 30 days. This level of performance is clearly not acceptable.

Two areas of delays have been identified. First, social workers are not immediately requesting the Medicaid cards for children in out-of-home placement and second, children are not being timely enrolled in Medicaid fee-for-service and the Medicaid cards are not being issued in a timely manner by the two responsible District Agencies. The Department of Health Care Finance (DHCF) receives and processes requests to enroll children in Medicaid fee-for-service. The Department of Human Services' Income Maintenance Administration (IMA) issues Medicaid cards.

CFSA reports it is working with the Department of Health Care Finance and the Department of Human Services' Income Maintenance Administration to improve the timeliness of Medicaid card provision.

2. Mental Health Care

Providers and advocates in the District maintain concerns about the narrow range of mental health interventions available for children and youth and the fact that the children's mental health system is highly fragmented and difficult to understand and negotiate, even for seasoned providers. As well, concerns remain about the adequacy of current funding options to increase the range of both routine and evidence-based services available for children and families. Although the District has not issued a holistic, strategic plan for improving children's mental health services, new leadership and staff at DMH, with input from stakeholders and in collaboration with the District's new, cabinet-level Department of Health Care Finance, are working to implement a more functional, reliable system of care. It is much too soon to assess the impact of these activities.

In 2007, CFSA and DMH collaborated to conduct a mental health needs assessment and to develop a multi-year plan to improve both the service array and quality of services specifically for children in CFSA custody or protective supervision. This plan and its provisions became part

of the court-approved 2007 *LaShawn* Strategy Plan. Year 1 of the approved Mental Health Plan is FY2009 (October 1, 2008 through September 30, 2009).

The agencies have jointly moved forward to implement some of the provisions of their multi-year plan to improve mental health services for CFSA-involved children and families. An important part of the plan included the designation of "Choice Providers", local mental health service agencies with expertise in meeting the needs of children and families involved with CFSA and the ability to continue serving those families beyond their involvement with CFSA, as needed. In fall 2008, through a competitive process, DMH designated Choice Providers. While the Choice Providers have been operational since October 27, 2008, there has been to date no comprehensive plan or consistent effort to develop the expected frontline practices of the Choice Providers, as outlined by CFSA's Practice Model and Quality Service Reviews or by DMH's Community Services Review.

Table 5 below lists the required scope of activities for FY2009, supported by $2.5 million program enhancement fund CFSA received to expand mental health services for children in its care. Some actions are complete but the majority are still pending. In addition to the activities listed, in the summer of 2009, solicitations will be released to offer training to the Choice Providers in Child Parent Psychotherapy for Family Violence, Parent Child Interactive Therapy, and Functional Family Therapy. CFSA and DMH are in the planning stages for implementation of Year 2 tasks and will need to simultaneously ensure implementation and tracking of Year 1 commitments and impact. The proposed FY2010 CFSA budget includes $2.5 million to support mental health services, the same amount as received in FY2009.

Table 5: Mental Health Services Multi-Year Plan Update as of April 15, 2009

Plan Requirements	Status	Comments[55]
Residential Treatment Center	Incomplete	Rate increase from $250 to $355 proposed by the District, pending Federal approval; expected to be retroactive to April 1, 2009. If a placement is made in another state and the provider is enrolled in that state's Medicaid program, the District will pay that state's rate. A local provider of adult mental health services has an approved Certificate of Need to open a 36 bed facility in the District. Another local provider appealed the issuance of the Certificate of Need. Service not yet operational.
Crisis/Emergency Services (Mobile Response)	Complete	Contract awarded July 28, 2008; services began October 28, 2008.
Crisis Beds	Complete	Contract awarded for (4) beds July 28, 2008; services began October 28, 2008.
Screening of children at CFSA intake	Incomplete	The Trauma Symptom Checklist will be used to screen children entering the foster care system. In the interim, an internally developed assessment will be used.
Diagnostic Assessment (D/A)	Complete	Choice Providers[56] contract gives providers additional funding for the completion of a comprehensive D/A. In November 2008, all Providers received training on this format. DMH Psychiatrists provide ongoing coaching and technical assistance to the Choice Provider agency D/A writers.
Day Treatment/Therapeutic After School Services	Incomplete	Projected need, 870 slots. There are two certified special providers for this service with a total of 116 slots. A third provider with 45 slots is expected to begin providing services in 2009.
Psychiatric Assessment	Incomplete	Code/rate study conducted by DMH in FY08 and submitted to the District's Department of Health Care Financing for approval. DMH and the District's Department of Health Care Financing are working together to get additional codes and rates approved in accordance with the DC Medicaid State plan and the Mental Health Rehabilitation Services regulations.
Psychological Assessment		
Neuro-Psychological Assessment		
Psycho-Educational Evaluations	Complete	Available through DCPS or DMH's Assessment Center.
Counseling/Therapy	Complete	Rate increase: $16.25 to $20.31/15 minutes implemented April 3, 2009.
Medication Management	Complete	Rate increase: $32.47 to $38.96/15 minutes implemented April 3, 2009.
Community Based Intervention	Incomplete	▪ CBI – Rate increase from $25.08 to $31.95 April 3, 2009 ▪ CBI initial and refresher training RFP re-released April 1, 2009
Sex Abuse Therapy	Incomplete	With anticipated funding from CFSA, DMH is planning to provide training for the Choice Providers.
Sex Offender Therapy	Incomplete	
Family-Based Education and Support Services	Complete	DMH contracted with a local Family Support Organization.
Trauma-Focused CBT	Incomplete	City-wide training for 70 clinicians began in March 2008 with opportunities for ongoing coaching for Choice Providers. Additional training scheduled for June and October 2009.
Intensive Day Treatment	Incomplete	A local provider of adult mental health services has an approved Certificate of Need to develop and provide service. No anticipated start date provided.

Source: CFSA and DMH

[55] Medicaid reimbursement rate increases are expected to increase the pool of providers accepting DC Medicaid.
[56] Choice Provider contracts awarded September 2008 and services as Choice Providers began on October 27, 2008.

3. Appropriate Services

- *Amended Implementation Plan Requirement 3: Appropriate services, including all services identified in a child or family's case plan, shall be offered and children/ families shall be assisted to use services, to support child safety, permanence and well-being.*
- *Amended Implementation Plan Requirement 23: CFSA shall provide for or arrange for services required by the MFO through operational commitments from District 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 been 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 of replacement ; and (d) services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement.*
- *Interim Benchmark: By December 31, 2005, 80% of children and families will be provided appropriate services.*

The Monitor measures performance on this requirement through the Quality Service Reviews (QSR). The QSR requires interviews with as many persons as possible who are familiar with the child 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 the child and family. The QSR also provides feedback on review findings to social workers and a written summary of findings to expand/justify the ratings. By agreement, the Monitor conducts some of the reviews and verifies data from reviews conducted by CFSA, QSR staff and community reviewers.

CFSA attempted to review and report on 62 cases in 2008 and was able to complete QSR reviews and report on 60 cases.[57] The Monitor verified the reviewers' ratings on select questions from the QSR protocol by comparing the ratings with the content of the written summaries. See Attachment C for the Monitor's QSR Ratings Verification Report.[58]

Two system performance questions from the QSR protocol are used together to assess performance on providing appropriate services. The questions for consideration on both the Implementation and Pathway to Safe Case Closure Indicators are below.

[57] In one instance a reviewer submitted all case ratings but did not submit a written summary. In another, the reviewer submitted a written summary but was unable to provide system performance ratings since all relevant parties were not interviewed during the Review.

[58] *Quality Service Reviews: An Analysis of Progress in Meeting Select LaShawn A. v. Fenty AIP Requirements and Practice and Systemic Challenges from Cases Reviewed in 2008.* Center for the Study of Social Policy. April, 2009.

- *Implementation*[59]
  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. And to what degree is implementation timely, competent, and adequate in intensity and continuity?

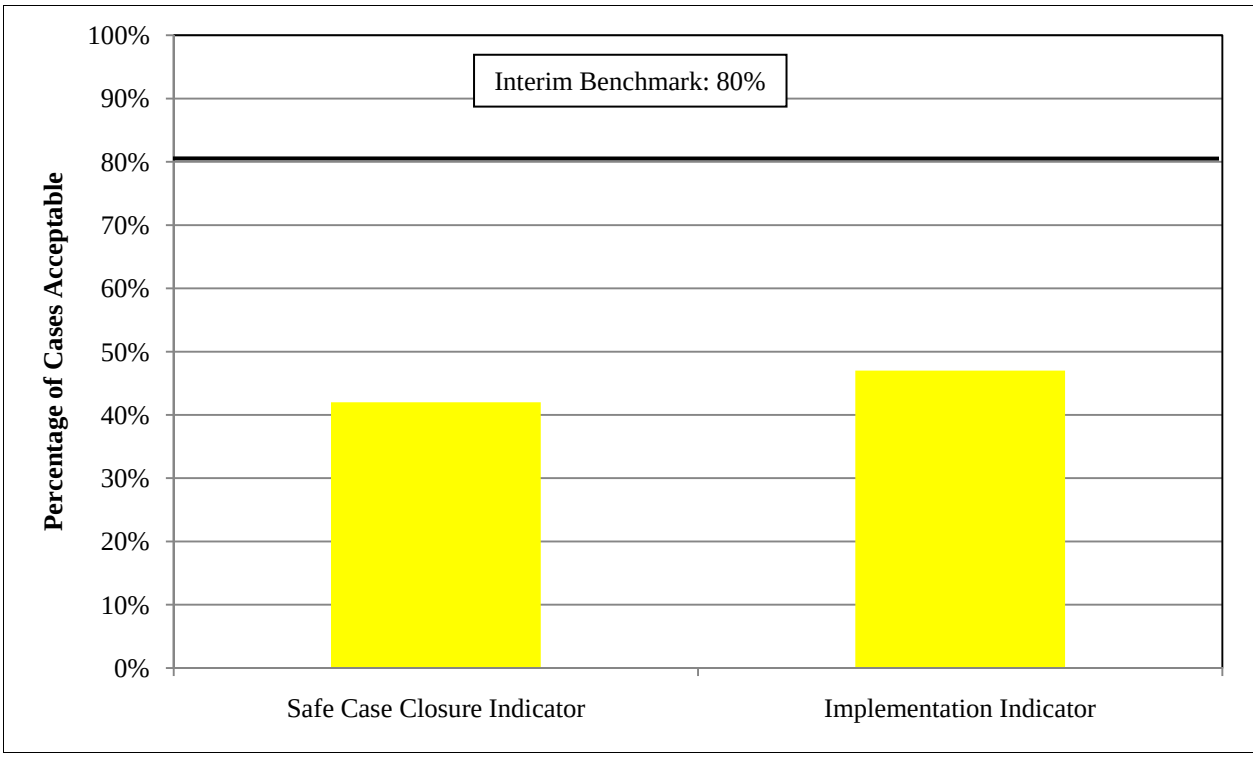
- *Pathway to Safe Case Closure*
  To what degree: (1) Is there is a clear, achievable case goal including concurrent and alternative plans? (2) Does everyone involved, including family members, know and agree on what specific steps need to be achieved in order to achieve the case goal and close the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

Based on the Monitor's verification of the 2008 scores, there is evidence of appropriate services being provided to children and families in 42% of cases[60] (see Figure 14). The Monitor has shared the ratings verification findings with CFSA, and work is underway to ensure that the reviewer's written summaries and the ratings assigned are congruent.

[59] This indicator is rated separately for the child, mother, father, and other (e.g. adoptive resource). The Monitor only considers a case to have an acceptable rating if the ratings for all participants are in the acceptable range. CFSA's data show that 72% of the children, 57% of the mothers, and 63% of those identified as "other" were receiving appropriate services. The total was brought down by lower ratings on services to fathers.

[60] CFSA QSR Reviewers rated Implementation acceptable in 30 (50%) of 60 cases and unacceptable in 30 cases. The Monitor found evidence of acceptable Implementation in 28 (47%) of 60 case summaries and found evidence of unacceptable Implementation in 32 written case summaries, two of which were contrary to the reviewer's rating. Reviewers rated Pathway to Safe Case Closure acceptable in 42 (70%) of 60 cases and unacceptable Pathway to Safe Case Closure in 18 cases. The Monitor found evidence of acceptable Pathway to Safe Case Closure in 25 (42%) of 60 written case summaries and found evidence of unacceptable Pathway to Safe Case Closure in 35 written case summaries, 17 of which were contrary to the reviewer's rating.

Figure 14: Progress on Appropriate Services
For CY2008



Source: CFSA QSR Data CY 2008

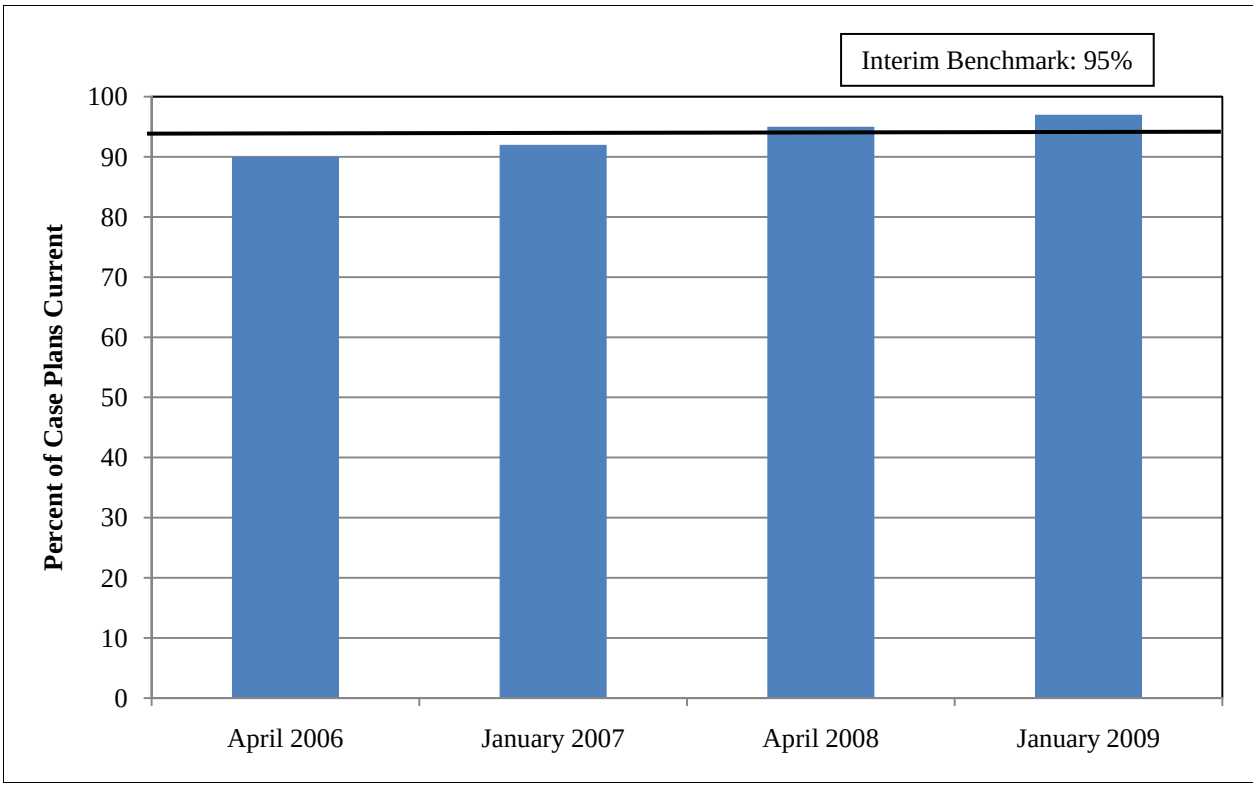
4. Case Planning

a. Timeliness of Case Planning

- *Amended Implementation Plan Requirement 17(b): 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.*
- *Interim Benchmark: By December 31, 2004, 95% of case plans will be current.*

CFSA has maintained high performance on developing written case plans within 30 days of a child entering care and modifying them at least every six months thereafter. In January 2009, 97% of case plans were current. The District is to be commended for its attention to the timeliness of written case plans. However, as is discussed below, the Monitor has repeatedly expressed concern about the quality of case plans and the case planning process with families.

Figure 15: Progress on Current Case Plan Benchmark
April 2006, January 2007, April 2008, January 2009



Source: CFSA Administrative Data

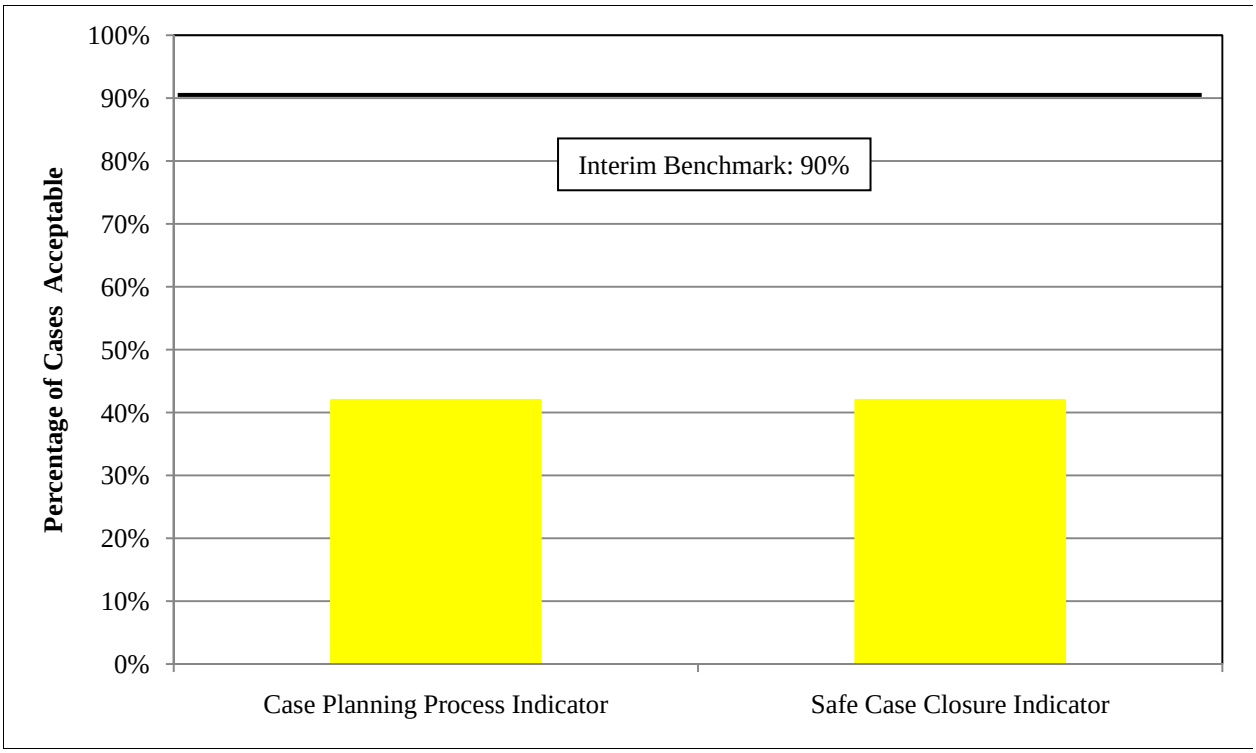
b. Case Planning Process

- *Amended Implementation Plan Requirement 17: (a) CFSA shall, with the family, 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, (c) Every reasonable effort shall be made to locate family members and to develop case plans in partnership with youth and families, the family's informal support networks and other formal resources working with or needed by the youth and/or family, (d) Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.*
- *Interim Benchmark: By December 31, 2005, 90% of case plans will be acceptable.*

Consistent with standards of good social work practice, CFSA is required to work with families to develop comprehensive and appropriate case plans that identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.

As stated above, the Monitor verified results from 60 QSRs conducted from January to September 2008 and found evidence of acceptable Case Planning Process in 42% of written case summaries and acceptable Pathway to Safe Case Closure in 42% of written case summaries (see Figure 16).

Figure 16: Adequacy of Case Planning Process
For CY2008



Source: CFSA QSR Data CY 2008

In rating Case Planning Process (CPP), the reviewers assess the following:

- 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?

Based on this assessment, considerable improvement is needed in meeting the case planning requirements. CFSA and its partners must improve and track progress toward consistently implementing a case management and planning process that is inclusive of families, youth and their formal and informal supports and is used to develop comprehensive case plans that move families and children to permanency or safe case closure.

E. Permanency and Exits from Foster Care

1. Appropriate Permanency Goals

- *Amended Implementation Plan Requirement 12: Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines.*
- *Interim Benchmark: By December 31, 2004, 90% of children will have appropriate permanency planning goals.*

Too many children in the District's custody have inappropriate permanency goals and inadequate progress toward timely permanency. The Monitor has repeatedly expressed concern about the high number of children and youth with a goal of Alternative Planned Permanent Living Arrangement (APPLA). As of January 31, 2009, 788 children and youth had a permanency goal of APPLA.

The goal of APPLA is often used for adolescents who are deemed unlikely to be adopted or achieve permanence through guardianship or return home. Youth who grow up in foster care and exit at age 18 or 21 without achieving permanency have been shown to have poorer outcomes in terms of employment, educational achievement, housing, and mental health issues. Throughout the nation, children who grow up in foster care without permanence are overrepresented among the unemployed, homeless and incarcerated. A reduction in the use of APPLA as a permanency goal has become a significant priority for CFSA, supported by assistance that has been provided by the Annie E. Casey Foundation Casey Strategic Consulting Group (CSCG).

In an initial analysis of issues around entry and placement of youth in foster care and permanency outcomes, CSCG found that the District of Columbia overuses APPLA as a permanency goal more than other urban jurisdictions in the United States and significantly more than the national average. CSCG reported that of the children under 18 in CFSA custody in early 2008, 21% have an APPLA goal as compared to the national average of 14%.

CFSA leadership has committed to improving permanency outcomes for children and youth and has begun to implement strategies to prevent the inappropriate use of the permanency goal of Alternative Planned Permanent Living Arrangement (APPLA). At this point in implementation, there has not yet been a significant decline in the number of children and youth with this permanency goal. The work to change this outcome requires changes in CFSA practice, but also requires changes from other child welfare stakeholders, including the Family Court, attorneys representing both children and parents, caregivers and providers who each must share in the importance of youth having permanent families.[61]

As required by the October 2008 Stipulated Order, from late October to mid-December, CFSA held meetings with over 60 youth with permanency goals of APPLA, professionals who work

[61] The key barriers identified to date include the legal barrier of the Family Court's reluctance to disrupt youth in a stable placement and stakeholders such as GALs and parent's/relative's not in agreement with the permanency plan. Stakeholders report to the Monitor relative and foster caregiver's concerns about a potential loss is needed services post-permanency as an additional barrier..

with these youth and others involved in their lives to discuss a range of topics including the youth's permanency goal. In about half of these cases, the meetings resulted in concrete plans to explore another permanency option, such as legal guardianship or adoption.

In addition, as of April 17, 2009, 383 children's APPLA goals have been reviewed through the administrative review process. As a result of these reviews, it was recommended that 40 children have their permanency goals changed from APPLA to reunification, guardianship or adoption. Five children have been referred to CFSA's High-Impact team for additional permanency services to include child-centered recruitment and support.

The High Impact team is a part of the Permanency Opportunities Project, a partnership in which CFSA has engaged with a private agency, Adoptions Together to expedite permanency for children in foster care. The contract with Adoptions Together was a requirement of the October 2008 Stipulated Order. The High Impact team is focused on identifying and eliminating barriers that have prevented children from reaching permanency, targeting 65 children and youth pursuant to the October 2008 Stipulated Order (20 children who had identified permanency resource but had not achieved permanency and 45 children who did not have an identified permanency resource). Since the start of that contract in November 2008, of the 45 children without identified resources, 19 children are in the case mining stage and the remainder are in the assessment stage. Through case mining, staff have identified potential permanency resources for six children. For the 20 children with an adoption resource as of April 9, 2009, two adoption finalizations have occurred and the remaining 18 children with identified permanency resources have projected adoption finalization dates through June 2009.

A tracking system has been developed to identify barriers for all cases. According to CFSA, the barriers to permanency are reviewed weekly by the supervisors and assigned permanency specialists. The tracking mechanism allows the team to identify, eliminate and elevate barriers that require senior management intervention.

CFSA has also begun to hold meetings to discuss whether or not it is appropriate for a child or youth to have a goal of APPLA in advance of designating that permanency goal. This process was outlined in an Administrative Issuance in October 2008 and requires that prior to any recommendation of APPLA for any youth age 16 or older, the youth's team must:

- work to develop a concurrent permanency plan with at least one parental figure,
- assess the skills and talent of the youth,
- participate in a Listening to Youth and Families as Experts (LYFE) conference for the purpose of exploring permanency options, and
- submit a Request for APPLA Goal Approval to the Agency's Director or designee for approval.

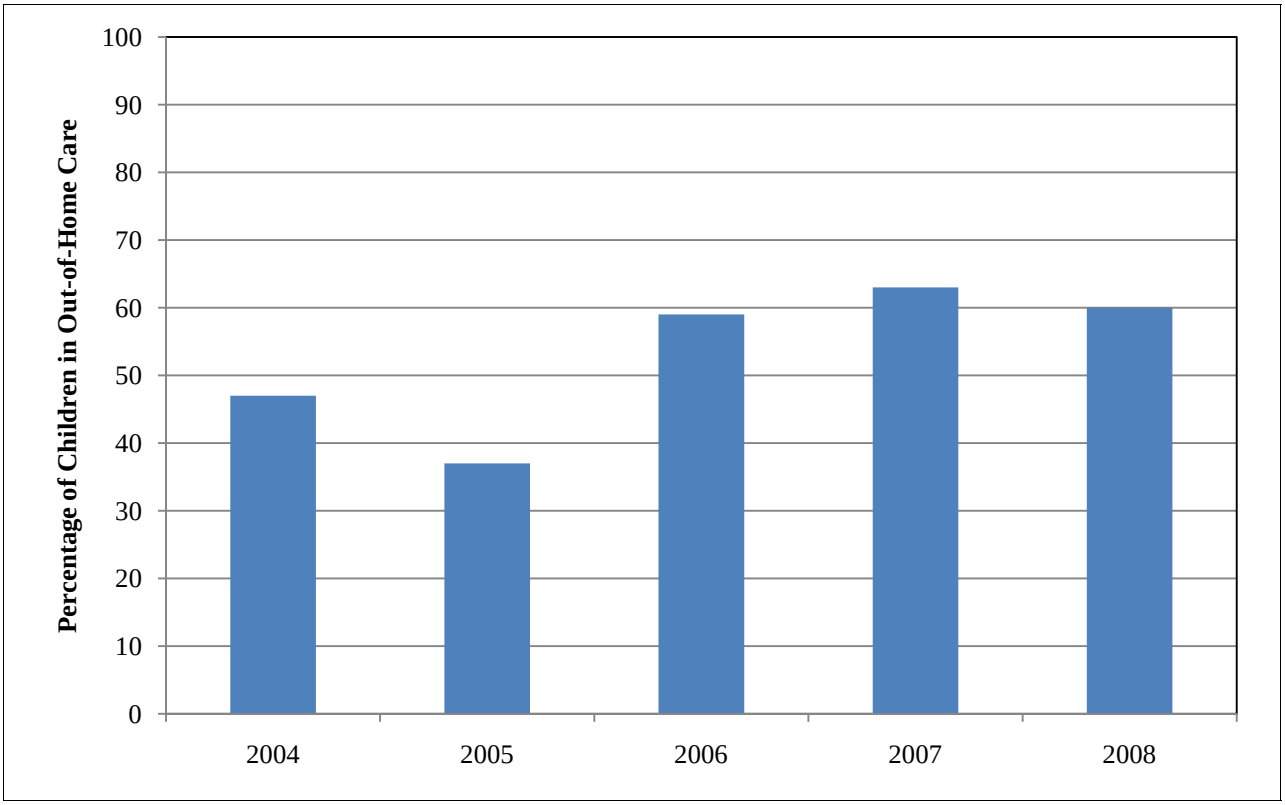
Between November 1, 2008 and April 1, 2009, 32 youth have been referred and CFSA held 19 LYFE conferences. Eight additional LYFE conferences are actively being coordinated.

Since November 1, 2008, 13 children have been documented in FACES as having a newly established APPLA goal. Of the 13 youth, 1 youth was an unaccompanied refugee minor for whom the court automatically establishes a goal of APPLA. Of the 12 remaining youth, two received the goal prior to the new Administrative Issuance and seven received the goal without adhering to the new requirements for pre-approval. For the remaining three children, the goal was established by the Family Court without a recommendation by the Agency.

2. Foster Care Exits

Despite many improvements in child welfare services in the past five years, progress in reducing length of stay in foster care and ensuring a permanent home for every child has been stalled. As of the end of fiscal year 2008, 60% of children in foster care in the District were in out-of-home placement for 24 months or more. Nearly 600 children in care for five years or more (see Figure 17). This percentage is only slightly changed from 2004.

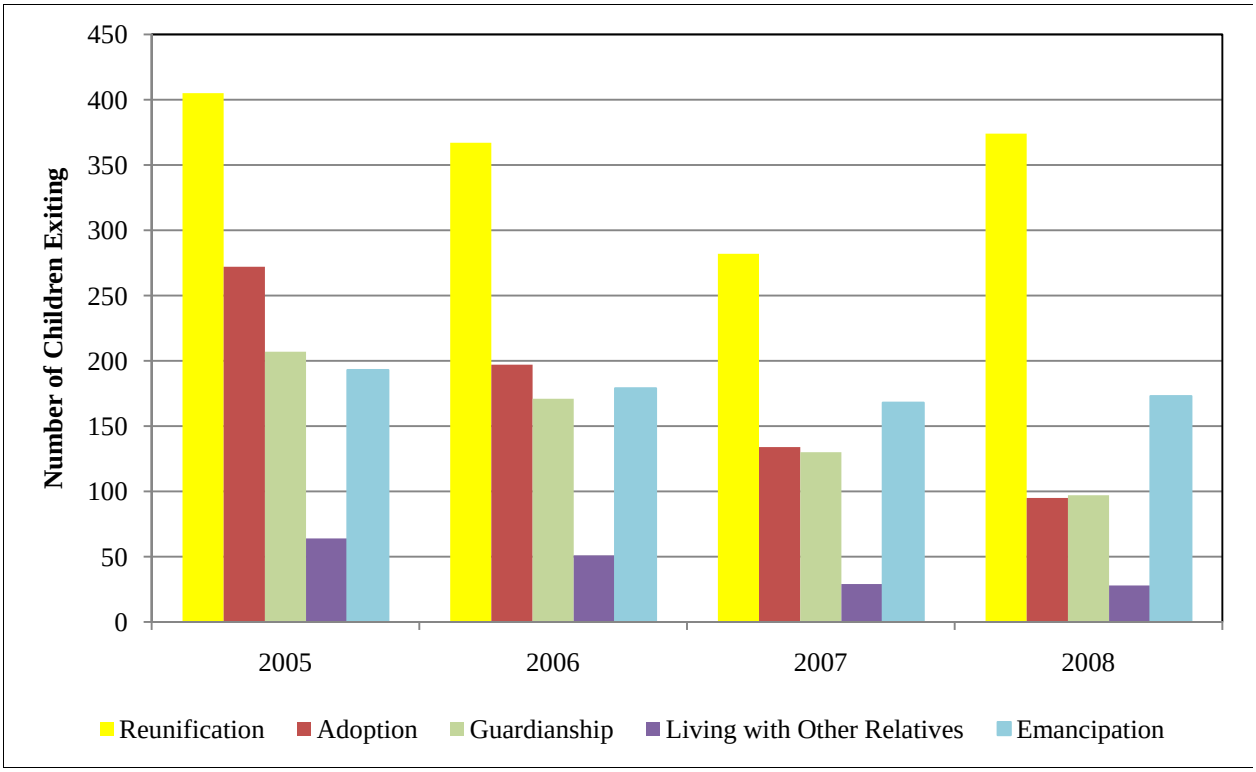
Figure 17: Children in Out-of-Home Care for 24 Months or More
FY2004 - FY 2008



Source: CFSA Administrative Data

Further, there has been a decline in the total number of children and youth exiting care by achieving positive permanent outcomes with lifelong caring adults (see Figure 18). Too many children remain in the custody of the District far too long with insufficient progress toward permanency with a family, despite timeframes that are established in federal law, District law and best practice standards.

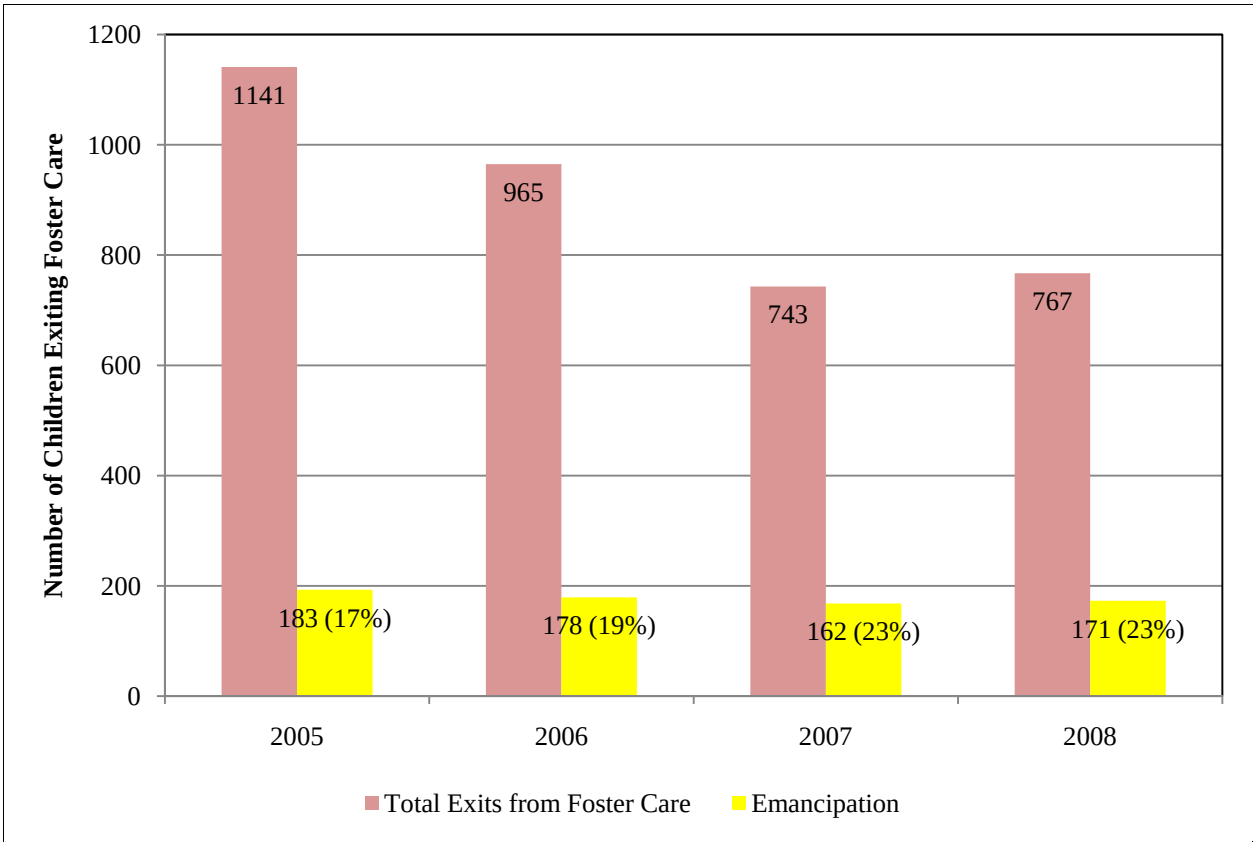
Figure 18: Exits from Foster Care by Year and Type
CY2005-CY2008



Source: CFSA Administrative Data

As of January 31, 2009, over 1000 youth (46% of the District's children currently in out-of-home placement) are over 15 years of age. Approximately 170 youth exit each year simply because they reach their 21st birthday. As shown in Figure 19 below, the majority of children exiting foster care return home to their families but the number of children who annually exit foster care to emancipation remains virtually unchanged since 2005.

Figure 19: Total Exits and Emancipation Exits from Foster Care CY2005-CY2008



Source: CFSA Administrative Data

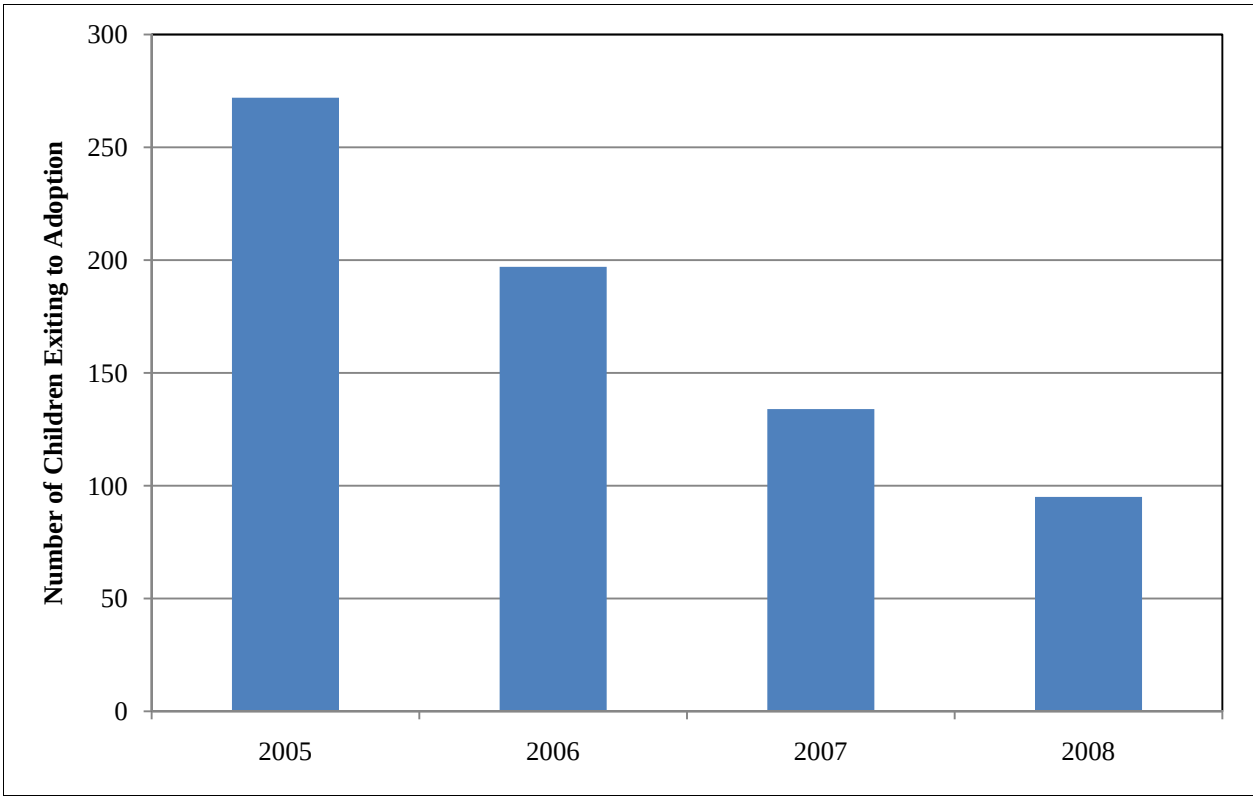
3. Exits From Foster Care to Adoption

a. Legal Action to Free Children for Adoption

- *Amended Implementation Plan Requirement 15: Children with a permanency goal of adoption shall have legal action initiated to free them for adoption within 45 days of their permanency goal becoming adoption.*
- *Interim Benchmark: By June 30, 2004, 75% of children with a permanency goal change of adoption will have legal action to free them for adoption within 45 days.*

As seen in Figure 20 below, the number of children and youth exiting care to adoption has been significantly declining since 2005. Agency performance on each of the AIP adoption measures is far below what is expected.

Figure 20: Foster Care Exits to Adoption
CY2005-CY2008



Source: CFSA Administrative Data

As a step toward permanency through adoption, the District's OAG attorneys are required to initiate legal action to free a child for adoption within 45 days of a child's permanency goal becoming adoption.[62] There were 66 children whose goals changed to adoption between May and October 2008. Of the 66 children, 64 children required legal action to free them for adoption. Of the 64 children requiring legal action, 54 (84%) had legal action initiated within 45 days. An additional 6 children had legal action initiated within 90 days. This meets the interim benchmark for this requirement.[63]

Achieving timely permanency for children with a goal of adoption requires more than ensuring timely legal action at the time of the goal change. All parties in the system must work together to move these cases to permanency, including the GAL, the court, as well as CFSA and Office of the Attorney General (OAG). To this end, the Child Welfare Leadership Team[64] has began to look at issues that cause delays in the scheduling of trials and decisions on the government's motions for termination of parental rights.

[62] This requirement was modified with the AIP to be within 45 days. In the *LaShawn* MFO, legal action had to be initiated within 30 days.
[63] CFSA reports that in a manual count by the Deputy Attorney General for the Family Services Division of the Office of the Attorney General at the end of January 2009, 16 of 486 children with a goal of adoption did not have legal activity initiated within 45 days of a goal change.
[64] The Child Welfare Leadership Team is comprised of representatives from CFSA, DMH, OAG, the Family Court and the Monitor. The Team is facilitated by the Council for Court Excellence and meets quarterly.

In an effort to ensure that consistent, timely legal action is taken in cases when adoption becomes the goal, the Child Protection Sections of the OAG were reorganized in March 2009. In 2005, a separate section had been established which was responsible exclusively for TPR and adoption matters. The division had three neglect sections and one TPR section. This structure was created to handle a backlog of cases where a TPR petition was required. Although the structure made sense then and contributed to a focused reduction of the TPR backlog, the structure created a challenge where the supervision for the neglect case and the TPR petition was shared by two section chiefs, and the section chief responsible for TPRs had no authority over the neglect AAGs responsible for referring cases for a motion to terminate parental rights. With the most recent reorganization, there are four sections, all of which handle all child protection matters from petitioning neglect through permanency, including TPR and adoption. Each section chief will supervise six to eight neglect AAGs and one TPR AAG. Each section will have cases before two to three Magistrate Judges and two to three Associate Judges. This will ensure that only one section chief will be responsible for ensuring compliance regarding all matters from petitioning through TPR in each case. The Section Chief will then be responsible for monitoring the cases in their section to ensure that TPRs are filed when appropriate.

In partnership with the Office of the Attorney General (OAG), the Monitor is currently reviewing a sample of approximately 20 children's cases to look in greater depth at the barriers to achieving permanency, specifically for children who have had termination of parental rights (TPR) petitions filed that remain unresolved by the Family Court. Upon completion of this review, the Monitor and OAG will work with the District's Child Welfare Leadership Team to make specific recommendations to CFSA, OAG and the Family Court to address the barriers identified.

b. Timely Adoption

- *Amended Implementation Plan Requirement 16: (a) Children with a permanency goal of adoption should be in an approved adoptive placement within nine months of their goal becoming adoption and (b)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 (c) CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of placement in the adoptive home.*
- *Interim Benchmark: By December 31, 2005*
  - *(a) 85% of children whose goals have changed to adoption will be in an approved adoptive placement within nine months of the goal change,*
  - *(b) by June 30, 2004 90% of children will have a permanency planning team convened within 95 days of the permanency goal becoming adoption when there is no adoptive resource identified, and*
  - *(c) by December 31, 200, 85% of children with a permanency goal of adoption will have their adoptions finalized within 12 months of placement in an approved adoptive home.*

There are a number of measures in the AIP to ensure that children's adoptions occur in a timely manner. Children with a permanency goal of adoption are to be placed with an approved adoptive resource within 9 months of their goal becoming adoption. There were twelve children in January 2009 who reached their ninth month since their permanency goal changed to adoption. Of the twelve children, five (42%) children were placed in a pre-adoptive placement as of January 31, 2009.

Additionally, CFSA is to convene a permanency planning team for children within 95 days of their permanency goal becoming adoption to develop a child-specific recruitment plan. There were five children whose permanency goal changed to adoption during September 2008. CFSA reports a Permanency Planning Team Meeting was not needed for any of the five children because permanency resources had already been identified.[65]

Adoptions are to occur within 12 months of a child's placement in an adoptive home. There were 35 children whose permanency goal changed to adoption between October and December 2008. Of these 35 children, nine (26%) had their adoptions finalized within 12 months of placement in a pre-adoptive home.

As the Monitor has previously reported, adoptions practice in the District, involving the multiple partners (e.g. CFSA, the private providers, OAG, GALs, attorneys representing parents and the Family Court), is far from meeting the *LaShawn* expectations for timely creation of a new permanent family for a child.

[65] For one child a relative was in the process of becoming licensed; for a second child, an adoption petition had already been filed. For the third child a letter of intent to adopt had already been signed and the child was placed in a pre-adoptive home and for the fourth child the foster parent planned to adopt. The Agency was exploring a relative for guardianship for the fifth child.

c. Post-adoption Services

- *Amended Implementation Plan Requirement 27: CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA.*

In April 2007, CFSA awarded a contract to Adoptions Together to operate the Post Permanency Family Center (PPFC). In 2008, the PPFC received over 1000 calls and emails from families interested in learning more about the post-permanency center.

The types of services provided to the children and families at the PPFC include respite care, support groups and sponsoring, and special events (e.g. movie day, workshops). Table 6 below shows the number of children and family served by the PPFC in calendar year 2008.

Table 6: Children and Families Served by the Post Permanency Family Center - CY2008

Type of Post-Permanency Center Support	Number Served
Children Matched with Services	640
Families Receiving Case Management	210
Families Receiving Counseling	670
Participants in Parent Trainings	55
Participants in Professional Trainings	45

Source: CFSA

F. System Accountability

1. Special Corrective Action Categories

- *Amended Implementation Plan Requirement 34: CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the following categories:*
  - *All cases in which there have been four or more reports of neglect or abuse for a single child or family with the fourth report occurring in the last 12 months;*
  - *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.*

The above corrective action categories were included in the *LaShawn* Modified Final Order to identify children needing special intensive remedial attention due to the poor practice exemplified and unacceptable outcomes being achieved. It was anticipated that as part of the reform process, the Agency would focus intensive resources and energy to these specific children and families in sufficient quantity and quality to address their problems and while at the same time correcting systemic issues so that new children would not have similar experiences. It was assumed that eventually the categories would cease to exist or that the number of children identified in each category would be very few and prompt immediate review and action.

At various times, CFSA has used its regular supervisory and quality assurance processes to review these children and families' situations and has taken action to address systemic barriers placing children in these categories. The Agency has only recently again begun to share data on the children in special corrective action categories with the Monitor. The efforts to eliminate the categories has proven challenging, which is shown below in the high number of children that are currently identified in corrective action categories.

As of February 28, 2009, CFSA reports that there are:

- 69 children in 40 cases with four or more reports of neglect or abuse with the fourth or greater report occurring in the last 12 months,
- 223 children with four or more placements with a placement change in the last 12 months and the placement is not a permanent placement,

- 193 children with a goal of adoption for more than 12 months who are not in an approved adoptive home,
- 0 children who returned home twice and still have a goal of reunification,
- 61 children with a goal of reunification for over 18 months,
- 3 children placed in emergency facilities for more than 90 days,
- 264 children placed in foster homes without valid permits/licenses or foster homes that exceed their licensed capacity,
- 9 children under the age of 14 with a goal of APPLA, and
- 83 children in residential treatment facilities more than 100 miles from the District of Columbia.

CFSA reports Administrative Reviewers are provided with a list of children in these categories on a bi-weekly basis and social workers are notified of children in corrective action categories with upcoming Administrative Reviews. During the Administrative Review, the Reviewer is expected to facilitate the discussion about the case in order to develop a viable corrective action plan. Supervisors are expected to monitor recommendations resulting from the review and at the next administrative review, results are discussed. The Monitor has not verified the implementation or the process used to track progress over time as this is the first time in many years that data on children in corrective action categories were provided to the Monitor.

2. Recruitment and Approval of Foster or Adoptive Parents

- *Amended Implementation Plan Requirement 14(a): CFSA shall have in place a process for recruiting, studying and approving families interested in becoming foster or adoptive parents that results in the necessary training, home studies and decisions on approval being completed within 120 days of beginning training.*
- *Interim Benchmark: By June 30, 2006, decisions will be made in 120 days for 85% of foster and adoptive applicants.*

CFSA has recently begun to restructure positions responsible for recruitment, licensing and monitoring of out-of-home placements in an attempt to increase efficiency and improve performance. Performance on completing licenses within 120 days was low in 2008. The family licensing program had one unit (5 workers and a supervisor) detailed to assist with the investigations backlog and the program also suffered from resignations amounting to a full unit (5 social workers and one supervisor).

CFSA has provided the Monitor with data on the time to licensure for both CFSA foster homes and private agency foster homes. In the first three quarters of CY2008 (January-September 2008), there were 219 foster and kinship families licensed by CFSA and the private agencies. Of the 219 foster families, 120 (55%) families were licensed within 120 days of beginning training. This does not meet the interim benchmark.

CFSA has continued its work with a consultant, True Insight, to implement a targeted recruitment campaign for foster parents in the District. The work has included creation of a television commercial with hip hop artist, Darryl McDaniels and CFSA foster parents. Television ads will begin running on Comcast cable in the District on May 4, 2009 for three weeks.

Additionally, during National Foster Care Month, Mr. McDaniels will be in the District for live public relations appearances.

3. Licensing and Monitoring of Foster or Adoptive Homes

The bulk of licensing and monitoring activities for foster homes and placement facilities is shared across CFSA, the State of Maryland and private child placement agencies located in Maryland. CFSA is responsible for licensing and monitoring foster homes and placement facilities in the District of Columbia while Maryland and private child placement agencies in Maryland are responsible for homes and facilities in that State. Kinship placements located in Maryland are licensed and monitored under a cross-jurisdictional agreement allowing CFSA to conduct an initial screenings and make the connection to Maryland's licensing process for an expedited placement.

a. Placement of Children in Licensed Placements

- *Amended Implementation Plan Requirement 18: 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.*

To ensure child safety, CFSA is required to place children in placements that meet licensing standards and have a current and valid license. As of January 31, 2009, there were 1575 children in foster home placements. Of the 1575 children, 74 (5%) children were placed in foster homes that exceeded their licensed capacity.

Additionally, there were 178 children placed in group homes as of January 31, 2009. Of the 178 children, 39 (22%) children were placed in group homes that exceeded their licensed capacity of 8 children. The Monitor is very concerned about the high number of children currently placed in group homes that exceed their licensed capacity.

As of January 31, 2009, there were 1007 foster homes with children placed. Of the 1007 homes, 105 (10%) homes did not have current and valid licenses. Of the 105 unlicensed homes, 102 (97%) of homes had previously been licensed and the license expired during the reporting period. The remaining three homes were never licensed.

For congregate care facilities, one facility may require numerous licenses depending on the number of total sites. As of January 31, 2009, there were 115 licensed congregate care sites with children placed. Of the 115 licensed sites, 11 (10%) sites did not have current and valid licenses. The Monitor is concerned that 10% of foster homes and 10% of congregate care sites do not currently have valid licenses.

b. Adequacy of Resource to Enforce Licensing Regulations

- *Amended Implementation Plan Requirement 37: CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes and independent living facilities.*

CFSA has eliminated the Office of Licensing and Monitoring and recently reorganized its licensing and monitoring functions into three separate components to include facility licensing, congregate care and child placement agency contract monitoring and foster parent licensing. The Agency's in-house capacity to license and monitor District foster parents and facilities and Maryland kinship providers now includes:

- 7 FTEs and one contractor for facility licensing (0 vacancies)
- 14[66] FTEs for facility monitoring (1 program monitor vacancy)
- 6[67] FTEs for MD and VA home study contract monitoring
- 14 FTEs for foster parent licensing (3 vacancies, candidates hired with start dates over the next few weeks)

4. Training

Training is a core function of any child welfare agency and is a primary mechanism to ensure that workers, supervisors and managers have the competencies necessary to ensure the safety, permanency and well-being of children and families. The Monitor received data on staff training requirements on April 29, 2009. These data were received too late for inclusion in this report. The Monitor has requested and not received data on the remaining training requirements described below. These data have been provided in the past and the Monitor is unclear as to the present barriers for providing the data.

From a review of CFSA's reported data, performance on Pre-Service and In-Service training for staff declined significantly in 2008. CFSA reports that the low performance on the training requirements is related to the Agency response to the investigations crisis last year. During 2008, the Agency directed its resources toward reducing the backlog, often at the expense of other critically important activities such as training their internal workforce and ensuring that private agencies participate fully in Pre-Service training. Additionally, there has been considerable transition in the leadership of the Training Administration since the Program Administrator left the Agency in 2008. Since that time there was one Acting Administrator who served briefly and left that position. There is currently a different person serving in an acting capacity.

[66] This number includes 2 supervisors, 1 program manager, 1 secretary, 2 clerical assistants and 8 program monitor positions. Two positions were eliminated due to recent budget cuts. 1 position is currently vacant but a candidate has been selected and his/her anticipated start date is in the end of April.
[67] This number includes 1 supervisor, 4 Resource Development Specialists and 1 clerical assistant position.

Listed below are the *LaShawn* AIP requirements that are expected to be met with regard to training. The Monitor will file an addendum report after validating data on Pre-Service and In-Service training. The Monitor will continue to request data on the other training requirements.

a. Training for New Workers and Supervisors

- *Amended Implementation Plan Requirement 30: (a) New workers shall receive the required 80 hours of pre-service training through a combination of classroom and on-the-job training in assigned training units and (b) New supervisors shall receive a minimum of 40 hours of pre-service training on supervision of child welfare workers within three months of assuming supervisory responsibility.*
- *Interim Benchmark: By September 30. 2003, 90% of new workers will receive the required 80 hours of pre-service training and by December 31, 2004, 90% of new supervisors shall receive the required 40 hours of pre-service training.*

b. Training for Previously Hired Workers, Supervisors and Administrators

- *Amended Implementation Plan Requirement 31: (a) Previously hired workers 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 and (b) Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training.*
- *Interim Benchmark: By June 30, 2006 85% of previously hired workers will receive annually a minimum of 30 hours of in-service training and by June 30, 2005, 85% of supervisors shall receive annually a minimum of 24 hours of in-service training.*

c. Training Opportunities for Interested Foster or Adoptive Parents

- *Amended Implementation Plan Requirement 14(b): CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry.*

d. Pre-Service and In-Service Training for Foster Parents

- *Amended Implementation Plan Requirement 32: (a) CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training and (b) CFSA and contract agency foster parents shall receive annually a minimum of 15 hours of in-service training.*
- *Interim Benchmark: By December 31, 2003, 95% of foster parents will receive a minimum of 15 hours of pre-service and by December 31, 2004, 90% of foster parents will receive annually a minimum of 15 hours of in-service training.*

5. Contracting and Fiscal Operations

a. Performance Based Contracting

- *Amended Implementation Plan Requirement 35: 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.*
- *Interim Benchmark: By September 30, 2005, CFSA will fully implement a performance-based contracting system with capacity to monitor performance on outcomes and make decisions based on achievement of outcomes.*

High functioning contracting and fiscal operations are a prerequisite for the success of the broad range of initiatives underway or planned at CFSA. Until March 30, 2009, CFSA had been without a permanent Contracts Administrator for almost two years. The current staffing of the Contracts and Procurement Administration includes eleven full time positions. There are three vacancies including two contract specialist positions and the sole contract manager position.

- Agency Chief Contracting Officer (1 position; 0 vacancy)
- Contract Manager (1 position; 1 vacancy)
- Contract Specialist (7 positions; 2 vacancies)
- Contract Compliance Officer (1 position; 0 vacancies)
- Senior Contract Cost/Price Analyst (1 position; 0 vacancies)

CFSA is now moving forward with its second attempt to fully implement a performance based contracting (PBC) system that meets the *LaShawn* requirements. By the summer of 2008, CFSA determined that their previously contemplated PBC model was too complex to allow for smooth implementation, which was a primary concern of the existing contracted providers. CFSA is now planning to use a new contracting platform for developing PBC. CFSA intends to award Human Care Agreements for congregate care and family based foster care contracts. The Human Care Agreements utilize task orders with statement of work specifications that include performance indicators and outcome measures.

According to CFSA, Human Care Agreements are utilized by other DC government agencies in the contract of human care and services. These agreements can allow for more flexibility in purchasing services, and task orders may be issued based on need and performance. CFSA anticipates these changes will also help to streamline their contracting process by allowing for ongoing review and consideration of existing and new providers. The Monitor recognizes that performances standards are already included in contracts via the Statement of Work specifications, but the effort to date does not fully meet the *LaShawn* standards in realizing the intended effect of providing CFSA with a mechanism for consistently monitoring performance and outcomes and for making purchasing decisions based on achievement of outcomes.

For congregate care providers, CFSA publicly announced that they expect to award new Human Care Agreements with performance indicators and outcome measures when current contracts

expire in July 2009. Human Care Agreements for family-based care contracts, incorporating performance measures and accountability, are expected to be awarded by February 2010.

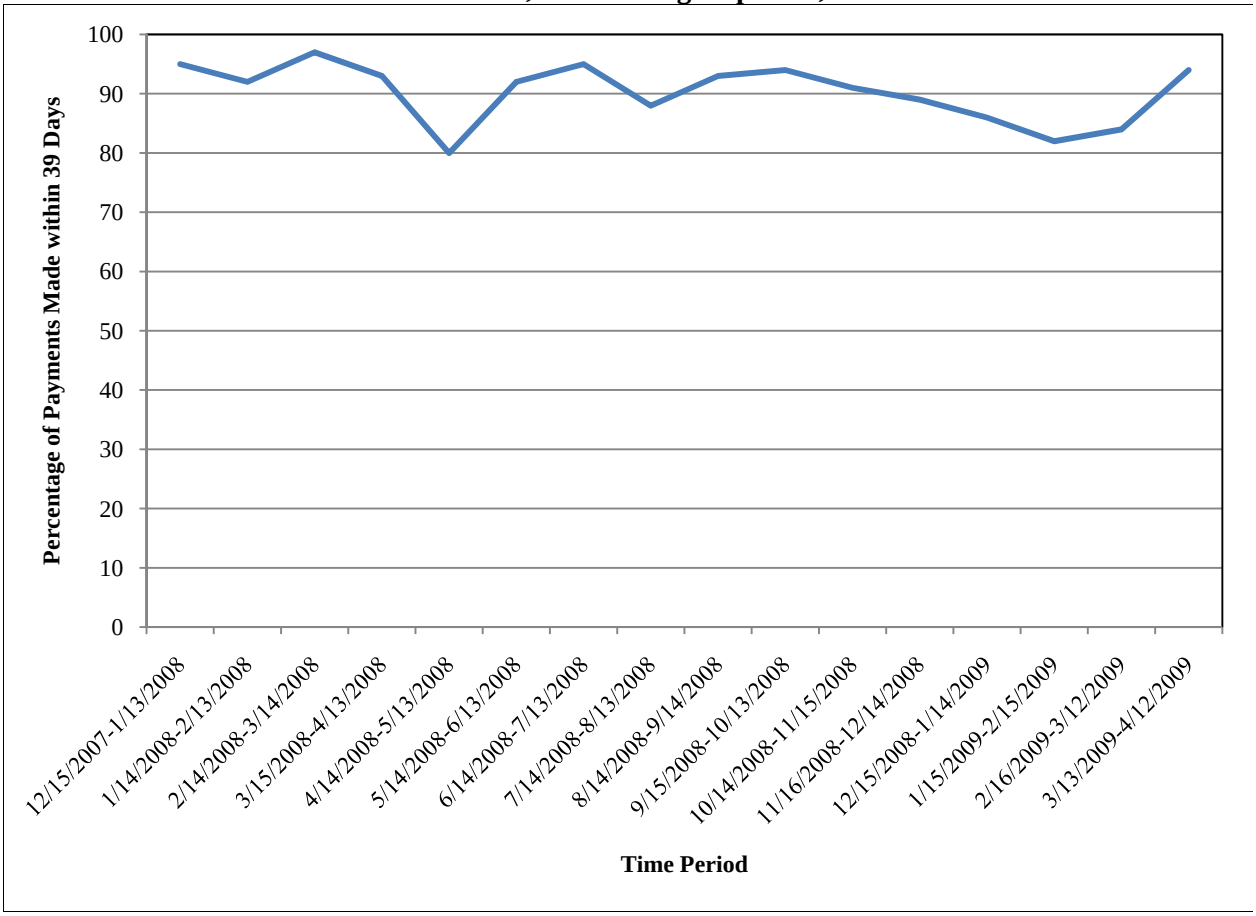
b. Fiscal Operations – Prompt Payment to Providers

- *Amended Implementation Plan Requirement 38: CFSA shall ensure payment to providers in compliance with DC's Quick Payment Act for all services rendered.*

Given the historical problems in paying providers, the Court requires the District to submit monthly reports on its progress in fulfilling the requirements of the District's Quick Payment Act and the Court's expectations that the fiscal infrastructure at CFSA is adequate to execute and contracts and pay contractors. While payment to provider organizations and individuals under contract has improved dramatically from the crisis of several years ago, there was a decline again in performance during 2008. (See Figure 21).

In its March 2009 Provider Payment Report filing with the Court, the District reported they believe the primary cause for the decline in payment timeliness is the increased time it is taking for service invoices to be certified for payment. CFSA reports that a number of actions were taken to address the recent payment delays including weekly meetings with the accounts payable staff to review all invoices in the system over 39 days, reminder emails to the accounts payable staff regarding outstanding invoices and a review of the invoice and payment process. As of its most recent Provider Payment Report filed with the Court on April 15, 2009, these actions appear to have helped as performance for the period March 13, 2009 to April 12, 2009 rose to 94%.

Figure 21: Provider Payment Timeliness
December 15, 2007 through April 12, 2009



Source: District of Columbia Office of the Attorney General, April 15, 2009 Monthly Provider Payment Filing to the U.S. District Court

c. Budget Sufficient to Meet Needs

- *Amended Implementation Plan Requirement 39: 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 FY2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources. The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide agency budget and/or personnel reductions that may be otherwise imposed.*

- *Amended Implementation Plan Requirement 25: The District shall provide evidence of financial support for community-and neighborhood-based services to protect children and support families.*

The Mayor has just recently released a proposed FY2010 budget for the District. Maintaining funding for many critical District priorities in light of revenue declines and the current national economic climate is challenging. The proposed FY2010 budget for CFSA is $284 million, a 2% decline from the FY2009 budget and a 15% decline from actual expenditures in FY2008. Assessment of the impact of the FY2010 budget is difficult for several reasons. First the District has been cited in a recent District audit for Medicaid claiming irregularities. In response, the District put a moratorium on federal Medicaid claiming for child welfare services beginning April 1, 2009 while it reestablishes audit proof claiming procedures. In the interim, a decision was made to use funding from local dollars and shift allowable costs to Title IV-E claiming to support things previously billed to Medicaid until the documentation and claiming issues can be resolved. This funding shift to local dollars and Title IV-E creates changes within the FY 2010 budget where budget line items appear to be going either up or down but may actually reflect the change in funding streams rather than an actual increase or decrease in available funds. Discerning the actual funding level for a particular service is difficult. It is also difficult to fully determine if this budget reflects policy and programmatic priorities. The Agency has stated that the budget will allow them to maintain service delivery at current levels, maintain caseload standards and promote their strategic direction.

The budget appears to cut 48 FTE positions at CFSA by eliminating both unfilled and filled positions, mostly in administrative functions rather than in case-carrying social worker positions. The Agency Director has said that the budget preserves all case-carrying and essential service and support positions.

The reported 2.2% overall decrease in the budget is not unreasonable during these very difficult economic times. Dr. Gerald has assured the Monitor that every effort has been made to restrict cuts to less essential administrative functions and to take cuts in areas where administrative efficiencies can be achieved. The Monitor supports this principle and approach to budget tightening in light of the challenging economic circumstances of the District and the nation. However, this decrease is potentially much greater than 2.2% when compared to the FY 2008 actual budget rather than the FY 2009 proposed budget.

The District Council is currently reviewing the Mayor's budget and it is uncertain how their decisions will affect CFSA's operations and plans for FY2010. Further, the Mayor and District leaders cannot predict precisely whether the current economic stress that many families are under will result in increases during the remainder of this year and next year in the number of families seeking help from CFSA and resultant increases in the number of children whose safety, permanency and well-being are at risk. CFSA is already seeing an increase in the number of investigations, as are State and local child welfare agencies across the nation. In light of the fact that CFSA cannot turn away children and families for lack of funds, the Monitor hopes that the Mayor and the Council will be amenable to supplemental appropriations tied to demonstrated need if data over the next few months suggest that the volume of need and service requests to CFSA continue to rise.

6. Caseloads and Staffing

In order to be successful in a reform effort, a public child welfare agency needs to have a sufficient, well-trained and stable workforce. Significantly reducing caseloads was a primary goal of *LaShawn*. CFSA has made important progress in reducing caseloads, but has not met the *LaShawn* interim benchmarks for caseloads.

a. Investigations Caseloads

- *Amended Implementation Plan Requirement 28(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.*
- *Interim Benchmark: By June 30, 2004, the caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed a maximum of 12 investigations at any time.*

As of March 31, 2009, CFSA had 58 investigative social workers. Of these 58 social workers, 7 (12%) social workers had caseloads exceeding the benchmark of 12 investigations. This is significant improvement from 2008 when social workers had 20 or more investigations on their caseloads. Of the 7 social workers with caseloads exceeding the requirement, six social workers have 13-14 investigations on their caseloads and one has 15 investigations.

In analyzing the caseloads throughout the Agency, the Monitor also notes there are 66 ongoing cases that remain assigned to social workers responsible for child protective services investigations in addition to their regular investigations caseload. These are cases that are often in the transfer process and have not yet been assigned to an ongoing social worker. These cases are spread out among social workers, with no worker carrying more than 5 ongoing cases and most carrying 1 or 2 ongoing cases. Additionally, of the 66 cases, 36 cases are assigned to the supervisor or manager.[68] The Monitor will be looking more closely at the case transfer process from CPS to ongoing during the qualitative assessment to be conducted this summer to assess the

[68] CFSA reports that some cases are temporarily assigned to a supervisor in FACES while they are in the case transfer process from one unit to another.

case assignment process and causes for case assignment delays, including what happens in terms of service delivery to children and families for on-going cases that remain in the investigations units longer than intended.

b. In-Home and Placement Caseloads

- *Amended Implementation Plan Requirement 28: (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 and (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.*
- *Interim Benchmark: The caseload of each CFSA worker and private agency worker providing services to children, whether in their home or in placement, and families shall not exceed 15 cases.*

CFSA social workers provide services to children who are living in their own homes and their families and to children who have been placed in foster care and their families. The AIP requires social workers to maintain caseloads that do not exceed 15 families with children in their own homes or 15 children in foster care. As of March 31, 2009, there were 272 case-carrying social workers at CFSA and the private agencies. Of the 272 social workers, 24 (9%) social workers had caseloads that exceed the AIP requirement. Most of the 24 workers have caseloads between 16 and 19 cases with two workers carrying a high of 20-21 cases. This is a significant improvement over April 2007 performance when 29% of social workers at CFSA and the private agencies had caseloads exceeding the AIP standards.

c. Caseloads for Workers Conducting Home Studies

- *Amended Implementation Plan Requirement 28(e): The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.*
- *Interim Benchmark: By December 31, 2004, the caseload of each CFSA and private agency worker having responsibility for conducting home studies shall not exceed 30 cases.*

Home studies are required to license potential foster home and kinship placements. As of April 24, 2009, there were 9 social workers responsible for conducting home studies. Two of these workers hold dual social work licensure in both the District and Maryland and can conduct home and safety assessments for the Maryland Emergency Temporary Licensure Project. These 9 social workers all have caseloads under the required 30 cases.

Two new supervisors assigned to the units of workers conducting home studies both have responsibility for conducting home studies in addition to supervision. One supervisor is responsible for a full caseload of 30 home studies and the other is responsible for 6 home studies. CFSA expects the home studies for which supervisors currently have responsibility to be transitioned to newly hired social workers by May 11, 2009.

d. Unassigned Cases

- *Amended Implementation Plan Requirement 28(f): 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.*
- *Interim Benchmark: By September 30, 2003, there will be no unassigned cases.*

As of March 31, 2009, there were 35 ongoing cases that were unassigned for five business days or more. This is a reduction from April 2007 when there were 59 ongoing cases that had been unassigned for five business days or more.

e. Supervisory Responsibility

- *Amended Implementation Plan Requirement 29: (a) Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aids, or five caseworkers (b) No supervisor shall be responsible for the on-going case management of any case.*
- *Interim Benchmark: (a) By December 31, 2005, 95% of supervisors who are responsible for supervising CFSA and private agency social workers who carry caseloads shall be responsible for no more than six workers, including case aids, or five case workers (b) By June 30, 2004, 90% of supervisors will not be responsible for the management of any cases except in those situations in which the assigned worker leaves without providing notices, and in such circumstances, only for a five-day period.*

As of March 31, 2009, there were 6 supervisors at CFSA and the private agencies who were responsible for supervising more than five caseworkers. Additionally, there were two instances within the private agencies where caseload assignment was inappropriate. In the first example, a manager was supervising three full units and an additional worker while carrying cases. In the second example, a supervisor was supervising two workers plus carrying a full caseload.

This is similar performance to April 2007 when there were 5 supervisors at CFSA and the private agencies who were responsible for supervising more than five caseworkers.

As of March 31, 2009, there were 14 supervisors in the child protective services unit at CFSA. Of the 14 supervisors, 1 supervisor was supervising more than 5 investigative social workers.

The AIP requires that no supervisor be responsible for on-going case management of any case. As of March 31, 2009, there were 52 cases assigned to supervisors or program managers, or were unassigned and therefore the responsibility for ongoing case management falls to supervisors or program managers. These 52 cases were assigned to 17 supervisors or program managers, therefore 17% of supervisors and program managers were carrying cases.[69] This does not meet the AIP benchmark of 90% of supervisors not carrying cases.

[69] CFSA reports that some CFSA supervisors may be assigned cases in FACES while they are in the case transfer process from one unit to another.

Additionally, there were 20 investigations assigned to supervisors, program managers or were unassigned and therefore responsibility for ongoing investigative work falls to supervisors or program managers.

f. Staffing

The Agency reports it has successfully reduced the vacancy rate to 6% as of March 31, 2009. The challenge now is to ensure that new staff, particularly the unlicensed MSWs and BSWs hired under the expectation that they become licensed within the year, are supported to develop the skills necessary to do the work and are retained. Past efforts to hire unlicensed staff required unlicensed new hires to pass the licensure exam within 90 days of hire, resulting in many new hires being required to leave the Agency when they were unable to pass the licensing exam. This new endeavor allows new hires to take the exam at least twice and for the Agency to provide more support and assistance.

CFSA Human Resources (HR) actively tracks the unlicensed MSWs and BSWs new hires and has been working to support these staff to secure their licenses. Since the majority of the unlicensed workers were hired in late Fall of 2008, it is important that progress to pass licensing exams occur in the next three to six months. Since the commencement of this process in late September 2008, there were 51 MSW and BSW hires that did not have licenses at the time of hire. Twenty-one (21) MSW and BSW staff have now taken the board certification exam, resulting in four that passed. The current effective pass rate of 19% is anticipated to increase with additional exams and preparation. There is also one confirmed licensee transfer from another jurisdiction and two pending. However, given the extremely low pass rate to date, CFSA is exploring and implementing strategies to improve test preparation and support. CFSA also reports that it is planning to hire additional social work staff in June through August in anticipation of projected terminations of staff who are unable to pass the licensing exam. Longer term, CFSA reports that they want to return to a recruitment and hiring strategy that significantly reduces the number of unlicensed new hires by targeting candidate sources with existing licenses.

The Monitor has consistently been concerned about the vacancy rates in the private agencies. As of March 26, 2009, the private agencies have a self-reported vacancy rate of 10% for case-carrying social worker positions and a total vacancy rate of 12% for supervisor positions.[70] CFSA reports that private agencies are responsible for tracking their own vacancy data. The Monitor has not independently verified this data.

[70] These are new data only recently made available by CFSA. The Monitor will work this year to verify these data.

7. Quality Assurance/Quality Improvement

- *Amended Implementation Plan Requirement 33: 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 provide results allowing the identification of specific skills and additional training needed by workers and supervisors.*

CFSA's stated goal is to embed Quality Improvement activities in each area of the agency and in the private providers in order to create an ongoing learning and action environment. This Continuous Quality Improvement approach was articulated by CFSA in 2007 but never fully implemented. The Monitor expects that concrete steps to more fully implement this approach will be part of the 2009 Strategy Plan and believes that this approach has great potential. A concern, however, is whether the Agency has the staffing necessary to fully move forward with their QA plans. The range of QA activities proposed include monthly "ChildStat" reviews of CFSA and private agency performance, conducting statistically valid case record reviews, special studies, qualitative analyses, and providing analysis and feedback to management and staff at all levels to understand findings, plan for and implement improvements. However, CFSA's internal QA unit is currently staffed by one Program Manager, one supervisor, and one staff person. This level of staffing despite the addition of other CFSA staff who participate in QA activities and processes is, in the Monitor's view, insufficient to support the array of activities and the vision of integrating quality improvement into all aspects of the Agency.

Through the Quality Service Review (QSR), CFSA, with support from DMH and volunteer reviewers, attempted to review and report on 62 cases in 2008 and was able to complete reviews and report on 60 cases.[71] Informed by over 475 interviews, these types of reviews serve multiple purposes in understanding success and challenges in serving multi-system involved children and families. The Monitor uses the QSR data for monitoring several of the AIP outcomes as has been previously mentioned.[72] Apart from monitoring, the real benefit of the reviews is to inform the system's understanding of ongoing implementation of the System of Care Practice Model tied to child and family outcomes. The Practice Model is an agreed upon approach to work with families that has proven to be effective in serving multi-system involved families. Such practices must be clearly articulated to staff and stakeholders alike and taught through training, mentoring and coaching. CFSA and its partners can use the qualitative information gathered from these intensive reviews to identify and promote action on both systemic and practice issues standing in the way of at least minimally acceptable performance. To date, there has been little evidence that these data, collected by both CFSA and DMH for over five years, are used consistently as

[71] In one instance a reviewer submitted all case ratings but did not submit a written summary. In another, the reviewer submitted a written summary but was unable to provide system performance ratings since all relevant parties were not interviewed during the Review.

[72] Verification of select data from those 60 reviews found discrepancies between the reviewers written reports about the quality of practices and the qualitative finding that those practices were "fair" or "minimally acceptable" as rated in the QSR. We expect to work closely with CFSA in the next month to look at the fidelity of the QSR process and scoring. (See Attachment C of this Report)

part of a comprehensive plan to improve frontline practices and systems performance on behalf of children and families.

8. Child Fatality Reviews

LaShawn requires the District to establish both a City-wide Child Fatality Committee and an Internal CFSA Committee to review child deaths and make recommendations concerning appropriate corrective action to avert future fatalities. Both committees are currently operative in the District.

During the 2008 calendar year, 65 children were identified as fitting the criteria determining the CFSA Internal Committee process: they or their family were known to CFSA currently or within the past four years of the time of their death. CFSA's Internal Committee reviewed the cases of 39 of these children who met the criteria. As of March 31, 2009, the cases of 26 children were pending review. Table 7 below provides information on the 65 children who died in 2008 and whose families were currently known to the Agency or within the four years prior to the child's death. Table 8 below provides comparative information on child fatalities in calendar year 2006 through calendar year 2008.

The Monitor is concerned about the backlog of fatalities that have not been reviewed by CFSA's internal fatality review committee. Staffing vacancies in this unit make it difficult for the Agency to stay current with reviewing child fatalities. CFSA has been reviewing cases in an effort to work through the backlog (18 fatalities have been reviewed in the last two months) and CFSA anticipates the backlog will be eliminated within three months. CFSA reports an improved process for reviewing and prioritizing the recommendations from the fatality reviews is being implemented using staff from different administrations within the Agency. CFSA reports that the Child Fatality Review Unit will be fully staffed with three specialists effective May 4, 2009.

Table 7: Demographics of Child Fatalities in 2008 for those Children Whose Family was Known to CFSA within the Past Four Years as of March 30, 2009

	Manner of Death							
	Natural Cause	**Abuse Homicide**	**Non-Abuse Homicide**	**Accident**	**Suicide**	**Not Determined**	**Pending**	**Total**
Age of Child								
< 24 Months	14	1	0	1	0	2	6	24
2-6 years	2	3	0	0	0	0	2	7
7-12 years	2	4	0	0	0	0	0	6
13-16 years	0	1	2	1	0	0	5	9
17+ years	1	0	7	0	1	0	10	19
Total	**19**	**9**	**9**	**2**	**1**	**2**	**23**	**65**
Gender of Child								
Male	12	2	9	1	1	1	17	43
Female	7	7	0	1	0	1	6	22
Total	**19**	**9**	**9**	**2**	**1**	**2**	**23**	**65**
Status with CFSA at Time of Death								
Closed Case	6	2	5	0	1	0	12	26
Active Case	6	0	2	1	0	1	5	15
Prior Referral Closed After Investigation	7	7	1	1	0	0	4	20
Open Investigation	0	0	1	0	0	1	2	4
Total	**19**	**9**	**9**	**2**	**1**	**2**	**23**	**65**

Source: CFSA Administrative Data

Table 8: Comparison of Child Fatality Data
CY2006-CY2008

	2006	2007	2008
Age			
<2 years	25	19	24
2-6 years	2	5	7
7-12 years	4	3	6
13-16 years	8	2	9
17+ years	19	15	19
Gender			
Male	41	25	43
Female	17	19	22
Manner of Death			
Natural	28	20	19
Accidental	5	3	2
Homicide	17	14	18
Undetermined	7	4	2
Unknown	1	0	0
Pending	0	2	23
Suicide	0	1	1
Status with CFSA at Time of Death			
Closed Case	15	26	26
Active Case	14	9	15
Prior Referral Closed After Investigation	29	8	20
Open Investigation	0	1	4
Total Fatalities	**58**	**44**	**65**

Source: CFSA Administrative Data

Center for the Study of Social Policy

ATTACHMENT A

March 4, 2009

MEMORANDUM

TO: Roque Gerald
Acting Director, CFSA

FROM: Judy Meltzer

Cc: Peter Nickles, Richard Love, Lucy Pittman, Roseana Bess, Marcia Lowry, Sarah Bartosz, Kara Morrow, Clare Anderson, Gayle Samuels, Rachel Joseph

RE: Comments on February 24, 2009 Strategy Plan Proposal

We have reviewed the District's most recent draft 2009 Strategy Plan, dated 2/24/09. The Plan, as submitted, is not approvable. Below, we outline the reasons why we are unable to approve the current draft. After you have reviewed our comments, we will be glad to discuss them with you. We have not yet received comments from plaintiffs on the proposed plan, but will forward them to you as soon as we do.

Introduction and Structure of the Plan:

1. The annual strategy plan is intended to set forth the strategies, action steps and timelines that the District will take to reach compliance with the outcomes already identified and agreed to in the court ordered LaShawn Amended Implementation Plan. The use of the word outcomes in this document is very confusing because in most instances, something listed as an outcome is in fact a strategy. (For example, CFSA will provide ongoing training to its management staff). We would be happy to work with you to ensure we have a shared working definition of outcome as opposed to strategy.

2. Where the plan does provide child-specific or system performance outcomes, they often are ones which are already in the AIP. Additionally, the Plan frequently changes and proposes a level of performance that is lower than the court-ordered level of acceptable performance that is currently included in the current AIP as either an interim or final benchmark related to these outcomes. While it is certainly within the District's right to propose to renegotiate these outcomes, that is not the purpose of this plan and the plan cannot be the vehicle for such negotiation at this time. Reduced performance levels around AIP outcomes should only be included if they are identified as interim benchmarks towards full compliance and with the understanding that the achievement of the interim benchmark does not constitute compliance with the existing order. This becomes especially problematic because of the language in the Introduction to the District's proposed plan about Termination of the Consent Decree. Such language is not relevant to this plan and should be deleted.

3. The organization of the proposed plan into three sections by time period as opposed to substantive area –with things to be achieved by June 30, things to be achieved by August 31 and things to be achieved by December 31, 2009 is extremely confusing. The strategies are not clearly related back to the AIP outcomes which have not been met or to the larger goals (Safety, Permanency, Well-Being) around which we thought the District wished to structure a plan.

4. The commitment in the Introduction to take steps to fill as soon as possible key leadership positions, including the Deputy Director for Programs and the Contracts and Procurement Administrator is a defined strategy which should be reflected in the body of the plan with a timeline for completion and not be a statement in the Introduction.

5. The language in the Introduction beginning with "In order for the District to prepare for exit from Court supervision…." which goes on to describe the Monitor's work is inappropriate here and should be deleted. Further, a report by the Monitor on work to be completed by December 31, 2009 cannot be verified and reported on "on or before 12/31/2009."

6. We continue to believe that this plan is not ambitious enough especially to get the District to exit of court oversight. Additionally, there remain areas in which we believe strategic planning and commitments are necessary but are not included in this proposal such as strategies to develop an acceptable contracting and procurement capacity, steps toward implementing

Performance Based Contracting, and recruitment targets for placements to meet the needs of children with higher end and specialized needs.

We have not provided line-item comments to the plan and if we were closer to an approved plan, we would make suggestions on language in different places to be more precise and to ensure that the commitments are clear, and able to be monitored. At this point, we are providing general comments based on the substance of the proposals.

Comments on Section I:

Goal 1: Build a high quality and effective leadership and management team

1. This is an important goal but the outcome listed is not an outcome. The outcome might read: CFSA will have a stable and effective leadership and management team as evidenced by successful achievement of all child related outcomes.

2. Hiring to fill key leadership vacancies is a strategy that needs to be included here with specifics on all key management positions to be filled and dates by which they will be filled.

Goal 2: Improve Frontline practice…

1. Completion of QSRs on 65 cases is not an outcome. Solely completing the reviews does not address the ongoing issue of implementing a process to use the results of the reviews to improve performance on child and system performance outcomes. If you wanted to frame an outcome around improving frontline practice, we think it should be tied to achieving scores on the QSRs at the acceptable level for a defined percentage of children and using the scores to inform training, supervision and management strategies for practice improvement.

2. This section lists already established front-line caseload standards as an outcome here, but lists others (supervisory caseloads) as strategies. All caseload standards in the AIP are applicable and need not be listed in this document as outcomes or strategies. Strategies to recruit, hire, train and retain staff in order to meet caseload standards should be included to the extent that hiring and retention is an ongoing concern.

3. The outcomes listed for visitation are far below interim benchmarks for performance that were established in April 2003 and that were to have been achieved by December 2006 with full compliance reached within the next 6 to 12 months. No strategies are identified for improving performance on visitation.

4. The strategy of developing and implementing a practice model protocol for out-of-home services is important and it makes sense to begin by providing training and mentoring once the model is developed. However, the plan only identifies that you will provide CFSA managers with this training and mentoring and does not anywhere address the private agencies that have responsibility for more than half of the children in care. They need to be included as well or there needs to be a parallel strategy to achieve the same objectives. The plan should identify a date by which all supervisors and program managers will have completed training and practice coaching.

5. We would suggest adding a strategy that would commit, by a certain date, to train foster, kinship, birth parents and attorneys for children, parents and caregivers as well as any other relevant stakeholders on the practice model.

6. The strategies listed as #6 under caseloads aren't strategies, they are existing AIP requirements. The plan does not provide any suggested strategies for achieving these standards.

7. In addition to making available a description of the agency-wide quality assurance functions and the capacity and resources available to carry out those functions as indicated in Strategy #7, we believe you need to outline how the results will be used to lead to change in front line practice.

8. We believe Strategy #8 is already being done as part of the QSR. If you are proposing something different, we will need more information.

9. Regarding strategy #10, management reports for monitoring: we need to secure agreement with you sooner than June 2009 and our discussions are more than consultation. We need to reach agreement on how and when data will be available to the monitor on all needed items and determine with you what current data collection/reporting is extraneous. We are unclear as to why this is included as a strategy related to frontline practice improvement.

Goal 3: Improve the quality of hotline and investigation functioning

1. The outcome listed on timely completion of investigations is an AIP process outcome related to the child specific outcome of ensuring that children are safe. If you want to list it in this plan, you need also to reflect the other process components of the child safety outcome that are in the AIP. Those include that investigations be initiated within 48 hours and that they be of adequate quality.

2. An important QA strategy with respect to the hotline is the use of the real time capacity of the phone system to have supervisors listen in on calls and coach workers on their performance. It is included as something to be done by August 2009 in a later section of the proposed plan. We think this should be started sooner since the technological capacity has existed since November, 2008 and was intended to quickly follow the deployment of the new system.

3. We think the plan should say that the information from Strategy #13 will be shared with the Monitor.

4. We think Strategy #14 needs to include language about this process being completed in a uniform manner and the protocol for these reviews needs to be provided to the Monitor.

Goal 4: Achieve timely permanence for children in foster care

1. Reviewing the children with a goal of APPLA is not an outcome; it is a strategy. We think the plan should identify what results you intend to achieve through this strategy during this year (.e.g. ___% increase in permanency for children currently with APPLA goal; ____% percent reduction in number of children with APPLA goal). As we discussed on several occasions, although we do not understand why every child's case cannot be reviewed during 2009 (especially as a review of a child's permanency progress every six months is mandated by federal law), the number of reviews is less important than the results of the reviews and resulting appropriate permanency plans for all of the children. Further, we are all in agreement that we do not want a compliance review process that does not meet the goal of improved permanency for youth. Further if the current plan to hold the reviews as part of administrative reviews is not working as originally planned, as we think you stated, that strategy should be changed.

2. The outcome that 75% of children who have a goal changed to adoption after March 1, 2009 will have legal action to free them for adoption is an existing AIP interim benchmark toward an outcome. The 75% performance level was set as an interim benchmark and does not represent full compliance. If this outcome is included, the other AIP process outcomes for adoption including timely placement in an adoptive home and finalization of adoptions within 12 months of placement in an adoptive home should be included with strategies for improved performance.

3. As we have previously commented, we believe the work of the high impact teams need to be extended beyond the original 65 children that you began work with last year. We would expect the plan to address how you will continue to use the assistance from Adoptions Together in this next year and if the strategy of getting additional adoptions expertise through contracted arrangements has been successful (as we believe you think it has been), expanding to solicit additional contracted support through a competitive process.

4. We believe training AAGs on permanency protocols also needs to be included as a strategy.

5. We have heard repeatedly from all community stakeholders that the biggest barriers to timely permanency are 1) the difficulty of licensing and supporting relative caregivers, 2) the lack of guardianship and adoption subsidy to age 21, 3) the lack of a guardianship option for non-kin, 4) the dearth of clear and consistent messages to caregivers about the availability of and access to post-permanency services, and 5) judicial reluctance to terminate parental rights in a timely fashion. We believe a strategy plan to really impact permanency outcomes should address these barriers.

Goal 5: Improve Placement Stability

1. Bullets 2-4 under outcomes are existing AIP outcomes. If they are included here, the other AIP outcomes on the reduction of multiple placements should also be stated. We would prefer you identify an interim progress benchmark on the extent to which you will reduce multiple placements this year, for children just entering care and for those already in care.

2. A key strategy that is not even mentioned here is the work to increase kinship placement, which all data show is clearly tied to increases in placement stability.

3. While we understand that you are proposing to assess the placement array by June 30, 2009, you have no strategies for actually implementing the needed changes. As we have said many times before, this strategy plan must include commitments to complete a qualitative assessment of your resource pool, to increase the appropriate placement array and to fix the placement process. We have previously proposed that the plan include numerical targets for resource home recruitment and approval and a target for net increase in capacity.

4. We are unclear about item 26. Is this a solicitation for rebidding all current congregate placements and including new performance expectations? Will the solicitation address the capacities and skills of providers to meet identified needs of children in their placement?

5. The language in Strategy # 27, "explore and test methods of providing TA, monitoring ……" is far too imprecise for this plan. We do not know what is meant or intended by this language.

6. We believe the strategy plan should include improved monitoring and support for providers.

Goal 6: Improve the provision of medical, dental and mental health services to children in foster care

1. Implementation of the court-ordered mental health plan is not an outcome but a strategy. It is not sufficient to "identify additional activities that will be implemented from the plan." The assumption is that you will implement all Year 2 activities (and year 1 activities that were delayed) unless you specifically propose changes to the mental health plan and appropriate reasons for the changes. The strategies listed under mental health (#28-31) do not appear to track all of the requirements of the mental health plan.

2. The second bullet under outcomes is not an outcome, but a strategy. When is the expected date that the services identified will be available?

3. The remaining three outcomes are proposals for new interim benchmarks around these existing AIP requirements and are proposed at compliance levels that does not reflect sufficient improvement. If included, they should be identified as interim benchmarks towards compliance. It appears that the only proposed strategies here are to improve identification of children, scheduling

and data entry. Does this mean that you think that timely access to providers is no longer a problem?

4. We are concerned that the strategies for this goal do not include collaboration with DMH around the practice model and QSR/CSR.

Goal 7: Enhance Staff Development

1. The second bullet under outcomes, that 90 percent of new CFS and private agency employees will complete required pre-service training prior to accepting case responsibility is unacceptable. No employee should be given case responsibility without completing pre-service training. This is minimally acceptable practice in any child welfare system.

2. The training strategies seem weak and are only related to data collection and data entry. It was our understanding that the in-service training was to be modified to have defined and mandated content and curricula related to improving frontline practice and permanency outcomes.

Section II:

Note: we have already commented on some of the things listed in Section II because of the structure of the plan. We do not think it makes to organize the plan as you did. Additionally, throughout the rest of the plan, you use the language "CFSA will make best efforts." We are unclear as to what this language means and how you intend for us to monitor "best efforts."

Comments here will only be additional to what is addressed above.

1. Strategy #37 is too delayed. We think this work needs to begin now. From prior discussions with CFSA as part of certifying the hotline phone system, we were told it would be occurring by now.

2. Goal 4, Outcome—this is not an outcome and proposes a seriously unambitious target. Recommending a goal change is one part of a broader strategy to achieve permanency for these children. Other strategies need to include identifying adoptive and guardianship homes, negotiating needed subsidies and services and doing the social work to successfully transition the children to permanency.

3. For Strategy #39, we are not sure that this supports the direction in which you intend to move (e.g. reduction in the number/percentage of children who emancipate from the system without achieving permanency). Does this strategy have anything to do with a Caring Adult for Life or Life Long Family Ties? We believe the strategy is not to assess preparation for emancipation, but more broadly assessing children's life skills and attachments. We had understood that you were planning to begin using the Ansell-Casey Life Skills tools for all children age 14 and older. Is this still the current plan? If so, we think this plan should identify it as a strategy.

Section III:

Note: we have already commented on some of the things listed in Section III because of the structure of the plan. We do not think it makes to organize the plan as you did.

Comments here will only be additional to what is addressed above.

1. The introductory language in this section should be deleted.

2. While we believe setting numerical outcome targets on the measures listed under outcomes is important, we don't necessarily see their connection here. Further the proposed targets for re-entry and repeat maltreatment do not meet the current federal CFSR standards for these measures and as such are not set at satisfactory minimum performance levels.

3. Under Goal 3, training, we were previously told that you were implementing the CalSWEC curriculum much earlier than October 2009. What is the cause of the delay?

4. The outcome listed in Goal 5 here is confusing and not acceptable. Goals for limiting placement changes should not be qualified by "therapeutic or non-therapeutic." Also, the AIP already sets defined outcomes for the reduction of multiple placements; the outcomes already established are that 88% children in care less than 12 months shall have two or fewer placements; 65% of children in care between 12 and 24 months shall have 2 or fewer placements; and 50% of children in entering care after October 1, 2004 and in care more than 2 years shall have two or fewer placements. Further, no strategies to affect these outcomes have been proposed.

5. For Goal 7, the targets listed are exceedingly low and not acceptable

Attachment B

public catalyst group
111 Mulberry Street THB Newark, NJ 07102 | PO Box 1099 Marlton, NJ 08053
www.pcg4change.com | 908-655-5350 | pcginfo@pcg4change.com

Memorandum

To: Judy Meltzer

From: Lisa Alexander-Taylor
Molly Armstrong
Eileen Crummy
Kevin Ryan

Date: April 17, 2009

Re: Findings and Recommendations from DC Work

The Public Catalyst Group (PCG) was retained in October 2008 by the District of Columbia pursuant to the most recent stipulation between the parties in *LaShawn v. Fenty.* The parties to the litigation asked PCG to undertake a variety of tasks, including an independent assessment of the District of Columbia's Children and Family Services Agency's (CFSA) existing management and organizational structure in general and the Child Protective Services (CPS) management and organizational structure in particular. Based on our 90 day engagement from October 15, 2008 through January 15, 2009, we concluded that CFSA was at a critical crossroads. The leadership team appointed by Mayor Fenty oversees an agency with much potential, but one which is still in the process of delivering on the promise of sound case practice and good outcomes for children and families. Last year was a particularly troubling one for CFSA with its crisis in investigations followed by significant turnover in leadership and throughout the agency, setting back even further its progress on well-being and permanency outcomes for children and youth. Shortly before our period of engagement, CFSA's interim leadership, which has subsequently been made permanent, took the helm and the agency began regaining its feet, aggressively reducing the investigations backlog, beginning training in good practice, and expanding services, all important steps to abate the crisis that had developed. CFSA resolved the stipulation period having made important progress, but we emphasized to the parties that substantial and significant work was still ahead.

It is not reasonable to expect that CFSA will be able to achieve comprehensive success in a matter of 6 or even 12 months, as measured by its commitments in the February 2007 Amended Implementation Plan (AIP). It was our considered judgment as of January 2009 that CFSA requires ample time and a planful strategy to move from its focus on

crisis abatement to the delivery of genuine and sustained reform, as mutually described by the parties in the AIP. We recommended the work be structured in order to allow CFSA time to build on the successes of the stipulation period with a strong focus on improving outcomes for children and families.

In January, we had recommended the parties move forward in two phases. In the first, we had recommended a bridge period comprised of realistic, measurable and clear goals for six months, and in consultation with the Monitor and the parties, we suggested the areas for reform work during this initial period. CFSA had demonstrated through the stipulation period that a discrete bridge plan could be successful when the agency is clear about its course and encouraged to be focused.

We recommended in phase two that the parties adopt a full implementation plan designed to achieve results expeditiously but realistically. The fact that the agency has a myriad of challenges before it in order to achieve success could make it tempting to advance a laundry list approach to planning. While CFSA over a period of years made progress towards achieving success on process measures – caseworker visits, timely production of case plans, and even (before the 2008 crisis), on timely investigations – the consistent observation was that all those processes were not producing the intended results, including quality investigations to keep children safe and gain permanency. The focus for the 6 month bridge period should be on developing targets and defining goals that relate clearly to positive outcomes for children and families.

Even before the 2008 investigations crisis, the fact that CFSA's case practice needs sustained attention is well documented in the federal CFSR, the most recent Quality Service Review (QSR), the federal monitoring reports and the reports of many of the other experts and consultants deployed in DC over the past several years. Suffice it to say that there is consensus among these experts that DC needs to improve its safety outcomes, the quality of its investigations, its provision of health and mental health services to children in care, improve stability while children are in placement, and ensure many more of its children and youth achieve permanency and achieve it in a timely fashion.

Tackling challenges of this magnitude is an enormous undertaking, but this work is essential to any reasonable construction of a successful reform of child welfare. It goes to the heart of how a functional system operates to improve the lives of the children and families which it serves.

ATTACHMENT C

LaShawn A. v. Fenty Progress

An Analysis of Progress in Meeting Select
LaShawn A. v. Fenty
Amended Implementation Plan Requirements
and
Practice and Systemic Challenges
from Cases Reviewed in 2008

Center for the Study of Social Policy
April 2009

Introduction

Under the *LaShawn A. v. Fenty* Modified Final Order and Amended Implementation Plan (AIP), the Center for the Study of Social Policy, as Court Monitor, assesses the District's progress on a range of system requirements and outcomes for children and their families. For several court-ordered requirements, the Monitor uses verified information from Quality Service Reviews to assess performance, including the following AIP requirements: Services to Children and Families (AIP, I.A.3); Case Planning Process (AIP, I.B.17); and Services to Promote Stability (AIP, I.C.23). Specifically, three indicators of the Quality Service Review: Case Planning Process, Implementation (of supports and services) and Pathway to Safe Case Closure are used to assess progress in meeting the requirements. This report first briefly describes the Quality Service Review process and methodology and its role in practice improvement; presents findings on meeting these requirements based on the verified of data from cases reviewed in 2008; and presents some of the practice challenges found in cases reviewed in 2008.

I. Quality Service Review[73]

The Quality Service Review (QSR), in addition to providing an assessment of the status of a child and his/her parent and/or caretaker, provides snapshot of the status of frontline practice and can be used for both system and staff development. The QSR highlights:

- the extent to which efforts have been made to *engage children and families* in a working relationship,

- whether *assessments* of children and families sufficiently address underlying needs to assure child safety and reduce risk of harm,

- the extent to which *children and parents are incorporated in the case planning* and decision-making process is much more likely to lead to them feeling ownership of the plans,

- how *case plans tailored to fit the individual needs* of families and whether the plans are functional guides to achieving set goals, and

- the level of *collaboration and coordination across providers* serving the same child and family to that there is unity in helping efforts and a shared understanding of goals to be met.

QSR is one element of a strategy to improve the quality of frontline practice. Its full potential is realized, as has been demonstrated in children's mental health systems, the field of developmental disability, and child protection systems, when it is part of a comprehensive strategy that includes:

- a clearly articulated and operationalized *practice model* that speaks to how work will be done with children and families, some of which are referenced above;

- *teaching skills* through a combination of classroom-based instruction and mentoring and coaching in the field on how to involve families in planning, how assess underlying needs, and how to individualize plans;

- a focus on *forming teams* with children and families at the center and involving persons who provide formal and informal supports to children and families to plan and implement change strategies.

Other elements of the comprehensive strategy include ensuring that *resources* (staff, services, funds) needed to support practices are in place.

Reviewers receive both classroom and field-based training to orient them to this type of assessment, which involves gathering information from a broad range of persons involved with a child and family (including parents, foster parents, social workers, teachers, GALs, mentors, therapists, etc.) through individual interviews. A standardized protocol guides reviewers in determining a quantitative rating for each child and system status indicator. Tables 1 and 2 below

[73] Excerpted from Vincent, Paul (2002) Child Welfare Practice, www.cssp.org/uploadFiles/paper4.doc

list the child and systems indicators respectively. The reviewer then makes a judgment in determining the overall child and system status rating, based on the circumstances of the child and family under review. In some jurisdictions there is multi-layered oversight of the assigned ratings to ensure reliability[74]. This oversight usually includes tracking the ratings on each indicator as the reviewer gives an oral case presentation and answers questions about his/her findings, as well as comparing the ratings to the reviewer's written case summary.

Table 1: Child Status Indicators

- Safety of the Child
- Stability
- Permanency Prospects
- Health/Physical Well-being
- Emotional/Behavioral Well-being
- Academic Status
- Responsible Behavior
- Life Skills Development

▪ Overall Child Status

Table 2: System Status Indicators

Core Practice Functions	*Attributes and Conditions of Practice*
• Engagement of the Child and Family	• Family Court Interface
• Coordination and Leadership	• Medication Management
• Team Formation and Functioning	• Post-Permanency Support
• Assessment and Understanding	
• Case Planning Process	
• Implementation (of supports and services)	
• Pathway to Safe Case Closure	
• Maintaining Family Connections	

▪ Overall System Status

Ratings for each indicator and for the overall child and system status range from one to six, adverse to optimal. Ratings of four to six are considered acceptable, with a rating of four being minimally acceptable and six being optimal. Table 3 below depicts this ratings rubric.

[74] In the District of Columbia, QSR is used as part of the monitoring for LaShawn A. v. Fenty. Thus, oversight and review of ratings is performed by the Court Monitor in addition to internal procedures to insure reliability.

Table 3: QSR Interpretative Guide for Practice Performance

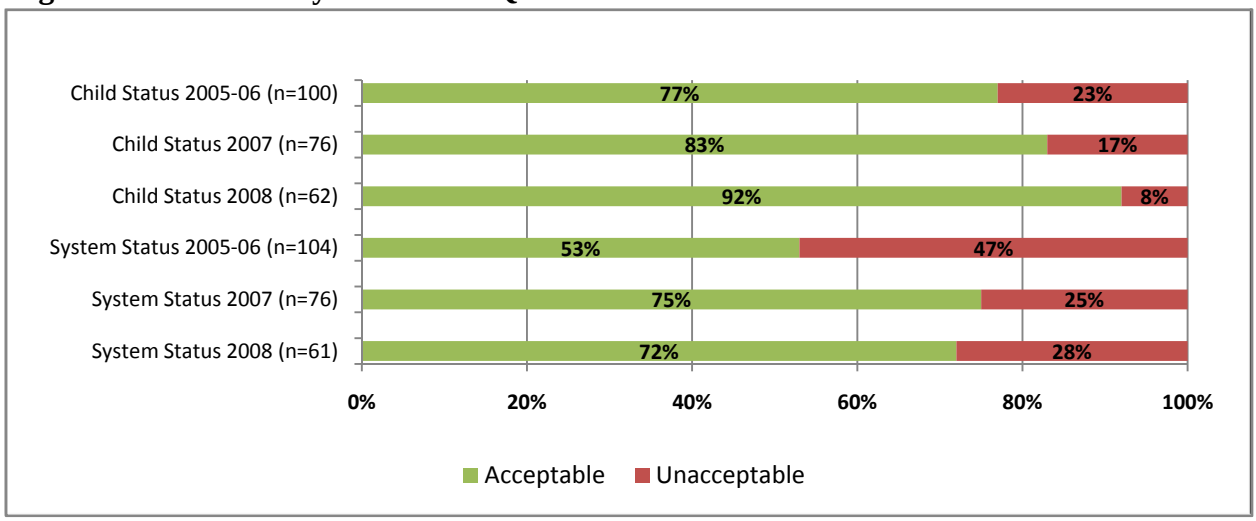
Zones	*Scoring*	*Status*
Maintenance Zone: 5-6 **Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.**	**6 = OPTIMAL PERFORMANCE** Excellent, consistent, effective practice for this child/caregiver in this function area. This level of performance is indicative of exemplary practice and results for the child/caregiver. ["Optimum" does not imply "perfection."] **5 = GOOD PERFORMANCE** At this level, the system function is working dependably for this child/caregiver, under changing conditions and over time. Effectiveness level is consistent with meeting long-term goals for the child. [Keep this going for good results]	**Acceptable Range 4-6**
Refinement Zone: 3-4 Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.	**4 = FAIR PERFORMANCE** This level of performance is minimally or temporarily sufficient for the child/caregiver to meet short-term objectives. Performance may be time-limited or require adjustment soon due to changing circumstances. [Some refinement is indicated.]	
	3 = MARGINAL PERFORMANCE Practice at this level may be under-powered, inconsistent, or not well-matched to need. Performance is insufficient for the child/caregiver to meet short-term objectives. [With refinement, this could become acceptable in the near future.]	**Unacceptable Range 1-3**
Improvement Zone 1-2 **Performance is inadequate. Quick action should be taken to improve practice now.**	**2 = POOR PERFORMANCE** Practice at this level is fragmented, inconsistent, lacking in intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent basis. **1 = ADVERSE PERFORMANCE** Practice may be absent or not operative. Performance may be missing (not done). – **OR** – Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.	

II. Quality Service Review in the District of Columbia

Quality Service Reviews (2005 – 2008)
The District's Child and Family Services Agency has conducted Quality Service Reviews (QSRs) since 2005, demonstrating a commitment to the process. However, the Reviews have not been part of an overall, system-wide effort at improving practice. The implementation of CFSA unit-level reviews which includes preparation of staff, unit debriefing post-review, as well as a 90-day follow-up session is a recognizable attempt at a practice change effort, The Monitor believes, however, that CFSA has not fully realized the potential of the QSR because it has not been accompanied by the other elements of a comprehensive strategy to include: an operationalized practice model, training, coaching, mentoring, and efforts in supporting case management and decision-making by "Teams" comprised of children and youth, their family members, and the professional and non-professional persons who support families and children.

Results from these reviews show that the status of children served by CFSA has improved significantly during this timeframe, from 77% in 2005-2006 to 92% in 2008[75]. The status of the system and how it functions to serve children and families has been uneven; in 2005-2006, acceptable performance was at 53%, in 2007 it was 75% and in 2008 acceptable system performance was seen in 72% of cases reviewed. Figure A reflects the acceptable and unacceptable overall ratings for child and system status for cases reviewed over the four year period.

Figure A: Child and System Status QSR Results 2005 – 2008



[75] These results have not been verified by the Monitor.

III. Monitoring of Progress in Meeting Select Amended Implementation Plan Requirements

By agreement of the Monitor and CFSA, dating back to January 2008, the Monitor assesses performance on several requirements about the provision and quality of services to children and families as outlined in the *LaShawn* AIP using validated QSR results. The plan to use this methodology dates back to 2005 when the Monitor introduced the QSR methodology to CFSA and supported the initial protocol development, pilot testing, and training. The plan was for the Monitor to gradually devolve the responsibility for conducting QSRs to designated District staff with an acknowledged and continuing role for the Monitor in conducting some reviews and validating the overall process and results. In coming to this plan, all parties recognized the validity of the QSR results, even though it does not employ a statistically significant sample. A similar methodology (using 50 cases statewide) is employed by the federal government in their Child and Family Services Review process.

In order to measure progress on three critical *LaShawn* AIP requirements: Services to Children and Families, Case Planning Process, and Services to Promote Stability, the Monitor uses three Quality Service Review System Status Indicators. These indicators include 1) Case planning process, 2) Implementation (of supports and services) and 3) Pathway to Safe Case Closure. Table 4 below details the AIP requirements and the QSR System Status Indicators used to measure performance.

Table 4: Measurements for AIP Qualitative Requirements	
AIP Requirement	**Data Source**
Outcomes to be Achieved	
I.A.3. *Services to Families and Children* Appropriate services, including all services identified in a child or family's case plan, shall be offered and children/families shall be assisted to use services, to support child safety, permanence and well-being	QSR: Implementation (of supports & services) and Pathway to Safe Case Closure indicators
I.B.17. *Case Planning Process* a. CFSA shall, with the family, 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. e. 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. f. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.	QSR: Case Planning Process and Pathway to Safe Case Closure indicators
I.C.23. *Services to Promote Stability* CFSA shall provide for or arrange for services required by the MFO through operational commitments from District 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 been 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.	(a), (c), (d), QSR: Implementation (of supports & services) and Pathway to Safe Case Closure indicators

CSSP Verification of Select 2008 Quality Service Review Ratings

In order to meet its Monitoring requirements, CSSP conducted a review of all of the completed 2008 QSRs. The Monitor's verification of the scores on the case planning, implementation (of supports and services) and pathway to safe case closure indicators was undertaken to ensure there is alignment between the scores given on each of these measures and the written narratives provided by the reviewers. As part of the QSR process reviewers are expected to use the narratives to provide documentation for ratings and to identify key practice themes. To conduct this verification, CSSP received QSR ratings of child status and system/practice performance for 61 cases of CFSA-involved children/youth and related written case summaries for 60 of those cases[76]. The QSRs were conducted during January – September 2008. CSSP performed a primary and secondary review and analysis of each of the written summaries to determine whether information contained in the summary supported the reviewer's rating of at least minimally acceptable or unacceptable performance in the three core practice functions of case planning process, implementation (of supports and services) and pathway to safe case closure.

As shown in Table 3 above, acceptable performance is described as fair, good or optimal performance in the practice area while unacceptable performance is described as marginal, poor, absent or adverse performance. Therefore, for each of the three select core practice functions, CSSP looked for evidence in each written summary that supported, at minimum, a description of "fair performance" to reach the conclusion that practice in that case during the 90 days preceding the review was acceptable[77]. CSSP determined that practice was unacceptable in those summaries where the practice described in the narrative was, at best, "marginal performance."

Summary of Verification Findings

The tables below illustrate the reviewer's rating and the evidence found in the written case summary to support the rating.[78] The Monitor found evidence of acceptable practice in fewer cases than the District's reviewers. For case planning process, the Monitor found 24 cases to have acceptable practice compared to the 36 cases identified by the District as being acceptable. For implementation (of supports and services), the Monitor found 28 cases to have acceptable practice compared to the 30 cases identified by the District as being acceptable. For pathway to safe case closure, the Monitor found 25 cases to have acceptable practice as compared to the 42 cases identified by the District as being acceptable.

As is shown in Tables 5-7 below, the Monitor found that the District is scoring its practice more positively than is supported by written case summary about each case. CFSA reports that concerning practices found in cases are reflected in the rating of a system status indicator ratings other than the ones selected for verification.

[76] In one instance a reviewer submitted a written summary but was unable to provide system performance ratings since all relevant parties were not interviewed.

[77] In Quality Service Reviews, reviewers are directed to consider recent practice: 90 days preceding the date of review unless directed otherwise in the protocol. Overall, the three areas under consideration do not direct otherwise.

[78] In 29 of the 31 instances of a rating contrary to the evidence in the case summary, the reviewer's rating was that of *minimally* acceptable.

Table 5: Verified Findings – Case Planning Process		
Case Planning Process (based on review of 60 summaries)		
Reviewer's Rating	36 (60%) Acceptable	24 (40%) Unacceptable
Monitor's Finding/ Evidence in written case summary	24 (40%) Acceptable	36 (60%) Unacceptable

Table 6: Verified Findings – Implementation (of Supports and Services)		
Implementation[79] (of Supports and Services based on review of 60 summaries)		
Reviewer's Rating	30 (50%) Acceptable	30 (50%) Unacceptable
Monitor's Finding/ Evidence in written case summary	28 (47%) Acceptable	32 (53%) Unacceptable

Table 7: Verified Findings – Pathway to Safe Case Closure		
Pathway to Safe Case Closure (based on review of 60 summaries)		
Reviewer's Rating	42 (70%) Acceptable	18 (30%) Unacceptable
Monitor's Finding/ Evidence in written case summary	25 (42%) Acceptable	35 (58%) Unacceptable

[79] Reviewers are guided to rate Implementation (of supports and services) for the Child, Mother, Father and Other where applicable. The Monitor considered Implementation acceptable when ratings for all applicable case participants were found to be acceptable.

IV. Descriptions of Practice in Case Planning Process, Implementation (of Supports and Services) and Pathway to Safe Case Closure

The QSRs provide a wealth of information regarding frontline practice with children and families. This section of the report details what reviewers look for when reviewing a case specifically as it relates to case planning, implementation (of supports and services) and pathway to safe case closure. Excerpts from the QSR narratives are provided for each of these areas to illustrate how children and families experience the child welfare system.

Case Planning Process (CPP)
Reviewers are asked to answer the following questions when considering how well the case planning process is proceeding with children and families:

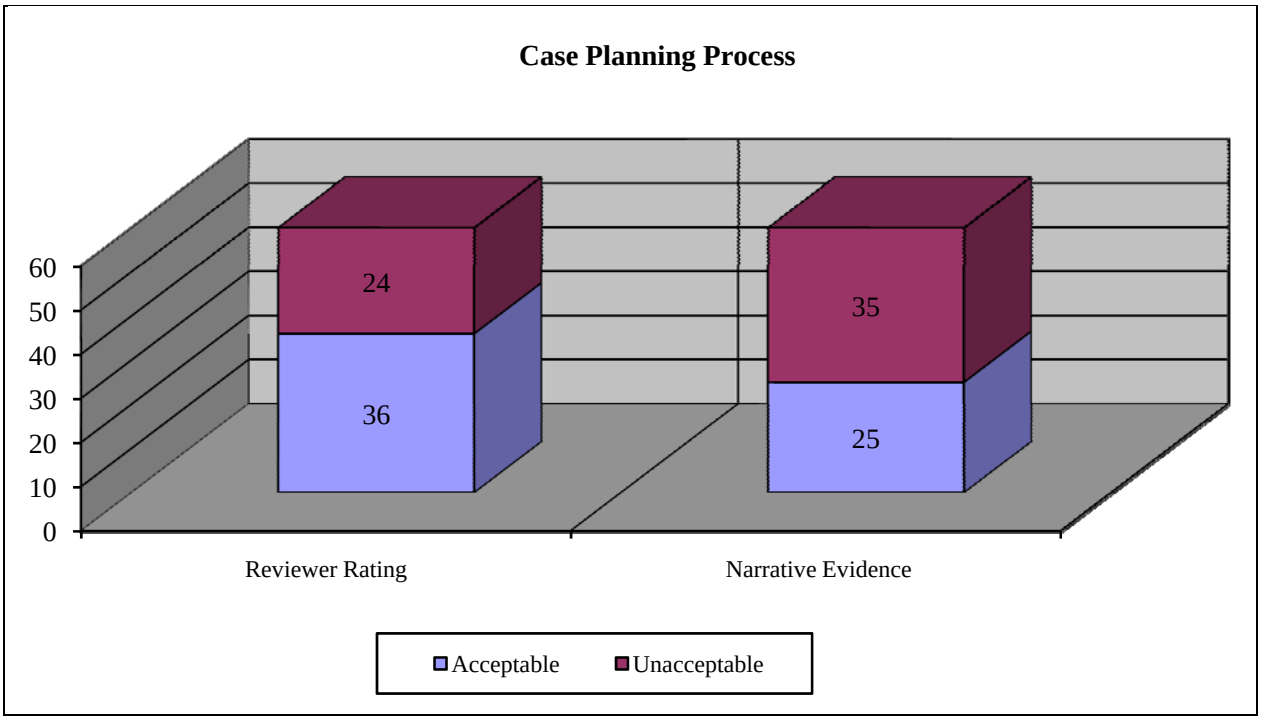
- Does the CPP strategically focus the paths and priorities of intervention necessary to achieve specific outcomes for the child/family?
- Is the CPP actually driving practice decisions and activities on the case?
- Does the CPP outline measurable objectives and steps to meet the requirements to achieve 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?

To determine whether practice in this area is acceptable or unacceptable, reviewers are provided the following guidance:
Acceptable Case Planning Process = at least Fair Case Planning Process
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 = at best Marginal Case Planning Process
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.

Findings – Case Planning Process
As illustrated in the chart below, reviewers rated Case Planning Process acceptable in 36 (60%) of 60 cases and unacceptable or at best, marginal in 24 cases. Conversely, the Monitor found evidence of acceptable Case Planning Process in 25 (42%) of 60 narratives and found evidence of unacceptable Case Planning Process, in the written case summaries of 11 cases. The cases

where the Monitor's finding is contrary to the reviewer's rating include cases 3, 6, 19, 20, 22, 43, 46, 52, 57, 60, and 62. Several examples of conflicting narrative are presented below.



Case #20: "There are several areas of case planning and implementation (of supports and services) that need to be improved. One is the (18y.o.) youth's academic status around when she will graduate and what steps need to be taken in order to have her apply for colleges. The social worker acknowledged that he (need) to talk with the youth about her future plans and create a case plan around achieving her goals."

Case #22: "Those interviewed described that there are two teams working on this case; the treatment team and the case planning/permanency team. Each team appears to include different people, thus limiting information sharing among all parties." "The current social worker had only been on the case for approximately eight weeks prior to the review and is the third in the past year. During these multiple case transfers, new social workers assigned to the case must make their own assessments that do not necessarily take the past case activities into account."

Case #43: "Although the social worker is actively involved in the planning and coordination of this case, he is unaware of a significant medical condition that the focus child was diagnosed with at birth. This information was obtained by the foster parent, and when it was discussed with the social worker he indicated not being aware of this life threatening diagnosis." No concurrent plan has been discussed amongst stakeholders. There is not (evidence of outreach to family members to determine their availability and level of support for the parents and the focus child."

Case #60: "The pre-adoptive family does not appear to feel involved in the planning for the focus youth and is clearly frustrated with the lack of certain types of services. The most telling example of this is that she (focus child) was not provided grief counseling following the death of her mother and grandmother last year, even though the foster parents specifically asked for it." "They (pre-adoptive parents) had a difficult time identifying who from the agency was responsible for the youth's case and what were the roles of the different players."

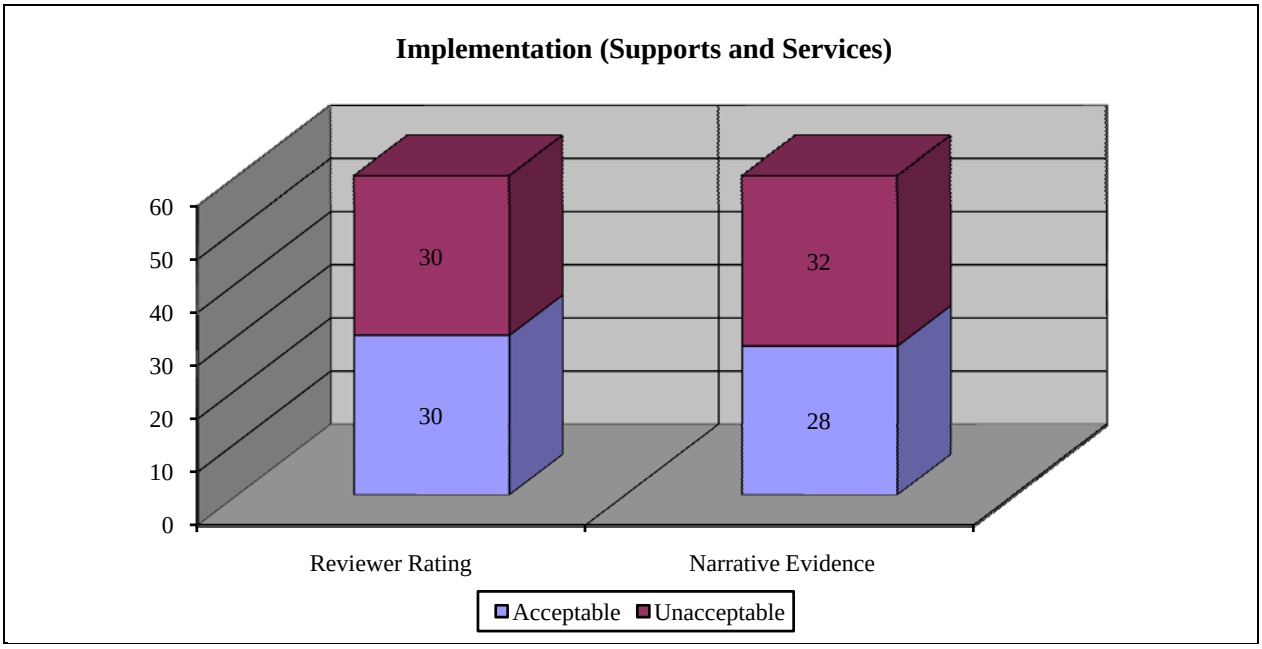
Implementation (of Supports and Services)
Reviewers are asked to answer the following questions when considering how well the case plan is being implemented for children and families:

- 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?

To determine whether practice in this area is acceptable or unacceptable, reviewers are provided the following guidance:
Acceptable Implementation = at least Fair Implementation
A fair pattern of intervention 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 = at least Marginal Implementation
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.

Findings - Implementation
As illustrated in the chart below, reviewers rated Implementation acceptable in 30 (50%) of 60 cases and unacceptable in 30 cases. Conversely, the Monitor found evidence of acceptable Implementation in 28 (47%) of 60 narratives and found evidence of unacceptable Implementation in 32 written case summaries. The two cases in which the Monitor disagreed with the reviewer's rating include cases 14 and 20. An example of conflicting narrative is presented below.



Case # 14: (17y.o. youth residing in group home) is not meeting the team's academic or behavioral expectations. Tutoring at school and out-of school have been offered but rejected by the youth. "It was indicated that the treating psychiatrist requested a neurology evaluation five months ago to assess facial tics. This evaluation has not yet been completed." "Another physical and mental health concern that seemed casually expressed by one of the team members is that the youth (experiences encopresis)." "One important factor is that the child welfare social worker had not been made aware of people's concerns. There has been no team discussion around this issue and it appears as though people are passing the responsibility off to each other."

Pathway To Safe Case Closure

Reviewers are asked to answer the following questions when considering how well the system is functioning to bring the case to safe closure:

- Is there a clear, achievable case goal including concurrent and alternative plans?
- 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?
- Is the child/family making progress on these steps and informed of consequences of not meeting the necessary requirements within the required timelines?
- Are team members planning for the youth's transition from care in APPLA cases?
- Are reasonable efforts being made to achieve safe case closure for all case goals?

To determine whether practice in this area is acceptable or unacceptable, reviewers are provided the following guidance:

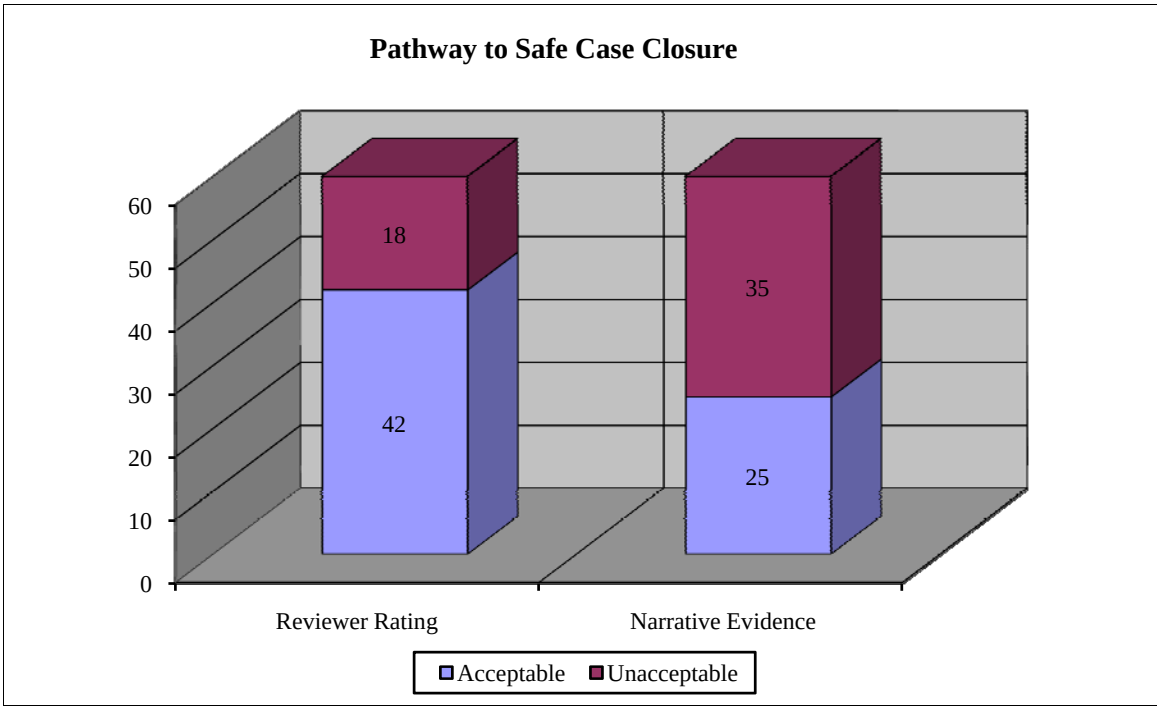
Acceptable Pathway to Safe Case Closure = at least Fair

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 = at best Marginal Pathway
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.

Findings – Pathway to Safe Case Closure
As illustrated in the chart below, reviewers rated Pathway to Safe Case Closure acceptable (at least fair) in 42 (70%) of 60 cases and unacceptable Pathway to Safe Case Closure in 18 cases. Conversely, the Monitor found evidence of acceptable Implementation (of supports and services) in 25 (42%) of 60 written case summaries and found evidence of unacceptable Pathway to Safe Case Closure in 35 written 8, 13, 14, 17, 20, 25, 37, 40, 41, 48, 50, 52, 57, and 60. Examples of conflicting narrative are presented below.



Case # 8: "The social worker, mother, and GAL are main participants in the case, and they have not communicated clearly enough to outline a plan for case closure. While everyone involved believes the case will close soon, they are not all operating on the same timeline or with a unified set of goals. There may be conflicting recommendations regarding when the case should be closed at the next hearing."

Case # 13: 16y.o. in custody two years and residing with maternal aunt who "was adamant that she did not want to adopt as she did not want her sister's parental rights terminated; however, she reported that guardianship was not fully explained and discussed with her as a permanency option. She also does not appear to fully understand the goal of APPLA and her role and CFSA's role in caring for the children long-term. No efforts have been made to locate the focus youth's father. He has not been explored as a resource for this case." "There have been no discussions regarding visitation with the younger children or plans for supporting focus youth's relationship with her mother upon her release from jail."

Case # 25: The child is doing well at home but stability is a major issue. He has been removed and returned home twice and may be removed again if the mother continues to use drugs (marijuana). "The Court has given the mother 60 days to stop her drug use or it will order her children removed from her care." No concurrent or alternative plan was discussed in the Reviewer Summary and this would be crucial given how tenuous the situation is for this family's continued ability to remain together. "The focus child worries about the possibility of being removed from home and family; these worries could be the explanation for increased acting out. The child's mother feels that the provision of helpful services (implemented just prior to the review) has increased since the recent court hearing and perceives that up until the recent hearing she was not getting specified services."

Case # 37: (5y.o. child in custody months) "Planning has been sequential rather than concurrent. Priority has been placed on keeping the focus child with a (2.5y.o.) sibling (with whom the child did not reside but was visiting at the time of the CPS investigation) rather than on prompt permanency with the child's paternal grandmother, even though the (children) had never lived together and were not particularly familiar with each other. (Notably), the birth mother indicated that she wanted the children's godmother to provide for both (children) as she does not like the paternal grandmother. When the children's godmother became the favored placement option, consideration of the grandmother essentially stopped until potential problems in placing the children with their godmother arose. Further, there was poor coordination with licensing. The social worker had trouble determining the policy regarding Maryland licensing a foster parent with a criminal history, and other…staff were not helpful in providing information to the social worker."

Case # 41: Eleven month-old in custody for the previous four months with a reunification process initiated. No community-based formal or informal supports were presented in the Reviewer's Summary. This is particularly concerning given the child's young age (11 months) and the child's mother's belief that "she can better cope with her (child when the child) can dress and feed self, and when the child can take some responsibility for cleaning-up after self. The age at which she (mother) states that her (child) can achieve these tasks is 3 or 4 years old." The summary includes that the infant has "a 14 year old sister who resides with her maternal grandmother." Neither the infant's maternal grandmother, father nor paternal relatives were identified as potential supports for the infant or the infant's mother. "One problem is the lack of involvement of the target child's father in the case planning process." "There was a brief time in the target child's history when the father took custody of the child while the mother was hospitalized. The child remained safe during that time."

Case # 52: The case is not making sufficient progress toward safe case closure or supporting the youth's need for permanency. "All but one team member interviewed could not give reviewers a clear explanation as to why the youth's goal was APPLA and not reunification." Additionally, the youth is not adequately being prepared to transition to independence. "The youth is currently not in school and has not been in school for a while; …is unemployed and has no employment history." "Additionally, the youth does not participate in Center of Keys for Life, which could assist … in obtaining the necessary tools for independence."

V. Practice and Systemic Challenges from Cases Reviewed in 2008

In addition to verifying whether practice and system level performance is aligned with the scores on QSRs, the Monitor also reviewed QSR case summaries to identify practice and system level themes raised by the cases reviewed.

The first analysis presented below provides an overview of progress, or lack thereof, in each of the main QSR domains – child status, parent status, caretaker status, and system performance. The second analysis below shows the practice themes identified by the Monitor for cases with similar permanency goals and placement types.

While CFSA QSR reports always discuss the percent of cases that are rated acceptable[80], the below analysis instead focuses on the converse, i.e. the percent of cases that are rated unacceptable, to make it clearer to the reader the scope of practice improvement needed. Similarly, the Monitor has chosen the excerpts below from case narratives that generally detail challenges, rather than improvements, in order to show how families experience poor frontline practice and to identify practice challenges. A few of the latter excerpts are more positive in order to demonstrate what good practice can accomplish.

Finally, while the QSR looks at status of child, parent and caretaker over the previous 30 days and system performance over the previous 90 days, the narratives below provide some information about the history and context of the case. Themes are additionally drawn from this information, as it is relevant to Agency practice as well.

As QSR numbers are small, small changes are not likely to have much significance. However, a number of trends, both positive and problematic, appear clear as detailed below.

Child Status

- **Overall child status ratings have continued to improve since 2005 but remain at unacceptable levels in all but one indicator.** The improvements have occurred in the sub-indicators of school stability, permanency prospects, health, emotional/behavioral well-being, responsible behavior and life skills development– e.g., school stability improved from 55% acceptable to 73% acceptable, permanency prospects improved from 58% acceptable to 69% unacceptable. Health is the one area where the system appears to be functioning well, with only 97% of all cases rated acceptable.
- **35% of all cases were rated as unacceptable for school safety**. Couple this finding with school stability being unacceptable in 27% of all cases and no change in academic status (18% unacceptable), this shows that far more work on educational matters must be done.
- **Instability in children's living situations**, perhaps the most critical indicator for child status, **continues to be an issue** with 35% of all cases rated unacceptable.

[80] CFSA's report of 2007 QSR results: http://www.cfsa.dc.gov/cfsa/cwp/view,a,3,q,614813,cfsaNav,|31321|.asp

System Performance

- **Overall system performance remained essentially unchanged** in 2008 as compared to 2007 (72% acceptable in 2008, 75% in 2007.) Between 2005/06 and 2007 it had improved significantly, from 53% unacceptable to 75%.
- **The one system performance area with dramatic improvement is maintaining family connections**, which moved from 62% acceptable in 2007 to 91% acceptable in 2008. This is borne out by the case narratives, which indicate high numbers of children visiting with parents and with siblings. There was also some improvement in pathway to safe case closure (61% acceptable in 2007 to 70% acceptable in 2008)
- **Teaming or unity of effort across providers has worsened noticeably in 2008, now 52% acceptable compared to 61% in 2007**. Case narratives indicate that frequent breakdown in teaming with and among mental health providers is a major contributor to this decline, as well as failure to include parents and caretakers as full members of teams.
- **Case planning, an indicator identified in 2007 as a major challenge at 61% acceptable, has remained unchanged** at 61% in 2008.
- **Engagement was considered one of the highest rated system indicators in 2007, at 75% acceptable. Sub-indicators, added in 2008 served to clarify this question**. Separately measuring engagement of children, mother, father and others revealed that engagement of children was at 73% acceptable, engagement of others was at 71% acceptable. Engagement of parents, however, was markedly lower at 62% unacceptable for mothers and 29% acceptable for fathers.
- **Assessment presents a mixed picture**. While it was rated overall as 71% acceptable in 2007, the 2008 specific assessment results show assessments of children at 77% acceptable; assessment of mothers 73% acceptable; of others 64%; and assessment of fathers was 26% acceptable.

Challenges Related to Overall System Performance

Major deficiencies in engagement, assessment, teaming, case planning and, to a lesser degree, implementation (of supports and services) are evident throughout the cases reviewed. Of particular concern, with respect to case planning, is that too often plans do not address the underlying issues, nor are case plans specific as to goal, tasks, responsibilities for tasks and timelines. These themes and others are described below.

- **Parents and children are not adequately prepared for reunification.**

The following cases illustrate that case work tends to focus on correcting the immediate presenting problem that led to placement, but does not prepare long-separated parents and children for successful reunification.

> *Case 45: She and the children have been having weekend visits, and no one on the team has observed them together. The children are likely to be placed with their mother under protective supervision....and would be monitored in-home after that, but the team would be reacting to any problems, rather than being proactive and addressing them before the children return home."*
>
> *Case 18: The social worker and community support worker both expressed that prior to the children returning home....the mother would need additional parenting support and hands-on education around establishing structure, maintaining a clean home, and*

managing the behaviors of all her children at once. There are thoughts that the youngest child's ADHD symptoms could be overwhelming....these concerns have not been addressed with the birth mother or stepfather, they are not outlined in treatment or case plans, nor have any steps been taken to identify the appropriate service..."

Case 15: "...there has been only one treatment meeting in the last 12 months, even though this is supposed to occur at least every three months. At the [most recent] treatment team meeting, the team discussed reunification, but they did not create a formal written plan outlining the steps and timeframes for reunification...."

Case 19: "The team has not created a clear, time-sensitive case plan that will bring them to the permanency goal of reunification....The family has not been moving towards reunification and it was the judge at the most recent hearing who insisted on family therapy as a way to rectify the situation. The judge recognizes that the AFSA timeline is running out..."

Case 40: "While the mother is actively working towards reunification, there is not a comprehensive assessment of her mental or physical health, which is essential for safe reunification and case closure. The mother has admitted to a Bi-polar diagnosis...yet .the agency does not have a recent assessment from her treating psychiatrist, nor do they have....confirmation that she is compliant with medication management. She has reportedly received therapy, yet the only documentation...is a one page, vague document from her substance abuse treatment program. No one has asked her treating therapist or psychiatrist if the mother is ready to fully parent her child or the best way to transition the child back into the mother's care so that her mental health can be maintained."

- **Fathers are rarely engaged by the child protection system.**

In 10 of the 60 QSR cases from 2008, engagement of father was not applicable, as the goal was adoption or guardianship, the father was deceased, the identity of the father was truly unknown, or contact would be clinically inappropriate. In two of the cases were labeled NA, but based on the summary, it appears that this question should have been rated. All too often no effort is made to identify or locate fathers. In addition, even fathers or stepfathers who are known and involved in their children's lives are ignored. Of the 50 cases where engagement of the father was rated, 11 were rated acceptable. Thus 66% of all cases were unacceptable with respect to fathers.

Case 5: "One case note from a previous worker mentions the birth father's name and that he lives with his mother. The current social worker denied any knowledge of the focus child's birth father."

Case 6: "Father has visited the school in the recent past to talk with the focus child's teacher and was asked by the mother to talk to the focus child about his behavior at home. Father has not been explored as a resource..." (In this case, the child had lived with his father during his mother's incarceration.)

Case 18: All team members agreed that the work is done with the mother and that the stepfather is not invited to participate, even though he will be co-parenting the children when they are reunified with the mother. Someone said, 'He comes in sometimes from the

other room and says something, but I've never asked him to sit in on the visit. I work with the mother."

Case 24: "By mother's account, the birth father participates in the weekly family visits and therapy; however, team members could not speak to the level and frequency of father's involvement."

Case 29: "There does not seem to be an in-depth assessment of the birth father. It appears as though he has not seriously been considered as a placement option, even though at least one of his children has requested to live with him. Team members have not evaluated his needs other than housing and employment. Even knowing these two major concerns for the father, no one has done anything to assist him."

Case 56: "The social worker indicated the father was deceased, but the focus child reported she talks with her father daily and visits with him at her discretion."

- **Outreach to parents ends when a goal of APPLA is established.**

While much emphasis is placed on creating lifelong connections for older youth, outreach to parents, even those involved in their children's lives, tends to end once the goal of APPLA is in place. Even the QSR process mirrors this inappropriate practice as reviewers are not directed to rate parent status in cases involving a youth with a permanency goal of APPLA.

Case 52: "The youth has a permanency goal of APPLA; however, she believes her goal is reunification. This could be attributed to the fact that she visits with her mother and siblings on a daily basis and has overnight visits on the weekends....All but one team member interviewed could not give the reviewers a clear explanation as to why the youth's goal was APPLA and not reunification...the youth was the only one of eight children that were initially removed who was not residing with a family member."

Case 27: Involves a 17 year old who is supposed to be residing in a foster home, but had been absent for over two months at the time of the review. However, his whereabouts are well-known; he is with his birth mother. *Because the youth's goal is APPLA, workers did not see the need to continue to reach out to the mother and there was no attempt to engage the youth's father. The...goal of APPLA is not realistic considering that the youth has such a strong desire to be with his mother....Team members....seem to be missing the big picture assessment and understanding of the youth and the bond he has with his mother...Service providers are giving the youth and his mother mixed messages*[81]*, which is driving the youth further away...*

"In this case, the system has also failed to recognize and utilize the foster mother's positive relationship with the birth mother in this case and the court has taken a very punitive and counterproductive approach to the birth mother.

[81] "Team members made an agreement with the youth in court that if he attended school on a regular basis, he would be able to spend the Christmas holiday with his mother. The youth complied...and went to school every day; however, the day before the youth was to leave to go to his mother's home, his social worker called to say the plans had changed and he could not spend the entire holiday with his mother. There was no explanation given to the youth or his mother except that it was too long for him to spend...It was this incident that caused the youth to leave his foster home in December and e did not return."

"The foster mother...is very instrumental in ensuring that the youth maintains visits with his mother. The foster mother transports the youth to visits at his mother's home and occasionally picks the mother up and brings her back to the foster home for visits and family engagements. ....the agency was in the process of placing the youth in a new foster home...the court issued an order directing the youth t return to the agency to be placed in another foster home. It further states that if the youth was found in his mother's home, she would be held in contempt of court."

Case 13: "During the review it became evident that another permanency option, such as guardianship, was not fully explored before the goal change to APPLA.....There has been no communication or teaming between the social worker, the in-home CFSA social worker, the GAL, AAG, focus youth or maternal aunt. There have been no discussions regarding visitation with the younger children or plans for supporting the focus youth's relationship with her mother upon her release from jail. No efforts have been made to locate the youth's father. He has not been explored as a resource on the case."

Case 56: This youth's mother has been deceased since 1998. The youth was originally with a maternal aunt, who chose to cease caring for her in 2002. Recommendations included engaging the youth's father, with whom she has contact to encourage and support this relationship. At the time of the review the young woman was in a stable placement where "*she feels very loved and welcomed and is definitely part of the family...she is an integrated member of the family."*

- **Reassessment of parents does not take place over time.**

Assessment of parents tends to happen most often at an early stage in a case. Many of the parents are young and/or have problems that years later may have been resolved. Reassessing parents to determine if they could become possible resources for their children, either through reunification or for lifelong connections, as described in examples above, is an important component of good child welfare practice.

- **Inadequate support of foster and adoptive parents impedes stability and retention.**

Too often a child's placement disrupts because of inadequate support of caretakers. Change in placement is the tool most often used when a barrier is encountered. More creative options, such as in-home therapy, transportation assistance, provision of a support person to respond when a child is repeatedly suspended from school, could make placement stability more likely and avert placement disruptions.

Case 37: The foster parents were not provided with a Placement Passport at any time and did not even know what school the child attended, so she missed several days of school. [This was not an emergency placement.] ...Medical appointments were scheduled without consideration of the family's schedules and they were not told they could use a provider closer to their home, rather than a clinic at the other end of the city. When ...business travel necessitated assistance with transportation, the response that they should change the child's school seemed to the foster parents as "non-child-focused"... The lack of support of and full communication with that foster home led directly to the placement disrupting." [Note: This was a first-time foster family who provided exceptional care, but now will not accept additional placements.]

Case 46: "It was reported that the reason the child was removed from the home was due to her behavioral problems at school and the fact that the foster mother would have to leave her job sometimes daily to go to the school. Due to the constant absences from work to pick up the child, the foster mother had to put in a notice to have the child removed from her home. Everyone spoke highly of the foster mother rand reported that she was extremely involved with the child and participated in all meetings and court proceedings...The team regrets having to move the child from this placement, however, they were unable to provide the child with a more stable school environment." [Note: There is no mention of the option of providing a Community Support Worker or other person to provide back-up for the foster parent in lieu of replacement.]

Case 44: "The caregivers have been caring for the focus youth and his sister [ages 14 and 10] for four years and have grown much attached to them. They have been able to provide a stable home that meets their needs. ...Both pre-adoptive parents feel very connected to the focus youth and do intend to adopt him.....The focus youth is scheduled to meet with his sex abuse therapist at 10:00 a.m. on a weekday, which means he is missing school and the pre-adoptive mother or father is missing work weekly. The office is also an hour away from the focus youth's home....As a result he has missed several appointments, and the pre-adoptive parents are viewed as 'non-compliant' when they are unable to travel to this appointment...Despite the caregivers' status as pre-adoptive parents, it appears that they have not been able to make reasonable decisions regarding services for the focus youth...Some team members expressed reservations about moving forward with the current caregivers as adoptive parents."

Some cases showed how adequate support of foster parents *can* and *does* support stable placements**.** Three examples of exemplary responses to foster parent and child needs:

Case 19: ""She was able to successfully utilize respite a few months prior to the review, when the focus youth was fighting with the new foster youth in the home. The youth went to stay with her grandmother, and the team came together to plan for stabilizing the placement. Thus far, they have been very successful."

Case 22: "Two months prior to the review, the foster mother's adopted teenage daughter had been shot and killed by a drive-by shooter after exiting school one day. ...The foster care agency has provided two therapists to do short-term, in-home grief counseling two times per week, in which the focus child also participates."

Case 24: "....weekly counseling was instituted in the foster home to address the relationship between the focus child and the foster mother's biological son...Those interviewed stated that the in-home counseling appeared to be working well..."

Unfortunately, the good support of the foster parent in case 22 was coupled with very poor systemic performance otherwise. Efforts in this case appear primarily directed to stabilizing the foster care placement than to achieving permanency.

- **Assessment of children does not address underlying issues.**

Assessment tends to address immediately presenting behaviors, not the root causes of that behavior. The following case example is one of the more extreme, but superficial assessment appears to be the rule rather than the exception. Large numbers of children are treated for ADHD without consideration of their trauma histories as the probably root of their behaviors.

> *Case 26: This 7 year old had a very traumatic first 5 years prior to removal, including severe neglect, exposure to drug and adult sexual activity and possible direct sexual abuse. However, "the child's diagnostic assessments are mainly limited to his educational and behavioral issues rather than to a global assessment of his overall psychosocial make-up and needs."*

- **There is a pervasive lack of urgency for achieving permanency.**

This issue is evident throughout all categories of cases, even in-home cases, where inadequate service response too often results in eventual placement. Further, guardianship is not always fully explained to kinship foster parents and the option and benefits of adoption for older youth close to emancipation never seems to be considered.

> *Case 22: "The current permanency goal is reunification; however, at the time of the review, the social worker recommended that the goal be changed to guardianship with a maternal relative.... however, there has been no contact made with potential family members. Paternal relatives have not been explored. There is no clear timeline for when the focus child will be able to achieve permanence.' [Child has been in care 3 years]*

- **Removal and foster care placement occurs after many Hotline reports have been received but there is minimal evidence that early reports were responded to with adequate services to the family.**

Multiple case histories detailed numerous reports to the Hotline that did not result in any services prior to the report that resulted in removal or an in-home case being opened.

> *Case 35: "The family initially became known to the agency in 2003 and since had three more referrals, of which only one was substantiated and resulted in removal of the children. This occurred in 2006, when the agency received a report from the...MPD, which indicated that the mother had left her two children outside their Youth Division office and fled the scene."*
>
> *Case 40: "The focus child first became known...to CFSA three and a half years ago, when...the birth mother had tested positive for illegal substances upon the birth of the focus child. This case was closed 3 months later. Two months after the first case closed, there were allegations against the mother of substance abuse, lack of supervision, and educational neglect on behalf of the focus child and her 12-year-old sister. During this investigation, another report was made, alleging that the children had been left home alone."*
>
> *Case 42: "The child and his family became known to ....CFSA in 2005...The agency worked with the family for two years...Nine months prior to the review, the.... children were placed in foster care after a report of neglect – inadequate physical care, shelter,*

medical and educational – the month before...After a month in care...the foster father ...walked in on the focus child [age 8] giving oral sex to his brother."

Case 13: "The family first became known to the agency in April 1997... In October 2005 another referral was made regarding the focus youth's older brothers not being enrolled in school for that school year. A third referral was made in December 2005 after mother gave birth to a baby girl with a positive toxicology for cocaine. It was then learned that the mother had as 18 year crack/cocaine addiction and the children were often left home alone unsupervised and exposed to domestic violence."

Case 26: "After five previous open cases, the children were removed two years ago when the focus child [then 5 years old] overdosed on his brother's seizure medication...the mother was living with her [four children and her] ...partner and the partner's four children in a two bedroom apartment at the time CFSA became involved, and both adults were suspected of drug abuse."

Challenges Related to Conditions of Practice

- **Worker turnover contributes to poor practice with families.**

Frequent turnover of both social workers and mental health providers significantly hinders practice and implementation of effective services. Often social workers address only currently presenting issues and do not obtain the background of the case that would enable them understand and address the more complex issues and deeper needs of the clients.

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Case 13: "The current social worker had only been on the case for approximately 7 weeks...and the case would be transferred to another worker the week after the review. ...The current social worker did not appear very knowledgeable about the case and recent history that was documented in the record and in the FACES database. For example, the social worker was not aware of the open in-home case or the three younger children involved."

Case 29: The foster parents maintain contact with the grandmother and the father. They encourage visits with [the focus youth's] older sister, who resides in another foster home. They maintain contact with the mentor, tutor and community support worker. They commented that they are on their eighth social worker and it is very hard to maintain a relationship with the child welfare system due to this high turnover."

Case 22: "The current social worker had only been on the case for approximately eight weeks prior to the review and is the third in the past year. During these multiple case transfers, new social workers assigned to the case must make their own assessments that do not necessarily take the past case activities into account."

- **Lack of coordination in cases when multiple agencies involved results in inadequate service delivery.**

When a child is dual jacketed and involved with Department of Youth Rehabilitative Services or when DMH shares case responsibility, there is very little if any joint planning or coordination, resulting in both redundancy and gaps in service.

Case 36 "Although the social worker appears to be the leader on the case, it was beyond her control as to the direction the case headed. ..the social worker did not have the authority to implement services. CFSA and DYRS should be working together on behalf of the youth, but each seems to be working independently and rarely came together as a team. The social worker seems to have a clear understanding and assessment of the youth; however, not everyone involved shared the dame understanding. ..coordination was lacking between the two agencies....This systemic breakdown has caused the focus youth's medical, dental and mental health needs to be neglected...The focus youth is dealing with both his parents suffering from a medical condition, especially his mother, who is terminally ill. ....there is no therapeutic intervention in place.

Case 23: "…communication among the team members that were interviewed appears to be fragmented, as interviewees were not aware of vital information regarding the youth's current placement in DYRS and his drug test results. There was also no clear understanding of team involvement for planning for the focus youth."

Case 48: [Note: joint review with DMH] "Team members share a similar assessment of the youth's strengths, challenges and goals; however, each member provided the reviewers with a different DSM-IV diagnosis for the youth...The inconsistency of the team members' diagnoses of the youth's symptoms illustrates the lack of teaming involved in this case. There are some team members who talk informally with one another to discuss this case, but most members are working in silos. ...Team members do not collaborate on case plans, and there are currently several different written plans for this youth. The child welfare social worker completes a case plan every six months; the mental health team completes a treatment plan every three months; and the school therapist also completes an assessment periodically."

- **Lack of coordination in cases of interstate placement results in delays in services and permanency of children**

Two cases involved children placed with kin more than 100 miles from DC. In both cases local worker experienced significant difficulty obtaining information and cooperation from the receiving state.

Case 9: "CFSA and the assigned state child welfare agency have an almost non-existent professional relationship. Timely case summary reports are not submitted to the agency, the assigned out-of-state social worker does not return telephone calls to anyone; in fact, she refused to meet with the CFSA Adoption social worker when he visited that state in December 2007."

Case 39: "The DC agency indicated that the out-of-state agency has not provided written quarterly reports or other documentation relating to the youth and her care. The last written report from the other state in the case record is from 2006. There are no current medical, dental or educational documents in the file either."

- **Lack of engagement of and coordination with mental health providers result in poor outcomes.**

Even in cases with otherwise good teaming, mental health providers are most often missing from planning meetings. This is partially a systemic issue, as practitioners are not always reimbursed

for time spent in such meetings. In some cases, the issues appear to be of competence and/or perception of role.

> *Case 14: "...the youth [age 17] is encropetic....The group home reported the concern to the therapist, who apparently did not forward this information to anyone, including the psychiatrist or the social worker. It was clear that he thought the group home should have dealt with the issue. There was no mention of encropesis concerns in his case notes or at treatment team meetings."*
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> *Case 21: "The psychiatrist on the case is said to be very busy and is not able to communicate often with the social worker and other team members. She has a high caseload and a tight schedule. The therapist at school had some concerns regarding the focus child's medication and had a difficult time getting in contact with the psychiatrist to discuss her observations. While team members meet to discuss the focus child's treatment, the psychiatrist is often not involved due to her schedule."*
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> *Case 29: "...the individual therapist...was very clear in stating his role in the case was just individual therapy. He did not see the need to work in conjunction with the family therapist in order to move the case forward. He did not see the need to have other people's case/treatment plans. He stated, 'I try to stay in my lane. My issues are around the emotional piece' ....the community support worker [said] that he does not ask how therapy is going because he does not do therapy."*
>
> *Case 16: "Both the guardian and the community support worker reported dissatisfaction with CBI services. The community support worker stated the CBI worker was on the opposite side of his recommendations. She was reportedly more focused on helping the youth than keeping the family together, which was not an effective strategy in effecting change. Despite CBI services, the youth's behavior reportedly got worse. The CBI worker described a different situation. She stated that the youth had made a great deal of progress...She stated that because the youth's behaviors improved in the home (this was not the position of other team members) she focused more on the school situation..." [The youth was admitted to a psychiatric hospital a week prior to the review.]*

Most Community Support Workers from the Department of Mental Health were found to be very helpful, although in some cases frequent turnover worked against effectiveness.

> *Case 18: The services provided by the community support worker seem to have contributed to the child's success over the past year...The community support worker knows the child very well and cares about him a great deal. He sees him at least once a week, and they address the child's behavior, his feelings about his family, and the sexual abuse. He communicates regularly with the foster mother to discuss discipline strategies, such as a consequence and reward box and time outs."*
>
> *Case 19: "The community support was described as 'the best,' and her work with the focus youth seems to have contributed to the progress that has been made."*

- **Court-related issues delay permanency**

A large number of reviews referenced the positive role the court could and did play, both judges and GALs. (No case referenced a positive role for a parent attorney.) However, other cases demonstrated very serious negative court and attorney actions.

> *Case 45: The focus child has been in care for over 4 years and until quite recently the goal was guardianship with her grandmother. The goal was changed recently to reunification by the court. "Multiple interviewees described frustration with the court process. They stated the judge gave the mother numerous chances, resulting in a delay in permanence."*
>
> *Case 50: "The engagement of the birth father is poor, even by his own attorney.....Multiple team members reported that the caregiver's attorney has not filed a guardianship petition to date. She has stated that she is waiting for the father to consent. Several team members have expressed frustration with this attorney and the father's attorney, as they see them as two powerful barriers to achieving permanency."*
>
> *Case 61: Team members reported that the judge has no respect for the social worker and has made that abundantly clear. The judge has stated on the record that whatever the foster parents say is to be believed, regardless of any evidence to the contrary. .One person indicated that it was not wise to disagree with the judge because "then you would be right down there where the social worker is.' One team member said that the court atmosphere would only change if the judge were no longer on the case."*

Additionally, several cases noted that educational advocates appointed by the court did not always carry out their roles expeditiously or effectively.

Conclusion

As part of a broader strategy to understand and improve outcomes for children and families, the Quality Service Review (QSR) has the demonstrated potential to transform systems performance and increase efficiency and effectiveness of work on behalf of children and families. The QSR highlights the successes realized and challenges faced by children, youth, families, and practitioners across multiple systems. It is also a systems assessment tool which can be used to inform training and other resource needs, identify emerging trends in a local jurisdiction, and can help to hold systems accountable to stated values, missions, and expected practices.

Since 2005 CFSA has made a noteworthy investment in the Quality Service Review process by creating an internal unit of reviewers housed within the Quality Improvement Administration (QIA), training a cadre of local reviewers, and conducting reviews of cases throughout each calendar year. In 2007 QIA initiated a process of reviewing cases by CFSA case management units, a team of up to five social workers and a supervisor, in order to work more closely with social workers and supervisors in preparing for the reviews and providing prompt feedback. The monthly (February – September) unit-level review process also includes a follow-up meeting within 90 days of the review to discuss the status of the case at that time and the impact of implemented "next steps" recommended immediately following the Review. This same level of attention has *not* been given to reviews of cases managed by private agencies. CFSA's QSR unit plans to implement a parallel monthly process with private agencies beginning in June 2009. This year CFSA also expects that Program Managers will become more involved in the unit-based reviews and that Program Monitors assigned to private agencies will receive QSR training and assist with completing Reviews.

The Federal Court-appointed Monitor of the District's Department of Mental Health under the *Dixon v. Fenty* case conducts Community Service Reviews (CSR), similar qualitative reviews of children and adults receiving mental health services. Since 2007 CFSA QIA staff has joined the children's mental health review, working alongside a CSR lead reviewer to complete the QSR protocol.

These activities, while notable, still do not provide a comprehensive focus needed to create the conditions and prepare and support the workforce in consistently yielding at least minimally acceptable results across QSR system performance indicators for all cases reviewed. Results from the QSR and CSR over time and results of other case-based reviews such as those of CFSA's internal child fatality review committee, the District's city-wide Child Fatality Review Committee[82] and the District's Office of the Inspector General's recent report of a review of the Jacks/Fogle family's interaction with a number of District agencies and other service providers[83] all indicate that intensive efforts are needed to improve system functioning, especially in the areas of conducting assessments, collaborative case planning informed by families and their formal and informal support network, and providing services and supports to children and families in an informed and timely manner.

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[82]District of Columbia's Child Fatality Review Committee's 2007 annual report, available at http://www.childdeathreview.org/reports/DC_2007_CFRCAnnualReport.pdf

[83] See *Report of Special Evaluation: Interactions Between An At-Risk Family, District Agencies, and Other Service Providers (2005-2008)*. District of Columbia Office of the Inspector General. April 2009. Found at http://oig.dc.gov/main.shtm

Additionally, based on the results of the Monitor's data verification process for select QSR indicators, the Monitor is concerned about the reliability of data from the reviews. CFSA should provide opportunities for reviewers to receive additional training and support in synthesizing and reporting on information collected during reviews but must also implement additional steps to ensure the reliability of review data. There are several mechanisms which may be employed, including "case judging," a debriefing process (employed by DMH's court-appointed monitor) between reviewers and a designated expert to review data and findings. The oral case presentation process, which involves reviewers briefly presenting the case status and their findings, is referenced in the body of this report and serves multiple purposes including a check for reliability of QSR findings.

In sum, the Monitor continues to believe that the QSR provides an important way for CFSA and its partners to understand system strengths and weaknesses. However, in order to fully realize the value of the process, additional work is needed to ensure consistency and reliability of data and to translate findings into appropriate corrective actions.